

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 72921

PLACE OF DEATH

County of Ada.

City of Boise.

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 1004

(No. St. Alphonsus Hospital.)

Local Registrar's No. 14

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Small Harvey

(a) Residence. No. 1211 E. Bannock St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Marion E. Harvey

6. DATE OF BIRTH (month, day and year) May 12th 1892

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

38

7

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

News Editor

(b) General nature of industry,
business, or establishment in
which employed (or employer)

Idaho Statesman.

(c) Name of employer

9. BIRTHPLACE (city or town) Waynetown, Ind.
(State or country)

10. NAME OF FATHER

C. B. Harvey

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Unknown.

12. MAIDEN NAME OF MOTHER

Lula Small.

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

Ind.

14. Informant George R. Harvey.

(Address)

Parma, Idaho.

15. Filed 1-9-31

W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 9th 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

1/6, 1931, to 1/9, 1931

that I last saw ~~him~~ alive on 1/8, 1931

and that death occurred, on the date stated above, at 6 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pyogenic Ulcer—with
hemorrhage

CONTRIBUTORY
(Secondary)

18. Where was disease contracted
if not at place of death?

Did an operation precede death? yes Date of 1/7/31

Was there an autopsy? no

What test confirmed diagnosis? Clinical finding

(Signed) Fred A. Jennings, M. D.
1/9/31, 19 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls, Idaho.

1/12/31 19

20. Undertaker

Address

Wm. McBratney.

Boise, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barbara Joan Ihli(a) Residence. No. Caldwell, Idaho R.T.D. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept 5-19277. AGE Years 3 Months 4 Days 3 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho10. NAME OF FATHER Frank Ihli11. BIRTHPLACE OF FATHER (city or town) Sturgis
(State or Country) S. D.12. MAIDEN NAME OF MOTHER Della Myers13. BIRTHPLACE OF MOTHER (city or town) Granada
(State or Country) Colo.14. Informant Frank Ihli
(Address) Caldwell Idaho R.T.D.15. Filed 1-10-, 1931 John B. Meyer
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 73161Local Registrar's No. 6

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 1-8-31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-7-31, to 1-8-31that I last saw her alive on 1-8-31and that death occurred, on the date stated above, at 11 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Influenza & Croup(duration) _____ yrs. _____ mos. 2 ds.CONTRIBUTORY Subacute myocarditis
(Secondary) following Rheumatism
(duration) _____ yrs. 3 mos. _____ ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? NO Date of _____Was there an autopsy? NOWhat test confirmed diagnosis? Autopsy(Signed) [Signature] M. D.1-10-31 (Address) Caldwell

19. Place of Burial, Cremation, or Removal Date of Burial

Canyon Hill 1-11-31

20. Undertaker Address

Paul L. Case CaldwellIdaho

RECEIVED JAN 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73105

PLACE OF DEATH

County of Canyon

City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 5

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Huxton #1

St.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If nonresident give city or town and State.)

11 6

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 27-1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

—

6

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Caldwell Idaho

10. NAME OF FATHER

Harlan B. Macy

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Pleasant Plains Iowa

12. MAIDEN NAME OF MOTHER

Mary H. Roberts

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Pleasant Plains Iowa

14.

Informant (Address)

Harlan B. Macy Huxton, Id. #1

15.

Filed

1-9-

1931

John S. Meyer-Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 8 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 31, 1931, to Jan 8, 1931

that I last saw him alive on Jan 7, 1931

and that death occurred, on the date stated above, at 8:20 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Flu

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

age

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

At Riverside

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed)

Dr. H. A. M. D.

Jan 8, 1931 (Address) Caldwell, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Crematorium Jan 10 1931

20. Undertaker

Address

Caldwell Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

RECEIVED

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73166

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 1005

Local Registrar's No. 4

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Wesley Hall

(a) Residence. No. Ohio St. Caldwell, Ida. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed,
or Divorced (write the word.)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mary Ellen Hall

6. DATE OF BIRTH (month, day and year)

Oct 23-1847

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or

83

2

14

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Bradford
Penn

10. NAME OF FATHER

Wm. S. Hall

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Penn

12. MAIDEN NAME OF MOTHER

Estelle Fannish

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Penn

14.

Informant
(Address)Chas. E. Hall
Boise, Idaho

15.

Filed

1-9-1931

John S. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 7

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 12, 1931, to Jan 7, 1931

that I last saw him alive on Jan 7, 1931

and that death occurred, on the date stated above, at 9 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. 2 ds.

Operation for Hemiplegia
Jan 12, 1931 (duration) yrs. mos. 7 ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of Jan 1931

Was there an autopsy? No

What test confirmed diagnosis? Syphilis

1/8 (Signed) J. S. Meyer
1931 (Address) Caldwell, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill Jan 9 1931

20. Undertaker

Address

C. V. Peckham Caldwell, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

RECEIVED

JAN 13 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73167

State File No. _____

PLACE OF DEATH

County of *Canyon*City of *Caldwell*

CERTIFICATE OF DEATH

Registration District No. *3*Primary Registration District No. *2005*

(No. _____)

Local Registrar's No. *3*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Lula Elizabeth Halliday*(a) Residence. No. *Caldwell, Ida P#1* St. *74^a*

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word.) *married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*N-H Halliday*6. DATE OF BIRTH (month, day and year) *Feb 14 1861*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 10 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Chicago, Ill.*
(State or country)

10. NAME OF FATHER

*Libbitt*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

*Stratton*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)*Not known*14. Informant *Beldear H. Halliday*
(Address) *Caldwell, Ida P#1*15. Filed *1-8-*, 19*31-* *John S. Meyers*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Jan 5*, 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 2, 19*31*, to *Jan 5*, 19*31*
that I last saw him alive on *Jan 2*, 19*31*and that death occurred, on the date stated above, at *5:45 P.M.**State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Cerebral Hemorrhage*(duration) yrs. mos. *5* ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Clinical*

(Signed)

Jan 7, 19*31* (Address) *Caldwell, Ida*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Middleton, Ida.**Jan 8*, 19*31*

20. Undertaker

Address

*C. V. Fesham**Caldwell, Ida.*

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

RECEIVED JAN 10 1931 DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73189

PLACE OF DEATH

County of CanyonCity of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1005

(No. _____)

Local Registrar's No. one

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Lillie B. Smith(a) Residence. No. 811-3-13th St. St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

1-3-1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw her alive on

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:CONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

1/3 1931 (Address) Caldwell, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill

1-3 1931

20. Undertaker

Address

C. V. Beckham

Caldwell, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

73293

PLACE OF DEATH

County of Latah Registration District No. 64

City of Troy Primary Registration District No. 2144

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arnon Johnson

(a) Residence No. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

RECEIVED JAN 8 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 22 - 1861

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
70 11 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

10. NAME OF FATHER John Johnson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Martha Anderson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant (Address) Bill Johnson
Troy Ida

15. Filed Jan 5 1931 Lucy M Pickard
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 2 1931, to Jan 3 1931

that I last saw him alive on Jan 3 1931

and that death occurred, on the date stated above, at 10 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. G. Meyer M. D.

Jan 3 1931 (Address) Troy Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Dry Creek cem Jan 7 1931

20. Undertaker

Address

John G. Pickard

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

1. PLACE OF DEATH

County of Jersey
City of Reynoldsburg

If death occurs away from usual residence, give facts called for under special information.

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178
(No. RECEIVED JAN 8 1931)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 73458
Local Registrar's No. 88

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Beverly Jeanne Mortensen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED infant
(Write the word)

6. DATE OF BIRTH

Dec 20 1930
(Month) (Day) (Year)

7. AGE

IF LESS than 1 day how many
hrs. or min.?

Yrs. Mos. ds. 10

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

Infant

9. BIRTHPLACE

(State or Country)

Independence Mo

10. NAME OF

Father

Frank Mortenson

11. BIRTHPLACE OF FATHER

(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Geneva Alveda Smith

13. BIRTHPLACE OF MOTHER

(State or Country)

Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ida B. Jones

(Address)

15.

Filed Jan 2 1931 J. H. Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH 101a

16. DATE OF DEATH

January 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1930 to Jan 1 1931,

that I last saw her alive on Dec 30 1930, and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 4 ds.
Contributor Patulous foramen ovale
(Secondary)

(Signed) Louise L. Rich M. D.
/1 1931 (Address) Reynoldsburg Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Idaho Falls

DATE OF BURIAL

1-2 1931

20. UNDERTAKER

ADDRESS

RECEIVED JAN 17 1931 STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73470**

PLACE OF DEATH

County of Lewis & ClarkCity of Tiler

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2086

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Douglas Smith

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Kathrine B. Smith6. DATE OF BIRTH (month, day and year) Nov. 1st 18647. AGE Years 66 Months 2 Days 1 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Coal Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)10. NAME OF FATHER Geo. A. Smith11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)12. MAIDEN NAME OF MOTHER Dora Kruce13. BIRTHPLACE OF MOTHER (city or town) Dora Kruce
(State or Country)14. Informant (Address) Effie Capeland
Wanda Capeland, Wash15. Filed January 14, 1931 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 2 1931
(Month) (Day) (Year)17. WHEREBY CERTIFY, that I attended deceased from Dec 25 1930 to Jan 1 1931that I last saw him alive on Jan 1 1931
and that death occurred, on the date stated above, at 7 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Lobar Pneumonia
(duration) _____ yrs. _____ mos. 11 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) A. G. Newberry M. D. 1-3 1931 (Address) Tiler Idaho19. Place of Burial, Cremation, or Removal Tiler Idaho Date of Burial 1-4 193120. Undertaker L. Johnson Address Buhl Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO *Hamilton*
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73473**

PLACE OF DEATH

County of AdaCity of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elbert Arthur Philliber.(a) Residence. No. St. New Plymouth, Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug. 30. 1899.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>31.</u>	<u>4</u>	<u>10.</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) California.
(State or country)

10. NAME OF FATHER

William Philliber.11. BIRTHPLACE OF FATHER (city or town) Missouri.
(State or Country)

12. MAIDEN NAME OF MOTHER

Alice Fersee.13. BIRTHPLACE OF MOTHER (city or town) Iowa.
(State or Country)14. Informant Milo. C. Philliber.
(Address) Weiser, Idaho.15. Filed 1-13, 1931 W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
January 10th, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Dec. 15th, 1930, to Jan. 10th, 1931that I last saw him alive on Jan. 10th, 1931and that death occurred, on the date stated above, at 5:15 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Embolus, cardiac.Sudden (duration) yrs. mos. ds.
CONTRIBUTORY Retrocecal - appendicitis abscess
(Secondary) base right kidney ruptured - drained.18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of Dec. 26, 30Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. J. L. Stewart
1-12, 1931 (Address) 1301 W. O. Hamilton
Boise, Ida.

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery. Jan. 12. 31¹⁹

20. Undertaker Address

Summers & Krebs, Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

73474

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

(No. Boise, Idaho Route #2.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. _____

2. FULL NAME Mrs. Bertha Carpenter.(a) Residence. No. Boise, Idaho Route #2. St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofRoy I. Carpenter.6. DATE OF BIRTH (month, day and year) August 22-1893

7. AGE <u>37</u>	Years	Months <u>4</u>	Days <u>29</u>	If LESS than 1 day, hrs. or min. <u></u>
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Corvallis, Oregon.
(State or country)

10. NAME OF FATHER

R. M. Everett.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown.

12. MAIDEN NAME OF MOTHER

Christian Larson.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Norway.14. Informant Roy I. Carpenter.(Address) Boise, Idaho, R#2.15. Filed 3-12-31 1931 W.D. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 21st 1931

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 26, 1930, to Dec 21, 1930that I last saw her alive on Dec 19, 1930and that death occurred, on the date stated above, at 4:30 Pm.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Sarcoma of Uterus.About (duration) 2 yrs. mos. ds.CONTRIBUTORY Secondary Anemia
(Secondary)and Pernia (duration) 1 yrs. 6 mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? none(Signed) F. H. J. Munstern, M. D.3/12/31, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery, 1/24/31 193120. Undertaker Address
Wm. McBratney. Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lee A. Carter.

(a) Residence. No. Eagle, Idaho Route #1. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If married, widowed, or divorced
HUSBAND of Claudia Carter.
(or) WIFE of

6. DATE OF BIRTH (month, day and year) September 17th 1894

7. AGE Years Months Days If LESS than 1 day, min.
36 3 24 —

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Va.
(State or country)

10. NAME OF FATHER W. C. Carter.

11. BIRTHPLACE OF FATHER (city or town) Va.
(State or Country)

12. MAIDEN NAME OF MOTHER Eliza Jane Parks.

13. BIRTHPLACE OF MOTHER (city or town) Va.
(State or County)

14. Informant Mrs. C. C. Martin.
(Address) Roseville, Calif.

15. Filed 1-13, 1931 W. H. Bratney
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 73475

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 11th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

14/22, 1930 to Jan 11, 1931
that I last saw him alive on Jan 10, 1931
and that death occurred, on the date stated above, at 12:40A

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Genal. Tuberculosis
(Kidney and Bladder)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) J.B. Meningitis

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings
(Signed) Frederick A. Hingler, M. D.
1/13/31, 19 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 1/13/31 19

Wm. H. Bratney. Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

72749-73476
DO NOT WRITE IN THIS SPACE

State File No. 73476

PLACE OF DEATH

County of Ada
City of Bonne

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St. Alphonsus)

Local Registrar's No. 37

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 1410 Washington St.

(Usual place of abode.) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single Married, Widowed, or Divorced (write one word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 7-1914

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
16 9 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bonne, Ida
(State or country)

10. NAME OF FATHER Christian Heukel

11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)

12. MAIDEN NAME OF MOTHER Alma Voss

13. BIRTHPLACE OF MOTHER (city or town) Helena, Mont
(State or Country)

14. Informant Wm. Lyle M. Rowell
(Address) Bonne, Idaho

15. Filed 2-9, 1931

W. H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-29, 1931, to death, 1931, that I last saw him alive on 2-5, 1931, and that death occurred, on the date stated above, at 8:30 A. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Encephalitis lethargica

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? 1410 Washington St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & lab. find

(Signed) R. F. West, M. D.

2-7, 1931 (Address) 415 Eastman Bldg

19. Place of Burial, Cremation, or Removal St. John's Cemetery Date of Burial 2-9 1931

20. Undertaker Schubert & McCann Address Bonne, Ida

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73478

PLACE OF DEATH

County of **Idaho**City of **Grangeville**Registration District No. **103**Primary Registration District No. **1001**Local Registrar's No. **3**(No) **At Home 2 miles south of Grangeville.**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **JOHN P. JOHNSON**(a) Residence. No. **Grangeville, Idaho.** St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of**Single**

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.**39**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.**Farmer**(b) General nature of industry,
business, or establishment in
which employed (or employer)**Owner, gen'l labor**

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)**Luxemburg,****Minnesota**

10. NAME OF FATHER

Matthew Johnson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)12. MAIDEN NAME OF MOTHER **Cornelia**13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

1-31-**1931**

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January,**25,****1931**

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan, 23,**31,**to **Jan, 25, '31**

19.....

that I last saw him alive on **Jan, 25, 1931**and that death occurred, on the date stated above, at **1 P.** m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Bronchial pneumonia**Contributory-chronic asthma**(duration) **0** yrs. **0** mos. **3** ds.**Chronic asthma**CONTRIBUTORY
(Secondary)(duration) **13** yrs. mos. ds.18. Where was disease contracted
if not at place of death?**No**Did an operation precede death? **No** Date of.....Was there an autopsy? **No**What test confirmed diagnosis? **None**(Signed) **1-26****31**(Address) **Grangeville**

M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

Cold Water Mtn**19**

20. Undertaker

Address

Vassar Mortuary Inc

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1931
DO NOT WRITE IN THIS SPACE
73479
State File No. 73479

PLACE OF DEATH

County of Nez PerceCity of Idaho

CERTIFICATE OF DEATH

Registration District No. 72753Primary Registration District No. 73479 Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joshua Benson Frizzell(a) Residence. No. 1019-11th St. Lewiston, Id.

(Usual place of abode.)

Length of residence in city or town where death occurred. 4 yrs. 4 mos. 5 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widower</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEmeline Partlocht6. DATE OF BIRTH (month, day and year) Sept 14 1844

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>86</u>	<u>3</u>	<u>23</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

farming(c) Name of employer Self9. BIRTHPLACE (city or town) Wheeling, Va.
(State or country)

10. NAME OF FATHER

John Frizzell11. BIRTHPLACE OF FATHER (city or town) Don't know
(State or Country)12. MAIDEN NAME OF MOTHER Don't know13. BIRTHPLACE OF MOTHER (city or town) Don't know
(State or Country)

14.

Informant
(Address)Irvin Frizzell, Vale, Ore.

15.

Filed _____, 19 _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 7 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 6 1931 to Jan 7 1931
that I last saw him alive on Jan 6 1931and that death occurred, on the date stated above, at 330 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:General hemorrhage(duration) _____ yrs. _____ mos. 3 ds.CONTRIBUTORY Arterio Sclerosis
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted at place of death
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Clinical Diag.(Signed) B. B. Sherrill M. D.1/8, 1931 (Address) Lewiston, Id.

19. Place of Burial, Cremation, or Removal

Walla Walla Wash

Date of Burial

Jan 10 1931

20. Undertaker

H. R. Merchant

Address

Clarkston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73480**

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Alphonsus Hospital.)

Local Registrar's No. 43

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Agnes Helen White.(a) Residence. No. Boise, Idaho R.#2. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lewis M. White.

6. DATE OF BIRTH (month, day and year) March 31st 1874

7. AGE Years Months Days If LESS than 1 day, min.
56 8 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Newcastel, Penn.
(State or country)

10. NAME OF FATHER

James Freegard.11. BIRTHPLACE OF FATHER (city or town).
(State or Country) England.

12. MAIDEN NAME OF MOTHER

Julia Cottle.13. BIRTHPLACE OF MOTHER (city or town).
(State or Country) England.14. Informant L. M. White.(Address) Boise, Idaho15. Filed 2-13, 1931

W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 11th 1931, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Feb. 8, 1931, to Feb 11, 1931

that I last saw her alive on Feb 11, 1931
and that death occurred, on the date stated above, at 6:30 Pm.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) yrs. mos. ds.
CONTRIBUTORY Chronic appendicitis
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. J. Gorman, M. D.
2/12/31, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Morris Fill Cemetery. Date of Burial 2/14/31 1931

20. Undertaker Wm. McBratney. Address Boise, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73481**

PLACE OF DEATH
County of Blaine
City of Mountain Home

Registration District No. 34
Primary Registration District No. 2020

Local Registrar's No. 2

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ray Magee(a) Residence. No. 303 S. Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of American Magee

6. DATE OF BIRTH (month, day and year) 7-9-1895

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
35 5 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work State Highway

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer State of Idaho

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER James Magee11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ken.12. MAIDEN NAME OF MOTHER Anna Page13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Oregon

14. Informant Clifton Campbell
(Address) Mitchell Oregon

15. Filed Jan 24, 1931
Registrar W. H. H. H.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 8:45 P.M.

The CAUSE OF DEATH* was as follows:

Auto Accident

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) G. F. Zarkow1-24, 1931 (Address) Int. Home

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Pendleton Oregon Date of Burial 19

20. Undertaker G. F. Zarkow Address Int. Home

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73482

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 10001

(No.)

Local Registrar's No. 10

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roderique Burk De Cleigh(a) Residence. No. 519. S. 16 Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 7 Months. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May. 16. 1930.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		<u>7</u>	<u>19.</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. None.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER

Roderique De Cleigh.11. BIRTHPLACE OF FATHER (city or town) Denver, Colo.
(State or Country)

12. MAIDEN NAME OF MOTHER

Jennie Marie Borup18. BIRTHPLACE OF MOTHER (city or town) Manard Idaho.
(State or Country)14. Informant Charles. B. Borup.
(Address) 519. S. 16 St. Boise, Idaho.15. Filed 1-6, 1931 W. H. R. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 5, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 28, 1930, to Jan 5, 1931that I last saw him alive on Jan 5, 1931and that death occurred, on the date stated above, at 1002 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Bronchial Pneumonia(duration) yrs. mos. 10 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. R. ...Jan 5, 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill CemeteryJan. 7. 31

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Ada.

City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. 1101 Franklin Street.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Thomas Taylor

(a) Residence. No. Almo, Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 28th 1844

7. AGE Years Months Days If LESS than 1 day, hrs. or
86 6 5 -----min.-----

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stockman & Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) England.
(State or country)

10. NAME OF FATHER James Taylor.

11. BIRTHPLACE OF FATHER (city or town) Derbyshire,
(State or Country) England.

12. MAIDEN NAME OF MOTHER Mary Lander.
Unknown.

13. BIRTHPLACE OF MOTHER (city or town) England.
(State or Country)

14. Informant Mrs. Edith L. Johnston.
(Address) Boise, Idaho.

15. Filed 1-6, 1931 W. J. Johnston
Registrar.

RECEIVED FEB 10 1931

DO NOT WRITE IN THIS SPACE

State File No. 73483

Local Registrar's No. 1019

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 3rd 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931, to Jan 3, 1931.
That I last saw him alive on Jan 3, 1931.
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia & Star.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sensitivity
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical finding

(Signed) Frank A. Finkbeiner, M. D.
1/3/31, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Almo, Idaho. Date of Burial 1/5/31 1931

20. Undertaker Wm. McBratney. Address Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73484**

PLACE OF DEATH
County of Ada
City of _____

Registration District No. 2Primary Registration District No. 1004(No. St Lukes Hospital)Local Registrar's No. 282. FULL NAME Jack Clyde Berry(a) Residence No. 2317 N 21

(Usual place of abode.)

St. _____

Length of residence in city or town where death occurred. 7 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec. 23-1919

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.11023

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workStudent(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Boise Idaho

10. NAME OF FATHER

Jess. C Berry11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Kansas

12. MAIDEN NAME OF MOTHER

Harriet Myers13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Oregon

14.

Informant
(Address)Jess. C Berry
Rel. H. 3

15.

Filed

191931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan1831

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-1731

to

1-1831that I last saw him alive on 1-18and that death occurred, on the date stated above, at 1:15 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:PeritonitisCONTRIBUTORY
(Secondary)(duration) yrs. mos. ds. 6
Ruptured appendix18. Where was disease contracted home
if not at place of death?Did an operation precede death? Yes Date of 1-20Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed)

Autopsy
Dr. Tomney

M. D.

1/19

1931

(Address)

Boise

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill CemeteryJan 20

20. Undertaker

Address

Summers & KufeBoise Id

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 17 1931
DO NOT WRITE IN THIS SPACE
73485
State File No. _____

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 24

(No. St. Luke's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maudie K. Hillman

(a) Residence. No. _____ St. 126

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of H. Earl Hillman
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 21, 1890

7. AGE Years 40 Months 4 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Narrows
(State or country)

10. NAME OF FATHER Shelby Simmons

11. BIRTHPLACE OF FATHER (city or town) Don't know
(State or Country)

12. MAIDEN NAME OF MOTHER Nancy Newton

13. BIRTHPLACE OF MOTHER (city or town) Mississippi
(State or Country)

14. Informant H. E. Hillman
(Address) Meridian Idaho

15. Filed 1-19, 1931 W. H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1931, to Jan 17, 1931, that I last saw her alive on Jan. 18, 1931, and that death occurred, on the date stated above, at 8 A. M.
The CAUSE OF DEATH* was as follows:

peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? yes Date of _____

Was there an autopsy? no

What test confirmed diagnosis? breast

(Signed) H. F. West, M. D.

Jan. 19, 1931 (Address) Meridian Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Meridian Ida Date of Burial 1-19 1931

20. Undertaker B. H. Robison Address Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **73486**

PLACE OF DEATH

County of AdaCity of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Lukes Hospital.)Local Registrar's No. 25

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Kulas.(a) Residence, No. Boise, Idaho. St. 129

(Usual place of abode.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
-----6. DATE OF BIRTH (month, day and year) Don't Know.

7. AGE <u>43</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Laborer(b) General nature of industry,
business, or establishment in
which employed (or employer) in Restaurant.

(c) Name of employer

9. BIRTHPLACE (city or town) Greece.
(State or country)

10. NAME OF FATHER

Elias Kulas.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Greece.12. MAIDEN NAME OF MOTHER Mary Carolis.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Greece.14. Informant Jim Callas.(Address) Boise, Idaho.15. Filed 1-19, 1931Registrar. W. R. R. R.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 14th 1931

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-13-, 1931, to 1-14-, 1931.that I last saw him alive on 1-13-31, 1931.and that death occurred, on the date stated above, at 4:45 Am.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Nephritis
with Edema(duration) ? yrs. mos. ds.CONTRIBUTORY
(Secondary)Acute Myocarditis
(duration) 6 yrs. mos. ds.18. Where was disease contracted
if not at place of death? Did an operation precede death? no Date of Was there an autopsy? noWhat test confirmed diagnosis? Urinalysis(Signed) Ernest E. Lusk
1/15/31, 1931 (Address) Boise, Idaho.19. Place of Burial, Cremation, or Removal
Morris Hill Cemetery.Date of Burial
1/20/31 193120. Undertaker
Wm. McBratney.Address
Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
73487
State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 1
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ann Flanagan

(a) Residence. No. 420 So. 11th St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 8th 1852

7. AGE Years 78 Months 3 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Tarrytown, New York
(State or country)

10. NAME OF FATHER John F. Flanagan

11. BIRTHPLACE OF FATHER (city or town) Prosser, Mass.
(State or Country) Ireland

12. MAIDEN NAME OF MOTHER Bridget McInerney

13. BIRTHPLACE OF MOTHER (city or town) Prosser, Mass.
(State or Country) Ireland

14. Informant E. J. Gars
(Address) 1802 Jefferson St

15. Filed 1-8 1931 Registrar W. H. Phelan

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 3 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 13 1930 to Jan 3 1931
that I last saw her alive on Jan 4 1931

and that death occurred, on the date stated above, at 4:49 m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

uraemia (uremia)
chronic Bright's Disease
chronic nephritis
(duration) yrs. 2 mos. ds.

CONTRIBUTORY Senility
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Laboratory Clinical
(Signed) W. H. Gars M. D.
Jan 6 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal St Johns Cemetery Date of Burial 1-7 1931

20. Undertaker Schreiber McE Address Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS' should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

(No. U.S.V.B., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME BOYER, Claude Charles

(a) Residence. No. 23 No. 1st West

(Usual place of abode)

St. Salt Lake City, Utah

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mrs. Opal Boyer (Wife)

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

42

10

10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Sugar boiler

(b) General nature of industry, business, or establishment in which employed (or employer)

XX

(c) Name of employer

XX

9. BIRTHPLACE (city or town) Missouri
(State or country)

10. NAME OF FATHER

XX

11. BIRTHPLACE OF FATHER (city or town) XX
(State or Country)

12. MAIDEN NAME OF MOTHER

XX

13. BIRTHPLACE OF MOTHER (city or town) XX
(State or Country)

14. Informant L. H. Beaman

(Address)

U.S.V.B., Boise, Idaho

15. Filed

1-29

1931

W. H. Rhodes

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 28

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

January 11, 1931, to January 28, 1931

that I last saw him alive on January 28, 1931

and that death occurred, on the date stated above, at 2.05 p. m.

The CAUSE OF DEATH* was as follows:

Nephritis, chr. interstitial

129

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Uremia

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed)

F. C. SMITH, Reg. Med. Officer
Jan. 29, 1931 (Address) U.S.V.B., Boise, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Salt Lake, Utah

1-31-31 19

20. Undertaker

Larkin & Sons

Address

Salt Lake, Utah

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73489

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. _____
(No. 324 Washington St.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Allen Boor

(a) Residence. No. 324 Washington St.

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. 78 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word.) Married.
-----------------	----------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of **Caroline Boor.**

6. DATE OF BIRTH (month, day and year) February 15th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or mins.
54		10	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town).....Mo.
(State or country)

10. NAME OF FATHER

John Wesley Boor

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER Mary E. Slocum

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14. Informant Mrs. Caroline Boor.
(Address) Boise, Idaho.

15. Filed 1-3 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 1st 1931, 19...
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended decedent from
9-9-1929, to 1-1-31, 19
that I last saw him alive on 12-31-31, 19
and that death occurred, on the date stated above, at 4:00 PM.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

The CAUSE OF DEATH was as follows:-
Chr. Nephritis with
Hypertension.

1 (duration) 2 yrs. mos. ds

CONTRIBUTORY (Secondary) : *Mr. Agnew, Jr.*

Aggravated with by (duration) 4 yrs. 6 mos. 0 ds.

18. Where was disease contracted if not at place of death? *Pyralis*

Did an operation precede death? no Date of.....

Was there an autopsy? No

What test confirmed diagnosis? *Cystoscopy*

(Signature) _____ M.D.

1/2/31 19 (Address) Boise, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial

Cassiopeia 1-3-31 19

20. Undertaker	Address
----------------	---------

m. McBratney. Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 10 1904
DO NOT WRITE IN THIS SPACE
73490
State File No.

PLACE OF DEATH

County of AdaCity of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004

(No.)

Local Registrar's No. 90

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Poteet.(a) Residence. No. Died at 916, Fort Street, Residence 10 Miles North west of(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S. if of foreign birth Boise. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White;</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
--------------------------	-----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emery Poteet.6. DATE OF BIRTH (month, day and year) April. 20.1876.

7. AGE <u>54.</u>	Years	Months <u>8</u>	Days <u>14.</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work At Home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mankato Minnesota.
(State or country)

10. NAME OF FATHER

Christian Stark.11. BIRTHPLACE OF FATHER (city or town) Unknown.
(State or Country)12. MAIDEN NAME OF MOTHER Unknown.13. BIRTHPLACE OF MOTHER (city or town) Unknown.
(State or County)14. Informant Emery Poteet.(Address) Boise, Idaho. R.D. # 3.15. Filed 1-6, 1931Registrar. W. R. Rhoads.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 4, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

12-21-1925, 1925, to Jan 4, 1931that I last saw him alive on Jan 4, 1931and that death occurred, on the date stated above, at 7:30 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Apoplectic
Angina.(duration) yrs. mos. 19 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Blood Counts(Signed) Frank E. Hunsbarger, M. D.1/5, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.Jan 7. 30. 19

20. Undertaker

Address

Summers & Krebs.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of AdaCity of BoiseRegistration District No. 8Primary Registration District No. 20049 Local Registrar's No. 2(No. Collector Station)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ideasa May Proesch(a) Residence. No. Rose St.(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred 30 yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Proesch

6. DATE OF BIRTH (month, day and year) Mar 22 - 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>57</u>	<u>9</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pennsylvania
(State or country)10. NAME OF FATHER John James Buford11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ohio12. MAIDEN NAME OF MOTHER Catharine Rudolph13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Ohio14. Informant W. L. Whyman
(Address) Butte, Ore15. Filed 1-9-31 W. H. Rhodes
Registrar.

DO NOT WRITE IN THIS SPACE

State File No.

73491

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
1 (Month) 4 (Day) 1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Arteriosclerotic degeneration of heart

..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) E. C. Calver M. D.

....., 19..... (Address)

19. Place of Burial, Cremation, or Removal

Marion Hill Date of Burial 1-8-31

20. Undertaker

Schreiber & McCann Address Boise, Ida

MAJOR REGISTERED FOR MAJORITY

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
73492
State File No. _____

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. _____
Primary Registration District No. 1005
(No. 1901 N. 17th street.)

Local Registrar's No. 90

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Mary Elizabeth C. Hartman.

(a) Residence. No. Glenns Ferry, Idaho. St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. — yrs. 2 mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widow.</u>
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5a. If married, widowed, or divorced
HUSBAND of Frank Hartman.
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 8th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>69</u>		<u>9</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work None.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Abington, Va.
(State or country)

10. NAME OF FATHER

James Brown.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Va.

12. MAIDEN NAME OF MOTHER Catherine-----

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Va.

14. Informant Jack Ashenfelter.

(Address) Boise, Idaho.

15. Filed 1-13, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 11th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July, 1930, to Oct, 1930
that I last saw him alive on Oct., 1930
and that death occurred, on the date stated above, at 7:20 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows

Cardiac failure -
(Cardio-Vascular Renal
Disease)

(duration) 5 yrs. _____ mos. _____ ds.
CONTRIBUTORY Rheumatism.
(Secondary)

(duration) 15 yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? Glenns Ferry.

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Laboratory.

(Signed) A. A. A. A. A. M. D.
1/12/31, 19____ (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 1/14/31 19____

20. Undertaker Wm. McBratney. Address Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73493

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1000 Local Registrar's No. 30
(No. 1313 N. 17th Street)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James R. Grimes(a) Residence. No. 1313 N. 17th St. 90

(Usual place of abode.)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word.) Married.
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJennie Grimes.6. DATE OF BIRTH (month, day and year) March 25th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, -----hrs. or -----min.
<u>65</u>	<u>3</u>	<u>27</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Contractor & Builder.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Georgetown, Md.
(State or country)10. NAME OF FATHER Unknown.11. BIRTHPLACE OF FATHER (city or town) Unknown.
(State or Country)12. MAIDEN NAME OF MOTHER -----Regan.13. BIRTHPLACE OF MOTHER (city or town) Del.
(State or County)14. Informant Mrs. Jennie Grimes.
(Address) Boise, Idaho.15. Filed 1-23, 1931 W. H. McBratney
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 21st 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 12, 1930, to Jan 21, 1931
that I last saw him alive on Jan 21, 1931and that death occurred, on the date stated above, at 7 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carditis(duration) 5 yrs. mos. ds.CONTRIBUTORY Stroke Valvular insufficiency
(Secondary)(duration) 5 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical findings(Signed) W. H. McBratney, M. D.1/22/31, 19 (Address) Boise, Idaho19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 1/24/31 1920. Undertaker Wm. McBratney. Address Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73494

State File No.

PLACE OF DEATH

County of Ada
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 31
(No. St Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Marie Woods.
(a) Residence. No. 1709. State Street. St. Caldwell, Idaho.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May. 27. 1871.

7. AGE Years Months Days If LESS than 1 day.
59. 7 28. hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Palmyra, Missouri.
(State or country)

10. NAME OF FATHER William. H. Pulliam.

11. BIRTHPLACE OF FATHER (city or town) Virginia.
(State or Country)

12. MAIDEN NAME OF MOTHER Mary. E. Singleton.

13. BIRTHPLACE OF MOTHER (city or town) Kentucky.
(State or County)

14. Informant Joseph. H. Woods. Idaho.
(Address) 1709. State Street, Boise,

15. Filed 1-27, 1931 W. H. Summers
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 17 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1930, to Jan 25, 1931
that I last saw her alive on Jan 25, 1931
and that death occurred, on the date stated above, at 6 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 5 yrs. 25 mos. 5 ds.
CONTRIBUTORY (Secondary) Oedema of Lungs

18. Where was disease contracted Canyon County
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. H. Summers M. D.

Jan 25, 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Caldwell, Idaho. Jan. 27. 31.

20. Undertaker Address

Summers & Krebs. Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

73495

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1004Local Registrar's No. 26(No. 1023 Lincoln Street.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. M. Bruno(a) Residence. No. 1023 Lincoln St. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 1 mos.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLow Bruno.6. DATE OF BIRTH (month, day and year) January 8th 1857

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or7408min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Hamburg, Pa

10. NAME OF FATHER

Anthony Bruno11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Canada

12. MAIDEN NAME OF MOTHER

Lidia Palmer13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Canada

14.

Informant
(Address)Mrs. Lois Bruno

15.

Filed

1-19, 1931W. S. Rhoads

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 16th 1931

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 16th 1931, to Jan. 16th 1931
that I last saw him alive on Jan. 16th 1931and that death occurred, on the date stated above, at 4 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Legionnaires Pectoris -
also valvular heart
trouble - -CONTRIBUTORY (Secondary) Angina & Dyspepsia
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Bank M. D.
1/17/31, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Wm. McBratney.1-19-30 1931

20. Undertaker

Address

Wm. McBratney.Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 10 1931

DO NOT WRITE IN THIS SPACE

State File No. 73496

PLACE OF DEATH

County of Ada

City of Meridian

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 5

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eusebia Grosso

(a) Residence. No. Route West of Meridian St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Grosso

6. DATE OF BIRTH (month, day and year) Dec 28, 1855

7. AGE Years 75 Months 0 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (city or town) Alsea, Oregon (State or country)

10. NAME OF FATHER Bernard Grosseau

11. BIRTHPLACE OF FATHER (city or town) France (State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth adde

13. BIRTHPLACE OF MOTHER (city or town) France (State or County)

14. Informant Daughter Mrs W.E. Bell (Address) Meridian, Idaho.

15. Filed 1-23, 1931 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 1 20, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-18, 1931, to 1-20, 1931, that I last saw him alive on 1-20, 1931, and that death occurred, on the date stated above, at 8 pm.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myocarditis Chronic

(duration) 10 yrs. — mos. — ds. CONTRIBUTORY (Secondary) Asthma

10 (duration) 10 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Post Exam

(Signed) W. H. Rhodes, M. D.

1-23, 1931 (Address) Boise, Id.

19. Place of Burial, Cremation, or Removal St. John's Cemetery Date of Burial 1/23 1931

20. Undertaker Schreiber & W. C. Caine Address Boise, Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73497

State File No.

PLACE OF DEATH

County of AdaCity of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. St. Lukes Hospital......)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Olive Snyder.(a) Residence. No. Glenns Ferry Idaho.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 11 yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)
Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHenry. G. Snyder.

6. DATE OF BIRTH (month, day and year)

Feb. 11. 1873.

7. AGE

Years

Months

Days

If LESS than 1 day,

57.1025.hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pottsville.

(State or country)

Penn.

10. NAME OF FATHER

James. O. Werntz.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Penn.

12. MAIDEN NAME OF MOTHER

Agnes Campbell.

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Penn.

14.

Informant
(Address)Henry. G. Snyder.Glenns Ferry, Idaho.

15.

Filed

1-61931W. H. Rhoades

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 6,

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

6-11-30

19.....

to 1/6/31

19.....

that I last saw him alive on Jan 5, 1931. 19.....and that death occurred, on the date stated above, at 4:50 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Endocarditis
(Mitral Stenosis)
Acute Fibrillation(duration) 4 yrs.

mos.

ds.

CONTRIBUTORY

(Secondary)

Exfoliative Hematoma

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?Glenns Ferry

Did an operation precede death?

No.

Date of

Was there an autopsy?

No.

What test confirmed diagnosis?

Phys. Exam.

(Signed)

Ernest E. S. S. S.

M. D.

1-6-31

19..... (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Pocatello, Idaho.Jan. 9. 31

20. Undertaker

Address

Summers & Krebs. Boise, Idaho.

STATE OF IDAHO *Boise*
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73498

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1000

(No.)

Local Registrar's No. 17

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Weber.(a) Residence. No. 702. Hays Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 22 yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Widow.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May. 15. 1848.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

82.

7

26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

At Home.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Perrysburg, Ohio.

10. NAME OF FATHER

William Lang.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Germany.

12. MAIDEN NAME OF MOTHER

Mary Souder.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Germany.

14.

Informant
(Address)

William. A. Denecke.

702. Hays Street, Boise, Idaho.

15.

Filed

1-13

19

31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan
(Month)11
(Day)31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 24, 1927 to Jan 11, 1931that I last saw her alive on Jan 11, 1931and that death occurred, on the date stated above, at 720 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral ThrombosisCONTRIBUTORY
(Secondary)Tuberculosis
Bedsores(duration) 5 yrs. 1 mos. 11 ds.(duration) 3 yrs. 11 mos. 11 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None

(Signed)

J. M. Brighton, M. D.
Jan 12, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Pioneer Cemetery, January. 13. 31

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE 1933
73499
State File No.

PLACE OF DEATH

County of AdaCity of Bain

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Luke's Hospital)Local Registrar's No. 27

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ervin William Johnson(a) Residence. No. 701 East Jefferson St.(Usual place of abode.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of Nora Johnson
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 15-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>10</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sec. Clerk(b) General nature of industry, business, or establishment in which employed (or employer) Ladage(c) Name of employer Bain & Co.9. BIRTHPLACE (city or town) Ottawa Iowa
(State or country)10. NAME OF FATHER William R. Johnson11. BIRTHPLACE OF FATHER (city or town) U. C.
(State or Country)12. MAIDEN NAME OF MOTHER Ann Myers13. BIRTHPLACE OF MOTHER (city or town) Iowa
(State or Country)14. Informant (Address) E. P. Johnson15. Filed 1-19 1931Registrar. W. H. Rhodes

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 12th 1931 to Jan. 16th 1931
that I last saw him alive on Jan. 16th 1931and that death occurred, on the date stated above, at 6 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY Suppression
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) StumpbackJan 19th 1931 (Address) Bain & Co.

19. Place of Burial, Cremation, or Removal Date of Burial

Monis Hill Cemetery 11/18 1931

20. Undertaker Address

Schubert W. Baum Bain & Co.

MARGIN RESERVE FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1234
(No. 1911 N. 16th Street)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Leora L. Tanner

(a) Residence. No. 1911 N. 16th St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
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5a. If married, widowed, or divorced
HUSBAND of L. J. Tanner
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 29th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>52</u>	<u>9</u>	<u>27</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Canyon Creek, Idaho.
(State or country)

10. NAME OF FATHER

Warren Lockman.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Canada.

12. MAIDEN NAME OF MOTHER Susan Daniels.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Mo.

14. Informant L. F. Barber
(Address) Boise, Idaho.

15. Filed 1-28 1931

Registrar.

RECEIVED FEB 15 1931
DO NOT WRITE IN THIS SPACE
73500
State File No. 74 a

Local Registrar's No. 22

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 26th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 25, 1931, to Jan 26, 1931
that I last saw h. GR. alive on Jan 26, 1931

and that death occurred, on the date stated above, at 3 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1/3 yrs. 4 mos. 3 ds.
CONTRIBUTORY (Secondary) High Blood Pressure
at least (duration) 2 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas R. Laver, M. D.
1/26/31, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Date of Burial
Mountain Home, Idaho. 1/28/31 19

20. Undertaker Address
Wm. McBratney. Boise, Idaho.

N. B.—Every item of information should be carefully supplied. If any item is omitted, it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Ada.City of Boise

CERTIFICATE OF DEATH

Registration District No. 8Primary Registration District No. 2004(No. 8 Miles West of Boise.)Local Registrar's No. 1

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Martha A. Pruett.(a) Residence. No. 8 Miles West of Boise. st.

(Usual place of abode.)

Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR White. 5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn D. Pruett.6. DATE OF BIRTH (month, day and year) May 11th 18537. AGE Years Months Days If LESS than 1 day, hrs. or
77 7 22 -----

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Arkansas.
(State or country)

PARENTS

10. NAME OF FATHER

John Inman.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Miss.

12. MAIDEN NAME OF MOTHER

-----Williams.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Miss.14. Informant B. W. Pruett.
(Address) Boise, Idaho.15. Filled 1-6, 1931W. H. Rhodes
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 73501

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 3rd 1931

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended decedent from

Dec 28, 1930, to Jan 3, 1931that I last saw him or alive on Dec 28, 1930and that death occurred, on the date stated above, at 7 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

apoplexyCONTRIBUTORY
(Secondary)(duration) yrs. mos. 6 ds.

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of —Was there an autopsy? NoWhat test confirmed diagnosis? Symptoms(Signed) PP French, M. D.
1/5/31, 1931 (Address) Boise, Idaho.19. Place of Burial, Cremation, or Removal
Morris Hill Cemetery.Date of Burial
1-5-31 193120. Undertaker
Wm. McBratney.Address
Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

73502

PLACE OF DEATH

County of AdaCity of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1004(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olive Malinda Cline.(a) Residence. No. Pacific Hotel.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 10 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)
Widow.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov. 27. 1856.

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.74.113.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHouse work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ohio.
(State or country)

10. NAME OF FATHER

John Justus.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ohio.

12. MAIDEN NAME OF MOTHER

Katherine Stair.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Ohio.

14.

Informant
(Address)Mrs. Emma Story
Boise Idaho

15.

Filed

1-131931W. H. Phelps
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan
(Month)10
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 11931, toJan 101931.that I last saw her alive on Jan 10, 1931.and that death occurred, on the date stated above, at 9 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Cortical Hemorrhage
Motor Paralysis of Right
side.(duration) yrs. mos. 10 ds.CONTRIBUTORY
(Secondary)Myocarditis(duration) yrs. mos. One ds.18. Where was disease contracted
if not at place of death? Pacific HotelDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None(Signed) J. H. Brayton M. D.Jan 12, 1931 (Address) Boise Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

W. H. H. Cemetery13. 1931.

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

73503

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 10004

(No.)

Local Registrar's No. 33

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albertina Teeter

(a) Residence. No. 1113 North 20th St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Teeter

6. DATE OF BIRTH (month, day and year) November 25-1853

7. AGE Years 77 Months 2 Days 0 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Germany (State or country)

10. NAME OF FATHER Michael Helst

11. BIRTHPLACE OF FATHER (city or town) Germany (State or Country)

12. MAIDEN NAME OF MOTHER Not obtainable

13. BIRTHPLACE OF MOTHER (city or town) Germany (State or Country)

14. Informant (Address) John M. B. Bide

15. Filed 1-28-31 W. H. R. Riden Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20th, 1931, to Jan 25, 1931
that I last saw her alive on Jan 25, 1931

and that death occurred, on the date stated above, at 11 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:
Carcinoma of uterus

(duration) 4 yrs. mos. ds.
CONTRIBUTORY Carcinoma of cervix
(Secondary)

(duration) 4 yrs. mos. ds.

18. Where was disease contracted Same
if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. C. Cavanaugh-Jeffrey, M. D.
1-26-, 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery Date of Burial 1/28 1931

20. Undertaker Schreiber & W. C. Cavanaugh Address Boise, Id.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73504

State File No.

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 10004(No. 2410 Pleasanton Ave.)Local Registrar's No. 46

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Ella Seagrave Morris.(a) Residence. No. 1944 N. 17th St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widow.</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWilliam Morris.6. DATE OF BIRTH (month, day and year) December 22nd 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ----- hrs. or ----- min.
<u>75</u>	<u>0</u>	<u>18</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Woonsocket, Rhode Island
(State or country)

10. NAME OF FATHER

Joseph Seagrave.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Mass.

12. MAIDEN NAME OF MOTHER

Rachel Holbrook.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Mass.14. Informant Mrs. Levina Orr.
(Address) Boise, Idaho.15. Filed 1-12, 1931W. H. Phillips
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 10th 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 1st 1930 to Jan 10th 1931that I last saw her alive on Jan. 9th 1931and that death occurred, on the date stated above, at 3:15 A.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Foxemia caused
from degeneration of fibroid
tumors and aneurysm.

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Fibroid tumors of
years standing

18. Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. McKracken M. D.
1/10/31, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal
Morris Hill Cemetery.

Date of Burial

1/11/31 193120. Undertaker
Wm. McBratney.

Address

Boise, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73505

State File No.

PLACE OF DEATH

County of Ada.City of Boise.

Registration District No.

Primary Registration District No. 1224(No. St. Lukes Hospital.)Local Registrar's No. 1

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edna Lee Hice.(a) Residence. No. 2333 Ellis Ave. St. SD

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
-----6. DATE OF BIRTH (month, day and year) October 13th 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ----- min.
<u>46</u>	<u>2</u>	<u>19</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Clerk, Independent School(b) General nature of industry, business, or establishment in which employed (or employer) District of Boise.

(c) Name of employer

9. BIRTHPLACE (city or town) Canyon Creek,
(State or country) near Boise, Idaho.

10. NAME OF FATHER

William Hice.11. BIRTHPLACE OF FATHER (city or town) -----
(State or Country) Pa.12. MAIDEN NAME OF MOTHER Harriett Daniels.13. BIRTHPLACE OF MOTHER (city or town) -----
(State or Country) Ill.14. Informant Dr. C. R. Lowe.(Address) Boise, Idaho.15. Filed 1-5 1931 W. H. Hice
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 2nd 1931, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 18, 1930, to 1-2, 1931that I last saw her alive on 1-2, 1931and that death occurred, on the date stated above, at 9:15A m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Ovarian papiloma,
Embryolus Cardiac(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

Ovarian papiloma
(duration) yrs. 3 mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of 12-23-30Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Stewart M. D.
1/3/31, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.1/4/31 1931

20. Undertaker

Wm. McBratney.

Address

Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73506

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1001(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 462. FULL NAME Annie Candler(a) Residence. No. St. Twin Falls Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>married</u>
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5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Frank Candler6. DATE OF BIRTH (month, day and year) Aug. 8, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>60</u>	<u>5</u>	<u>2</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Peoria, Ill.
(State or country)

10. NAME OF FATHER

Amos Hadd11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ohio12. MAIDEN NAME OF MOTHER Dr. Blumenshine13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Penn.

14.

Informant (Address) Madge R. Candler
Twin Falls, Idaho.

15.

Filed 1-23, 1931W. H. P. Hadd

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

1 / 10 / 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1/2, 1931, to 1/10, 1931
that I last saw her alive on 1/10, 1931

and that death occurred, on the date stated above, at m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Paralytic illness following operation for
uterine carcinoma
(duration) yrs. mos. ds.

CONTRIBUTOR (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of Jan 2, 1931Was there an autopsy? yesWhat test confirmed diagnosis? General Symp(Signed) W. H. P. Hadd, M. D.1/23, 1931 (Address) Boise

19. Place of Burial, Cremation, or Removal

Twin Falls, Idaho

Date of Burial

1/24 1931

20. Undertaker

Schueiba & W. C. Cunn

Address

Boise, Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73507

State File No.

PLACE OF DEATH

County of AdaCity of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna. E. Knox.(a) Residence. No. 1408. N. 15. St. 44

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 15 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hood Knox.6. DATE OF BIRTH (month, day and year) Oct. 2. 1857.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>73.</u>	<u>3</u>	<u>2.</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work At Home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pennsylvania.
(State or country)

10. NAME OF FATHER

Joseph Morrison.11. BIRTHPLACE OF FATHER (city or town) Ireland.
(State or Country)12. MAIDEN NAME OF MOTHER Mary Mc Intosh.13. BIRTHPLACE OF MOTHER (city or town) On board Steamer Atlantic.
(State or Country)14. Informant Mary Knox.
(Address) Boise, Idaho. 1408. N. 15 Street15. Filed 1-6 1931
Registrar. W. H. Phelps

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 28 1930 to Jan 4 1931
that I last saw her alive on Jan 4 1931and that death occurred, on the date stated above, at 5 P m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follow:Carcinoma of Liver

(duration) yrs. mos. ds.

CONTRIBUTORY None.
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? NO Date ofWas there an autopsy? NOWhat test confirmed diagnosis? None(Signed) W. H. Johnson D. C. M. D.
Jan. 5 1931 (Address) Boise, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.Jan. 7. 31.

20. Undertaker

Address

Summers & Krebs. Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. 1005 Michigan)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel B. Wilkins.(a) Residence. No. 1005 Michigan St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 62 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>
------------------------	-----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Clara Wilkins.
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 28th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
<u>69</u>	<u>7</u>	<u>3</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stock Raising.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Placerville, Calif
(State or country)

PARENTS

10. NAME OF FATHER J. R. Wilkins.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ind.12. MAIDEN NAME OF MOTHER Laura K. Smith.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Maine.14. Informant S. B. Wilkins.
(Address) Pocatello, Idaho.15. Filed 1-5, 1931 W. H. R. R. R.
Registrar.

RECEIVED FEB 10 1931

DO NOT WRITE IN THIS SPACE

73508

State File No. _____

Local Registrar's No. 5

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 1st 1931, 19____
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1930, to Jan 1, 1931
that I last saw him alive on Jan 1, 1931
4:02 P m.

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Tuberculosis of right
Femur.(duration) 10 yrs. mos. ds.
CONTRIBUTORY Cerebral Hemorrhage
(Secondary)

(duration) ____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death? Don't knowDid an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? None(Signed) W. H. R. R. R., M. D.
1/3/31, 19____ (Address) Boise, Idaho.19. Place of Burial, Cremation, or Removal Morris Fill Cemetery. Date of Burial 1/4/31 19____20. Undertaker Wm. McBratney. Address Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. 310 South 5th Street.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 119

2. FULL NAME

Norma Jeane Soreson(a) Residence. No. 310 South 5th St. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) October 18th 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>0</u>	<u>2</u>	<u>23</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER

Andrew Charles Sorenson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ogden, Utah.

12. MAIDEN NAME OF MOTHER

Hazel Johns.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Ogden, Utah.14. Informant Andrew C. Sorenson.(Address) Boise, Idaho.15. Filed 1-13, 1931

Registrar.

RECEIVED FEB 10 1931

DO NOT WRITE IN THIS SPACE

State File No.

73509

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 11th 1931

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 10th 1931, to Jan. 11th 1931
that I last saw her alive on Jan. 10th 1931and that death occurred, on the date stated above, at 5 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Intussusception of
intestines(duration) five hours ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Blair Bank, M. D.1/12/31, 19 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Ogden, Utah.Shipped
1/12/31 19

20. Undertaker

Wm. McBratney.

Address

Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 5 1931

DO NOT WRITE IN THIS SPACE

State File No. **73510**

PLACE OF DEATH

County of Benewah
City of Lewiston

Registration District No.

Primary Registration District No.

(No. St Joseph)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Mrs Mabel Akins

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Sage Akins
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 14 - 1872

7. AGE Years 58 Months 3 Days 16 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Washington
(State or country)

10. NAME OF FATHER Joseph Robert

11. BIRTHPLACE OF FATHER (city or town) Mo
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Brown

13. BIRTHPLACE OF MOTHER (city or town) Ill
(State or Country)

14. Informant Sage Akins
(Address) Lewiston

15. Filed _____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Jan 30, 1931
that I last saw her alive on Jan 30, 1931
and that death occurred, on the date stated above, at 1230 P.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage following
cholecystectomy.
(Broken clamp on cystic artery)
following operation (duration) yrs. mos. 1 ds.

CONTRIBUTORY Cholelithiasis
(Secondary) (duration) 1 yrs. mos. ds.

18. Where was disease contracted ✓
if not at place of death?

Did an operation precede death? yes Date of Jan 30 1931

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Dr. B. B. B. B., M. D.

Feb 2, 1931 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lewiston Idaho Date of Burial 19____

20. Undertaker Passer Mortuary Inc Address Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 5 1931
DO NOT WRITE IN THIS SPACE
State File No. **73511**

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No.
Primary Registration District No.
(No. St Joseph Hospital.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Linton M. Wolever.

(a) Residence. No. 806 10th, Avenue. St.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed,
or Divorced (write the word)
Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) December 16th, 1866

7. AGE

Years

Months

Days

If LESS than 1 day,

64.

1.

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Chief clerk Camas Prairie R.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer Camas Prairie Railroad Co.

9. BIRTHPLACE (city or town) Belleville, Ontario,
(State or country) Canada.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant James Turnbull
(Address) Lewiston, Idaho.

15. Filed , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 16th, 1931.

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 7, 1931, to Jan 16, 1931

that I last saw him alive on Jan 16, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardia -

(duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY
(Secondary)

Chronic Myocarditis (duration) 10 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) William F. Stahl, M. D.
1/17/31, 19 (Address) Lewiston, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.

1/17/31. 19

20. Undertaker

Address

Brower-Jann Company.

Lewiston, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 5 1931
DO NOT WRITE IN THIS SPACE
73512
State File No.

PLACE OF DEATH

County of Nez Perce.
City of Lewiston Orchards.

Registration District No.
Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tollman Pringle.

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) January 8th, 1930.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1. ---- 7.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

10. NAME OF FATHER A. E. Pringle.

11. BIRTHPLACE OF FATHER (city or town) Supply,
(State or Country) Arkansas.

12. MAIDEN NAME OF MOTHER Letha Huddleston,

13. BIRTHPLACE OF MOTHER (city or town) Rochester,
(State or Country) Illinois.

14. Informant A. E. Pringle.
(Address) Lewiston, Idaho.

15. Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 15th, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931 to Jan 15, 1931
that I last saw him alive on Jan 15, 1931
and that death occurred, on the date stated above, at 8-15 m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus.

(duration) 1 yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? at home of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) L. Blockberger, M. D.

1/16/31., 19 (Address) Lewiston, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lewiston, Idaho. Date of Burial 1/16/31. 19

20. Undertaker Brower-Vann Company. Address Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No.

Primary Registration District No.

(No. St. Joseph Hospital.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul Hill.

(a) Residence. No. St. Kendrick, Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 8th, 1931.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

10. NAME OF FATHER N. L. Hill.

11. BIRTHPLACE OF FATHER (city or town) Oregon.
(State or Country)

12. MAIDEN NAME OF MOTHER Ruth Johns.

13. BIRTHPLACE OF MOTHER (city or town) Oregon.
(State or Country)

14. Informant M. L. Hill
(Address) Kendrick, Idaho.

15. Filed, 19....

Registrar

DO NOT WRITE IN THIS SPACE

State File No. 73513

Local Registrar's No.

RECEIVED FEB 5 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 8th, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 8, 1931, to Jan 8, 1931,
that I last saw him alive on Jan 8, 1931,
and that death occurred, on the date stated above, at 1209 m.

The CAUSE OF DEATH was as follows:

Premature birth

(duration) yrs. mos. ds.
CONTRIBUTORY Premature birth 6 mo
(Secondary) Intoxication

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. O. Clark, M. D.
1/8/31., 19.... (Address) Lewiston, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Kendrick, Idaho. 1/11/31. 19

20. Undertaker Address
Brower-Wain Company. Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 5 1931
DO NOT WRITE IN THIS SPACE
State File No. 73514

PLACE OF DEATH
County of *Blaine*
City of *Lewiston*

Registration District No. *46*
Primary Registration District No. *1009*

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Teggy Louise Daniels*

(a) Residence. No. *125* St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) *Aug 28 1928*

7. AGE Years *2* Months *5* Days *23* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Home*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Redington*

10. NAME OF FATHER *Daniels*

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER *L. Hogarth*

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant *L. Hogarth Daniels* (Address) *Lewiston*

15. Filed *1-27*, 19*31* *JM - Lytle* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Jan - 26 - 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH was as follows:

death by being burned in building without death -
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ☒

Did an operation precede death? *Yes* Date of *2/28*

Was there an autopsy? *Yes*

What test confirmed diagnosis?

(Signed) *JM - Lytle* M. D. *1-27*, 19*31* (Address) *Lewiston Ida*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Leland Ida* Date of Burial *1/27 1931*

20. Undertaker *Cassie Martiney* Address *Lewiston*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr. Johnson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 5 1931
DO NOT WRITE IN THIS SPACE
State File No. **73515**

PLACE OF DEATH

County of *Myer*
City of *Lewiston*

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. *St. Joseph*)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Baby Friedrich*

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *w* 5. Single, Married, Widowed, or Divorced (write the word) *Still Born*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) *Still Born*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Lewiston Idaho* (State or country)

10. NAME OF FATHER *L. L. Friedrich*

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER *Edith M. Pherson*

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Idaho*

14. Informant *L. L. Friedrich* (Address) *Sp. Hawthill Wash*

15. Filed _____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Jan 14 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Jan 14 1931* to *Jan 14 1931* that I last saw him alive on *Jan 14 1931* and that death occurred, on the date stated above, at *12:10 P. m.*

The CAUSE OF DEATH was as follows:

Born with general anaesthesia over whole body. Killed about 4 times after birth. No heart sounds audible (duration) one or 2 minutes yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *Paul W. Johnson M. D.* *Jan 14 1931* (Address) *Lewiston Ida*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Spokane* Date of Burial *19*
20. Undertaker *Carson Mortuary* Address *Lewiston*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED SEP 14 1931
DO NOT WRITE IN THIS SPACE
State File No. **73516**

PLACE OF DEATH

County of Nez Perce
City of Lewiston

Registration District No.
Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Archie H. Jaynes

(a) Residence. No. 1423 St. 15th

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced, (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 22nd 1912

7. AGE Years 18 Months 8 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Student

(b) General nature of industry, business, or establishment in which employed (or employer)

High school

(c) Name of employer

9. BIRTHPLACE (city or town) Gainesville
(State or country) Mo.

10. NAME OF FATHER Roy W. Jaynes

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Vada Breeding

13. BIRTHPLACE OF MOTHER (city or town) Gainesville
(State or Country) Mo.

14. Informant Roy W. Jaynes
(Address) Lewiston Idaho

15. Filed _____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to Jan 16, 1931
that I last saw him alive on Jan 16, 1931
and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis acute
(Epidemic form)

(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? ✓

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Examination spinal fluid
(Signed) E. B. [unclear] M. D.
1/16, 1931 (Address) Lewiston, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lewiston Idaho Date of Burial 1/17 1931

20. Undertaker Brown - Hume Address Lewiston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

Registration District No.

Primary Registration District No.

(No. 406 Delsol Lane.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Guy LeRoy Hemphill.(a) Residence. No. 406 Delsol Lane. **EX**

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>white.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year) <u>Aug. 10th, 1905.</u>		
7. AGE <u>25</u>	Years Months Days	If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work Mill Hand.
- (b) General nature of industry, business, or establishment in which employed (or employer) _____
- (c) Name of employer Clearwater Timber Company.

9. BIRTHPLACE (city or town) Belleview,
(State or country) Illinois.10. NAME OF FATHER
Jesse C. Hemphill.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Illinois.12. MAIDEN NAME OF MOTHER Ada V. Toll.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Illinois.14. Informant J. L. Hemphill
(Address) Lewiston, Idaho.

15. Filed _____, 19____

Registrar

RECEIVED FEB 5 1931

DO NOT WRITE IN THIS SPACE

State File No. 73517

Local Registrar's No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 9th, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 29, 1930, to Jan 9, 1931
that I last saw him alive on Jan 9, 1931and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever.(duration) yrs. mos. 12 ds.CONTRIBUTORY Meningitis (Streptococcus)
(Secondary)(duration) yrs. mos. 5 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Lab & Physical Exam(Signed) Ralph M. Celley, M. D.
1/10/31., 19____ (Address) Lewiston, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal
Lewiston, Idaho. Date of Burial 1/11/31. 19____20. Undertaker
Brower-Jann Company. Address Lewiston, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED *1931*
DO NOT WRITE IN THIS SPACE
State File No. **73519**

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

Registration District No.

Primary Registration District No.

(No. 1516 7th, Avenue.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME William Isaac Colt.(a) Residence. No. 1516 7th, Avenue. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
Alice Colt.

6. DATE OF BIRTH (month, day and year) Nov. 9th, 1862.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>68.</u>		<u>2.</u>	<u>8.</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor and builder.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sycamore,
(State or country) Illinois.10. NAME OF FATHER Wm. I. Colt.11. BIRTHPLACE OF FATHER (city or town) Lockport,
(State or Country) New York.12. MAIDEN NAME OF MOTHER Lucy Armstrong.13. BIRTHPLACE OF MOTHER (city or town) New York.
(State or Country)14. Informant Mrs. W. D. Colt.
(Address) Lewiston, Idaho.15. Filed 1-24-1931 J. M. Lyle
Regist.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 17th, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 16, 1931, to Jan 17, 1931
that I last saw him alive on Jan 17, 1931and that death occurred, on the date stated above, at 50 m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris(duration) yrs. mos. 2 ds.CONTRIBUTORY
(Secondary)my cardiac arteries -
Sclerosis (duration) Do not know yrs. mos. ds.18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? None
(Signed) J. M. Lyle, M. D.1/20/31., 19 (Address) Lewiston, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Lewiston, Idaho. 1/20/31. 19

20. Undertaker

Address

Brower-Wann Company. Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 5 1931
DO NOT WRITE IN THIS SPACE
State File No. 73520

PLACE OF DEATH
County of Myrtle
City of Lewiston

Registration District No. _____

Primary Registration District No. _____

(No. White Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. _____

2. FULL NAME Lee Whitthorne Cox

(a) Residence. No. Prospect Ave

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. Q. Cox

6. DATE OF BIRTH (month, day and year)

7. AGE Years 49 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Tenn. (State or country)

10. NAME OF FATHER William J Whitthorne

11. BIRTHPLACE OF FATHER (city or town) Tenn. (State or Country)

12. MAIDEN NAME OF MOTHER Charlotte Watson

13. BIRTHPLACE OF MOTHER (city or town) Tenn. (State or Country)

14. Informant Whitthorne (Address) Lewiston Idaho

15. Filed _____, 19____

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1930, to Jan 11, 1931 that I last saw her alive on Jan 11, 1931 and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Myocarditis.
with fibrillations.

(duration) _____ yrs. 6 mos. _____ ds.

CONTRIBUTORY (Secondary) Same

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Cardinal symptoms

(Signed) E. L. White, M. D.

1-16, 1931 (Address) Lewiston.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lewiston Idaho Date of Burial 1-13 1931

20. Undertaker Passer Mortuary Address Lewiston Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 5 1931
DO NOT WRITE IN THIS SPACE
73521
State File No.

PLACE OF DEATH

County of BoiseCity of Lewiston

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Easton A. Stry(a) Residence. No. 917-9th St St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 24 1931

7. AGE <u>74</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Missouri10. NAME OF FATHER not known11. BIRTHPLACE OF FATHER (city or town) (State or Country) not known12. MAIDEN NAME OF MOTHER not known13. BIRTHPLACE OF MOTHER (city or town) (State or Country) not known14. Informant R O Davis
(Address) 917-9th Lewiston

15. Filed _____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 24 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 17 1931 to Jan 24 1931
that I last saw him alive on Jan 23 1931
and that death occurred, on the date stated above, at 11 a.m.The CAUSE OF DEATH* was as follows:
Chronic Myocarditis(duration) 3 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? yesWhat test confirmed diagnosis? Physiologic signs(Signed) W. H. Davis M. D.Feb 4, 1931 (Address) Lewiston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lewiston Ida Date of Burial Jan 25 193120. Undertaker Wesley Montanari Address Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 9 1931
DO NOT WRITE IN THIS SPACE
State File No. **73522**

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. Lewiston Orchards.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josiah Draper Symons.

(a) Residence. No. Lewiston Orchards.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male.

4. COLOR OR RACE
White.

5. Single, Married, Widowed,
or Divorced (write the word)
Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 1st, 1850.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

80

11

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Retired farmer.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Indiana.

10. NAME OF FATHER
Nathan Symons.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Indiana.

12. MAIDEN NAME OF MOTHER
Mahala Burson.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Indiana.

14. Informant Mrs. A. E. Lyle.
(Address) Lewiston, Idaho.

15. Filed 1-31, 1931 JM Lyle
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 29th, 1931. 91
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 29 1931, to 1931

that I last saw him alive on 1931

and that death occurred, on the date stated above, at 10:52 a.m.

The CAUSE OF DEATH* was as follows:

Hyperextension

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emm Brown M.D.

1/31/31., 19 (Address) Lewiston, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Lewiston, Idaho. 1/31/31. 19

20. Undertaker Address
Brower-Wann Company. Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 5 1931

DO NOT WRITE IN THIS SPACE

State File No. **73523**

PLACE OF DEATH

County of Nez Perce.
City of Lewiston.

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. 1524 9th, Avenue.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank B. Prine.

(a) Residence. No. 1524 9th, Avenue. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 27th, 1860.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
70. 9. 26.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired merchant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Oregon.

10. NAME OF FATHER Dave Prine.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri.

12. MAIDEN NAME OF MOTHER Elizabeth Ray.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Missouri.

14. Informant Mr. F. B. Prine
(Address) Lewiston, Idaho.

15. Filed 1-31-31 Registrar J. M. Lyle

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 23rd, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan-23-31 to Jan-23-31, 1931, that I last saw him alive on Jan-9-31, 1931, and that death occurred, on the date stated above, at 7-11 m.

The CAUSE OF DEATH* was as follows:

Hypertension
(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) ? yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Jan-23-31

Was there an autopsy? No

What test confirmed diagnosis? Physiological

(Signed) J. M. Lyle, M. D.
1/24/31, 1931 (Address) Lewiston, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lewiston, Idaho. Date of Burial 1/25/31. 1931

20. Undertaker Brower-Jann Company. Address Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 5 1937

DO NOT WRITE IN THIS SPACE

State File No. **73524**

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Thomas L. Ford.(a) Residence. No. 227 2nd, Avenue. St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year) <u>August 30th, 1870.</u>		
7. AGE <u>60.</u>	Years <u>4.</u>	Months <u>19.</u>
		Days <u>min.</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work City Treasurer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Lewiston, Idaho.9. BIRTHPLACE (city or town) Memphis,
(State or country) Tenn.

PARENTS

10. NAME OF FATHER
Joseph Edward Ford.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Va.12. MAIDEN NAME OF MOTHER Elizabeth Jaynes.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Va.14. Informant Mrs. T. L. Ford
(Address) Lewiston, Idaho.15. Filed 1-24, 1931Registrar J. M. Lyle

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 19th, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July, 1925, to Jan 19, 1931.
that I last saw him alive on Jan 19, 1931
and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis myocardia
chronic interstitial nephritis(duration) 5 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? albumen & casts in urine(Signed) E. J. B. C. C. C., M. D.1/21/31., 19 (Address) Lewiston, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.1/21/31. 19

20. Undertaker

Address

Brower-Tann Company.Lewiston, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 5 1931
DO NOT WRITE IN THIS SPACE
73525
State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. 406 Delsol Lane.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles W. Hemphill.(a) Residence. No. 406 Delsol Lane. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>
------------------------	-----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) August 20th, 1905.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>25.</u>	<u>5.</u>	<u>3.</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Forest ranger.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Belleview,
(State or country) Illinois.10. NAME OF FATHER Charles Hemphill.11. BIRTHPLACE OF FATHER (city or town) Illinois.
(State or Country)12. MAIDEN NAME OF MOTHER Sarah E. Turpin.13. BIRTHPLACE OF MOTHER (city or town) Illinois.
(State or Country)14. Informant J. C. Hemphill.
(Address) Lewiston, Idaho.15. Filed 1-24, 1931 J. M. Lyle
Dr. nts. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 23rd, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 14, 1931, to Jan 23, 1931
that I last saw him alive on Jan 22, 1931and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Bacterial pneumonia, as sequel
to scarlet fever(duration) yrs. mos. 14 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ☒Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) E. L. Braddock, M. D.1/23/31., 19 (Address) Lewiston, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Kooskia, Idaho. 1/ 19

20. Undertaker Address

Brower-Wann Company. Lewiston, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. _____

73527

PLACE OF DEATH

County of *Latah*

City of *Troy*

Registration District No. *64*

Primary Registration District No. *2144*

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Henry H. Christie

(a) Residence. No. _____

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word.) *Married*

5a. If married, widowed, or divorced HUSBAND of *Minnie Christie* (or) WIFE OF

6. DATE OF BIRTH (month, day and year) *March-30-1871*

7. AGE Years *59* Months *9* Days *22* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Pool hall manager*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Miner.*

10. NAME OF FATHER *Halvar Christie*

11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Norway*

12. MAIDEN NAME OF MOTHER *Marie Gilbertson*

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Norway*

14. Informant *Mrs H. H. Christie* (Address) *Troy, Ida.*

15. Filed *Jan 31, 1931* *Lucy M. Pickard* Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Jan 22 - 1931* (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Jan. 17, 1931* to *Jan. 21, 1931* that I last saw him alive on *Jan 21, 1931*

and that death occurred, on the date stated above, at *11* m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic myocarditis.

(duration) *5* yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of ____

Was there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *W. G. Meyer* M. D. *Jan 24, 1931* (Address) *Troy, Idaho*

19. Place of Burial, Cremation, or Removal

Date of Burial

Moscow

Jan 25, 1931

20. Undertaker

Address

John J. Pickard

Troy, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

73530

PLACE OF DEATH

County of BenCity of EmmettRegistration District No. 6

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Darrel Arthur Jordan

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)child5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

April - 1929

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

1915

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Emmett Idaho

10. NAME OF FATHER

Clark R. Jordan11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho

12. MAIDEN NAME OF MOTHER

Martha M. Jordan13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Idaho

14.

Informant
(Address)Emmett Idaho

15.

Filed

Jan 7, 1931J. D. Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 6

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 4, 1931, to Jan 6, 1931that I last saw him alive on Jan 6, 1931

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:whooping cough
4 or 5 weeks(duration) yrs. mos. 30 ds.CONTRIBUTORY
(Secondary)Bronchopneumonia(duration) yrs. mos. 5 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) R. C. ..., M. D.1/7, 1931 (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Emmett IdahoJan 8, 1931

20. Undertaker

C. D. BucknerEmmett Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

73532

PLACE OF DEATH

County of *Ben*City of *Emmett*

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Bert Owen Marrs

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

*white*5. Single, Married, Widowed,
or Divorced (write the word.)*married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Stella Marrs*

6. DATE OF BIRTH (month, day and year)

Sept 25 - 1884

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

*46**3**15*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.*Day Laborer*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)*Dillon
Montana*

10. NAME OF FATHER

*John Marrs*11. BIRTHPLACE OF FATHER (city or town)
(State or country)*Iowa*

12. MAIDEN NAME OF MOTHER

*Ella Brower*13. BIRTHPLACE OF MOTHER (city or town)
(State or country)*Ohio*

14.

Informant
(Address)*W. H. Madden
Lambert, Idaho*

15.

Filed

*Jan 12, 1931**J. H. Reynolds*

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 10

(Month)

(Day)

19*31*
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

*Aug 30*to *Jan 10*19*31*that I last saw him alive on *Jan 10*19*31*and that death occurred, on the date stated above, at *8 P.* m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Chronic Nephritis*(duration) *several* yrs.CONTRIBUTORY
(Secondary)

(duration) yrs.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *Clinical*

(Signed)

*J. H. Reynolds, M. D.**Jan 12, 1931* (Address) *Emmett*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Poplin Cemetery**Jan 12 1931*

20. Undertaker

Ed Buckner

Address

*Emmett
Idaho*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73550**

PLACE OF DEATH
County of **Kootenai**
City of **Coeur d'Alene**

Registration District No. **30**Primary Registration District No. **1050**Local Registrar's No. **6**

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME**Elizabeth Boucher**
817 - Indiana St.

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F.** 4. COLOR OR RACE **W.** 5. Single, Married, Widowed, or Divorced (write the word) **married**

5a. If married, widowed, or divorced

~~HUSBAND~~ of
(or) WIFE of**Nelson Boucher**

6. DATE OF BIRTH (month, day and year)

8-23

7. AGE

50

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) _____
(State or country) **Wis**

10. NAME OF FATHER

W - Boyd11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) **Ireland**

12. MAIDEN NAME OF MOTHER

Allen13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country) **Ireland**

14.

Informant

(Address)

John Boucher
Coeur d'Alene Ida -

15.

Filed

1-29, 1931**W J Stueges**

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 20 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 19, 19**31**, to **Jan. 20**, 19**31**that I last saw him alive on **Jan 20**, 19**31**and that death occurred, on the date stated above, at **10** **0** m.

The CAUSE OF DEATH* was as follows:

Cerebro-spinal Meningitis(duration) _____ yrs. _____ mos. **1** ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **No** Date of _____Was there an autopsy? **No**What test confirmed diagnosis? **Bacteriological Exam. of blood**

(Signed)

Jan 21, 19**31** (Address) **Coeur d'Alene Ida**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

St Thomas. Cem. Idaho **1-22** 19**31**

20. Undertaker

Address

Cassedy Funeral Home **CD Alene**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED IDAHO STATE DEPT. OF PUBLIC WELFARE 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73551

State File No.

PLACE OF DEATH

County of Kootenai
City of Coeur D' Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
(No. Home Hospital

Local Registrar's No. 10

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jeannette LaFrenz

(a) Residence. No. Coeur D' Alene R. F. D. St.
(Usual place of abode.)

Length of residence in city or town where death occurred. 36 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fred LaFrenz

6. DATE OF BIRTH (month, day and year) Feb. 19, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>36</u>	<u>10</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Coeur D' Alene, Idaho
(State or country)

10. NAME OF FATHER

Robert Mann

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Wisc.

12. MAIDEN NAME OF MOTHER Elizabeth Masterson

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Oregon

PARENTS

14. Informant Fred LaFrenz
(Address) Coeur D' Alene, Ida. R. D.

15. Filed 1-29, 1931. H. J. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 10, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 8, 1931, to Jan 10, 1931
that I last saw him alive on Jan 10, 1931

and that death occurred, on the date stated above, at 2 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebro-spinal Meningitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted at her home
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal fluid, gram neg. diplo.

(Signed) C. J. Sturgeon M. D.

1/17/31, 19 (Address) Coeur d'Alene, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest

Jan 12 1931

20. Undertaker

Address

Mooney Mortuary

Coeur d'Alene, Ida.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73552

PLACE OF DEATH

County of Post Falls
City of _____

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
(No. _____)

Local Registrar's No. 15

(If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME Enelyn F. Waggoner

(a) Residence. No. Pleasant View St. _____

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? 55 yrs. mos. ds. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Chas. Waggoner
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 12 - 1875

7. AGE Years 55 Months 6 Days 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Belfast
(State or country) Ireland

10. NAME OF FATHER Isaac Flemming

11. BIRTHPLACE OF FATHER (city or town) Ireland
(State or Country)

12. MAIDEN NAME OF MOTHER Matha Blackburn

13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)

14. Informant (Address) Chas. Waggoner
Post Falls, Ida.

15. Filed 1-29, 1931 N. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 20, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1930, to Jan. 20, 1931
that I last saw him alive on Jan. 20, 1931
and that death occurred, on the date stated above, at 10:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Primary carcinoma of liver

(duration) _____ yrs. 4 mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) John M. Wood M. D.

Jan. 22, 1931. (Address) Camden, Mo.

19. Place of Burial, Cremation, or Removal Date of Burial

Post Falls 19

20. Undertaker Address

Mosney Mortuary, Post Falls, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1931

S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency. 4832.

PLACE OF DEATH

Washington State Board of Health

Record No.

73553

County of Bozeman

BUREAU OF VITAL STATISTICS

Registered No. 27City or Town of Coeur d'Alene **CERTIFICATE OF DEATH**Registration Dist. No. 30 No. 1
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence No. _____ St.;

(Usual place of abode)

(b) If non-resident, give city or town, and state _____

(c) How long in

Registration Dist. _____ yrs. 3 mos. _____ ds.; how long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.

Personal and Statistical Particulars

3. Sex F 4. Color or Race White 5. Single, Married, Widowed or Divorced (Write the word) Widowed

5. (a) If married, widowed or divorced:

Husband of _____

or

Wife of _____

6. Date of birth Jan 30 1848
(Month) (Day) (Year)7. Age 82 yrs. _____ mos. _____ ds. If less than one day hrs. _____ or min.

8. Occupation of deceased:

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. Birthplace (City or town) Pa.

(State or country) _____

PARENTS

10. Name of Father Harrison King11. Birthplace of Father Pa.

(City or town)

(State or Country) _____

12. Maiden name of Mother McDonovan13. Birthplace of Mother Pa.

(City or town)

(State or Country) _____

14. Informant Dan SkiristonAddress Coeur d'Alene15. Filed 2-4 1931 H. J. Sturge Registrar

Medical Certificate of Death

16. Date of death 2-4 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 29 1931, to Feb 3 1931,that I last saw her alive on Feb 3 1931,and that death occurred on the date stated above, at Pa. m.
(State the disease causing death, or in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL).

The CAUSE OF DEATH was as follows:

(Primary) Carcinoma of Stomach(Duration) about 3 yrs. _____ mos. _____ ds.
(Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted at place of death
If not at the place of death? _____(a) Did an operation precede death? No Date of _____(b) Was there an autopsy? no(c) What test confirmed diagnosis? Chinical signs(Signed) E. L. SpenceFeb 4 1931 Address Coeur d'Alene19. Place of Burial, Cremation or Removal Cheney Wash Date of Burial Feb 5 193120. Undertaker New England in Co Address _____I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions.
(Insert numbers of unanswered questions)

(Signature of Undertaker)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 100M-10-31-27.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of KootenaiRegistration District No. 30

City of _____

Primary Registration District No. 1050

(No. _____, St.)

File No. 73554

Registered No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Frank Johnson

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

married
(Write the word.)

6. DATE OF BIRTH

March 27th 1867
(Month) (Day) (Year)

7. AGE

63 Yrs. 10 Mos. 2 ds.
IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Farmer

9. BIRTHPLACE

(State or Country)

Sweden

10. NAME OF FATHER

Dont Know

11. BIRTHPLACE OF FATHER

(State or Country)

Sweden

12. MAIDEN NAME OF MOTHER

Dont Know

13. BIRTHPLACE OF MOTHER

(State or Country)

Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. R. Hostensson
Rosford Wash R1

(Address)

15.

Filed 1-27 1931 H. J. Sturges
Local Registrar

16. DATE OF DEATH

Jan 29th 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Oct 30th 1930, to Jan 29th 1931that I last saw him alive on Jan 1st 1931and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach(Duration) 3 Yrs. _____ mos. _____ ds.

Contributory (Secondary)

(Duration) 2 yrs. 6 mos. _____ ds.

(Signed)

J. J. Harrington M. D.
3019 31 (Address) W. J. H. H. H.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mica Peak Cemetery Jan 31 1931

20. UNDERTAKER

ADDRESS

Neighbors

RECEIVED FEB 9 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73555

PLACE OF DEATH

County of Polk

City of _____

Registration District No. 30

Primary Registration District No. 1050

(No. _____)

Local Registrar's No. 7

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jonas Jessen

(a) Residence No. Valton Garden St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 19 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 48 yrs. 0 mos. 0 ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Johanna Jessen

6. DATE OF BIRTH (month, day and year) July 14 1857

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 73 5 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Germany

10. NAME OF FATHER

Paul Jessen

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Germany

12. MAIDEN NAME OF MOTHER

Mary Nicholasen

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Germany

14.

Informant (Address)

Mrs Johanna Jessen

15.

Filed 1-29-31

H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 1924 to Jan. 12 1931

that I last saw him alive on Jan. 12 1931

and that death occurred, on the date stated above, at 6 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma of Cecum

(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) 0 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed)

Jan. 12 1931 (Address) Corner 11th & 12th Sts.

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cemetery Jan 15 1931

20. Undertaker

Address

Mooney Mortuary Corner 11th & 12th Sts.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FEB 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73556**

PLACE OF DEATH

County of Boonville
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 21

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adelia M. Curtis(a) Residence. No. 720 - Indiana St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofW. S. Curtis6. DATE OF BIRTH (month, day and year) 1866 - 4 - 15

7. AGE Years Months Days If LESS than 1 day,
64 8 20 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

N. Y.

10. NAME OF FATHER

King

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

England

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

..

14. Informant W. S. Curtis
(Address) Coeur d'Alene, Ida.

15. Filed 1 - 29 - 1931 N. J. Elviges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 4, 1930, to Jan. 2, 1931
that I last saw her alive on Jan 2, 1931

and that death occurred, on the date stated above, at 12:15 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder(duration) Not known mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of -Was there an autopsy? NoWhat test confirmed diagnosis? Certification Examination by Dr. Brown, Urologist(Signed) J. C. Brown M. D.1/6, 1931 (Address) Coeur d'Alene, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Greenwood Cem. Spokane, Wash. 1 - 7 1931

20. Undertaker

Cassidy Funeral Home Address Coeur d'Alene, Ida.

RECEIVED FEB 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73557**

PLACE OF DEATH

County of KootenaiCity of Coeur d'AleneRegistration District No. 30Primary Registration District No. 1050Local Registrar's No. 25

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward D. Wright(a) Residence. No. 705 - 2nd St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Lottie Wright
(or) WIFE of6. DATE OF BIRTH (month, day and year) 8-297. AGE Years 71 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired lumber(b) General nature of industry, business, or establishment in which employed (or employer) grader

(c) Name of employer

9. BIRTHPLACE (city or town) N.Y.
(State or country)10. NAME OF FATHER Wright11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)12. MAIDEN NAME OF MOTHER Melissa13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)14. Informant Lottie Wright
(Address) 705-2nd St-15. Filed 1-29, 1931 H. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 8 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1930, to Jan 8, 1931
that I last saw him alive on Jan 8, 1931
and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary & Cerebral EmbolusCONTRIBUTORS Thrombo. Angitis Obliterans
(Secondary)18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Examination(Signed) Harold J. Sturges, M. D.1-9, 1931 (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Forest Cem. Coeur d'Alene Date of Burial 1-24 193120. Undertaker Carstedt Funeral Home Address Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73558**

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 17

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Henry A. Elder
(a) Residence. No. — Boravia, Idaho St. (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) _____
7. AGE 65 Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____
9. BIRTHPLACE (city or town) in Kootenai (State or country) but in U.S.

PARENTS

10. NAME OF FATHER _____
11. BIRTHPLACE OF FATHER (city or town) (State or Country) _____
12. MAIDEN NAME OF MOTHER _____
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) _____
14. Informant County hospital (Address) Rathdrum, Ida.
15. Filed 1-29, 1931. H. J. Sturgeon Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Decbr., 1928, to Jan 25, 1931
that I last saw him alive on " 24, 1931
and that death occurred, on the date stated above, at 8.45 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
(Stroke of apoplexy.)

(duration) — yrs. — mos. — ds.
CONTRIBUTORY General Arterio-
(Secondary) Sclerosis (duration) 5 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? in Kootenai

Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Frank Harris, M. D.
1/27, 1931. (Address) Rathdrum, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Pine Grove Cemetery Rathdrum Date of Burial 1-30 1931
20. Undertaker Casey Funeral Home Address Rathdrum

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 9 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
73559
State File No.

PLACE OF DEATH

County of Kootenai
City of Cataldo

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
(No.)

Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hellen Murray

(a) Residence No. Cataldo St.

(Usual place of abode.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? 50 yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 15, 1856

7. AGE Years Months Days If LESS than 1 day,
74 10 8 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Canada

10. NAME OF FATHER William Craig

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland

12. MAIDEN NAME OF MOTHER Jennette Campbell

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Scotland

14. Informant W. D. Murray
(Address) Cataldo, Idaho

15. Filed 1-29, 1931 H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Jan. 23, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to Jan 23rd, 1931
that I last saw him alive on 19.....
and that death occurred, on the date stated above, at 3 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

apoplexy

(duration) yrs. mos. ds.
CONTRIBUTORY Arterio sclerosis
(Secondary)

(duration) 2 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) W. D. Murray, M. D.
Jan 26, 1931, (Address) Hellogg St.

19. Place of Burial, Cremation, or Removal Date of Burial
Forest Cemetery Jan. 25, 1931

20. Undertaker Address
Mooney Mortuary Chen d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73560

State File No.

PLACE OF DEATH

County of KootenaiCity of Coeur d'AleneRegistration District No. 30Primary Registration District No. 1050Local Registrar's No. 26

(No. _____)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Robert Richards(a) Residence. No. 314 - S. 10th St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1929 6 - 20

7. AGE Years Months Days If LESS than 1 day,
1 6 16 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kellogg Id.10. NAME OF FATHER Alfred Richards11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho Falls Idaho12. MAIDEN NAME OF MOTHER Ruth Sager13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Coeur d'Alene Idaho

14. Informant Alfred Richards
(Address) 314 S. 10th St.

15. Filled 1-29, 1931 H. J. Stever
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Jan, 1931
that I last saw him alive on Jan, 1931
and that death occurred, on the date stated above, at 11 A. M.
The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. mos. ds.
CONTRIBUTORY Pulmonary Tuberculosis
(Secondary)

(duration) yrs. mos. ds. 7
18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? noWhat test confirmed diagnosis? Examination of(Signed) Harold Stever M. D.1-9, 1931 (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Forest Cem. Coeur d'Alene Date of Burial 1-9 1931

20. Undertaker Carsey Funeral Home Address Coeur d'Alene

PLACE OF DEATH

County of Koot.City of C.D.A.

RECEIVED FEB 9 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 73561Local Registrar's No. 12. FULL NAME Fred Lumper(a) Residence. No. Dalton gardens St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Married
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Frances
~~(Or WIFE of)~~6. DATE OF BIRTH (month, day and year) July 16, 1851.

7. AGE <u>79</u>	Years	Months <u>20</u>	Days <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
---------------------	-------	---------------------	-------------------	--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Austria
(State or country)10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)14. Informant J. H. Lumper
(Address) Haley Idaho15. Filed 1-5, 1931 H. J. Sturgeon
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
January 1 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Nov. 15, 1930, to Nov. 15, 1930that I last saw him alive on Nov. 15, 1930and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocardial degeneration(duration) 1 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Physic.(Signed) John Sturgeon M. D.
Jan. 2, 1931 (Address) Coeur d'Alene Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St. Thomas Cemetery Date of Burial 1/5/ 193120. Undertaker R. B. Wooney Address C.D.A.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Franklin
City of Dayton

Registration District No. 27
Primary Registration District No. 2119

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Lorenzo Perkins

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 29 1930

7. AGE Years 8 Months 8 Days 20 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work BABY

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Preston Idaho
(State or country)

10. NAME OF FATHER

Glen Perkins11. BIRTHPLACE OF FATHER (city or town) Dayton Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Margy Lisonbee13. BIRTHPLACE OF MOTHER (city or town) Monroe Utah
(State or Country)14. Informant Glen Perkins
(Address) Dayton15. Filed 1-19-31 1931

Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 73563Local Registrar's No. 5

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 19 1931

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from Jan 19 1931 to Jan 19 1931that I last saw him alive on Jan 19 1931 and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Diphtheria(duration) _____ yrs. _____ mos. 5 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Raymond H.oley M. D.Jan 19 1931 (Address) Preston

19. Place of Burial, Cremation, or Removal

Date of Burial

Dayton IdahoJan 21 1931

20. Undertaker

Address

M.W. HendricksPreston

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Shoshone
City of Treasureton

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2179

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Johnson

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced, (write the word.) married5a. If married, widowed, or divorced
HUSBAND of Eliza S. Johnson
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct. 7 18677. AGE Years 64 Months 3 Days 27 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Hyde Park
(State or country)10. NAME OF FATHER Charles Johnson11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country)12. MAIDEN NAME OF MOTHER Amelia Peterson13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country)14. Informant Mrs Charles Johnson
(Address) Treasureton15. Filed Jan 6, 1931Registrar. A. R. Curtis

RECEIVED FEB 6 1931

DO NOT WRITE IN THIS SPACE

State File No. _____

73564

Local Registrar's No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 4 (Month) 4 (Day) 1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 21, 1930, to Jan 4, 1931
that I last saw him alive on Jan 3, 1931
and that death occurred, on the date stated above, at 10:30 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Carcinoma of Liver(duration) 1 yrs. — mos. — ds.
CONTRIBUTORY Rupture of Gall
(Secondary) Bladder (duration) — yrs. — mos. 7 ds.18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date of —Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) G. W. Stals, M. D.Jan 6, 1931 (Address) Preston Idaho19. Place of Burial, Cremation, or Removal Treasureton Idaho Date of Burial Jan. 7 193120. Undertaker W. Hendricks Address Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Franklin
City of Preston

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucious Augustus Bingham

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed,
or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of Rhoda Bingham
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 5 1862

7. AGE Years Months Days If LESS than 1 day,
38 9 10 _____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Brigham Utah
(State or country)10. NAME OF FATHER Perry Levi Bingham11. BIRTHPLACE OF FATHER (city or town) Iowa
(State or Country)12. MAIDEN NAME OF MOTHER Sarah Lusk13. BIRTHPLACE OF MOTHER (city or town) Iowa
(State or Country)14. Informant Rhoda Bingham
(Address) Clifton Idaho15. Filed 1-17-31, 1931

Registrar.

RECEIVED FEB 6 1931

DO NOT WRITE IN THIS SPACE

State File No. 73565Local Registrar's No. 2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 16th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____
that I last saw h_____ alive on _____, 19____

and that death occurred, on the date stated above, at _____m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Abses in Head

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis _____

(Signed) In H. Hendricks, M. D._____, 19____ (Address) Preston

19. Place of Burial, Cremation, or Removal

Clifton Idaho

Date of Burial

Jan 17 31

20. Undertaker

M. W. Hendricks

Address

Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 8 1931
DO NOT WRITE IN THIS SPACE

State File No. 73568

PLACE OF DEATH
County of Franklin
City of Preston

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119
(No. _____)

Local Registrar's No. 3

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Vernon Miller

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 8/ 9 1892

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
38 5 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Preston Idaho
(State or country)

10. NAME OF FATHER N.C. Miller

11. BIRTHPLACE OF FATHER (city or town) Denmark
(State or Country)

12. MAIDEN NAME OF MOTHER Anna Nielson

13. BIRTHPLACE OF MOTHER (city or town) Denmark
(State or Country)

14. Informant N.C. Miller
(Address) Preston Idaho

15. Filed 1-19-, 1931 J. R. Pluth
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 17-, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to Jan 17-, 1931
that I last saw him alive on Jan 16-, 1931

and that death occurred, on the date stated above, at 120 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute double
Lobar pneumonia.

(duration) 4 yrs. 4 mos. 10 ds.
CONTRIBUTORY Bronchitis
(Secondary)

(duration) 1 yrs. 1 mos. 1 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of 4

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) G. W. State, M. D.

Jan 17, 1931 (Address) Preston Idaho

19. Place of Burial, Cremation, or Removal Preston Idaho Date of Burial Jan 19 31

20. Undertaker M. W. Handricks Address Preston

26-31

RECEIVED FEB 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 73569

PLACE OF DEATH

County of Franklin
City of Preston

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119
(No.) Local Registrar's No. 6.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willard Dayle Warner

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 24 1931

7. AGE Years Months Days
4 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work CHILD
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Preston
(State or country)

10. NAME OF FATHER Willard Warner

11. BIRTHPLACE OF FATHER (city or town) Mapleton
(State or Country)

12. MAIDEN NAME OF MOTHER Verna Thompson

13. BIRTHPLACE OF MOTHER (city or town) Richmond Utah
(State or Country)

14. Informant Willard Warner
(Address) Preston

15. Filed 1-28-1931
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1931 to Jan 27 1931
that I last saw him alive on Jan 27 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

acute Hemorrhage
Disease of New Born

(duration) yrs. mos. ds. 3
CONTRIBUTORY (Secondary) Hemature

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene H. Hovey M. D.
Jan 27 1931 (Address) Preston, Ida

19. Place of Burial, Cremation, or Removal Whitney Idaho Date of Burial Jan 29 31 19

20. Undertaker M.W. Hendricks Address Preston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73570

PLACE OF DEATH

County of CusterCity of Mackay

CERTIFICATE OF DEATH

Registration District No. 76Primary Registration District No. 2153Local Registrar's No. 140

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James A. Olsen

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 12 yrs. 7 mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofBeata Hansen Olsen6. DATE OF BIRTH (month, day and year) March 1 - 18707. AGE Years Months Days If LESS than 1 day, hrs. or min.
60 10 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town),
(State or country) Spring City, Utah10. NAME OF FATHER Frederick Olsen11. BIRTHPLACE OF FATHER (city or town),
(State or Country) Copenhagen12. MAIDEN NAME OF MOTHER Matilda Jensen13. BIRTHPLACE OF MOTHER (city or town),
(State or Country) Denmark14. Informant (Address) Jess H. Olsen15. Filed 1/20 19-1 Rose Novack
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan1238
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

12-16-31, 19....., to 1-12, 1931that I last saw him alive on 1-8-31, 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. A. Jensen, M. D.19..... Address) Mackay, Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Whitaker Mackay, Ida Jan 16 1930

20. Undertaker Address

Edgar Jensen Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73571

State File No.

PLACE OF DEATH

County of CassiaCity of Mackay

CERTIFICATE OF DEATH

Registration District No. 76Primary Registration District No. 2153

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob J. Peterson

(a) Residence, No.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred Unknown mos.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? Unknown mos.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male COLOR OR RACE White 3. Single, Married, Widowed, Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofUnknown6. DATE OF BIRTH (month, day and year) Unknown

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)Farming

(c) Name of employer

Season Brook Ranch9. BIRTHPLACE (city or town)
(State or country)Unknown

10. NAME OF FATHER

may have been John
Switzerland11. BIRTHPLACE OF FATHER (city or town)
(State or Country)11

12. MAIDEN NAME OF MOTHER

1113. BIRTHPLACE OF MOTHER (city or town)
(State or Country)11

14.

Informant
(Address)Leo Ambrose, atty.
Mackay Idaho

15.

Filed

1/20, 1931Rose Nowacki

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

12-1330to 1-8-31

19.....

that I last saw him alive on 1-8-31, 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Infection of Arteries (Septic)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Carroll A. Luman, M. D......, 19..... (Address) Shoshone

19. Place of Burial, Cremation, or Removal

Date of Burial

McClatchy Mackay IdahoJan 9 1931

20. Undertaker

Address

Halys (Kaiser) McCos Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73572

PLACE OF DEATH
County of *Bingham*
City of *Blackfoot*

Registration District No. *121*

Primary Registration District No. *1097*

Local Registrar's No. *8*

(No. *County Hospital*)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Xoy Rogers*

(a) Residence. No. *Unknown* St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *✓*

6. DATE OF BIRTH (month, day and year)

7. AGE Years *45* Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *unknown*
(State or country)

10. NAME OF FATHER *John Rogers*

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) *unknown*

12. MAIDEN NAME OF MOTHER *unknown*

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) *"*

14. Informant *Kay McCallum (Coroner)*
(Address) *Blackfoot*

15. Filed *Jan 9*, 19*31* *Mrs Helen E. Cutler*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Jan. 7 - 31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased *after death*
and investigated Jan 7 19*31*
that I last saw *him* alive on *Jan 7* 19*31*
and that death occurred, on the date stated above, at *6:30 P.* m.
The CAUSE OF DEATH* was as follows:

Drank Luted Alcohol
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? *30* Date of *30*

Was there an autopsy? *30*

What test confirmed diagnosis? *Statement*

(Signed) *J. G. Harris*, M. D.

Jan 7, 19*31* (Address) *Blackfoot Idaho*
County Physician.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Grove City Cem.* Date of Burial *1-9-31*

20. Undertaker *Modern Mortuary* Address *Blackfoot*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 7 1931

DO NOT WRITE IN THIS SPACE

73574

State File No.

PLACE OF DEATH

County of BinghamCity of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194(No. South Idaho Insane Asylum)Local Registrar's No. 12

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Pinis Dedman

(a) Residence. No.

St. Nampa

(Usual place of abode.)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,

Single (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

27hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lake City, Illinois
(State or country)

10. NAME OF FATHER

William Dedman,11. BIRTHPLACE OF FATHER (city or town) Illinois
(State or Country)

12. MAIDEN NAME OF MOTHER

Eva Freeland13. BIRTHPLACE OF MOTHER (city or town) ---
(State or Country)14. Informant Gene Manigan, Attendant
(Address) Blackfoot, Ida.15. Filed Jan 17, 1931 Mo. Walter E. Oatley
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 15, 1931

(Month)

(Day)

19. (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Oct 1st 1927, 19. to Jan 15, 1931, 19.
im Jan 14th 1931, 19.
that I last saw him alive on

and that death occurred, on the date stated above, atm.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pulmonary Tuberculosis

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None(Signed) Geo. Williams, M. D.Jan 15th, 1931 (Address) Blackfoot

19. Place of Burial, Cremation, or Removal

Date of Burial

Green City Cemetery Jan 18 1931

20. Undertaker

Address

E. J. Park Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 7 1931

DO NOT WRITE IN THIS SPACE

State File No. **73579**

PLACE OF DEATH
County of Bingham
City of Moreland

Registration District No. 121
Primary Registration District No. 2141

Local Registrar's No. 14

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clyde Christiansen(a) Residence. No. Moreland, Ida. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u> </u>		
6. DATE OF BIRTH (month, day and year) <u>April 26, 1930</u>		
7. AGE Years <u>8</u>	Months <u>20</u>	Days <u>20</u> If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) Moreland, Ida.
(State or country)10. NAME OF FATHER Gerald N. Christiansen11. BIRTHPLACE OF FATHER (city or town) Hyrum, Ut.
(State or Country)12. MAIDEN NAME OF MOTHER Florence Wheeler13. BIRTHPLACE OF MOTHER (city or town) Indian Valley
(State or Country) Idaho14. Informant G. N. Christiansen
(Address) Moreland, Ida.15. Filed Jan. 17, 1931 Mr. Walter E. Stine
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 16 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Dec 20, 1930, to Jan 16, 1931
that I last saw him alive on Jan 16, 1931
and that death occurred, on the date stated above, at 9:05 P. m.
The CAUSE OF DEATH* was as follows:.Basal meningitis(duration) yrs. mos. 28 ds.
CONTRIBUTORY Meningococcus
(Secondary) meningitis
(duration) yrs. mos. 28 ds.18. Where was disease contracted
if not at place of death? Did an operation precede death? No Date of Was there an autopsy? NoWhat test confirmed diagnosis? Test of spinal fluid(Signed) W. Beck M. D.1/17, 1931 (Address) Blackfoot, Ida.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.19. Place of Burial, Cremation, or Removal Moreland, Ida. Date of Burial Jan. 15, 193120. Undertaker Loran Wheeler Address Moreland

RECEIVED FEB 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73581

State File No.

PLACE OF DEATH
BINGHAM

County of

City of BLACKFOOT

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 15

(No. SOUTH IDAHO INSANE ASYLUM)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

ANDREW J TRUSTY

(a) Residence. No.

St.

HAILEY Idaho

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE	4. COLOR OR RACE WHITE	5. Single, Married, Widowed, or Divorced (write the word.) MARRIED
----------------	---------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 26, 1855

7. AGE 76	Years	Months	Days	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Carpenter(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ohio
(State or country)

10. NAME OF FATHER

Enoch Trusty

11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)

12. MAIDEN NAME OF MOTHER

Marian VanSickle

13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or County)14. Informant Joseph Moore, Attendant,
(Address) Blackfoot, Idaho.15. Filed Jan 19, 1931 Mr. Walter E. Patton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 19th, 1931

(Month)

(Day)

19
(Year)17. I HEREBY CERTIFY, That I attended deceased from
Jan. 15, 1931, 19, to Jan. 19, 1931, 19

that I last saw him alive on Jan. 19th, 1931, 19

and that death occurred, on the date stated above, at 4:55 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Geo. Williams, M. D.

Jan 19, 1931, (Address) Blackfoot, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Hailey, Idaho

married

20. Undertaker

Address

E. J. Turk

Blackfoot

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 7 1931
 DO NOT WRITE IN THIS SPACE
 State File No. **73582**

PLACE OF DEATH
 County of **Bingham**
 City of **Blackfoot.**

Registration District No. **121**
 Primary Registration District No. **1007**

Local Registrar's No. **10**

(No.)
 (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Eliza J. Knighton**

(a) Residence. No. **North Main St.** St.
 (Usual place of abode)
 Length of residence in city or town where death occurred. yrs. **3** mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, Divorced (write the word) **Widowed**
 5a. If ~~Widowed~~ widowed, ~~XXXXXX~~ HUSBAND of (or) WIFE of **George Knighton**
 6. DATE OF BIRTH (month, day and year) **Nov. 22, 1858**
 7. AGE Years Months Days If LESS than 1 day, hrs. or min.
72 1 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housewife**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (city or town) **England**
 (State or country)

10. NAME OF FATHER **Thomas Johnson**

11. BIRTHPLACE OF FATHER (city or town) **England**
 (State or Country)

12. MAIDEN NAME OF MOTHER **Martha Colclough**

13. BIRTHPLACE OF MOTHER (city or town) **Eng.**
 (State or Country)

14. Informant **Mr. H. A. Beck**
 (Address) **Blackfoot, Ida.**

15. Filed **Jan 11, 1931** **Mr. H. A. Beck**
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 10, 1931.
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 24, 19**30**, to **Jan 10**, 19**31**
 that I last saw her alive on **Jan 9**, 19**31**
 and that death occurred, on the date stated above, at **12:10 A** m.
 The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. **6** mos. ds.
 CONTRIBUTORY (Secondary) **Nephritis with Blood pressure of 210**
 (duration) yrs. **several** mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? **No** Date of

Was there an autopsy? **No**

What test confirmed diagnosis?

(Signed) **W. W. Beck**, M. D.
1/10, 19**31** (Address) **Blackfoot, Ida.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of ~~Burial~~ **Funeral**, ~~Cremation~~, or Removal

Date of Burial

Ogden Utah
Modern Mortuary
 Undertaker **John R. Hall**

12-13-31 19

Address

Coratelle

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73583

PLACE OF DEATH

County of Bingham
City of Blackfoot Registration District No. 121
Primary Registration District No. 2144

Local Registrar's No. 13

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Osmond Narwood

(a) Residence. No. Blackfoot Idaho 2 St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruby Angeline Long
6. DATE OF BIRTH (month, day and year) June 3, 1905
7. AGE Years 25 Months 1905 Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Riverside Id. (State & country)

10. NAME OF FATHER Richard Narwood

11. BIRTHPLACE OF FATHER (city or town) Gasterville Utah (State or Country)

12. MAIDEN NAME OF MOTHER Eline Zackrell

13. BIRTHPLACE OF MOTHER (city or town) Mo Carmel Utah (State or Country)

14. Informant Mrs Jennie Lott (Address) Blackfoot Idaho 2 St

15. Filed Jan 16, 1931 Registrar Bladys Garrison

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Jan 15, 1931 that I last saw him alive on Jan 14, 1931 and that death occurred, on the date stated above, at 8:40 P m. The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocardial infarction, Endocarditis, Rheumatism
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? no
Did an operation precede death? no Date of no
Was there an autopsy? no

What test confirmed diagnosis? (Signed) W W Beck, M. D. Jan 16, 1931 (Address) Blackfoot, Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial Alco, Idaho or Removal Date of Burial Jan 18 1931
20. Undertaker Bladys Garrison Address

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 7 1931
DO NOT WRITE IN THIS SPACE
State File No. 73584

PLACE OF DEATH
County of Bingham
City of Aberdeen

Registration District No. 116
Primary Registration District No. 2195

Local Registrar's No. 3

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olave Christensen

(a) Residence. No. Aberdeen, Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. — mos. — ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6. DATE OF BIRTH (month, day and year) Jan. 28, 1847

7. AGE Years 84 Months 2 Day 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer

9. BIRTHPLACE (city or town) Norway
(State or country)

10. NAME OF FATHER A. Christensen

11. BIRTHPLACE OF FATHER (city or town) Norway
(State or Country)

12. MAIDEN NAME OF MOTHER Andersen

13. BIRTHPLACE OF MOTHER (city or town) Norway
(State or Country)

14. Informant Mrs. H. H. Gilbert
(Address) Aberdeen, Ida

15. Filed 1-31, 1931 McMarkum

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 31, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 29, 1931, to Jan. 31, 1931
that I last saw her alive on Jan. 30, 1931

and that death occurred, on the date stated above, at 6:45 a. m.

The CAUSE OF DEATH* was as follows:

Old age pneumonia

(duration) yrs. mos. ds. 3

CONTRIBUTORY
(Secondary)

Old age
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. C. Markum M. D.

1-31, 1931 (Address) Aberdeen, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

American Falls, Ida Feb. 2, 1931

20. Undertaker Address

Am. Falls Am. Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 7 1931
DO NOT WRITE IN THIS SPACE
State File No. 73586

PLACE OF DEATH

County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194

Local Registrar's No. 18

(No. of death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Ralph Maurice Phillips
(a) Residence. No. Shelley Ida BOP #1
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (Write the word) Infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓
6. DATE OF BIRTH (month, day and year) Dec. 29-284
7. AGE Years 9 Months 2 Days 24 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED Infant
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls Idaho
(State or country) Bernville

PARENTS

10. NAME OF FATHER Virgil Phillips
11. BIRTHPLACE OF FATHER (city or town) Copmans Colo.
(State or Country)
12. MAIDEN NAME OF MOTHER Anna Lydia Harrison
13. BIRTHPLACE OF MOTHER (city or town) Woodville Mo.
(State or Country)

14. Informant Virgil Phillips
(Address) Shelley Ida BOP #1
15. Filed Jan 24 1931 Mr. Helen E. Curtis
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931 to Jan 22, 1931
that I last saw him alive on Jan 22, 1931
and that death occurred, on the date stated above, at 5:14 p.m.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No

What test confirmed diagnosis? ✓
(Signed) Dr. R. R. Phillips M. D.
Jan 22 1931 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Shelley Cemetery Date of Burial Jan 24 1931
20. Undertaker Virgil Phillips Address Shelley Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

73588

PLACE OF DEATH

County of BinghamBlackfoot, Idaho

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 1307(No. 1)Local Registrar's No. 7

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Green Johnston(a) Residence. No. 747 South Shilling Ave. St. 1

(Usual place of abode.)

(If non-resident give city or town and State.)

Length of residence in city or town where death occurred 26 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFlora Harding Johnston6. DATE OF BIRTH (month, day and year) Aug. 15, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>4</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Register-Receiver(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Land Office(c) Name of employer Dept of Interior9. BIRTHPLACE (city or town) Orkney Islands (Greenway)
(State or country) Scotland10. NAME OF FATHER William Johnston11. BIRTHPLACE OF FATHER (city or town) Orkney Islands
(State or Country) Scotland12. MAIDEN NAME OF MOTHER Isabel Green13. BIRTHPLACE OF MOTHER (city or town) Orkney Islands
(State or County) Scotland14. Informant Jema Johnston
(Address) Blackfoot, Idaho15. Filed Jan 2, 1931 by Mrs. Helen E. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 10, 1930, to Jan 7, 1931that I last saw him alive on Jan 7, 1931and that death occurred, on the date stated above, at Blackfoot, Idaho

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis with Arteriosclerosis
(duration) 1 yrs. 1 mos. 0 ds.

CONTRIBUTORY

(Secondary)

(duration) 0 yrs. 0 mos. 0 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of Blackfoot, IdahoWas there an autopsy? No Date of Blackfoot, IdahoWhat test confirmed diagnosis? Urinary findings

(Signed)

M. D.

W. W. Beck 1/10, 1931 (Address) Blackfoot, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Green Laid, Cemetery Jan. 11, 1931

20. Undertaker

Address

Ed. Ruck Blackfoot

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 5 1931

DO NOT WRITE IN THIS SPACE

State File No. 73589

PLACE OF DEATH
County of Bingham
City of Utah

Registration District No. 116
Primary Registration District No. 2155

Local Registrar's No. 1

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Crandell

(a) Residence. No. _____ St. Spanish Fork, Utah.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced
HUSBAND of — — Crandell
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 24 1895

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
35 10 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Spanish Fork, Utah
(State or country)

10. NAME OF FATHER Hyrum Christensen

11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)

12. MAIDEN NAME OF MOTHER — — Butler

13. BIRTHPLACE OF MOTHER (city or town) Wales
(State or Country)

14. Informant H. P. Christensen
(Address) Alexandria, Idaho

15. Filed 1-14, 1931 McMark Munson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931, to Jan 13, 1931
that I last saw her alive on Jan 13, 1931
and that death occurred, on the date stated above, at 4:30 A. M.

The CAUSE OF DEATH* was as follows:
Puerperal Eclampsia

(duration) 3 hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Pregnancy term
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? no

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) M. C. Mark Munson, M. D.
Jan 13, 1930 (Address) Alexandria, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Spanish Fork, Utah Date of Burial Jan 15 1931

20. Undertaker Claudia Funeral Home Address Spanish Fork, Utah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bingham
City of ShelleyRegistration District No. 121
Primary Registration District No. 2194

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant

(Address)

15.

Filed

Registrar

RECEIVED FEB 7 1931

DO NOT WRITE IN THIS SPACE

State File No.

73590

Local Registrar's No. 11

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

19 31 (Year)

I HEREBY CERTIFY, That I attended deceased from

Jan 9, 1931, to Jan 11, 1931
that I last saw him alive on Jan 11, 1931

and that death occurred, on the date stated above, at 8:00 a.m.

The CAUSE OF DEATH* was as follows:

Congenital malformation
of heart

(duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

Jan 12, 1931

(Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation or Removal

Date of Burial

Goshum, Idaho

Jan 13, 1931

20. Undertaker

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 7 1931
DO NOT WRITE IN THIS SPACE
73591
State File No.

PLACE OF DEATH

County of Bingham
City of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 214 H

(No.)

Local Registrar's No. 16

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME May Evans(a) Residence. No. Blackfoot 411 St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 0 Years 0 Months 0 Days If LESS than 1 day, 4 hrs. or 4 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9. BIRTHPLACE (city or town) Blackfoot, Idaho
(State or country)10. NAME OF FATHER William E. Evans11. BIRTHPLACE OF FATHER (city or town) Murray, Utah
(State or Country)12. MAIDEN NAME OF MOTHER Gladys Stator13. BIRTHPLACE OF MOTHER (city or town) Nella, Idaho
(State or Country)14. Informant William E. Evans
(Address)15. Filed Jan. 19, 1931 McKatus & Stator Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 18, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

January 8, 1931 to January 18, 1931
that I last saw her alive on January 8, 1931and that death occurred, on the date stated above, at 2 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pneumonia, 3-4 week months

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? noDid an operation precede death? no Date of noWas there an autopsy? no

What test confirmed diagnosis?

(Signed) W. C. Mather, M. D.Jan. 19, 1931 (Address) Blackfoot, Idaho19. Place of Burial, Cremation, or Removal Thomas - Burial Co. Janice?

Date of Burial

20. Undertaker William P. Evans

Address

Blackfoot, Idaho

Ex 7 Frank "Blackfoot"

PLACE OF DEATH

County of BinghamCity of SterlingSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 116Primary Registration District No. 2195

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose Mary Parsons(a) Residence. No. St. Sterling 2da

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 13, 19317. AGE Years Months Days If LESS than 1 day, hrs. or min. 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sterling, 2da
(State or country)10. NAME OF FATHER Merlin Austin Parsons11. BIRTHPLACE OF FATHER (city or town) Aberdeen, 2da
(State or Country)12. MAIDEN NAME OF MOTHER Mary E. Rupe13. BIRTHPLACE OF MOTHER (city or town) Sterling, 2da
(State or Country)14. Informant Merlin A. Parsons
(Address) Sterling 2da15. Filed 1-14 1931 M. C. Markum
RegistrarRECEIVED FEB. 5 1931
DO NOT WRITE IN THIS SPACE
73593
State File No.Local Registrar's No. 2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 14, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1931, to Jan. 14, 1931
that I last saw him alive on Jan. 13, 1931
and that death occurred, on the date stated above, at 4 a. m.The CAUSE OF DEATH* was as follows:
Premature Birth - 28th wk.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. C. Markum, M. D.1-14, 1931 (Address) Aberdeen, 2da

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Sterling 2da Date of Burial 1-14 193120. Undertaker Friends Address Sterling

Sturges

STATE OF IOWA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

9 1931

DO NOT WRITE IN THIS SPACE

73596

State File No.

PLACE OF DEATH

County of Woolman

City of Camden

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Hayes

(a) Residence. No. Lakeside Hotel St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widow-d, or Divorced (write the word.) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 1854

7. AGE Years 76 Months 4 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) John Booth Camden Iowa

15. Filed 1-29-31 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 25, 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug, 1930, to Jan, 1931
that I last saw him alive on Jan 25, 1931
and that death occurred, on the date stated above, at 8:30 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Ch. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Harold Sturges M. D.

Jan 27, 1931 (Address) Camden

19. Place of Burial, Cremation, or Removal Forest Cemetery Date of Burial Jan 30 1931

20. Undertaker Mooney Mortuary Address P.O. 4, 814

PARENTS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **73597**

PLACE OF DEATH
County of Kootenai
City of Heilderada

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 8

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Deborah Alice Heald

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of George Heald
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 3, 1874

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
56 10 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Warren, Ill
(State or country)

10. NAME OF FATHER Frederick Long

11. BIRTHPLACE OF FATHER (city or town) Penn.
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Gammon

13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or Country)

14. Informant George Heald
(Address) Heilderada

15. Filed 1-29, 1931 N. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
7 9 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
9-1-, 1930, to 1-9-, 1931
that I last saw her alive on 1-8-, 1930
and that death occurred, on the date stated above, at 4 A.m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. mos. ds.
CONTRIBUTORY Nephritis
(Secondary)
(duration) 1 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Teed, M. D.
1-9-, 1931 (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Cremation Date of Burial Jan. 13 1931

20. Undertaker Hazen & Jaeger Address Spokane, Wn

RECEIVED FEB 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73598

PLACE OF DEATH
County of *Kootenai*
City of *Coeur d'Alene*Registration District No. *30*
Primary Registration District No. *1050*Local Registrar's No. *17*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Henry Klug Sr.*(a) Residence. No. *418 Reed* St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of *Henrietta Klug*6. DATE OF BIRTH (month, day and year) *1858-3-20*7. AGE Years *72* Months *10* Days *4* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retired mill worker*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Germany*
(State or country)10. NAME OF FATHER *Unknown*11. BIRTHPLACE OF FATHER (city or town) *Germany*
(State or Country)12. MAIDEN NAME OF MOTHER *Unknown*13. BIRTHPLACE OF MOTHER (city or town) *Germany*
(State or Country)14. Informant *Hart Klug*
(Address) *Coeur d'Alene, Idaho*15. Filed *1-29-31* *H. J. Sturges*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

1 *24* *1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-23-, 19*31*, to *1-24-*, 19*31*that I last saw ~~him~~ alive on *1-24*, 19*31*and that death occurred, on the date stated above, at *9:30 A.M.*

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *E. H. Reed*, M. D.*1-27-*, 19*31* (Address) *Coeur d'Alene, Idaho*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Forest Cem. Coeur d'Alene, Idaho* Date of Burial *1-27-1931*20. Undertaker *Corseby Funeral Home* Address *Coeur d'Alene*

RECEIVED FEB 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

73599

PLACE OF DEATH

County of KootenaiCity of RathdrumRegistration District No. 30Primary Registration District No. 1050Local Registrar's No. 16

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. H. Settle(a) Residence. No. Post Falls, Ida. St. Post Falls, Idaho

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
63 hrs. or
min.8. OCCUPATION OF DECEASED Printer

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) _____
(State or country) Ida.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country)14. Informant County Hospital
(Address) Rathdrum, Ida.15. Filed 1-29, 1931 H. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 25, 1931

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1931, to Jan 25, 1931,
that I last saw him alive on _____, 1931,
and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

chronic myocarditis(duration) 3 yrs. mos. ds.CONTRIBUTORY (Secondary) chronic spasmotic bronchitis
asthma(duration) 4 yrs. mos. ds.18. Where was disease contracted _____
if not at place of death? KnownDid an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Frank Henry, M. D.
1/27, 1931. (Address) Rathdrum, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Prosser Cemetery - Post Falls Date of Burial 1-30, 193120. Undertaker Casey Funeral Home Address Rathdrum

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73600

State File No.

Local Registrar's No. 9

PLACE OF DEATH
County of *Kootenai*
City of *Coeur d'Alene*

Registration District No. *30*
Primary Registration District No. *1050*

(No.)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME

Elizabeth Robish

(a) Residence. No.

723 - Sherman Ave.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced *HUSBAND of* *Martin Robish*
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *1850 - 1 - 10*

7. AGE Years Months Days If LESS than 1 day, min. hrs. or
81 *0* *12*

8. OCCUPATION OF DECEASED *House wife*

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Wis.*
(State or country)10. NAME OF FATHER *Rockdashel*11. BIRTHPLACE OF FATHER (city or town) *Un known*
(State or Country)12. MAIDEN NAME OF MOTHER *Un known*13. BIRTHPLACE OF MOTHER (city or town) *Un known*
(State or Country)14. Informant *Zoa Platt*
(Address) *Coeur d'Alene.*

15. Filed _____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 22 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 20, 19*31*, to *Jan. 20*, 19*31*that I last saw him alive on *Jan. 20*, 19*31*

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

*Angina pectoris.**I don't know.*
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date of _____Was there an autopsy? *No*What test confirmed diagnosis? *Physic*(Signed) *John H. Wood* M. D.*Jan. 23*, 19*31* (Address) *Coeur d'Alene, Id.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Forest Cem. Co. Alene* Date of Burial *1-24* 19*31*20. Undertaker *Coeur d'Alene Funeral Home* Address *Co. Alene*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73601

State File No.

PLACE OF DEATH

County of Kootenai
City of Gibbs

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 2

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Parley Thornton(a) Residence. No. 514 - 1 Mill St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) Wife of Dora Elizabeth Thornton6. DATE OF BIRTH (month, day and year) 1861 - 8 - 6

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 4 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Winton Lbr Co.9. BIRTHPLACE (city or town) Lincoln Neb.
(State or country)10. NAME OF FATHER Hanson Thomson11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't Know.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Wayne Thornton
(Address) Care of Alene, Idaho15. Filed 1-5, 1931 W. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

1 - 2 1930
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Lead not attendthat I last saw did not see him aliveand that death occurred, on the date stated above, at 9. P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) E. H. Seed M. D.1-5-, 1931 (Address) Care of Alene, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Forest Cem. Alene Date of Burial 1-6 193120. Undertaker Passady Funeral Home Address Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO FEB 9 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73602

Local Registrar's No. 24

PLACE OF DEATH
County of Booleman
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ello Lee Triplett

(a) Residence. No. No. number Thrift St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

W = L. Triplett

6. DATE OF BIRTH (month, day and year) 1871 - 9 - 16

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
58 3 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

New market
Vir.

10. NAME OF FATHER

John Wendell

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Dont-Know

12. MAIDEN NAME OF MOTHER

Zenton

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Dont-Know

14. Informant (Address)

Ray Smith -
Wallace, Ida.

15. Filled 1 - 29, 1931

N. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 1, 1930, to Jan. 15, 1931

that I last saw her alive on Jan. 15, 1931
and that death occurred, on the date stated above, at 3:45 A. m.

The CAUSE OF DEATH* was as follows:

myocardial Insufficiency

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

myocardial degeneration

(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of Jan. 16, 1931

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Harold T. Anderson M. D.

Jan. 16, 1931 (Address) Coeur d'Alene, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Forest-Cem. Coeur d'Alene, Ida. 1-18 1931

20. Undertaker Address
Cassedy Funeral Home Coeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73603

State File No.

PLACE OF DEATH

County of Booleman
City of Boone & Boone

CERTIFICATE OF DEATH

Registration District No. 50Primary Registration District No. 1000(No. P. D. A. Jones for the aged)Local Registrar's No. 12

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. P. D. A. Jones

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 8 yrs. mos. ds.How long in U. S. if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced, (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 31 - 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>85</u>	<u>5</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Norway

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant (Address) P. D. A. Jones
Boone & Boone, Ida.

15.

Filed 1-29, 1931H. J. Hargis
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) January(Day) 26(Year) 1931

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 15, 1931, to Jan. 20, 1931that I last saw him alive on Jan. 20, 1931and that death occurred, on the date stated above, at 7 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

Arteriosclerosis(duration) 6 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation no precede death? Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) Harold T. HendersonJan. 27, 1931(Address) Boone & Boone

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest CemeteryJan 28 1931

20. Undertaker

Address

Mooney'sBoone & Boone

RECEIVED FEB 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73604

State File No.

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

Registration District No.

Primary Registration District No.

Local Registrar's No. 3

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 902 - Montana St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>John M. Casey</u> (or) WIFE of			
6. DATE OF BIRTH (month, day and year) <u>1867-3-1</u>			
7. AGE <u>63</u>	Years <u>10</u>	Months <u>10</u>	Days <u>10</u>
If LESS than 1 day, hrs. min.			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer			

PARENTS	9. BIRTHPLACE (city or town) (State or country) <u>Canada</u>
	10. NAME OF FATHER <u>Michael McGee</u>
	11. BIRTHPLACE OF FATHER (city or town) (State or Country) <u>Canada</u>
	12. MAIDEN NAME OF MOTHER <u>Ann Lunn</u>
	13. BIRTHPLACE OF MOTHER (city or town) (State or Country) <u>Canada</u>

14. Informant <u>MARY GUN</u> (Address) <u>Coeur d'Alene Ida</u>
15. Filed <u>1-21</u> , 19 <u>31</u> <u>Harold J. Stetiger</u> Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 6, 1931 to Jan. 11, 1931
that I last saw him alive on Jan. 11, 1931and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. ds.	<u>5</u>
CONTRIBUTORY (Secondary)	<u>Influenza</u>
(duration) yrs. mos. ds.	<u>20</u>

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Usual(Signed) John McGee, M.D.
Jan. 12, 1931 (Address) Coeur d'Alene, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal <u>St. Thomas Cem Coeur d'Alene</u>	Date of Burial <u>1-13</u> 19 <u>31</u>
20. Undertaker <u>Casey Funeral Home</u>	Address <u>Coeur d'Alene</u>

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 73605

PLACE OF DEATH
County of *Boyer*
City of *Boyer Falls*

Registration District No. *30*
Primary Registration District No. *1050*

Local Registrar's No. *18*

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Albert Travis*

(a) Residence. No. St. *Rathdrum Idaho*

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. *5* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. *W* married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *April 12 1860*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
73 8 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Millworker Retired*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Wisconsin*

10. NAME OF FATHER *Joseph E. Travis*

11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Do not know*

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant *Mrs Ruby Trueblood*
(Address) *Boyer Falls, Ida.*

15. Filed *1-29*, 19*31* *W. J. Sturges*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 9, 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Jan 8th*, 19*31*, to *Jan 8th*, 19*31*

that I last saw him alive on *Jan 8th*, 19*31*

and that death occurred, on the date stated above, at *6 A.M.*

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. *3* ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis? *Symptoms*

(Signed) *J. L. McRae*

Jan 11, 19*31* (Address) *Boyer Falls*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Boyer Cemetery Boyer Falls *1-11* 19*31*

20. Undertaker Address
Cassidy Funeral Home *Rathdrum*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73606

PLACE OF DEATH

County of Boone
City of Boone

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No.)

Local Registrar's No. 23

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Foss(a) Residence. No. 2223 Boone Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth 47 yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced
HUSBAND of Samuel Foss
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 10 1865

7. AGE Years 63 Months 5 Days 24 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lumber Grader

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Norway
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Boone
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) Boone
(State or Country)

14. Informant Mrs. Alfred Olson
(Address) Boone Idaho

15. Filed 1-29, 1931 H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 7, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1930, to Jan 7, 1931
that I last saw him alive on Jan 6, 1931

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Hypostatic pneumonia.

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY, Central Hemorrhage - Impaired
(Secondary)

(duration) 5 yrs. _____ mos. _____ ds.

18. Where was disease contracted _____
if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) J. D. Olson
Jan 9, 1931 (Address) Boone Idaho

19. Place of Burial, Cremation, or Removal Forest Cemetery Date of Burial Jan 10, 1931

20. Undertaker Mooney Mortuary Address Boone Idaho

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 2 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73607

State File No.

Local Registrar's No. 27

PLACE OF DEATH

County of Kootenai
City of Hayden Lake

Registration District No. 30Primary Registration District No. 1050(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

David Augustus Sullivan

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 2-10

7. AGE Years 7 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Alhambra
Alberta, Can

10. NAME OF FATHER

Jos. G. Sullivan
Franklin

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Ind.

12. MAIDEN NAME OF MOTHER

Glady Cochran
Buffalo Lake

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Minn.

14. Informant

(Address)

Joseph G. Sullivan
Hayden Lake, Ida

15. Filed

1-29-31W. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 22, 1931, to Jan 22, 1931
that I last saw him alive on Jan 22, 1931,
and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis & ruptured
appendix(duration) _____ yrs. _____ mos. 3 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? YesWhat test confirmed diagnosis? Autopsy(Signed) Harold J. Sturges M. D.1-23, 1931 (Address) Chas. Sullivan

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cem. Co. Alone1-28 1931

20. Undertaker

Address

Cassidy Funeral Home Co. Alone.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO FEB 2 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73608

State File No.

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 20

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Oliver Doty

(a) Residence. No.

St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Audrey Doty
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1899-4-10

7. AGE Years Months Days If LESS than 1 day, hrs. min.
31 9 12

8. OCCUPATION OF DECEASED Laborer

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Harrison Idaho
(State or country)10. NAME OF FATHER Joy Doty11. BIRTHPLACE OF FATHER (city or town) Calif
(State or Country)12. MAIDEN NAME OF MOTHER Wilaid Morand13. BIRTHPLACE OF MOTHER (city or town) Mich.
(State or Country)14. Informant Mrs J. M. King
(Address) Coeur d'Alene, Ida15. Filed 29, 1931. N. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 16, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July, 1930, to Jan, 1931,
that I last saw him alive on Jan 22, 1931
and that death occurred, on the date stated above, at 1:40 Am.

The CAUSE OF DEATH* was as follows:

Peritonitis & acute appendicitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY Ch. Annelitis & tonsillitis
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2nd Operation

Was there an autopsy? 2nd Operation

What test confirmed diagnosis? 2nd Operation

(Signed) James J. Sturges, M. D.
1-22, 1931 (Address) Co. Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Harrison Cem. Harrison Date of Burial 1-24 193120. Undertaker Carsey Funeral Home Address Idaho
Walene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73609

State File No.

PLACE OF DEATH

County of BooleCity of Coeur d'AleneRegistration District No. 30Primary Registration District No. 1050Local Registrar's No. 28

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Luella Howard(a) Residence. No. _____ St. Post Falls Ida.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFrank Howard.6. DATE OF BIRTH (month, day and year) 1866-1-31

7. AGE Years 64 Months 11 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Derry Co. Iowa
(State or country)10. NAME OF FATHER Andrew Jackson11. BIRTHPLACE OF FATHER (city or town) Iyda.
(State or Country)12. MAIDEN NAME OF MOTHER Leefer13. BIRTHPLACE OF MOTHER (city or town) Iowa.
(State or Country)14. Informant Frank Howard
(Address) Post Falls Idaho15. Filed 1-29, 1931. H. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

December, 1930, to Jan 26, 1931that I last saw him alive on Jan 26, 1931and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY Chronic occlusion large intestine,
(Secondary) perforated (duration) yrs. mos. ds.18. Where was disease contracted Post Falls, Idaho
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander J. Quiley, M. D.1-27, 1931 (Address) Coeur d'Alene.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation or Removal Pleasant View Cem. Date of Burial 1-29 193120. Undertaker Cassidy Funeral Home Address Coeur d'Alene

RECEIVED FEB 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73610

PLACE OF DEATH

County of Bootslain
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050Local Registrar's No. 5

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred D. Dionne(a) Residence. No. 410 - Montana St.(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced
HUSBAND of Henrietta Dionne Strait
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1859 - 9 - 267. AGE Years Months Days If LESS than 1 day, hrs. min.
71 3 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired mill(b) General nature of industry, business, or establishment in which employed (or employer) employee.

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Canada10. NAME OF FATHER Deinne11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown14. Informant Clement Dionne
(Address) Coeur d'Alene15. Filed 1-29, 1931 H. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19,

that I last saw him alive on, 19,

and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Gun shot wound in head
(suicide)
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. B. D. M. D.
Jan 30, 1931 (Address) Coeur d'Alene, Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Forest Cem. Coeur d'Alene Date of Burial 1-20 193120. Undertaker Cassidy Funeral Home Address Coeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73611

State File No.

PLACE OF DEATH

County of Koot.City of Valhalla bayRegistration District No. 30Primary Registration District No. 1050Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number.)

Barney Mahlum

2. FULL NAME

(a) Residence. No. Valhalla Bay C.D.A., Lake St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Divorced
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. **Woodcutter**(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Norway
(State or country)10. NAME OF FATHER **John Mahlum**11. BIRTHPLACE OF FATHER (city or town) Norway
(State or Country)12. MAIDEN NAME OF MOTHER **Christine Peterson**13. BIRTHPLACE OF MOTHER (city or town) Norway
(State or Country)14. Informant Carl Mahlum
(Address) Everett, Wn.15. Filed 1-29, 1931 H. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 5, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw h..... alive on 19.....

and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Accidentally burned to death in house boat

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Sturges, M. D.1-6, 1931 (Address) Everett, Wn.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Forest Cemetery Date of Burial 1-7 193120. Undertaker Mooney Address Everett, Wn.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 9 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **73612**

PLACE OF DEATH

County of Kootenai
City of Paris Idaho

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
(No. _____)

Local Registrar's No. 28

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward P. Pulaski

(a) Residence No. 310 Adenut Dr St. _____
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred: 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 2-9-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>11</u>	<u>23</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Forestry service
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer U. S. Government

9. BIRTHPLACE (city or town) Green Springs
(State or country) Ohio

10. NAME OF FATHER Rudolph Pulaski

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Poland

12. MAIDEN NAME OF MOTHER Celia Crockett

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio

14. Informant Mrs. Edward P. Pulaski
(Address) Paris Idaho 242

15. Filed 1-29-31 N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 2nd 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Sudden death. Only saw deceased after death. Probable cause: Myocarditis.

(duration) Not known mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? History of symptoms

(Signed) J. M. D. M. D. Feb 4 1931 (Address) Paris Idaho

19. Place of Burial, Cremation, or Removal Forest Cemetery Date of Burial 2-4 1931

20. Undertaker Mooney Mortuary Address Paris Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 7 1931
DO NOT WRITE IN THIS SPACE.
State File No. **73613**

PLACE OF DEATH

County of Boise Registration District No. 3

City of Boise Primary Registration District No. 1

Local Registrar's No. 2

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annis E. Eklund

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Indian 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Barley

6 DATE OF BIRTH (month, day and year) Jan 12 1931

7 AGE Years Months Days 3 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Infant

9 BIRTHPLACE (city or town) Coeur d'Alene Reserve
(State or country) near Warley

10 NAME OF FATHER Charles Eklund

11 BIRTHPLACE OF FATHER (city or town) Naz Perce Reserve
(State or country)

12 MAIDEN NAME OF MOTHER Christine Nager

13 BIRTHPLACE OF MOTHER (city or town) Coeur d'Alene Reserve
(State or country)

14 Informant Joseph Nager
(Address) Warley, Idaho

15 Filled Jan 18, 1931 John Post
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

January 4 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Not known
The report is:
She cried and died

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) _____, M. D.

_____, 19____ (Address) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Warley, Idaho

Date of Burial

Jan 15, 1931

20. Undertaker

Mich Michel

Address

Warley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Oregon State Board of Health

Certificate of Death

RECEIVED FEB 7 3 17

1. PLACE OF DEATH

County MalheurState Oregon / 3State Registered No. 73617Local Registered No. 18

Township

or Village 2005

or

City

No.

St.

Ward

(If death occurred in a hospital or institution, give its name instead of street number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Herberth(a) Residence: No. Payette, Idaho St.,

(Usual place of abode)

(If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed or divorced (write the word)

FemaleWhiteMarried

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofW M Herberth6. DATE OF BIRTH (month, day, and year) July 10 - 1840

7. AGE

Years

Months

Days

If less than
1 day, hrs.
or m'n.90622

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ohio

FATHER

13. NAME

David Herberth

14. BIRTHPLACE (city or town) (State or country)

Prusa

MOTHER

15. MAIDEN NAME

Fredthy Adams

16. BIRTHPLACE (city or town) (State or country)

Ohio

17. INFORMANT

(Address)

Mary Rutt
Payette, Br 133

18. BURIAL, CREMATION OR REMOVAL

Place

Canyon Hill cemetery Feb 5 1931

19. UNDERTAKER

(Address)

C. V. Pickman
Caldwell Idaho

20. Filed

2-6-1931

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 2 11 Pm. 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931 to Jan 27, 1931; that I last saw him alive on Jan 27, 1931; death is said to have occurred on the date stated above, at 11 P m. The principal cause of death and related causes of importance in order of onset were as follows:

General DebilityDate of onset
4-1930

Contributory causes of importance not related to principal cause:

Heart disease

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) L. A. Benjamin, M. D.(Address) Payette, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

73618

PLACE OF DEATH

County of Bannock

CERTIFICATE OF DEATH

City of SwanLakeRegistration District No. 2 9Primary Registration District No. 2160

(No.)

Local Registrar's No. one

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Seth Gibbs

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed,
or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Martie Gibbs

6. DATE OF BIRTH (month, day and year) Dec 14 1864

7. AGE

Years

Months

Days

If LESS than 1 day,

66

19

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Janitor

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Brigham Utah

10. NAME OF FATHER

Jno Gibbs

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

England

12. MAIDEN NAME OF MOTHER

Mary Langton

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

England

14.

Informant
(Address)

Martie Gibbs

SwanLake Idani

15.

Filed Feb. 12, 1931

Mary C. Coffin
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan - 5 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan - 2 - 1931, to Jan - 5 - 1931

that I last saw him alive on Jan - 5 - 1931

and that death occurred, on the date stated above, at 11:55 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. - mos. - ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Jan. 6, 1931 (Address) Mary C. Coffin, M. D.

19. Place of Burial, Cremation, or Removal

SwanLake Idaho

Date of Burial

Jan 8 1931

20. Undertaker

M. W. Hendricks

Address

Presto

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE OF DEATH

RECEIVED FEB 14 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 8-9
County of Bannock Primary Registration District No. 2160
City of Arimo (No. _____, _____ St.)

File No. 73620
Registered No. 5

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

William Jenkins

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Married
(Write the word.)

6. DATE OF BIRTH June 2 1841
(Month) (Day) (Year)

7. AGE 89 yrs. 7 mos. 26 ds. IF LESS than 1 day how many _____ hrs. or _____ min?

8. OCCUPATION
(a) Trade, profession or particular kind of work. Farming
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE
(State or Country) Wales.

10. NAME OF FATHER William Jenkins

11. BIRTHPLACE OF FATHER
(State or Country) Wales.

12. MAIDEN NAME OF MOTHER Margaret Hopkins

13. BIRTHPLACE OF MOTHER
(State or Country) Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arlotte Larson
(Address) Porthella, Ida.

15. Filed Jan. 31 1931 Mary C. Coffin
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Jan. 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____ 191____
that I last saw him _____ alive on _____ 191____
and that death occurred on the date stated above, at 1030 A.M.
The CAUSE OF DEATH* was as follows:

Senile Decay
(Duration) _____ yrs. _____ mos. _____ ds.
Contributory Old age
(Secondary)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) _____ M. D.
_____ 19____ (Address) _____

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, _____
If not at place of death? _____
Former or _____
usual residence _____

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Robin Idaho Feb 1 1931

20. UNDERTAKER ADDRESS
J. Guy Benson Malad Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 1931
DO NOT WRITE IN THIS SPACE
State File No. 73621

PLACE OF DEATH

County of Bozeman
City of Idaho Falls

Registration District No. 23

Primary Registration District No. 219

(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 117

2. FULL NAME Jean Blanchard

(a) Residence. No. Victor, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 2, 1925

7. AGE Years 5 Months 10 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Victor, Idaho
(State or country)

10. NAME OF FATHER Wallace Blanchard

11. BIRTHPLACE OF FATHER (city or town) Victor, Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Beatrice Cottrell

13. BIRTHPLACE OF MOTHER (city or town) Payson, Utah
(State or Country)

14. Informant Mr. Wallace Blanchard
(Address) Victor, Idaho

15. Filed 1/4 1931 C. E. Hume
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 2, 1931,
that I last saw him alive on Jan 2, 1931,
and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Spontaneous Rupture

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of Jan 1 31

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) A. J. Spencer M. D.

Jan 2, 1931 (Address) Idaho Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Victor, Idaho Jan 5 1931

20. Undertaker Address

Jack G. Wood Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 10 1931

State File No. 73622

PLACE OF DEATH

County of Bonanza
City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2107

Local Registrar's No. 17

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Marie Lunn

(a) Residence. No. Bear ave. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 0 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) December 1, 1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 1 2 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls
(State or country) Ida.

10. NAME OF FATHER Thomas Lunn

11. BIRTHPLACE OF FATHER (city or town) Shiatook
(State or Country) Oklahoma

12. MAIDEN NAME OF MOTHER Gladys Fellebaum

13. BIRTHPLACE OF MOTHER (city or town) Shiatook
(State or Country) Washington

14. Informant Mrs Gladys Lunn
(Address) Idaho Falls, Ida.

15. Filed Jan 21, 1931 E. J. Lunn
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 3 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1/3, 1931, to 1/3, 1931
that I last saw her alive on 1/3, 1931

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) 0

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) E. J. Lunn M. D.

1/7, 1931 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) WHETHER ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls, Ida. Date of Burial 1/4 1931

20. Undertaker J. F. McMan Address Idaho Falls, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 16 1931

DO NOT WRITE IN THIS SPACE

State File No. 73625

PLACE OF DEATH

County of Bonanza
City of Idaho Falls

Registration District No. 73Primary Registration District No. 24 N. 70(No. L. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)Local Registrar's No. 112. FULL NAME John Samuel Shirley(a) Residence. No. 355- J. Street St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year) <u>January 12, 1931</u>		
7. AGE Years	Months	Days
		If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) (State or country)	<u>Idaho Falls Idaho</u>
10. NAME OF FATHER	<u>Chas. Shirley</u>
11. BIRTHPLACE OF FATHER (city or town) (State or Country)	<u>England</u>
12. MAIDEN NAME OF MOTHER	<u>Elizabeth Costello</u>
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)	<u>Idaho Falls Idaho</u>
14. Informant <u>Mr. Chas. Shirley</u> (Address) <u>Idaho Falls Idaho</u>	
15. Filled <u>1/14</u> , 19 <u>31</u> <u>W. E. Egan</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 12, 1931 to Jan 12, 1931

that I last saw him dead on Jan 12, 1931

and that death occurred, on the date stated above, at 10-30 P. M.

The CAUSE OF DEATH was as follows:

Profound Cord in Birth

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date July

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) W. E. Egan M. D.

Jan 13, 1931 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Idaho Falls Idaho Jan 14 1931

20. Undertaker Address

Idaho Falls Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

RECEIVED STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bennettville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 214-0
(No. _____ St.)

State File No. 73626
Local Registrar's No. 1619

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Radmull

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male white

4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

single
(Write the word)

6. DATE OF BIRTH

Jan. 23 1931
(Month) (Day) (Year)

7. AGE

IF LESS than 1 day how many
.....hrs. or
.....min.?

Yrs. Mos. ds.

35

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

none

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF FATHER

Earl Radmull

11. BIRTHPLACE OF FATHER

(State or Country)

Utah

12. MAIDEN NAME OF MOTHER

Mary Clark

13. BIRTHPLACE OF MOTHER

(State or Country)

Wyoming

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Earl Radmull

(Address)

242 Loma, Sh. Idaho Falls, Idaho

15.

Filed

Jan 3119 31Earl Radmull

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 23 1931 to Jan 23 1931, that I last saw him alive on Jan 23 1931, and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Prismatic lish (abruptly)

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

W. J. Sullivan

M. D.

Jan 24 1931 (Address) Idaho Falls

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Ducks Face Idaho

DATE OF BURIAL

1/31 1931

20. UNDERTAKER

none

ADDRESS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73628

PLACE OF DEATH

County of Bonneville
City of Idaho FallsRegistration District No. 3Primary Registration District No. 2150Local Registrar's No. 21(No. Idaho Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Daniels

(a) Residence No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) single
- 5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____
6. DATE OF BIRTH (month, day and year) Dec. 17, 1930
7. AGE Years Months Days If LESS than 1 day,
 0 1 6 hrs. or
 min.
8. OCCUPATION OF DECEASED
- (a) Trade, profession, or particular kind of work none
- (b) General nature of industry, business, or establishment in which employed (or employer) _____
- (c) Name of employer _____

9. BIRTHPLACE (city or town) Idaho Falls Idaho
(State or country)10. NAME OF FATHER J. J. Daniels11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Twin Falls Idaho12. MAIDEN NAME OF MOTHER Wilma Hahn13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Payson Utah14. Informant Mrs. Wilma Daniels
(Address) Idaho Falls Idaho15. Filed 1/24, 19 31 C. H. H. H.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Jan. 23 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Dec 17, 1930, to Jan 23, 1931
that I last saw him alive on Jan 22, 1931,
and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Premature (6 months)

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. J. H. H. M. D.
Jan 23, 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Idaho Date of Burial Jan 24 193120. Undertaker H. F. M. Hahn Address Idaho Falls

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

RECEIVED FEB 19 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Bonneville
City of Layton
If death occurs away from
usual residence, give facts
called for under special in-
formation.

Registration District No. B3
Primary Registration District No. 2150
(No. _____ St.)

State File No. 73630
Local Registrar's No. 2

If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

2. FULL NAME Lucille Marie Priest

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Single
(Write the word)

6. DATE OF BIRTH 7 May 7 1914
(Month) (Day) (Year)

7. AGE 16 Yrs. 8 Mos. 17 ds.
IF LESS than 1
day how many
_____hrs. or
_____min.?

8. OCCUPATION
(a) Trade, profession or
particular kind of work
(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer)

9. BIRTHPLACE Layton, Ida.
(State or Country)

10. NAME OF James M. Priest.
Father

11. BIRTHPLACE Cyden, Utah.
OF FATHER
(State or Country)

12. MAIDEN NAME Minnie Wadsworth
OF MOTHER

13. BIRTHPLACE Hoppen Utah.
OF MOTHER
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James M. Priest.
(Address) Shelley Rt. #4

15. Filled 1/27 1931 C. J. Wood
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 24 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
_____ 19____, to _____ 19____,
that I last saw h. _____ alive on _____ 19____,
and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:
suicide
own statement took
struck mine
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) L. B. Miller (Coroner)
Jan 27 1931 (Address) Idaho Falls, Ida.

*State the Disease Causing Death; or in deaths from Violent
Causes, state (1) Means of Injury; and (2) whether Accidental,
Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)
At place _____ In the
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted
if not at place of death? _____
Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL Layton, Ida. DATE OF BURIAL Jan. 27 19 31

20. UNDERTAKER Jack A. Wood ADDRESS Idaho Falls.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 23
Primary Registration District No. 2100
(No. _____ St.)

State File No. 73633
Local Registrar's No. 179

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Mildred Gale Thomas

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Single
(Write the word)

6. DATE OF BIRTH

June 28 1927
(Month) (Day) (Year)

7. AGE

3 Yrs. 6 Mos. 26 ds.
IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) California

10. NAME OF FATHER

Stacks Thomas

11. BIRTHPLACE OF FATHER

(State or Country) Idaho

12. MAIDEN NAME OF MOTHER

Gladys Cortright

13. BIRTHPLACE OF MOTHER

(State or Country) Wyoming

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. S. J. Thomas
(Address) Idaho Falls, Idaho

15.

Filed 1/26 1931 C. J. Thomas
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 24 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 25 1930 to Jan 24 1931,
that I last saw him alive on Jan 24 1931,
and that death occurred on the date stated above, at 7:30 PM.

The CAUSE OF DEATH* was as follows:

Accidental from Burns
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A. J. Sinner M. D.

Jan 25 1931 (Address) Idaho Falls, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Idaho Falls, Idaho Jan 28 1931

20. UNDERTAKER ADDRESS

Jack A. Wood Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **73634**

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21450
(No. St. R. S. Hospital)

Local Registrar's No. 1

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jeanne Norma Clements

(a) Residence. No. _____ St. _____
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 29-1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 3 2 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

10. NAME OF FATHER Elias Clements

11. BIRTHPLACE OF FATHER (city or town) Oxford
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Harriett Albright

13. BIRTHPLACE OF MOTHER (city or town) Big Timber
(State or Country) Montana

14. Informant Elias Clements
(Address) Idaho Falls Idaho

15. File Jan 2, 1931 Clements
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930 to Jan 12, 1931
that I last saw him alive on Jan 1, 1931
and that death occurred, on the date stated above, at 3:20 P. m.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted ☒
if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. R. S. Sargent M. D.
1931 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Idaho Date of Burial 1931

20. Undertaker T. F. M. Han Address Idaho Falls Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of BonervilleCity of Idaho FallsRegistration District No. 73Primary Registration District No. 2140

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norma Jean Jorgensen(a) Residence No. Idaho Falls, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (Write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant

(Address)

15.

Filed

1931

Registrar

RECEIVED FEB 16 1931
DO NOT WRITE IN THIS SPACE
State File No. 73635Local Registrar's No. 7

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 28, 1930, to Dec 28, 1930

that I last saw her alive on Dec 28, 1930 and that death occurred, on the date stated above, at 10:40 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

1-2, 1930 (Address) P. J. Sullivan

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Common, Idaho Jan 4, 1931

20. Undertaker

Address

Jack A. Wood Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 16 1931

DO NOT WRITE IN THIS SPACE

State File No.

73636

PLACE OF DEATH

County of Bonnerville
City of Idaho Falls

Registration District No. 73

Primary Registration District No. 240

(No. 60 S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 14

2. FULL NAME William E. Poitevin

(a) Residence. No. 206 - 11th St.

Length of residence in city or town where death occurred. 4 yrs. 0 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 28-1926

7. AGE Years 4 Months 0 Days 20 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls, Ida. (State or country)

10. NAME OF FATHER Anton Poitevin

11. BIRTHPLACE OF FATHER (city or town) Norden, Neb. (State or Country)

12. MAIDEN NAME OF MOTHER Ethel Parr

13. BIRTHPLACE OF MOTHER (city or town) Leavenworth, Kansas (State or Country)

14. Informant Anton Poitevin (Address) Idaho Falls, Ida.

15. Filed Jan 19, 1931 Registrar Carman

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 17, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1930 to Jan 17, 1931
that I last saw him alive on Jan 17, 1931
and that death occurred, on the date stated above, at 230 A. m.
The CAUSE OF DEATH* was as follows:

Corysitis

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. ds. 15

18. Where was disease contracted, if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Smear
(Signed) _____, M. D.

_____, 19____ (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls, Ida. Date of Burial 1/19 1931

20. Undertaker V. F. M. Han Address Idaho Falls, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73637

PLACE OF DEATH

County of BonanzaCity of Idaho FallsRegistration District No. 73Primary Registration District No. 73No. H. D. S. Hospital
(If deceased in a hospital or institution, give its name instead of street and number.)Local Registrar's No. 242. FULL NAME Robert Cunningham(a) Residence. No. 1009 St.

(Usual place of abode)

Length of residence in city or town

occurred. 5 yrs. 7 mos. 7 ds.How long in U. S., if of foreign birth? 1009 yrs. 9 mos. 9 ds.

PERSONAL AND

PARTICULARS

3. SEX

male

4. COLOR

white5. Single, Married, Widowed,
or Divorced (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

August 17-1930

7. AGE

Years

Mos.

If LESS than 1 day,

hrs. or

min.

0311

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of worknone(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Idaho Falls.
Idaho.

10. NAME OF FATHER

Le oil Cunningham11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Woodville Idaho.

12. MAIDEN NAME OF MOTHER

Beth Isbell13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Pasadena
Idaho.

14. Informant

(Address)

Le oil Cunningham
Idaho Falls. Ida.

15. Filed

1/20, 1931W. F. M. Han

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 24
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-17-, 1930, to 1-24, 1931that I last saw him on 1-23-, 1930and that death occurred, on the date stated above, at 4:25 m.

The CAUSE OF DEATH* was as follows:

Enteric - ColitisCONTRIBUTORY
(Secondary)(duration) yrs. mos. 10 ds.Broncho Pneumonia(duration) yrs. mos. 7 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) Edwin Carter M. D.1-24-, 1930 (Address) Shelley Ida*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls Ida. 1/26 1931

20. Undertaker

Address

W. F. M. Han Idaho Falls
Idaho.

PLACE OF DEATH

County of Bonnerell
City of Idaho FallsSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 215-0
(No. L. D. Hospital)

DO NOT WRITE IN THIS SPACE

State File No. 73638Local Registrar's No. 14-

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stephen Lucien Hogan(a) Residence. No. 1500 Curtis Ave. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mary Laura Hogan
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct. 15 18627. AGE Years 68 Months 3 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Excelsior Co. Salt Lake City Utah.9. BIRTHPLACE (city or town) Levelland
(State or country) Florida10. NAME OF FATHER Stephen Walker Hogan11. BIRTHPLACE OF FATHER (city or town) Florida
(State or Country)12. MAIDEN NAME OF MOTHER Julia Quinn13. BIRTHPLACE OF MOTHER (city or town) Georgia
(State or Country)14. Informant Mrs Mary L Hogan
(Address) 1500 Curtis Ave.15. Filed Jan 20, 1931 Registrar Quinn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 18 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1930, to Jan. 18, 1931
that I last saw him alive on Jan. 18, 1931
and that death occurred, on the date stated above, at 10:30 P. m.The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach(duration) 1 yrs. mos. ds.CONTRIBUTORY Chronic myocarditis
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Chemical + laboratory(Signed) Edmund Crowley M. D.
Jan. 20, 1931 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida. Date of Burial Jan 22 193120. Undertaker Jack A. Wood Address Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

D. H. Hatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73639

State File No.

PLACE OF DEATH

County of Boniville
City of Ada Falls

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 214-0Local Registrar's No. 9

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sylvia Carr(a) Residence No. St. 46

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofE. M. Carr6. DATE OF BIRTH (month, day and year) Oct 5th 1880

7. AGE Years Months Days If LESS than 1 day,
50 3 2 hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

(c) Name of employer

9. BIRTHPLACE (city or town) Bountiful
(State or country) Utah

10. NAME OF FATHER

John Ellis11. BIRTHPLACE OF FATHER (city or town) Iowa
(State or Country)12. MAIDEN NAME OF MOTHER Phibie Clark13. BIRTHPLACE OF MOTHER (city or town) Iowa
(State or Country)14. Informant E. M. Carr
(Address) Loring15. Filed Jan 12, 1931 Edmund
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 7, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 27, 1930 to Jan 7, 1931that I last saw her alive on Jan 7, 1931and that death occurred, on the date stated above, at 10:15 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic cholecystitis with stones, Carcinoma of Pancreas. Obstructive jaundice (duration) 8 yrs. 7 mos. 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of Jan 7, 1931Was there an autopsy? NoWhat test confirmed diagnosis? Spermatogram(Signed) H. S. Hatch M. D.Jan 12, 1931 (Address) Ada Falls

19. Place of Burial, Cremation, or Removal Date of Burial

Cedar Buttes Jan. 12th 1931

20. Undertaker Address

Leon S. Keller Boisburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 16 1931

DO NOT WRITE IN THIS SPACE

State File No.

73640

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 3
Primary Registration District No. 2, 1, 1-9
(No. L. P. S. Hospital)

Local Registrar's No. 14

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Selby Sedillas(a) Residence. No. Idaho Falls, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) Not known
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
About 35

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) United States
(State or country)10. NAME OF FATHER Not known11. BIRTHPLACE OF FATHER (city or town) Mexico
(State or Country)12. MAIDEN NAME OF MOTHER Not known13. BIRTHPLACE OF MOTHER (city or town) Mexico
(State or Country)14. Informant L. P. S. Hospital
(Address) Idaho Falls, Idaho15. Filed Jan 21, 1931 Confirmed
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 14 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1931, to Jan. 14, 1931
that I last saw him alive on Jan. 14, 1931
and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Poisoning Methyl Alcohol(duration) yrs. mos. 2 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No except gastric LavageWas there an autopsy? NoWhat test confirmed diagnosis? Opion and statement.(Signed) [Signature], M. D.
1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls, Idaho Date of Burial Jan 23 193120. Undertaker Jack A. Wood Address Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 16 1931
DO NOT WRITE IN THIS SPACE
73641
State File No. _____

PLACE OF DEATH

County of Bonanza
City of Idaho Falls

Registration District No. 73

Primary Registration District No. 73

(No. Go. H. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 10

2. FULL NAME Wan Carr

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 3 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years 54 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith &

(b) General nature of industry, business, or establishment in which employed (or employer) Miner

(c) Name of employer _____

9. BIRTHPLACE (city or town) Leadville Colo.
(State or country)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Unknown

14. Informant Hansen
(Address) chief of Police Idaho Falls, Ida.

15. Filed 1/14, 1931 W. F. M. Han
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH was as follows:

Drinking denatured
alcohol
(alcoholic poisoning)
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Dr. H. J. Allen _____

Jan 4, 1930 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal _____ Date of Burial _____

Idaho Falls, Ida Jan 15 1931

20. Undertaker _____ Address _____

W. F. M. Han Idaho Falls, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonnerville
City of Shelton

Registration District No. 2

Primary Registration District No. 215-0

(No. _____ St.)

State File No. 73642

Local Registrar's No. 22

If death occurs away from
usual residence, give facts
called for under special in-
formation.

2. FULL NAME

William James Cleverly

If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID.
OWED OR DIVORCED

Male White Married
(Write the word)

6. DATE OF BIRTH

February 28 1875
(Month) (Day) (Year)

7. AGE

55 Yrs. 10 Mos. 26 ds.

IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work.
(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer)

Farmer

Self

9. BIRTHPLACE

(State or Country)

Salt Lake City, Utah

10. NAME OF

Father

Frank F. Cleverly

11. BIRTHPLACE

OF FATHER

(State or Country)

England

12. MAIDEN NAME

OF MOTHER

Jane Mills

13. BIRTHPLACE

OF MOTHER

(State or Country)

England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Emily Cleverly (w.f.)

(Address)

High St. #1 (Shelton)

15.

1/22

31

C. C. C. C. C.

Filed

19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 24 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan 5 1931, to Jan 24 1931,
that I last saw him alive on Jan 24 1931,
and that death occurred on the date stated above, at 10:50 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 14 ds.

Contributory
(Secondary)

Arteriosclerotic Myocarditis

(Duration) yrs. mos. ds.

(Signed)

W. R. Abbott M. D.

(Address)

Ririe, Ida.

*State the Disease Causing Death; or in deaths from Violent
Causes, state (1) Means of Injury; and (2) whether Accidental,
Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death.....yrs.....mos.....days, State.....yrs.....mos.....ds.

Where was disease contracted
if not at place of death?

Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

Shelton, Ida.

DATE OF BURIAL

Jan 28 1931

20. UNDERTAKER

Jack A. Wood

ADDRESS

Shelton, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73643

PLACE OF DEATH

County of *Bonwill*
City of *Idaho Falls*

Registration District No. *3*
Primary Registration District No. *2, N-2*

Local Registrar's No. *886*

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Thomas Fayle*

(a) Residence. No. *472 E* St.

(Usual place of abode)
Length of residence in city or town where death occurred. *0* yrs. *0* mos. *21* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed or divorced HUSBAND of *Mrs Jennie Fayle* (or) WIFE of

6. DATE OF BIRTH (month, day and year) *Sept 15 1869*

7. AGE Years *61* Months *3* Days *24* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *P anchor*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Wellsville Utah* (State or country)

10. NAME OF FATHER *William Fayle*

11. BIRTHPLACE OF FATHER (city or town) *Isle of Man* (State or Country)

12. MAIDEN NAME OF MOTHER *Elizabeth Heaton*

13. BIRTHPLACE OF MOTHER (city or town) *London* (State or Country) *England*

14. Informant *Mrs Jennie Fayle* (Address) *Dubuois Idaho*

15. Filed *Jan 9* 19 *31* *Edman* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *January 9* 19 *31*
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *Jan* 19 *29* to *Jan 9* 19 *31*
that I last saw him alive on *Jan 8* 19 *31*
and that death occurred, on the date stated above, at *8:10 A.* m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis

(duration) *2* yrs. *0* mos. *0* ds.

CONTRIBUTORY (Secondary) *Toxic Gastritis*
(duration) *0* yrs. *0* mos. *0* ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *yes* Date of *May 3, 1930*

Was there an autopsy? *no*

What test confirmed diagnosis? *Chinical*

(Signed) *J. P. Ray Hatch, M.D.*
Jan 8 19 *31* (Address) *Idaho Falls*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Dubuois Idaho* Date of Burial *1/1* 19 *31*

20. Undertaker *V. F. McHann* Address *Idaho Falls*
Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
Bonnevill

County of
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 13
Primary Registration District No. 2140
(No. Idaho Falls L. D. S. Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mabel Leona Peterson.

(a) Residence. No. Garfield, Idaho.

Garfield, Idaho.

Local Registrar's No. 13

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. 1 ds.
(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXX

6. DATE OF BIRTH (month, day and year) December 31 1909

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
21 0 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) Harry Mooney.
(c) Name of employer

9. BIRTHPLACE (city or town) Garfield, Idaho.
(State or country)

10. NAME OF FATHER Joseph Alma Peterson.

11. BIRTHPLACE OF FATHER (city or town) Idaho.
(State or Country)

12. MAIDEN NAME OF MOTHER Mabel Jeff.

13. BIRTHPLACE OF MOTHER (city or town) Utah.
(State or Country)

14. Informant (Address) Alma Peterson
Rigby, Idaho. R. #1

15. Filed 1/14 1931 Registrar.

RECEIVED FEB 16 1931

DO NOT WRITE IN THIS SPACE

73644

State File No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 8 1931 to Jan. 12 1931
that I last saw her alive on Jan. 12 1931
and that death occurred, on the date stated above, at 6:30 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cardiac insufficiency and
Nephritic nephritis

(duration) yrs. mos. 1 ds.
CONTRIBUTORY Staphylococci tonsillitis
(Secondary) + Peri-tonsillitis
(duration) yrs. mos. 5 ds.

18. Where was disease contracted 494 11 St Idaho Falls
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Edmund Crawley M.D.
Jan. 13 1931 (Address) Idaho Falls Idaho

19. Place of Burial, Cremation, or Removal Ucon, Idaho.
Date of Burial 1/14/31 19

20. Undertaker Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 16 1931

DO NOT WRITE IN THIS SPACE

State File No. 73645

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 217-0Local Registrar's No. 16

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie E. Wackerli(a) Residence. No. 270-10th St.

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert H. Wackerli6. DATE OF BIRTH (month, day and year) Sept 12, 18607. AGE Years 70 Months 4 Days 7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) (Isle of Mann) Cleveland Ohio10. NAME OF FATHER John C. Knirade11. BIRTHPLACE OF FATHER (city or town) (State or Country) Isle of Mann12. MAIDEN NAME OF MOTHER Emilie13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Isle of Mann14. Informant Albert H. Wackerli
(Address) Idaho Falls Ida.15. Filed Jan 20, 1930 C. C. F. J. J. J. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 19, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 11, 1931, to Jan 19, 1931
that I last saw her alive on _____, 19____and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pleurisy and myocarditis(duration) yrs. mos. ds. 8

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? ✓(Signed) C. C. F. J. J. M. D.
1/20, 1931 (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida. Date of Burial 1/23, 193120. Undertaker H. F. McMan Address Idaho Falls Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73646

State File No.

PLACE OF DEATH
Benneville.County of Benneville.City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 214-0(No. Idaho Falls L. D. S. Hosp.)Local Registrar's No. 26

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jay Lorin Smith.

(a) Residence. No.

St. Rigby, Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. 7 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single. Married. Widowed,
or Divorced (write the word.)Child.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct. 22, 1921

7. AGE

Years

9

Months

3

Days

4

If LESS than 1 day,

..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workSchool(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Idaho.

10. NAME OF FATHER

Lorin Smith.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho.

12. MAIDEN NAME OF MOTHER

Jennie Lucile Morgan.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Utah.

14.

Informant
(Address)Lorin Smith
Rigby, Idaho.

15.

Filed

Jan 30, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 25,
(Month)31
(Day)31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 19, 31, to Jan. 25, 31.that I last saw him alive on Jan 25, 1931.and that death occurred, on the date stated above, at 9:45 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Sept. meningococci
meningitis.CONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of —Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

M. R. Vest, M. D.1/26, 1931 (Address) Rigby, Idaho

19. Place of Burial, Cremation, or Removal

Rigby, Idaho.

Date of Burial

1/27/31

19

20. Undertaker

Address

Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Amended 3-3-81.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 16 1931

DO NOT WRITE IN THIS SPACE

State File No. 73647

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-4-0

Local Registrar's No. 12

(No. _____)
(If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Joseph Olsen

(a) Residence. No. 189 South Water St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 21, 1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
7 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)

10. NAME OF FATHER Bruce Olsen

11. BIRTHPLACE OF FATHER (city or town) Idaho Falls, Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Kingston

13. BIRTHPLACE OF MOTHER (city or town) Idaho Falls, Idaho
(State or Country)

14. Informant Mr. Bruce Olsen
(Address) Idaho Falls, Idaho

15. Filed 1/15, 1931. Geir Gunnarson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931 to Jan 12, 1931
that I last saw him alive on Jan 12, 1931
and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Pneumonia
(duration) yrs. mos. 2 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptom

(Signed) Andrew M. Coulter M. D.

Jan 15, 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls, Idaho Date of Burial Jan 15 1931

20. Undertaker Jack A. Wood Address Idaho Falls

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE
BUREAU OF
VITAL STATISTICS

State of _____ }
County of _____ } ss.

JAN 27 11 45 AM '81

Certificate No. 73647
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Death

for Charles Joseph Olsen who died on Jan 12, 1931
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Idaho Falls, Idaho are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
#6 Date of Birth	June 22, 1930	June 21, 1930

Subscribed and sworn to before me this 23rd day of JANUARY, 1981
Notary Public, Henry J. Christensen
Residing at Idaho Falls, Idaho
My commission expires 4/28/83
(Seal)

Bilva J. Christensen
Signature of Applicant
2290 Crestview, Idaho Falls, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 11 1931
DO NOT WRITE IN THIS SPACE
State File No. **73648**

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
(No. Mercy Hospital)

Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Franklin Morton

(a) Residence. No. 814 1st St. N. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Ethel Morton
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 2/22/85

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
46

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pendleton, Ore.
(State or country)

10. NAME OF FATHER Wm A. Morton

11. BIRTHPLACE OF FATHER (city or town) Ill
(State or Country)

12. MAIDEN NAME OF MOTHER Elmira Bernard

13. BIRTHPLACE OF MOTHER (city or town) N.Y.
(State or Country)

14. Informant Mrs Ethel Morton
(Address) Nampa, Ida.

15. Filed 1-24-31 Leith Conway
Registrar

MEDICAL CERTIFICATE OF DEATH 90

16. DATE OF DEATH

Jan. 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1931, to Jan 22, 1931, that I last saw him alive on Jan 22, 1931, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Miliat Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? W. P. Holte, M. D.

Jan 22, 1931 (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Middleton, Ida. 1/22/31 19

20. Undertaker Fred K. Robinson Address Nampa Idaho

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED 13 FEB 11 1931
DO NOT WRITE IN THIS SPACE
73649
State File No.

PLACE OF DEATH

County of Canyon
City of

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 2(No. 12 mi south)Local Registrar's No. 14

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert J. Clark(a) Residence. No. 12 mi. South Nampa St.

(Usual place of abode.)

Length of residence in city or town where death occurred 28 yrs. mos. ds.(If non-resident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofRebecca Elizabeth Clark6. DATE OF BIRTH (month, day and year) April 17th 1850

7. AGE Years 80 Months 9 Days 6 If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) north Carolina10. NAME OF FATHER Mayhlon Clark11. BIRTHPLACE OF FATHER (city or town) (State or Country) No. Carolina12. MAIDEN NAME OF MOTHER Carolina Bradley13. BIRTHPLACE OF MOTHER (city or town) (State or Country) North Carolina14. Informant (Address) D. H. Clark
Nampa, Idaho15. Filed 1-24 1931 Perth Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct. 11 1930, to Oct 31 1930
that I last saw him alive on Oct 30 1930and that death occurred, on the date stated above, at A m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Arterial Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis

(Signed) W. C. Wells M. D.Jan 23 1931 (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Robert Clark

19

20. Undertaker

Address

W. C. Wells

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73650

State File No.

PLACE OF DEATH

County of CanyonCity of RuralRegistration District No. 7Primary Registration District No. 2006Local Registrar's No. 5

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Henry Farley(a) Residence. No. 9 miles south Nampa St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 4 1880

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
51 -- 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)10. NAME OF FATHER W.W. Farley11. BIRTHPLACE OF FATHER (city or town) Iowa
(State or Country)12. MAIDEN NAME OF MOTHER Mary C. Shrader13. BIRTHPLACE OF MOTHER (city or town) Iowa
(State or Country)14. Informant Mrs T.H. Farley(Address) Nampa, Ida.15. Filed 1/6 1931 Butter Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him dead on Jan 6 1931
and that death occurred, on the date stated above, at 4:00 A.M.

The CAUSE OF DEATH* was as follows:

Unexcused heart, wife gave history of deceased having had heart trouble - Patient was dead before I reached him

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos E. Young M. D.
Jan 6 1931 (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Kohlerlawn Cemetery 1/8/31 19

20. Undertaker Fred K. Robinson AddressNampa, Ida.

20. Undertaker	Address
Paul L Case,	Caldwell Idah

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73652

State File No.

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006

Local Registrar's No. 17

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia May Kernohan(a) Residence. No. 603 - 18th Ave. S. St. 92

(Usual place of abode)

Length of residence in city or town where death occurred. 31 yrs. 10 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred H. Kernohan
6. DATE OF BIRTH (month, day and year) Nov. 1, 1885
7. AGE Years 45 Months 2 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Homemaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Bugh's Mill (State or country) Virginia

10. NAME OF FATHER James H. Graybill
11. BIRTHPLACE OF FATHER (city or town) Bugh's Mill (State or Country) Virginia

12. MAIDEN NAME OF MOTHER Mohler
13. BIRTHPLACE OF MOTHER (city or town) Fincastle (State or Country) Virginia

14. Informant Gladys Hobart (Address) Penelope, Oregon

15. Filed 1-31, 1931 Beatha Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Embolic thrombosis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

Hysterectomy -
(duration) ____ yrs. ____ mos. 7 ds.

18. Where was disease contracted if not at place of death? yesDid an operation precede death? yes Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Clinical

(Signed) Harold Belman, M. D.
Jan 30, 1931 (Address) Nampa, Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Funkhouser Date of Burial 1-30 1931

20. Undertaker F. H. Robinson Address Nampa, Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73653**

PLACE OF DEATH

County of CanyonCity of Wilder

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005

(No. _____)

Local Registrar's No. 16

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James C. Mayhugh(a) Residence. No. Wilder, Ida St. 76

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug 14-18567. AGE Years 74 Months 5 Days 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Athens Co
(State or country) Ohio10. NAME OF FATHER John A. Mayhugh11. BIRTHPLACE OF FATHER (city or town) Not known
(State or Country)12. MAIDEN NAME OF MOTHER Marterence Joseph13. BIRTHPLACE OF MOTHER (city or town) Not known
(State or Country)14. Informant F. E. Mayhugh
(Address) Wilder Idaho R#215. Filed 2-5- 1931 John H. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 2 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Oct 2 1928, to Feb 1 1931that I last saw him alive on Feb 1 1931and that death occurred, on the date stated above, at 3P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral DegenerationCONTRIBUTORY arterio sclerosis
(Secondary) (duration) 1 yrs. 2 mos. 5 ds.(duration) 10 yrs. — mos. — ds.18. Where was disease contracted —
if not at place of death?Did an operation precede death? no Date of —Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) Robert E. Talbot M. D.2-2- 1931 (Address) Wilder, Ida19. Place of Burial, Cremation, or Removal Wilder Date of Burial 2-4- 193120. Undertaker C. V. Pickham Address Caldwell Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSRECEIVED FEB 6 1931
DO NOT WRITE IN THIS SPACE

73654

State File No.

PLACE OF DEATH

County of *Canyon*City of *Hustan #1*

CERTIFICATE OF DEATH

Registration District No. *3*Primary Registration District No. *2005*Local Registrar's No. *9*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Robert Thomas Blackstock*(a) Residence. No. *Hustan #1*

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male*4. COLOR OR RACE *white*5. Single, Married, Widowed,
or Divorced (write the word) *single*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *Sept 19 - 1868*

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

*62**4**—*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Rancher*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)*Orillia
Canada*10. NAME OF FATHER *William Blackstock*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)*Ontario
Canada*12. MAIDEN NAME OF MOTHER *Margaret Jones*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)*Ontario
Canada*

14.

Informant
(Address)*Sp McIntyre
Hustan #1*

15.

Filed

*1-24-1931**John S. Meyers*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 19

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at *1:00* p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Found dead in bed. Past
history of paralysis and
serious kidney disorder
probably apoplexy*CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *E. V. Peckham*

....., 19.....

(Address) *Calderwell*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Kohler Laidman**1-23 1931*

20. Under-taker

Address

*E. V. Peckham**Calderwell*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

73655

PLACE OF DEATH

County of A Canyon
City of

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 2006(No. 8 mi. north Nampa)Local Registrar's No. 2

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William M. Abbott(a) Residence. No. 8 mi. north Nampa St.

(Usual place of abode.)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 74 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If married, widowed, or divorced

HUSBAND of Sarah Abbott
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb. 20th

7. AGE Years Months Days If LESS than 1 day.
91 10 12 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. retired farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)10. NAME OF FATHER Ruben Charles Abbott11. BIRTHPLACE OF FATHER (city or town) unknown
(State or Country)12. MAIDEN NAME OF MOTHER Rachel Seely13. BIRTHPLACE OF MOTHER (city or town) unknown
(State or Country)14. Informant Mrs. Eva Demaray
(Address) residing at15. Filed 1-3, 1931 Registrar. Dr. H. C. Talley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 4 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1930, to Jan 4, 1931
that I last saw him alive on Dec. 27, 1930and that death occurred, on the date stated above, at 6:30 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Cerebral HemorrhageCONTRIBUTORY
(Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? W.C. Holtz(Signed) W.C. Holtz, M. D.1-3, 1931 (Address) Nampa, Id.19. Place of Burial, Cremation, or Removal Star - Idaho Date of Burial 2-4 193120. Undertaker Wm D. Talley Address Nampa, Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73656**

PLACE OF DEATH
County of **Canyon**
City of **Rural**

Registration District No. **7**
Primary Registration District No. **2006**

Local Registrar's No. **10**

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Harriett Emma Hixon**(a) Residence. No. **10 miles west of Nampa** St.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

5a. If married, widowed, or divorced
HUSBAND of **Eugene Hixon**
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days
70 -- **14**
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **At Home**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Ill**
(State or country)10. NAME OF FATHER **J. Miller**11. BIRTHPLACE OF FATHER (city or town)
(State or Country) **Penn**12. MAIDEN NAME OF MOTHER **Faunce**13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) **Penn.**14. Informant **E. Hixon**(Address) **Houston Ida**15. Filed **1-24-31** **Dr. H. Conway**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. **18** **1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 8, 19**31**, to **Jan 18**, 19**31**
that I last saw her alive on **Jan 18**, 19**31**

and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **no** Date ofWas there an autopsy? **no**

What test confirmed diagnosis?

(Signed) **W. P. Holt**, M. D.
1/20/31, 19 (Address) **Nampa Ida**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Kohlerlawn Cem **1/2** **19**

20. Undertaker Address
F.K. Robinson Nampa, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73657

State File No.

PLACE OF DEATH

County of Canyon
City of Houston

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005

(No.)

Local Registrar's No. 10

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Elizabeth M^cClung(a) Residence. No. Houston Ida R# St. 749

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 28-1885

7. AGE Years Months Days If LESS than 1 day,
75 10 24hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) New York
(State or country) N.Y.10. NAME OF FATHER Robert Erick11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Scotland12. MAIDEN NAME OF MOTHER Mary Ann Brown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Not known14. Informant Elmer Crawford
(Address) Houston Ida15. Filed 1-24-, 1931 John S. Meyers
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 12, 1930, to Jan 22, 1931

that I last saw him alive on Jan 21, 1931

and that death occurred, on the date stated above, at 7:45 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Paralytic stroke (Cerebral)

(duration) yrs. 3 mos. ds.
CONTRIBUTORY Age - Fractured Hip
(Secondary) Diabetes

(duration) 10 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Glucose(Signed) J. S. Meyers M. D.

Jan 23, 1931 (Address) Caldwell, Ida

19. Place of Burial, Cremation, or Removal

Greenleaf Date of Burial Jan 24 1931

20. Undertaker

C. V. Beckham Address Caldwell, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DO NOT WRITE IN THIS SPACE

State File No.

73658

PLACE OF DEATH

County of CanyonCity of Caldwell

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2005Local Registrar's No. 20

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Rachel D York (Mrs L.S.)(a) Residence. No. R F D 2 St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widow</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov 7 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>78</u>	<u>3</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Georgia10. NAME OF FATHER
Henry Hopper11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Georgia12. MAIDEN NAME OF MOTHER Linda Kwener13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Georgia14. Informant Conrad R York
(Address) R 2 Caldwell Idaho15. Filed 2-11-1931 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 8 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 10 1930 to Feb 8 1931
that I last saw h. 57 alive on Feb 1 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Paralysis - CerebralCONTRIBUTORY (duration) yrs. mos. ds.
(Secondary) Age - Arterial
Sclerosis (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) Feb 9 1931 (Address) Caldwell19. Place of Burial, Cremation, or Removal
Canyon Hill CemeteryDate of Burial
Feb 10-3120. Undertaker
Paul L. CaseAddress
Caldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 11 1931
DO NOT WRITE IN THIS SPACE
73659
State File No.

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. 815-9th Ave. So)Local Registrar's No. 19

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lorina M. Schertz(a) Residence. No. 815-19th Ave. So St. 57

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 3 yrs. 0 mos. 0 ds.How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn Schertz6. DATE OF BIRTH (month, day and year) April 11th 1869

7. AGE Years 61 Months 9 Days 20 If LESS than 1 day, 0 hrs. or 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Springfield
(State or country) Illinois10. NAME OF FATHER Jason Lyon11. BIRTHPLACE OF FATHER (city or town) New York
(State or Country)12. MAIDEN NAME OF MOTHER Rosella Gould13. BIRTHPLACE OF MOTHER (city or town) Indiana
(State or County)14. Informant Mrs. Fred Kilzer
(Address) Nampa15. Filed 2-2, 1931 Death Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 31 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 30 1931 to Jan 31 1931
that I last saw her alive on Jan 30 1931and that death occurred, on the date stated above, at 5:45 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Diabetes - comaCONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death? yesDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical

(Signed)

Horace P. Kilmer M. D.1-31, 1931 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlawn-Nampa 2-2 1931

20. Undertaker

Address

Mrs. Lina M. Talley Nampa Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73660**PLACE OF DEATH
County of Canyon
City of ampaRegistration District No. 2
Primary Registration District No. 1006Local Registrar's No. 57(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Sarah J. Wales(a) Residence. No. 803 - Holly St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Widow5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Nov 30 - 1848

7. AGE

82

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Idaho

10. NAME OF FATHER

B. Mills11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

Hannah Davis13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant

(Address)

C. C. WalesNampa, Idaho

15. Filed

1-2

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan

(Month)

1

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 10, 1930, to Jan 1, 1931that I last saw her alive on 1-1, 1931and that death occurred, on the date stated above, at 10:45 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes MellitusCONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

Chronic Nephritis

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of -Was there an autopsy? noWhat test confirmed diagnosis? Blood Sugar (Chemistry)

(Signed)

J. E. Langley M. D.1-21930 (Address) Nampa*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Parish of Nampa

19

20. Undertaker

Address

J. H. RobinsonNampa, Idaho

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73661**

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. Samaritan Hospital)Local Registrar's No. 24

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lydia Barbara Nafziger(a) Residence. No. 3 1/2 mi. north Nampa St.

(Usual place of abode.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of C. H. Nafziger
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 3rd 18887. AGE Years 72 Months 10 Days 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) DeKatur Co.
(State or country) Kansas10. NAME OF FATHER Christian H. Birkey11. BIRTHPLACE OF FATHER (city or town) Illinois
(State or Country)12. MAIDEN NAME OF MOTHER Barbara Witting13. BIRTHPLACE OF MOTHER (city or town) Canada
(State or County)14. Informant Mr. C. H. Nafziger
(Address) Nampa Idaho15. Filed 1-10, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 5, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 1-3, 1931, to 1-5, 1931,
that I last saw him alive on 1-5, 1931,
and that death occurred, on the date stated above, at 12:05 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pneumococcal meningitis
(duration) yrs. mos. 2 ds.CONTRIBUTORY Rhinitis
(Secondary) (duration) yrs. mos. 2 ds.18. Where was disease contracted if not at place of death? ✓Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? Spinal puncture
(Signed) J. C. Hunter, M. D.1-7, 1931 (Address) Nampa19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial 1920. Undertaker Mrs. J. M. Tull Address

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Crozier
City of NampaRegistration District No. 7Primary Registration District No. 1096

(No. St.)

File No. 73662Registered No. 11b.

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ruth Gregory

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

(Write the word.)

6. DATE OF BIRTH

July 27 1917
(Month) (Day) (Year)

7. AGE

13 Yrs. 5 Mos. 21 ds.IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Washington
Michigan

10. NAME OF FATHER

J. A. Gregory

11. BIRTHPLACE OF FATHER

(State or Country) Michigan

12. MAIDEN NAME OF MOTHER

Florence Barlow

13. BIRTHPLACE OF MOTHER

(State or Country) Michigan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. B. Boyles(Address) Nampa, Idaho

15.

Filed 11/11931Dr. T. H. Conway
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 18 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 18 1931that I last saw him alive on Aug 17 1931and that death occurred on the date stated above, at 9:30 AM

The CAUSE OF DEATH* was as follows:

Influenza (intestinal type)

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) D. B. Boyles M. D.1-17-1931 (Address) Nampa, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 10 yrs. mos. days. In the State 13 yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence Prest-River, Idaho

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Overlook Cemetery, Idaho19

20. UNDERTAKER

ADDRESS

T. H. Conway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
73663
State File No.

PLACE OF DEATH

County of Custer
City of Challis

CERTIFICATE OF DEATH

Registration District No. 108
Primary Registration District No. 2186
(No.)

Local Registrar's No. 115

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Calvin Hale Brunas

(a) Residence. No. St.

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 8-1930

7. AGE Years Months Days If LESS than 1 day,
hrs. or min.
9 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Challis, Ida
(State or country)

10. NAME OF FATHER Calvin James Brunas

11. BIRTHPLACE OF FATHER (city or town) Castle Lake, Utah
(State or Country)

12. MAIDEN NAME OF MOTHER Pauline Curtis

13. BIRTHPLACE OF MOTHER (city or town) Barton, Ida
(State or Country)

14. Informant Calvin Brunas
(Address) Challis, Ida

15. Filed Jan 30, 1931 Edna M. K...
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 29, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1/28, 1931, to 1/29, 1931,
that I last saw him alive on 1/28, 1931,
and that death occurred, on the date stated above, atm.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. L. K..., M. D.

Feb 12, 1931 (Address) Challis, Ida

19. Place of Burial, Cremation, or Removal Challis, Ida Date of Burial Jan 30 1931

20. Undertaker Edna M. K... Address Challis, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bonding
City of Bliss

Registration District No. 37

Primary Registration District No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie E. Bues(a) Residence. No. Bliss St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Bues

6. DATE OF BIRTH (month, day and year) Apr 25 1883

7. AGE 48 Years 10 Months Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) _____ (State or country) Utah10. NAME OF FATHER Thomas B. Jones11. BIRTHPLACE OF FATHER (city or town) _____ (State or Country) Utah12. MAIDEN NAME OF MOTHER Carrie Peterson13. BIRTHPLACE OF MOTHER (city or town) _____ (State or County) Utah14. Informant (Address) James Bues15. Filed February 3rd, 1931 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 28 1931, to Jan 30 1931
that I last saw her alive on Jan 30 1931

and that death occurred, on the date stated above, at 4:15 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) _____ yrs. _____ mos. 8 ds.
CONTRIBUTORY (Secondary) X

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted Place of death
if not at place of death? _____Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) Houston E. Snyder, M. D.Jan 31 1931 (Address) Bonding Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Twin Falls Feb 3rd 1931

20. Undertaker Address

Grossman Mortuary

RECEIVED FEB 12 1931
DO NOT WRITE IN THIS SPACE
State File No. 73666

Local Registrar's No. 27

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

73667

PLACE OF DEATH

County of LenzieCity of Leadore

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MAJ Roberti(a) Residence. No. Leadore, Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 9th 18677. AGE Years 63 Months 6 Days 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Live Stock Rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Switzerland
(State or country).10. NAME OF FATHER Not known11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Not known12. MAIDEN NAME OF MOTHER Not known13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Not known14. Informant (Address) William C Daehler
Salmon, Ida.15. Filed Feb - 10, 1921 W. C. Daehler
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 14th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at 10-15 AM*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cancer of the Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm C Daehler, M. D.1-15, 1931. (Address) Salmon, Ida.19. Place of Burial, Cremation, or Removal Salmon Cemetery Date of Burial 1-16th 193120. Undertaker Wm C Daehler Address Salmon, Ida.

PHYSICIAN. Information should be carefully supplied. AGE should be stated EXACTLY. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73668

State File No.

PLACE OF DEATH

County of Lemhi
City of Salmon

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carrie Lee Hubbard(a) Residence. No. St. Charles St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs 37 mos. 1 ds 18 How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofDr. E. L. Hubbard6. DATE OF BIRTH (month, day and year) Feb. 25-18787. AGE Years Months Days If LESS than 1 day.
52 10 11hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Junction
(State or country) Idaho10. NAME OF FATHER Elijah G. Stroud11. BIRTHPLACE OF FATHER (city or town) Medford Co. Tenn.
(State or Country)12. MAIDEN NAME OF MOTHER Anna Lee13. BIRTHPLACE OF MOTHER (city or town) Springfield
(State or Country) Mo.Informant
(Address)Dr. Ernest L. Hubbard
Feb 10 - Salmon, IdahoJan 28, 1931.Chas Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 3, 1931, to Jan 5, 1931that I last saw him alive on Jan 5, 1931and that death occurred, on the date stated above, at 11:45 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral hemorrhage
about 40 hours

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Cerebral(Signed) Chas F. Hammon, M.D.Feb. 2, 1931 (Address) Salmon

19. Place of Burial, Cremation, or Removal Date of Burial

Salmon Cemetery 1-11 1931

20. Undertaker Address

Mr. C. Shobler 1-11

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
73669
State File No.

PLACE OF DEATH

County of LewiaCity of Salmon

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Stasak(a) Residence. No. Salmon Idaho St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
about 54

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Day Laborer(b) General nature of industry, business, or establishment in which employed (or employer) Farm hand

(c) Name of employer

9. BIRTHPLACE (city or town) American Born
(State or country)10. NAME OF FATHER not known11. BIRTHPLACE OF FATHER (city or town)
(State or Country) not known12. MAIDEN NAME OF MOTHER not known13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) not known14. Informant (Address) Wm C Teebler
Salmon Ida.15. Filed Feb. 10, 1931. Chas Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 26th, 1931.
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 6, 1931.
that I last saw him alive on Dec 15, 1930.and that death occurred, on the date stated above, at 3 A. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Valvular heart trouble
(fatal)CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) One Year yrs. mos. ds.(duration) One Year yrs. mos. ds.18. Where was disease contracted 2
if not at place of death? noDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? P.S. Myler, M. D.(Signed) Feb 3, 1931 (Address) Salmon19. Place of Burial, Cremation, or Removal Salmon Cemetery Date of Burial 1-27th 193120. Undertaker Wm C Teebler Address Salmon
Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73670

State File No.

PLACE OF DEATH

County of Lemhi
City of Salmon Ida

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

(No.)

Local Registrar's No. 916

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Stark(a) Residence, No. Salmon Ida St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 53 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

or Farm hand

(c) Name of employer

9. BIRTHPLACE (city or town) American Born
(State or country)

10. NAME OF FATHER

Not known11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Not known

12. MAIDEN NAME OF MOTHER

Not known13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Not known

14. Informant (Address) Fred O'Connell Jr
Salmon Ida

15. Filed Feb 10, 1931. Chas Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 8th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 10, 1930, to Jan 7, 1931that I last saw him alive on Jan 7, 1931and that death occurred, on the date stated above, at 10-40 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute respiratory
about one year
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Chas F Hammer, M. D.Feb 7, 1931 (Address) Salmon

19. Place of Burial, Cremation, or Removal

Date of Burial

Salmon CemeteryFeb 10th 1931

20. Undertaker

Address

Wm C DoebbsSalmonIda.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73671

State File No.

PLACE OF DEATH

County of LemhiCity of Baker, Ida

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alexander Lee Collins(a) Residence. No. Baker Ida St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 27th 19307. AGE Years Months Days If LESS than 1 day.
14 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Baker Ida
(State or country)10. NAME OF FATHER Thomas Clarence Collins11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Victor Mont12. MAIDEN NAME OF MOTHER Martha Jane Putney13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Wyoming14. Informant (Address) Wm C Taebler
Sahsum Ida15. Filed Feb 10, 1931. Chas C Kelly
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 11th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceas d from

....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....and that death occurred, on the date stated above, at 9 - 4 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm C Taebler
1-14, 1931 (Address) Sahsum Ida19. Place of Burial, Cremation, or Removal Date of Burial
Sahsum Cemetery 1-12, 193120. Undertaker Address
Wm C Taebler Sahsum
Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of LanderCity of Salmon

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chimpan Jack(a) Residence. No. Salmon, Idaho St. 1000

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Gwen aid by County

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) China
(State or country)10. NAME OF FATHER Not known11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Not known12. MAIDEN NAME OF MOTHER Not known13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Not known14. Informant (Address) Mrs. E. Decker15. Filed Feb-10 1931 Chio Bellamy Registrar.

RECEIVED FEB 11 1931

DO NOT WRITE IN THIS SPACE

State File No.

73672

Local Registrar's No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 14th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Branchopneumonia

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mrs. E. Decker Chio Bellamy
1-15th 1931 (Address) Salmon Idaho19. Place of Burial, Cremation, or Removal Salmon Cemetery Date of Burial 1-17th 193120. Undertaker Mrs. E. Decker Address Salmon Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73673

State File No.

PLACE OF DEATH

County of LemhiCity of Salmon

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Brough(a) Residence. No. Salmon Ida. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Divorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug 18 - 18637. AGE Years 67 Months 5 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Roominghouse(b) General nature of industry, business, or establishment in which employed (or employer) Keper

(c) Name of employer

9. BIRTHPLACE (city or town) England y. S.
(State or country)10. NAME OF FATHER John Brough11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER Not Known13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant Fred Brough Jr.
(Address) Salmon15. Filed Feb 10 - 1931 also Bell
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan - 21st 1931
Month Day Year17. I HEREBY CERTIFY, That I attended deceased from Jan 1929, to Jan 20 1931that I last saw him alive on Jan 20 1931and that death occurred, on the date stated above, at 7-4 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cirrhosis of liverSeveral years
(duration) yrs. mos. ds.CONTRIBUTORY Alcoholism
(Secondary) Several years
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death? NoDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) Oliver F. Hansen M. D.Feb. 2 1931 (Address) Salmon19. Place of Burial, Cremation, or Removal Salmon Cemetery Date of Burial 1-24-3120. Undertaker Wm C. Doecker Address Salmon
Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 14 1931
DO NOT WRITE IN THIS SPACE

State File No.

73674

PLACE OF DEATH

County of LemhiCity of SalmonRegistration District No. 41Primary Registration District No. 2116

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Neal McDewitt(a) Residence. No. Salmon

St.

Length of residence in city or town where death occurred. 5 1/2 yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Divorced5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.Eighty227

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Firmer
(retired)(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)McCall
Co. Douglas, Ireland

10. NAME OF FATHER

Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown

14.

Informant
(Address)Olma Reddington, Salmon
Idaho

15.

Filed

Feb 10, 1931Chas Billamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 29th
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 1931, to Jan 29, 1931that I last saw him alive on Jan 27, 1931and that death occurred, on the date stated above, at 2:30 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Finger of left foot(duration) yrs. mos. 20 ds.CONTRIBUTORY
(Secondary)Old age

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? P. M. H. -

(Signed)

Feb 3, 1931(Address) Salmon

19. Place of Burial, Cremation, or Removal

Date of Burial

Salmon Cemetery2-1 1931

20. Undertaker

Address

Amc DaobleSalmon
Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73675

PLACE OF DEATH

County of Lemhi

City of Salmon

CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 2116

(No.)

Local Registrar's No. 164

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dr Geo H. Stenney

(a) Residence. No. Salmon Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Divorced
----------------	---------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mable Stenney

6. DATE OF BIRTH (month, day and year) Aug 29th 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	4	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Moss
(State or country)

10. NAME OF FATHER Stephen H. Stenney

11. BIRTHPLACE OF FATHER (city or town) Not known
(State or Country)

12. MAIDEN NAME OF MOTHER Alexander

13. BIRTHPLACE OF MOTHER (city or town) Not known
(State or Country)14. Informant Mrs Nellie Baker
(Address)

15. Filed Feb 10, 1931, by Chris Bella, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 2nd 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 1930, to Jan 2, 1931

that I last saw him alive on Jan 2, 1931

and that death occurred, on the date stated above, at 11-30am.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Senile debility

CONTRIBUTORY
(Secondary)years
(duration) yrs. mos. ds.Pneumonia
(duration) years mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cerebral

(Signed) Cleo F. Stenney, M.D.

Feb 2, 1931 (Address) Salmon

19. Place of Burial, Cremation, or Removal

Salmon Cemetery

Date of Burial

1-4th 1931

20. Undertaker

J. C. I. Beck Salmon

Address

Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73676**

PLACE OF DEATH

County of BenewahCity of Salmon

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Holger Edward Johnson(a) Residence. No. Salmon Idaho St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMathilda Johnson6. DATE OF BIRTH (month, day and year) June 13 1866

7. AGE	Years <u>65</u>	Months <u>7</u>	Days <u>2</u>	If LESS than 1 day. hrs. or min.
--------	--------------------	--------------------	------------------	-------------------------------------

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bleckinge
(State or country) Sweden10. NAME OF FATHER Jonas Johnson11. BIRTHPLACE OF FATHER (city or town) Sweden
(State or Country)12. MAIDEN NAME OF MOTHER Not known13. BIRTHPLACE OF MOTHER (city or town) Sweden
(State or Country)14. Informant Helen Johnson
(Address) Salmon Idaho15. Filed Feb 10 1931 Chas Pellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 15th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 9-15 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Strychnine Poison
With Suicidal intent

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Wm E. Daehler
1/16 1931 (Address) Salmon Ida19. Place of Burial, Cremation, or Removal Salmon Cemetery Date of Burial 1-18 193120. Undertaker Wm E. Daehler Address Salmon Ida

PLACE OF DEATH

County of Lincoln
City of ShoshoneSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 16
Primary Registration District No. 1016

DO NOT WRITE IN THIS SPACE

State File No. 73677Local Registrar's No. 5

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bonnie Berthele McKenzie

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 16 19307. AGE Years Months Days If LESS than 1 day,
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Shoshone Ida
(State or country)10. NAME OF FATHER John C McKenzie11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Arkansas12. MAIDEN NAME OF MOTHER Janey Allison13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Alabama14. Informant John C McKenzie
(Address)15. Filed Jan 22, 1931 J. L. Fuller
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 20, 1931, to Jan 20, 1931that I last saw her alive on Jan 20, 1931and that death occurred, on the date stated above, at 3 00 m.

The CAUSE OF DEATH* was as follows:

Branchio-Pneumonia(duration) yrs. mos. 2 ds.CONTRIBUTORY
(Secondary)Convulsions(duration) yrs. mos. 1 ds.18. Where was disease contracted
if not at place of death? noDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Phys Exam(Signed) T. E. D. Ruffert, M. D.1/22, 1931 (Address) Shoshone Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Shoshone Ida Jan 22 1931

20. Undertaker Address

W. E. Hickok Shoshone Ida

1009

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73678**

PLACE OF DEATH

County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No. 1016

Local Registrar's No. 4

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank T Bancroft

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 3 1918

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
11 2 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Gooding County Idaho
(State or country)10. NAME OF FATHER Geo A Bancroft11. BIRTHPLACE OF FATHER (city or town) Quincy Ill
(State or Country)12. MAIDEN NAME OF MOTHER Myrtle Irene McNulty13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Geo A Bancroft
(Address)15. Filed Jan 19 1931 J. L. Truller
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1931, to Jan 16, 1931
that I last saw him live on Jan 16, 1931
and that death occurred, on the date stated above, at 7 17 m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic Fever(duration) yrs. mos. 20 ds.CONTRIBUTORY Pneumonia
(Secondary)(duration) yrs. mos. 3 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Phys Exam(Signed) T. E. J. Smith, M. D.1/19, 1931 (Address) Shoshone Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Shoshone Idaho Date of Burial Jan 19 193020. Undertaker B. E. Hickok Address Shoshone Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

73679

PLACE OF DEATH

County of LincolnCity of ShoshoneRegistration District No. 16Primary Registration District No. 1016Local Registrar's No. 2

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mabel Rinckhoff

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>J. Rinckhoff</u>		
6. DATE OF BIRTH (month, day and year) <u>March 27 1910</u>		
7. AGE Years <u>20</u>	Months <u>9</u>	Days <u>11</u>
If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) (State or country)	<u>Salt Lake City</u> <u>Utah</u>
10. NAME OF FATHER	<u>C M O'Hartnett</u>
11. BIRTHPLACE OF FATHER (city or town) (State or Country)	<u>Oakland</u> <u>Calif</u>
12. MAIDEN NAME OF MOTHER	<u>Minnie Engelke</u>
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)	<u>New York</u>

14. Informant	<u>C M O'Hartnett</u>
(Address)	<u>9943 Wall Ave Ogden Utah</u>
15. Filed	<u>Jan 17 1931</u>
Registrar	<u>J. L. Smith</u>

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH	<u>Jan</u>	<u>15</u>	<u>1931</u>
	(Month)	(Day)	(Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Jan 15, 1931, that I last saw her alive on Jan 15, 1931, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:
Second & third degree burns involving 90% body area
(duration) 10 hours

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Phys. exam
(Signed) H. E. J. Smith, M. D.
1/17, 1930 (Address) Shoshone, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
<u>Ogden Utah</u>	<u>Jan 18 1931</u>
20. Undertaker	Address
<u>C. E. Hickok</u>	<u>Shoshone Ida</u>

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73680**

PLACE OF DEATH

County of LincolnCity of ShoshoneRegistration District No. 16Primary Registration District No. 1016Local Registrar's No. 2

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Carl Sturgeon

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug 25 1930

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.—417

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Shoshone
(State or country) Ida10. NAME OF FATHER J. H. Sturgeon11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Mo.12. MAIDEN NAME OF MOTHER Mellie Pix13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Colo14. Informant J. H. Sturgeon
(Address)15. Filed Jan 12 1931 J. L. Fuller
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan
(Month)12
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 10, 1931, to Jan 12, 1931that I last saw him live on Jan 11, 1931and that death occurred, on the date stated above, at 7:00 m.

The CAUSE OF DEATH* was as follows:

Branches Pneumonia(duration) yrs. mos. 5 ds.CONTRIBUTORY
(Secondary)Malnutrition(duration) yrs. 3 mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Phys Exam(Signed) J. E. D. [Signature], M. D.1/12, 1931 (Address) Shoshone Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Shoshone IdaJan 13 1931

20. Undertaker

Address

B. E. Hectorok Shoshone Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE OF DEATH

RECEIVED FEB 5 1921

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No.

County of *Prineida*

Primary Registration District No. *2069*

City of *Malad*

(No. , St.)

File No. *7*

Registered No. *1*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME *Alma Jensen*

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH.

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Male

White

Single
(Write the word.)

6. DATE OF BIRTH

Mar - 19 1876
(Month) (Day) (Year)

7. AGE

54 yrs. 10 mos. 1 ds.

IF LESS than 1 day
how many . . . hrs. or
. . . min?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry business or establishment in which employed (or employer)

Farming

9. BIRTHPLACE

(State or Country) *Dear River City Utah*

10. NAME OF FATHER

John C. Jensen

11. BIRTHPLACE OF FATHER

(State or Country) *Denmark*

12. MAIDEN NAME OF MOTHER

Anna O. Lentz

13. BIRTHPLACE OF MOTHER

(State or Country) *Germany*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs Wm N. Stowe*
(Address) *Malad Idaho*

15.

Filed *1/31* 1921

J. M. Keros
Local Registrar

16. DATE OF DEATH

Jan - 20 1921
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1926, to Jan 20 1921

that I last saw him alive on *Jan 20 1921*

and that death occurred on the date stated above, at *11:38 P.M.*

The CAUSE OF DEATH* was as follows:

Polio's relaps - nephritis

(Duration) *4 yrs.* mos. ds.

Contributory (Secondary)

myocarditis

(Duration) *3 yrs.* mos. ds.

(Signed)

G. H. Makin

1/21 1921 (Address) *Malad Idaho*

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death . . . yrs . . . mos . . . ds. State . . . yrs . . . mos . . . ds.

Where was disease contracted,

If not at place of death?

Former or

usual residence.

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Malad Ida Jan 27 1921

20. UNDERTAKER

ADDRESS

J. Guy Jensen Malad Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 11 1931
DO NOT WRITE IN THIS SPACE
State File No. **73683**

PLACE OF DEATH

County of MadisonCity of Boise

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2128

(No.)

Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose Bickens

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 25th - 18627. AGE Years Months Days If LESS than 1 day, hrs. or min.
68 1 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife(b) General nature of industry, business, or establishment in which employed (or employer) at home(c) Name of employer Widowed9. BIRTHPLACE (city or town) (State or country) Schweitzherland10. NAME OF FATHER And. Bapler11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York12. MAIDEN NAME OF MOTHER Margaret Smith13. BIRTHPLACE OF MOTHER (city, or town) (State or Country) New York14. Informant (Address) Rose Davies
Hamlet Idaho15. Filed Feb 4, 1931 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 31st 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 26 1931, to Jan 31 1931,
that I last saw her alive on Jan 31 1931,
and that death occurred, on the date stated above, at 5 AM m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Ruptured Gall bladder
from Embryoma of gall bladder(duration) yrs. mos. ds. 1
CONTRIBUTORY Cholangitis, Nephritis
(Secondary)(duration) 3 yrs. mos. ds.18. Where was disease contracted Place of death
if not at place of death?Did an operation precede death? no Date of noWas there an autopsy? noWhat test confirmed diagnosis Post mortem findings(Signed) Kevin J. Reish, M. D.2-2, 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Boise Idaho Feb 2nd 1931

20. Undertaker Address

Chas. J. Keller Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of MadisonCity of ThorntonRegistration District No. 100Primary Registration District No. 2178

(No. _____)

Local Registrar's No. 32. FULL NAME Gary D. Lyman (If death occurred in a hospital or institution, give its name instead of street and number.)

(a) Residence. No. _____ St. _____

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 9, 19307. AGE Years Months Days If LESS than 1 day, hrs. or min.
3 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Thornton
(State or country)10. NAME OF FATHER E. G. Lyman11. BIRTHPLACE OF FATHER (city or town) Myrum
(State or Country) Id.12. MAIDEN NAME OF MOTHER Maggie McCulloch13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country) Id.14. Informant E. G. Lyman
(Address) Thornton, Idaho15. Filed Feb 4, 1931 J. R. Young
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. _____

73684

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 26 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931 to Jan 26, 1931
that I last saw him alive on Jan 26, 1931
and that death occurred, on the date stated above, at 12 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Lobar pneumonia(duration) yrs. mos. ds. 3CONTRIBUTORY (Secondary) distention of heart(duration) yrs. mos. ds. 118. Where was disease contracted? Place of death
if not at place of deathDid an operation precede death? no Date of 1Was there an autopsy? yesWhat test confirmed diagnosis? Laboratory & Clinical findings(Signed) John J. Rich M. D.Jan 30, 1931 (Address) Rehburg, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Cedar Butte Jan 28, 1931

20. Undertaker Address

Thos. J. Keller Rehburg

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of MadisonCity of Rebberg

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2178

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Howard(a) Residence No. St. 1019

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov. 21st 18707. AGE Years Months Days If LESS than 1 day,
60 1 27hrs. or
.....min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labourer & Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah10. NAME OF FATHER John Howard11. BIRTHPLACE OF FATHER (city or town) Buffalo
(State or Country) New York12. MAIDEN NAME OF MOTHER Henrietta Brown13. BIRTHPLACE OF MOTHER (city or town) Salt Lake
(State or Country) Utah14. Informant Mrs. J. H. Howard
(Address) Rebberg, Idaho15. Filed Oct 4, 1931 J. R. Young
Registrar.

DO NOT WRITE IN THIS SPACE

State File No.

73685

Local Registrar's No. 2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 18, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Jan 16, 1931, to Jan 18, 1931
that I last saw him alive on Jan 17, 1931and that death occurred, on the date stated above, 12:02 A m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Lobar pneumonia(duration) yrs. mos. 2 ds.CONTRIBUTORY (Secondary) Nephritis
Chronic interstitial
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death? Place of deathDid an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? symptoms of laboratory findings(Signed) Loren A. Rich, M. D.Jan 21, 1931 (Address) Rebberg, Idaho19. Place of Burial, Cremation, or Removal Sevierville, Mo. Date of Burial Jan 21 193120. Undertaker Loren A. Rich Address Rebberg

STATE

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Madison
City of Reynoldsburg

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 1
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary D. Bell

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. ~~Single~~, Married, ~~Widowed~~,
or ~~Divorced~~ (wait ~~the~~ word.)

5a. If married, widowed, or divorced

~~HUSBAND~~ or
~~WIFE~~ of Eli J. Bell6. DATE OF BIRTH (month, day and year) June 2 - 18777. AGE Years Months Days If LESS than 1 day,
53 7 15 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Housewife(b) General nature of industry,
business, or establishment in
which employed (or employer) at home

(c) Name of employer

9. BIRTHPLACE (city or town) Willard
(State or country) Utah

10. NAME OF FATHER

Hyman S. Dudley11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Salt Lake
Utah

12. MAIDEN NAME OF MOTHER

Fidelia Sophia Tappan13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Utah14. Informant Milton S. Bell
(Address) Reynoldsburg 315. Filed Oct 4, 1931Registrar J. N. Young

DO NOT WRITE IN THIS SPACE

73686

State File No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 17th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 16, 1931, to Jan 17, 1931
that I last saw him alive on Jan 16, 1931and that death occurred, on the date stated above, at 4 AM m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Collapse of circulation
Shock -
(Rupture of abcessed Gallbladder?)(duration) yrs. mos. 1 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted? Place of death
if not at place of death? noDid an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? symptoms(Signed) Corie R. Rich, M. D.1-21, 1931. (Address) Reynoldsburg Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Burton Ida. Jan 20 1931

20. Undertaker Address

Veron J. Keller Reynoldsburg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 16 1931

DO NOT WRITE IN THIS SPACE

73687

State File No.

PLACE OF DEATH

County of Canyon
City of Marsing

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005

(No.)

Local Registrar's No. 17

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Violet Ellen Tallmadge(a) Residence. No. Marsing, Ida St. 3

(Usual place of abode.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND or
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 11 - 18977. AGE Years Months Days If LESS than 1 day, hrs. or min.
33 1 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wilson
(State or country) Idaho

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Sweden

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Ohio14. Informant Guy H. Tallmadge
(Address) 2811 Pleasanton, Boise, Ida15. Filed 2-5- 1931 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

..... 1926, to 1931

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at 2:30 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. E. Thompson M. D.2-3, 1931 (Address) Boise

19. Place of Burial, Cremation, or Removal Date of Burial

Reynolds 2-5 1931

20. Undertaker Address

C. E. Beckham Caldwell

CERTIFICATE OF DEATH

RECEIVED FEB 13 1931

State of Idaho

BOARD OF HEALTH

Bureau of Vital Statistics

File No. 73688

Registered No. _____
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County *Idaho Falls*
City of *Buhl*
If death occurs away from usual residence, give facts called for under special information.Registration District No. *37*
Primary Registration District No. *2085*
(No. _____, St.)

2. FULL NAME

Norma Colleen Skinner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. *Single*

6. DATE OF BIRTH

July 20 19*30*
(Month) (Day) (Year)

7. AGE

5 Yrs. *2* Mos. *6* ds.IF LESS than 1 day
how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)*Omnia*

9. BIRTHPLACE

(State or Country)

Calif

10. NAME OF FATHER

L. S. Skinner

11. BIRTHPLACE OF FATHER

(State or Country)

Kansas

12. MAIDEN NAME OF MOTHER

Mal. Rempel

13. BIRTHPLACE OF MOTHER

(State or Country)

Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

L. S. Skinner

(Address)

Buhl, Ida

15.

Filed *Jan. 21st* 1931 *Elizabeth J. Smith*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 15 1931 to *Jan 15* 1931that I last saw him alive on *Jan 15* 1931and that death occurred on the date stated above, at *3 A* M.

The CAUSE OF DEATH* was as follows:

Accident from Brawl(Duration) Yrs. mos. *26 hrs.* ds.Contributory
(Secondary)*Broken Heart*

(Duration) Yrs. mos. ds.

(Signed) *H. H. Lute* M. D.*1-15-1931* (Address) *Corona*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

No Doctor Called

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days, State yrs. mos. days

Where was disease contracted if not at place of death? *at home*Former or usual residence *Usual residence*

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Idaho Falls *Jan 16* 1931

20. UNDERTAKER

ADDRESS

16 Burke Idaho Falls

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 12 1931

DO NOT WRITE IN THIS SPACE

73689

State File No.

PLACE OF DEATH

County of BlaineCity of Blaine, Ida.

CERTIFICATE OF DEATH

Registration District No. 39Primary Registration District No. 2087

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lellie Corina Strickland

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofG. N. Strickland6. DATE OF BIRTH (month, day and year) Feb 137. AGE Years Months Days If LESS than 1 day, hrs. or min.
49 11 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lemmon, S.D.
(State or country)10. NAME OF FATHER Thomas Moore11. BIRTHPLACE OF FATHER (city or town) Lemmon, S.D.
(State or Country)12. MAIDEN NAME OF MOTHER Mrs. M. Kicks13. BIRTHPLACE OF MOTHER (city or town) Lemmon, S.D.
(State or Country)14. Informant (Address) G. N. Strickland
Blaine - Idaho.15. Filed Jan 31, 1931 J. H. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 29 31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1931, to Jan 29, 1931
that I last saw him alive on Jan 29, 1931
and that death occurred, on the date stated above, at 1230 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pulmonary TuberculosisCONTRIBUTORY
(Secondary)Pulmonary Tuberculosis
(duration) few hours yrs. mos. ds.(duration) 10 yrs. mos. ds.18. Where was disease contracted Atlantic City
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) R. E. Smith, M. D.Jan 31, 1931 (Address) Blaine, Ida.19. Place of Burial, Cremation, or Removal Puhl. Bldg. Date of Burial Jan 30, 193120. Undertaker H. Schuman Address Blaine, Ida.

RECEIVED FEB 13 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73690

State File No.

PLACE OF DEATH

County of Linn

City of County Hospital

CERTIFICATE OF DEATH

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No.

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Fredrick Morgenstern

(a) Residence No. _____ St.

(Usual place of abode.)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Dessie Morgenstern
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 21 - 1892

7. AGE Years 38 Months 4 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Turner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Havana Ill
(State or country)

10. NAME OF FATHER Chas. Peter Morgenstern

11. BIRTHPLACE OF FATHER (city or town) Linn
(State or Country)

12. MAIDEN NAME OF MOTHER Lucie Link

13. BIRTHPLACE OF MOTHER (city or town) Linn
(State or Country)

14. Informant Mrs. Dessie Morgenstern
(Address) Waltham

15. Filed Jan 13 1931 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-Jan 1931, to 13-Jan 1931, that I last saw him alive on 13-Jan 1931, and that death occurred, on the day stated above, at 8 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Heart failure due to induration following lobapneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY Pneumonia
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. H. Murphy M. D.
13-Jan 1931 (Address) Buhl, Idaho

19. (Place of Burial, Cremation, or Removal) Buhl Ida. Date of Burial Jan 14 1931

20. Undertaker L. Johnson Address Buhl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Trinity Falls
City of BuhlRegistration District No. 39
Primary Registration District No. 2087
(No. _____, St.)File No. 73691

Registered No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Donald Elmer Clifford

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Single
(Write the word.)

6. DATE OF BIRTH

5 6 1930
(Month) (Day) (Year)

7. AGE

7 Yrs. 26 Mos. 26 ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) Independence, Ida

10. NAME OF FATHER

Donald Burch Clifford

11. BIRTHPLACE OF FATHER

(State or Country) Annies, Ida

12. MAIDEN NAME OF MOTHER

Oliver Jane Butler

13. BIRTHPLACE OF MOTHER

(State or Country) Lynman, Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Donald Burch Clifford
(Address) _____

15.

Filed Jan 7 1930Local Registrar J. H. Warfield

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

90
Jan 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19 Dec 1930 to 1 Jan 1931that I last saw him alive on 24 Dec 1930

and that death occurred on the date stated above, at _____ M.

THE CAUSE OF DEATH* was as follows:

Heart failure due to
broncho pneumonia and
ileo-colic(Duration) Yrs. 15 ds.Contributory Mean Heart
(Secondary)(Duration) yrs. 7 mos. _____ ds.(Signed) H. W. MacMaster M. D.2-1-1931 (Address) Buhl, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. _____ mos. _____ days. In the State yrs. _____ mos. _____ days

Where was disease contracted if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Annies, Idaho.

DATE OF BURIAL

1-3 1931

20. UNDERTAKER

H. W. MacMaster

ADDRESS

Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73692

State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37Primary Registration District No. 2083Local Registrar's No. 12(No. Twin Falls County Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarguel P. Price(a) Residence. No. Jerome Ida. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Blanche Price
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 20 - 1864

7. AGE 66 Years 2 Months 22 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Physician(b) General nature of industry, business, or establishment in which employed (or employer) Doctor work

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)10. NAME OF FATHER Not Known11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant Chas. P. Price
(Address) St Anthony Ida.

15. Filed January 15th, 1931. Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

1 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 8, 1931, to Jan 12, 1931
that I last saw him alive on Jan 12, 1931

and that death occurred, on the date stated above, at 11:00 m.

The CAUSE OF DEATH* was as follows:

acute dilatation of heart
90

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

herpes zoster
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Jerome IdahoDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical

(Signed) Wm. Schmershall M. D.
Jan 14, 1931 (Address) Jerome Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls, Ida. Date of Burial 19

20. Undertaker White Mortuary Address Twin Falls.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 13 1931
DO NOT WRITE IN THIS SPACE
State File No. 73693

PLACE OF DEATH
County of Ben Falls
City of Ben Falls

Registration District No. 37
Primary Registration District No. 1085

Local Registrar's No. 8

(No. _____)
If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Shad L. Hodgins

(a) Residence. No. 1948. 9th Ave E St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) Jan 1 / 1872
7. AGE 59 Years Months Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Attorney at Law
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Mo
(State or country)

10. NAME OF FATHER Robert L. Hodgins

11. BIRTHPLACE OF FATHER (city or town) Mo
(State or Country)

12. MAIDEN NAME OF MOTHER Susan Chandler

13. BIRTHPLACE OF MOTHER (city or town) Mo
(State or Country)

14. Informant Mrs. Jessie G. Hodgins
(Address) Ben Falls Id

15. Filed Jan - 13th, 1931. Elizabeth G. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 8 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH was as follows:
acute dilatation of heart 90

(duration) yrs. mos. ds.
CONTRIBUTORY Chronic Myocarditis
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physician only

(Signed) John H. Smith M. D.
1-12-31 (Address) Ben Falls Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Ben Falls Date of Burial Jan 11 1931

20. Undertaker L. E. Drake Address Ben Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE 1931
73694
State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 11
(No. 262 Van Buren St.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Russel Rambo

(a) Residence. No. 262 Van Buren St. City St.
(Usual place of abode.)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr. 17 1928

7. AGE 2 Years 8 Months 25 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)

10. NAME OF FATHER B.E. Rambo

11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)

12. MAIDEN NAME OF MOTHER Della Looney

13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or Country)

14. Informant B.E. Raomb
(Address) 262 VanBuren St. Twin Falls Ida

15. Filed January 15th 1931 E. J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 12th. 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 25 1930 to Jan 12 1931
that I last saw him alive on Jan 12 1931
and that death occurred, on the date stated above, at 10:20 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis and endocarditis
complicating broncho pneumonia.

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. L. L. Lunnell M. D.
Jan 12 1931 (Address) Twin Falls Idaho

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial Jan 13 31

20. Undertaker GROSS Mortuary Address Twin Falls,

PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 13 1937

DO NOT WRITE IN THIS SPACE

State File No. 73695

PLACE OF DEATH

County of Luna
City of Asilero

CERTIFICATE OF DEATH

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harriett Amelia Snoderly

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? _____ yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHarvey Snoderly6. DATE OF BIRTH (month, day and year) Oct 18-18717. AGE Years 59 Months 7 Days 27 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Albany
(State or country)10. NAME OF FATHER J. M. Lester11. BIRTHPLACE OF FATHER (city or town) New York
(State or Country)12. MAIDEN NAME OF MOTHER Elizabeth Ann Hurt13. BIRTHPLACE OF MOTHER (city or town) Tennessee
(State or Country)14. Informant John Snoderly
(Address) Castleton15. Filled Jan 19 1937 J. H. Murphy
Registrar.MEDICAL CERTIFICATE OF DEATH 74a16. DATE OF DEATH Jan 14 1937
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to Jan 14, 1937that I last saw her alive on Jan 13, 1937
and that death occurred, on the date stated above, at 12 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral HemorrhageCONTRIBUTORY Pneumonia
(Secondary)(duration) _____ yrs. _____ mos. 5 ds.18. Where was disease contracted At home
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. E. Smith, M. D.Jan 14, 1937 (Address) Castleton19. Place of Burial, Cremation, or Removal Burial Date of Burial Jan 15 193720. Undertaker Johnson Address Burial

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
73696
State File No.

PLACE OF DEATH

County of Blaine
City of Blaine Falls

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085
(No.)

Local Registrar's No. 28

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 101 Jackson Str. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 30, 1926

7. AGE 4 Years 5 Months 1 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Okla

10. NAME OF FATHER W F Gibbs

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Okla

12. MAIDEN NAME OF MOTHER Lathrin Hawkins

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ark

14.

Informant (Address) W F Gibbs
Blaine Falls, Id

15.

Filed Feb 5th 1931

Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 1 1931

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1931, to Feb. 1 1931, that I last saw him alive on Feb. 1 1931, and that death occurred, on the date stated above, at 8 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Acute rheumatic fever

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 5 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. D. Weaver M. D.

2/2 1931 (Address) Blaine Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Blaine Falls Feb 2 1931

20. Undertaker

Address

J. E. Drake Blaine Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 13 1931
DO NOT WRITE IN THIS SPACE
State File No. 73697

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085

Local Registrar's No. 24

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Bridget Smith

(a) Residence. No. 147 - Quincey St.
(Usual place of abode)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bert Smith
6. DATE OF BIRTH (month, day and year) Jan 29
7. AGE Years 44 Months 0 Days 0 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Nova Scotia Can
10. NAME OF FATHER Robert Hillgrove
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Canada
12. MAIDEN NAME OF MOTHER Mary Ann McDonald
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Canada

14. Informant Bert Smith
(Address) 147 - Quincey

15. Filed February 3rd 1931 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 28th 1931
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from 1921, 1931, to Jan 28th, 1931, that I last saw her alive on Jan 28th, 1931, and that death occurred, on the date stated above, at 9:10 m. The CAUSE OF DEATH* was as follows:
Carcinoma of both lungs & mediastinum
(duration) yrs. mos. ds. 6 mos
CONTRIBUTORY (Secondary) Carcinoma of right breast
(duration) yrs. mos. ds. 8 yrs

18. Where was disease contracted if not at place of death? yes March 1924
Did an operation precede death? no
Was there an autopsy? no
What test confirmed diagnosis? histo
(Signed) John H. Griffith
1-30, 1931 (Address) Twin Falls Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 1-31 1931
20. Undertaker White Mortuary Inc Address Twin Falls, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73698

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37

Primary Registration District No. 2083

Local Registrar's No. 5

(No. Twin Falls County Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie M. Fajen

(a) Residence. No. City Tourist Park St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced husband (or) WIFE of M. P. Fajen

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
52 9 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ;

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)

10. NAME OF FATHER Fred Goetze

11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)

12. MAIDEN NAME OF MOTHER Emilia Friesch

13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or Country)

14. Informant M. P. Fajen
(Address) Twin Falls, Idaho

15. Filed Jan - 8th, 1931. E. G. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

1 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 3, 1931, to Jan 4, 1931

that I last saw her alive on Jan 4, 1931

and that death occurred, on the date stated above, at 8:40 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of sigmoid.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY Complete obstruction of
(Secondary) bowels.

(duration) yrs. mos. 2 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of Jan 4/31

Was there an autopsy? No

What test confirmed diagnosis? operation

(Signed) H. W. Wilson, M. D.

Jan. 6, 1931 (Address) Twin Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Ida Date of Burial 1-8 1930.

20. Undertaker White Mortuary Address Twin Falls, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 13 1931

DO NOT WRITE IN THIS SPACE

State File No. **73699**

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 18

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Elsie Beer

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 4 mos. 3 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 14-1930

7. AGE Years Months Days If LESS than 1 day,
4 3 _____ hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (city or town) Twin Falls
(State or country) Ida.

10. NAME OF FATHER Fred Beer

11. BIRTHPLACE OF FATHER (city or town) Neb.
(State or Country)

12. MAIDEN NAME OF MOTHER Neva May Jones

13. BIRTHPLACE OF MOTHER (city or town) Neb.
(State or Country)

14. Informant Fred Beer
(Address) Kimberly, Ida.

15. Filed Jan 21st, 1931 Elyse J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan - 9, 1931, to Jan 17, 1931
that I last saw him alive on Jan - 16, 1931
and that death occurred, on the date stated above, at 8 2 m.

The CAUSE OF DEATH* was as follows:

Myocardial
(Genital Region)

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? yes Date of 1/3/31

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. J. Davis M. D.
Jan - 17, 1931 (Address) Kimberly, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, and or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 1-20 1931

20. Undertaker White Mortuary Inc Address Twin Falls, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED Feb 13 1931

DO NOT WRITE IN THIS SPACE

State File No. **73700**

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085-

Local Registrar's No. 20

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha S. Russell

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred, 13 yrs. 9 mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced, (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elias Russell

6. DATE OF BIRTH (month, day and year) Jan 26 - 1859

7. AGE Years 72 Months 11 Days 24 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Contig Co. Down (State or country) Ireland

10. NAME OF FATHER David Major

11. BIRTHPLACE OF FATHER (city or town) Ireland (State or Country)

12. MAIDEN NAME OF MOTHER Mary Quinn

13. BIRTHPLACE OF MOTHER (city or town) Ireland (State or Country)

14. Informant Mrs. W. L. Goodman

(Address) 140 - Pine St.

15. Filed Jan. 24th, 1931 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1931, to Jan 20th, 1931 that I last saw him alive on Jan 20th, 1931 and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

Influenza

(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (Secondary) Debilitated

(duration) 5 yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) H. E. Lamb M. D. Jan 22, 1931 (Address) Twin Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 1-23 1931

20. Undertaker White Mortuary Inc Address Twin Falls, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Valley
City of Cascade

Registration District No.
Primary Registration District No.

Local Registrar's No. 575

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Edward Murray Smith
(Usual place of abode) Cascade, Ida. St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
60 Sept 14 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kansas
(State or country)

10. NAME OF FATHER Martin Scott Smith

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Rebecca Silver

13. BIRTHPLACE OF MOTHER (city or town) Kansas
(State or Country)

14. Informant Hattie R. Smith
(Address)

15. Filed Jan 10, 1931 W. H. Gorton
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 8, 1931 to Jan 10, 1931
that I last saw him alive on Jan 9, 1931
and that death occurred, on the date stated above, at 5:15 AM m.

The CAUSE OF DEATH* was as follows:

Left hemiplegia - due to cerebral hemorrhage.

(duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) High blood pressure

(duration) 10 yrs. - mos. - ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) James O. Gorton M.D.
Jan 10, 1931 (Address) Cascade, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Emmets Idaho Date of Burial 19

20. Undertaker W. S. T. Co. Address

PARENTS

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Valley
City of CascadeRegistration District No. 15
Primary Registration District No. _____RECEIVED FEB 7 1931
DO NOT WRITE IN THIS SPACE
73704
State File No. _____Local Registrar's No. 1

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Cascade Idaho St.(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
55 1876 Sept 4 _____ hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Post-Master Cascade Ida

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Texas
(State or country)

10. NAME OF FATHER

Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant Nitto Linenby
(Address)15. Filed Jan 10 31 Monten Gardner
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 1st, 1928, to Jan 6, 1931
that I last saw him alive on Jan 6, 1931and that death occurred, on the date stated above, at 11:30 p. m.

The CAUSE OF DEATH* was as follows:

Acute gastritis(duration) 0 yrs. 0 mos. 1 ds.CONTRIBUTORY
(Secondary)Chronic arthritis(duration) 5 yrs. 0 mos. 0 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? None(Signed) Roscoe B Ward M. D.
Jan 11, 1931 (Address) Cascade Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

19

20. Undertaker

A. H. Roth Cascade Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of ValleyCity of Cascade

Registration District No. _____

Primary Registration District No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Ball

(a) Residence No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE 57 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mixer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho City, Ida
(State or country)10. NAME OF FATHER unknown11. BIRTHPLACE OF FATHER (city or town) Idaho City, Ida
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or County)14. Informant (Address) Geo N Emery15. Filed Jan 8 31 1931 W. Gardner
Registrar.

RECEIVED FEB 7 19

DO NOT WRITE IN THIS SPACE

State File No. 73705Local Registrar's No. 4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 8 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 8 1931, to Jan 8 1931that I last saw him alive on Jan 8 1931and that death occurred, on the date stated above, at 10:00 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Accidental poisoning with wood alcohol which was used as denaturant in grain alcohol
(duration) _____ yrs. _____ mos. 1 ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? noDid an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Rescoe C. Hart M. D.Jan 9 1931 (Address) Cascade, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Cascade, Idaho Jan 11 1931

20. Undertaker

Address

W. A. Pitt

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.
Exact statement of OCCUPATION is very important.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Valley
City of Cascade

CERTIFICATE OF DEATH

Registration District No. 15

Primary Registration District No. _____

(No. _____)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond P. Fisher

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) 27/47. AGE Years Months Days If LESS than 1 day, hrs. or min.
278. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Acroplane pilot
(b) General nature of industry, business, or establishment in which employed (or employer) Geo E Stoubraker
(c) Name of employer9. BIRTHPLACE (city or town) _____
(State or country)

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) Unknown

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country)14. Informant (Address) Frank J. Radlock15. Filed Jan 14 30 1931 Montana Gardner
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 73706Local Registrar's No. 3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 12 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Jan 12 1931, to Jan 12 1931
that I last saw him alive on Jan 12 1931
and that death occurred, on the date stated above, at 9:00 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Accidental death in acroplane crash. Broken neck.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted _____
if not at place of death?Did an operation precede death? Yes Date of _____Was there an autopsy? YesWhat test confirmed diagnosis? None(Signed) James C. Ward, M.D.Jan 14 1931 (Address) Cascade Idaho19. Place of Burial, Cremation, or Removal Cascade Date of Burial _____20. Undertaker Montana Gardner

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

FEB 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Minidoka
City of RupertRegistration District No. 19
Primary Registration District No. 2013
(No. _____ St.)State File No. 73707
Local Registrar's No. 2

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Ness Chamberlin

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCEDMale white Single
(Write the word)

6. DATE OF BIRTH

Feb 9 1923
(Month) (Day) (Year)

7. AGE

7 Yrs. 11 Mos. 15 ds.IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Student

9. BIRTHPLACE

(State or Country)

Rupert Idaho

10. NAME OF

Father

Ira S Chamberlin11. BIRTHPLACE
OF FATHER

(State or Country)

Utah12. MAIDEN NAME
OF MOTHERLora Monroe13. BIRTHPLACE
OF MOTHER

(State or Country)

Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ira S. Chamberlin
(Address) Rupert, Ida

15.

Filed Feb 1 1931 E. H. Ehlers

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 22 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Jan. 20 1931, to Jan. 22 1931,
that I last saw him alive on Jan. 20 1931,
and that death occurred on the date stated above, at 1:30 P.

The CAUSE OF DEATH* was as follows:

Cerebro-Spinal meningitis(Duration) yrs. mos. 2 ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) E. H. Ehlers M. D.2-4-1931 (Address) Rupert, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days, State yrs. mos. ds.Where was disease contracted
if not at place of death?Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Rupert, IdaJan 23 1931

20. UNDERTAKER

ADDRESS

W. A. GoodmanRupert, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED FEB 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Minidoka
City of RupertRegistration District No. 19
Primary Registration District No. 2015
(No. _____ St.)State File No. 73708
Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Lawrence Chamberlin

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Single
(Write the word)

6. DATE OF BIRTH

Oct. 25 - 1928
(Month) (Day) (Year)

7. AGE

3 Yrs. 3 Mos. 4 ds.IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Child

9. BIRTHPLACE

(State or Country)

Rupert Idaho

10. NAME OF FATHER

Ira S. Chamberlin

11. BIRTHPLACE OF FATHER

(State or Country)

Utah

12. MAIDEN NAME OF MOTHER

Dora Moncur

13. BIRTHPLACE OF MOTHER

(State or Country)

Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ira S. Chamberlin
(Address) Rupert Idaho

15.

Filed 2-5-1931 E. E. Elmore
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 29 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Jan. 13 1931 to Jan. 29 1931,
that I last saw him alive on Jan. 28 1931,
and that death occurred on the date stated above, at 1:30 P.M.
The CAUSE OF DEATH* was as follows:
Cerebro Spinal meningitis(Duration) yrs. mos. 20 ds.Contributory
(Secondary)none

(Duration) yrs. mos. ds.

(Signed)

E. E. Elmore M. D.2-1 1931 (Address) Rupert Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.Where was disease contracted
if not at place of death?Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

Rupert Idaho Jan. 30 1931

20. UNDERTAKER

W. A. Goodman Rupert Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 7 1931
DO NOT WRITE IN THIS SPACE
73709
State File No.

PLACE OF DEATH
County of Bannock
City of Pocatello

CERTIFICATE OF DEATH
Registration District No. 28
Primary Registration District No. 2161
(No. 211 West Sherman Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 2

2. FULL NAME Bessie Elizabeth Wilkes

(a) Residence. No. 211 West Sherman St. St.

(Usual place of abode.) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. E. Wilkes

6. DATE OF BIRTH (month, day and year) June 6, 1875.

7. AGE Years 53 Months 7 Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

10. NAME OF FATHER A. R. Moffat

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland

12. MAIDEN NAME OF MOTHER Mary E. Hunter

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Scotland

14. Informant W. E. Wilkes
(Address) 211 West Sherman St. Poca., Ida.

15. Filed 1/19/31. 19... J. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 18, 1931. 19...
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931 to Jan 18, 1931
that I last saw him alive on Jan 17, 1931
and that death occurred, on the date stated above, at... m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cancer of left breast.

(duration) 6 yrs. mos. ds. 6
CONTRIBUTORY (Secondary) Cancer of left lung
(duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of 1926
Was there an autopsy? yes
What test confirmed diagnosis? Pathological
(Signed) W. W. Broderick, M. D.
1/19/31. 19... (Address) Poca., Ida.

19. Place of Burial, Cremation, or Removal Afton Cemetery Date of Burial On Arrival
Afton, Wyoming.
20. Undertaker Arthur W. Hall Address Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 151
(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Boyd LeGrand Read

(a) Residence. No. 178 Idaho St. Pocatello, Idaho. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 2 mos. 27 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) November 1, 1930.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>2</u>	<u>27</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer

9. BIRTHPLACE (city or town) Pocatello, Idaho.
(State or country)

10. NAME OF FATHER LeGrand Read

11. BIRTHPLACE OF FATHER (city or town) Oakley, Idaho.
(State or Country)

12. MAIDEN NAME OF MOTHER Fern Bullock

13. BIRTHPLACE OF MOTHER (city or town) Logan, Utah.
(State or Country)

14. Informant LeGrand Read
(Address) 178 Idaho St. Poca., Ida.

15. Filed 1/28/31. 19 31
J. C. Ray
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 73710

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 27, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-24, 1931, to 1-27, 1931

that I last saw him alive on 1-27, 1931
and that death occurred, on the date stated above, at 4 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Meningitis - (Bacillus)
Probably Pneumobacillus

(duration) yrs. mos. ds.

CONTRIBUTORY operation for hair lip -
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted —
if not at place of death?

Did an operation precede death? yes Date of 1/24-31

Was there an autopsy? yes

What test confirmed diagnosis Clinical - Laboratory

(Signed) [Signature], M. D.
1/27/31., 19 31 (Address) Poca., Ida.

19. Place of Burial, Cremation, or Removal Mountain View Cemetery
Pocatello, Idaho. Date of Burial 1/29/31.19

20. Undertaker Arthur W. Hall
Address Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 7 1931
DO NOT WRITE IN THIS SPACE

State File No. 73711

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 4
(No. Lynn Brothers Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melba Grace Fowler

(a) Residence. No. Inkom, Idaho. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 13, 1926.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
4 3 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer At Home

9. BIRTHPLACE (city or town) (State or country) Inkom, Idaho.

10. NAME OF FATHER Ross B. Fowler

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lago, Idaho.

12. MAIDEN NAME OF MOTHER Lavaughn Tolman

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Chesterfield, Idaho.

14. Informant Mrs. Ross Fowler
(Address) Inkom, Idaho.

15. Filed 1/11/31, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 10, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-7-31 to 1-10-31
that I last saw him alive on 6-4-31
and that death occurred, on the date stated above, at 4:00 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Emphysema

(duration) yrs. mos. ds. 4 ds.
CONTRIBUTORY History: 1 week
(Secondary)

(duration) yrs. mos. ds. 1 ds.

18. Where was disease contracted if not at place of death? Inkom 2 ds

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? St. John's Laboratory

(Signed) J. H. Young, M. D.
1/11/31, 19 (Address) Poca., Ida.

19. Place of Burial, Cremation, or Removal Date of Burial
Inkom, Idaho. 1/12/31. 19

20. Undertaker Address
Arthur W. Hall Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Archie Bell(a) Residence. No. Pocatello, Idaho. St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Divorced</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
Unknown

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>45</u>			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or
particular kind of work Laborer

(b) General nature of industry,
business, or establishment in
which employed (or employer) Unknown

(c) Name of employer _____

9. BIRTHPLACE (city or town) _____
(State or country) Unknown10. NAME OF FATHER _____
Unknown11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) Unknown12. MAIDEN NAME OF MOTHER _____
Unknown13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country) Unknown14. Informant Charles Chapman
(Address) 259 South Third Ave. Poca., Ida.15. Filed 1/28/31. 19____ D C Ray
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 73712

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
January 24, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan 23, 1931, to Jan 24, 1931
that I last saw him alive on Jan 24, 1931
and that death occurred, on the date stated above, at 50 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds. 1 ds.

CONTRIBUTORY (Secondary) _____
(duration) yrs. mos. ds. _____18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) W. W. Brothman, M. D.
1/27/31., 19____ (Address) Poca., Ida.

19. Place of Burial, Cremation, or Removal
Mountain View Cemetery
Pocatello, Idaho. Date of Burial
1/29/31. 1920. Undertaker
Arthur W. Hall Address
Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. 717 So. 3rd ave)Local Registrar's No. 12

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josephine Martin(a) Residence No. 717 So. 3rd St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofwidow

6. DATE OF BIRTH (month, day and year)

July 3, 1865

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or65

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHouse Keeper(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Hopkins Co
Texas

10. NAME OF FATHER

unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)11

12. MAIDEN NAME OF MOTHER

1113. BIRTHPLACE OF MOTHER (city or town)
(State or County)11

14.

Informant
(Address)Mrs. Hammie Sue Johnson
717 So 3rd Pocatello Idaho

15.

Filed

Jan 23, 1931

Registrar.

D. Cray

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 15, 1930, to Jan 22, 1931that I last saw him alive on Jan 22, 1931and that death occurred, on the date stated above, at 6:50 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis Chronic
bronchitis acute dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY Chronic nephritis
(Secondary)

(duration) 2 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) A. M. Newton M. D.Jan 23, 1931 (Address) Pocatello, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Pocatello Idaho Jan 25 1931

20. Undertaker

Address

H. L. McHown Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73714

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 24
Primary Registration District No. 2101 Local Registrar's No. 5472
(No. Bannock County Infirmary)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Denis(a) Residence. No. Bannock County Infirmary St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years Months Days If LESS than 1 day.
About 84 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown14. Informant Dr. J. R. Young
(Address) Pocatello, Idaho.15. Filed 1/3/31., 1931
J. R. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 3, 1931
(Month) (Day) (Year)

17. WHEREBY CERTIFY, That I attended deceased from Jan 1927, 1927, to Jan 8, 1931
that I last saw him alive on Jan 2, 1931
and that death occurred, on the date stated above, at 1 - A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cardiac Renal disease
Myocarditis + Nephritis

(duration) yrs. mos. ds.
CONTRIBUTORY age
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —Did an operation precede death? No Date of —Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) J. R. Young, M. D.1/3/31, 1931 (Address) Poca., Idaho.19. Place of Burial, Cremation, or Removal Mountain View Cemetery
Pocatello, Idaho. Date of Burial 1/3/31. 1920. Undertaker Arthur W. Hall Address Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 7 1931
DO NOT WRITE IN THIS SPACE

State File No. 73715

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 13
(No. 292 Washington Ave)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose Joyce Hall

(a) Residence. No. _____ St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 24, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 — — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer

9. BIRTHPLACE (city or town) American Falls
(State or country) Idaho

10. NAME OF FATHER James E. Hall

11. BIRTHPLACE OF FATHER (city or town) Kentucky
(State or Country)

12. MAIDEN NAME OF MOTHER Stella Rose

13. BIRTHPLACE OF MOTHER (city or town) Pocatello, Idaho
(State or Country)

14. Informant (Address) James E. Hall
Pocatello, Idaho

15. Filed Jan 24, 1931 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 29, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1931, to Jan 23, 1931

that I last saw him alive on Jan 23, 1931

and that death occurred, on the date stated above, at 11 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds. 2
CONTRIBUTORY Ulcerative Familial
(Secondary)

(duration) yrs. mos. ds. 8

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T. S. Smith, M. D.

, 19 (Address) Pocatello, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial
Idaho Jan 24, 1931

20. Undertaker Address
H. C. McMan Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73716

State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 9
(No. 15 miles S. of Inc.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. J. H. Halbrook St. Idaho
(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced* (write the word.) Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 1858

7. AGE 71 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Willard (State or country) Utah

10. NAME OF FATHER John Halbrook

11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown

12. MAIDEN NAME OF MOTHER Wright

13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Clyde Halbrook
Idaho

15. Filed Jan 18, 1931 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Jan 15, 1931
that I last saw him alive on 1-17, 1931
and that death occurred, on the date stated above, at 1:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

lobar pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Sepicemia

(duration) yrs. 3 mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. C. Ray M. D.
1-18, 1931 (Address) Pocatello

19. Place of Burial, Cremation, or Removal Date of Burial
Idaho Jan 19 1931

20. Undertaker Address
L. L. McLean Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

73717

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Pocatello General Hospital)Local Registrar's No. 7

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Coffin Evans(a) Residence. No. 246 West Young St. Poca., Idaho. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWidow of Morgan Evans6. DATE OF BIRTH (month, day and year) June 27, 1888.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

42

6

18

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Idaho.

10. NAME OF FATHER

Nathan H. Coffin

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Indiana.

12. MAIDEN NAME OF MOTHER

Chestina McMurty

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Missouri

14.

Informant
(Address)

H. C. Coffin

Pocatello, Idaho.

15.

Filed 1/16/31., 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January

14,

1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 4, 1931, to Jan 14, 1931

that I last saw him alive on Jan 14, 1931

and that death occurred, on the date stated above, at 4 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Post-operative pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of 1/12/31

Was there an autopsy? No

What test confirmed diagnosis? Physic

(Signed)

1/15/31., 19 (Address) Poca., Ida.

19. Place of Burial, Cremation, or Removal
Mountain View Cemetery
Pocatello, Idaho.

Date of Burial

1/18/31. 19

20. Undertaker

Arthur W. Hall

Address

Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 14
(No. Pocatello, General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ward Kempe Stephenson(a) Residence. No. 1017 N. Grant St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofDivorced

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
33 11 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Texas

10. NAME OF FATHER

Stephenson

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Augusta M. Meneke

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Unknown14. Informant (Address) Pauline L. Johnson
1017 N. Grant15. Filed Jan 28 1931 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 22 1931 to Jan 26 1931
that I last saw him alive on Jan 26 1931

and that death occurred, on the date stated above, at 4:59 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? YesWhat test confirmed diagnosis? Clinical(Signed) W. D. Groves M. D.Jan 28 1931 (Address) Pocatello, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Mt. View Cemetery Jan 28 1931

20. Undertaker

Address

H. L. McBar Poca. Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 7 1931
DO NOT WRITE IN THIS SPACE
73719
State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 6
(No. 728 N. Harrison Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Mary Davis

(a) Residence. No. 728 N. Harrison Ave. St. Odgen, Utah

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 11, 1853

7. AGE Years 77 Months 2 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) So. Wales

10. NAME OF FATHER Thomas Jenkin

11. BIRTHPLACE OF FATHER (city or town) (State or Country) So. Wales

12. MAIDEN NAME OF MOTHER Martha Mathews

13. BIRTHPLACE OF MOTHER (city or town) (State or County) So. Wales

14. Informant G. R. Davis
(Address) 2522 Orchard ST. Salt Lake

15. Filled 1-14-31 J. Young Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 12, 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1930, to Jan. 6, 1931, that I last saw her alive on Jan. 6, 1931, and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Senility

(duration) yrs. mos. ds. CONTRIBUTORY Endocarditis with hyper-
(Secondary) tension (duration) 20 yrs. mos. ds.

18. Where was disease contracted — if not at place of death?

Did an operation precede death? no Date of _____
Was there an autopsy? no

What test confirmed diagnosis? none
(Signed) J. H. Hargrave M. D.
1/14, 1931 (Address) Pocatello, Idaho

19. Place of Burial, Cremation, or Removal Mt. View Cemetery. Date of Burial I-14 31 19

20. Undertaker H. L. McHan Address Poc.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 27 1931
DO NOT WRITE IN THIS SPACE
73720
State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 11
(No. 240 South Second Ave. Poca., Ida.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis Wirth

(a) Residence. No. 240 South Second Ave. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 42 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Unknown

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
82

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Jeweler

(b) General nature of industry, business, or establishment in which employed (or employer)

Retired

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Germany

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Unknown

14. Informant Dr. P. F. Swartz
(Address) Lava Hot Springs, Idaho

15. Filed 1/22/31. 19.....

Registrar. J. C. Ray

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 21, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw h..... alive on About 9a.

and that death occurred, on the date stated above, at

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Senility

Found dead on His Bed

..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Arthur W. Hall, Coroner M. D.
1/22/31. 19..... (Address) Pocatello, Ida.

19. Place of Burial, Cremation, or Removal
Mountain View Cemetery
Pocatello, Idaho.

Date of Burial
1/23/31. 19.....

20. Undertaker
Arthur W. Hall

Address
Pocatello, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 20 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **73727**

PLACE OF DEATH Gooding
County of Gooding Registration District No. 22
City of Wendell Primary Registration District No. 2018 Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Fred Lawton
(a) Residence. No. _____ St. _____
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Adda Lawton
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 8 - 1892

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
58 11 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Richmond
(State or country) Kansas

PARENTS

10. NAME OF FATHER John Lawton

11. BIRTHPLACE OF FATHER (city or town) Pennsylvania
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Brownlee

13. BIRTHPLACE OF MOTHER (city or town) Illinois
(State or Country)

14. Informant (Address) Adda Lawton

15. Filed Jan 20 1931 C. L. Dainton
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 22 1930 to Jan 14 1931
that I last saw him alive on Jan 7 1931
and that death occurred, on the date stated above, at 3 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) _____, M. D.

19. (Address)

19. Place of Burial, Cremation, or Removal Wendell Ida Date of Burial Jan 15 1931

20. Undertaker G. L. Harrison Address Idaho

THIS IS A PERMANENT RECORD
WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

RECEIVED STATE OF IDAHO 102
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Gooding*

City of *Gooding*

If death occurs away from
usual residence, give facts
called for under special in-
formation.

Registration District No. *24*

Primary Registration District No.

(No. *143* St.)

State File No. *143*

Local Registrar's No. *143*

If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

2. FULL NAME *James John Henry MD.*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED *married*

(Write the word)

6. DATE OF BIRTH

Jan. 17 1841
(Month) (Day) (Year)

7. AGE

90 Yrs. *3* Mos. *3* ds.

IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work *Retired physician*
(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer)

9. BIRTHPLACE

(State or Country) *Dubuque Mo.*

10. NAME OF

Father *John Henry*

11. BIRTHPLACE
OF FATHER

(State or Country) *Ireland*

12. MAIDEN NAME
OF MOTHER

Ann Over

13. BIRTHPLACE
OF MOTHER

(State or Country) *Ireland*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Lynne Henry*

(Address) *Gooding Ida*

15.

Filed *1-20* 1931 *J. A. Cromwell*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1924 to *Jan 20 1931*

that I last saw him alive on *Jan. 1st 1931*

and that death occurred on the date stated above, at *3:00 A.M.*

The CAUSE OF DEATH* was as follows:

*Arterio-sclerosis
Chronic Exptosis*

(Duration) *8* yrs. *0* mos. *0* ds.

Contributory
(Secondary)

(Duration) *0* yrs. *0* mos. *0* ds.

(Signed) *J. A. Cromwell* M. D.

19 (Address) *Gooding Ida*

*State the Disease Causing Death; or in deaths from Violent
Causes, state (1) Means of Injury; and (2) whether Accidental,
Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place *0* yrs. *0* mos. *0* days. In the State *0* yrs. *0* mos. *0* days.

Where was disease contracted

if not at place of death?

Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

Gooding Ida

DATE OF BURIAL

1-22 1931

20. UNDERTAKEN

W. E. Thompson

ADDRESS

Gooding

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED FEB 9 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Gooding*City of *Idaho*

If death occurs away from usual residence, give facts called for under special information.

Registration District No. *24*

Primary Registration District No.

(No. _____ St.)

State File No. *73732*Local Registrar's No. *146*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME *Jamnie Yamamoto*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *Japanese* 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED *Single*

(Write the word)

6. DATE OF BIRTH

Dec. 26 - 1925
(Month) (Day) (Year)

7. AGE

5 Yrs. *8* Mos. *ds.*

IF LESS than 1
day how many
_____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work *none*
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) *Buhl, Idaho*

10. NAME OF Father

Chas Yamamoto

11. BIRTHPLACE OF FATHER

(State or Country) *Japan*

12. MAIDEN NAME OF MOTHER

Noe Kamada

13. BIRTHPLACE OF MOTHER

(State or Country) *Japan*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Chas Yamamoto*
(Address) *Gooding Idaho*

15.

Filed *12/31 - 1930* *J. H. Cornwell*
Local Registrar

MEDICAL CERTIFICATE OF DEATH *101b*

16. DATE OF DEATH

Jan 3 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

12-24-1930 to 1-3-1931

that I last saw him alive on *1-3-1931*and that death occurred on the date stated above, at *6 P. M.*

The CAUSE OF DEATH* was as follows:

*Pneumonia - post operative
had clucking for
appendedicitis operation puen-
monia (Duration) _____ yrs. _____ mos. *5* ds.*

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) *J. H. Cornwell* M. D.

1/3/1931 (Address) *Gooding Idaho*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ yrs. _____ mos. _____ days. In the
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
if not at place of death?Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Blmwood *1-5-1931*

20. UNDERTAKER

ADDRESS

A. C. Thompson *Gooding*

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

Send back for complete information
CERTIFICATE OF DEATH

RECEIVED FEB 10 1931
State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 73733
Registered No. 144

1. PLACE OF DEATH

County of Gooding

City of Gooding

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No. 24

(No. St.)

2. FULL NAME Lillian Olive Painter

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fm

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Single

(Write the word.)

6. DATE OF BIRTH

November 2 1912
(Month) (Day) (Year)

7. AGE

19 Yrs. 2 Mos. 8 ds.

IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

in school
Business College

9. BIRTHPLACE

(State or Country)

Virginia

10. NAME OF FATHER

John b Painter

11. BIRTHPLACE OF FATHER

(State or Country)

Virginia

12. MAIDEN NAME OF MOTHER

Ella K Fitzgerald

13. BIRTHPLACE OF MOTHER

(State or Country)

Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. P. Ramsey

(Address)

Gooding Idaho

15.

Filed 1-31- 1931

J. H. Cromwell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

1 - 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-5 1931, to 1-10 1931

that I last saw her alive on 1-10 1931

and that death occurred on the date stated above, at 3:33 P.M.

The CAUSE OF DEATH* was as follows:

Ruptured appendix and
general peritonitis

(Duration) Yrs. mos. 5 ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Houston E Snyder M. D.

1-12 1931 (Address) Gooding Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of GrodingCity of Groding

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 24

Primary Registration District No. _____

(No. _____ St.)

File No. 73734Registered No. 147

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Wayne Edwin Woodhead

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

6. DATE OF BIRTH

Jan 28 1931
(Month) (Day) (Year)

7. AGE

5 Yrs. 5 Mos. 5 ds.

IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

None

9. BIRTHPLACE

(State or Country) Groding, Idaho

10. NAME OF FATHER

Albert Woodhead

11. BIRTHPLACE OF FATHER

(State or Country) Thyoming

12. MAIDEN NAME OF MOTHER

Clara E. Larsen

13. BIRTHPLACE OF MOTHER

(State or Country) Colorado

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Albert Woodhead
Groding, Ida

15.

Filed 2-28-1931

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 2 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-28-1931 to 2-2-1931that I last saw him alive on 2-2-1930and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Heart Valvulus(Duration) _____ Yrs. _____ mos. 2 ds.

Contributory (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. H. Cornwall M. D.19. (Address) Groding Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Swim Falls IdaDATE OF BURIAL 2-4-1931

20. UNDERTAKER

A. Thompson

ADDRESS

Groding Ida

RECEIVED JAN 2 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

73737

PLACE OF DEATH

County of Gooding Registration District No. 22
City of Wendell Primary Registration District No. 2018

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sine C. Anderson

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Hans Anderson

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
64 3 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

James Christensen

(b) General nature of industry, business, or establishment in which employed (or employer)

House wife

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

James Christensen

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Denmark

12. MAIDEN NAME OF MOTHER

Mary Hansen

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address)

Hans Anderson

15. Filed Jan 11, 1931

P. L. Dimonten

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 5, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 3, 1931 to Jan 5, 1931
that I last saw her alive on Jan 4, 1931

and that death occurred, on the date stated above, at 10A m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Uraemic poisoning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

19. Place of Burial, Cremation, or Removal Date of Burial

Wendell Idaho Jan 8 1931

20. Undertaker

Address

D. L. Harrison Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED FEB 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73740

State File No.

PLACE OF DEATH
CassiaCounty of
City of Albion

CERTIFICATE OF DEATH

Registration District No. 119

Primary Registration District No. 2198

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Clarence Kingsbury

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, Divorced (write the word.) Single
----------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 2, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	6	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Student(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Montana10. NAME OF FATHER
Charles Clarence Kingsbury11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER Caine

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Dakota14. Informant C.C. Kingsbury
(Address) Albion Idaho.15. Filed Feb. 1, 1931. E. J. Lister
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 1 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

none, 19... to ..., 19...
that I last saw him alive on ... 19...

and that death occurred, on the date stated above, at 7:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Accidental Gun
Shot Wound Skull

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY
(Secondary)

(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

19...

(Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Albion Ida

Address

20. Undertaker

D.E. Johnson

Barley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECORDED 9 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73741

State File No.

PLACE OF DEATH

County of Booleman
City of Poeur d Alene

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. 1050
(No. Poeur d Alene 1050)

Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John H. McCrea Jr

(a) Residence No. 602 Government way St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 27 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single. Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept, 28, 1903

7. AGE Years 27 Months 4 Days 21 If LESS than 1 day, 0 hrs. or 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pellogg Idaho
(State or country)

10. NAME OF FATHER John H. McCrea

11. BIRTHPLACE OF FATHER (city or town) Iowa
(State or Country)

12. MAIDEN NAME OF MOTHER Clara Leonard

13. BIRTHPLACE OF MOTHER (city or town) Id
(State or Country)

14. Informant Mrs Clara McCrea
(Address) Poeur d Alene Ida

15. Filed 1 - 29, 1931 N. J. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1930, to January 19 1931, that I last saw him alive on January 19 1931 and that death occurred, on the date stated above, at 6 A. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Varcoma (metastatic) of mesentery

(duration) 2 yrs. 14 mos. 14 ds.
CONTRIBUTORY Primary Varcoma, R. testicle
(Secondary)

(duration) one yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death? Pathologist's report

Did an operation precede death? yes Date of Nov 25, 1930

Was there an autopsy? no

What test confirmed diagnosis? Pathologist's report

(Signed) Harold T. Anderson, M. D.

Jan 20 1931 (Address) Poeur d Alene

19. Place of Burial, Cremation, or Removal Spokane Wash Date of Burial Jan 21 1931

20. Undertaker Mooney Mortuary Poeur d Alene

RECEIVED FEB 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Minidoka*City of *Rupert*

If death occurs away from usual residence, give facts called for under special information.

Registration District No. *19*Primary Registration District No. *2016*

(No. _____ St.)

State File No. *73742*Local Registrar's No. *3*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Elmus F Kirkpatrick

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Single*

6. DATE OF BIRTH

Dec 30 1915
(Month) (Day) (Year)

7. AGE

16 Yrs. *1* Mos. *1* ds.IF LESS than 1 day how many
_____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)*School Boy*

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF Father

E. F. Kirkpatrick

11. BIRTHPLACE OF FATHER

(State or Country)

Illinois

12. MAIDEN NAME OF MOTHER

Effie Smith

13. BIRTHPLACE OF MOTHER

(State or Country)

Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Effie Kirkpatrick

(Address)

Paul Idaho

15.

Filed *Feb. 7 1931* *E. F. Kirkpatrick*

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 22 1930 to *Jan 31 1931*that I last saw him alive on *Jan 26 1931*

and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Cerebral abscess(Duration) yrs. *4* mos. *24* ds.

Contributory (Secondary)

Chronic media(Duration) yrs. *10* mos. *10* ds.

(Signed)

E. F. Kirkpatrick M. D.1931 (Address) *Rupert Idaho*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days, In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted

if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Paul Cemetery

DATE OF BURIAL

Feb 2 1931

20. UNDERTAKER

W. A. Woodman

ADDRESS

Rupert

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Ada

City of _____

CERTIFICATE OF DEATH

Registration District No. 8Primary Registration District No. 2004

(No. _____)

Local Registrar's No. 3

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Atwood Pine.(a) Residence. No. 4 Miles N.W. Of Boise. St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)
Widower.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec. 20. 1856.7. AGE Years Months Days If LESS than 1 day,
74. 0 19. _____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farmer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Penn.
(State or country)

10. NAME OF FATHER

Joseph. N. Pine.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Penn.12. MAIDEN NAME OF MOTHER Unknown.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Unknown.14. Informant Clarence. N. Pine.
(Address) R.D. # 2. Boise, Idaho.15. Filed 1-12-31 1931 W. H. Rhodes
Registrar.

RECEIVED FEB 10 1931
DO NOT WRITE IN THIS SPACE
73744
State File No. _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 7th or 8th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____,
and that death occurred, on the date stated above, at _____.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Suicide. Shot himself
with sawed off 12 Gauge
shot gun. Wound was in left
breast over heart.(duration) _____ yrs. _____ mos. _____ ds.
Found Dead, last seen
CONTRIBUTORY (Secondary) Jan 7th 1931(duration) _____ yrs. _____ mos. _____ ds.
No Inquest held.18. Where was disease contracted
if not at place of death? No.Did an operation precede death? No. Date of _____Was there an autopsy? No.What test confirmed diagnosis? Coroner(Signed) W. H. Rhodes1-10-31, 19____ (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal. Date of Burial

Morris Hill Cemetery. Jan. 12-31

20. Undertaker Address

Summers & Krebs. Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73745

State File No.

PLACE OF DEATH

County of AdaCity of BoiseRegistration District No. 8Primary Registration District No. 2004

(No.)

Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jesse Guilan(a) Residence No. State Penitentiary St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 1 yrs. 4 mos.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 19047. AGE Years Months Days If LESS than 1 day, hrs. or min.
26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Convict at(b) General nature of industry, business, or establishment in which employed (or employer) State Penitentiary

(c) Name of employer

9. BIRTHPLACE (city or town) Mexico

(State or country)

10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) Unknown

(State or Country)

12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown

(State or Country)

14. Informant (Address) J. W. Wheeler
Idaho State Penitentiary15. Filed 1-22-31 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 19 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I ~~attended~~ deceased fromJun-19-31 1931 to Jan-19-31 1931that I last saw him alive on 1931and that death occurred, on the date stated above, at 3 a. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Suicide.
Hung himself by neck
with bath towel in
his belt (duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of NoWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. E. Summers M. D.Jan 20 1931 (Address) Boise Idg 449 E19. Place of Burial, Cremation, or Removal Penitentiary Cemetery Date of Burial Jan 22 193120. Undertaker Summers & Krebs Address Boise Idg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. _____

73746

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004Local Registrar's No. 22

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Madison Anderson.(a) Residence. No. 309. N. 15. Street. St. _____

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) January. 28. 1849.7. AGE 81. Years 11 Months 14. Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Merchant.

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Boone County. Arkansas.
(State or country)

PARENTS

10. NAME OF FATHER

Mathew Anderson.11. BIRTHPLACE OF FATHER (city or town) Tenn.
(State or Country)12. MAIDEN NAME OF MOTHER Hettie Bircham.13. BIRTHPLACE OF MOTHER (city or town) Tenn.
(State or Country)14. Informant Mrs. Bessie. M. Pfof.
(Address) 1510. Bannock Street, Boise, Idaho.15. Filed 1-13. 31 1931Registrar. W. H. Rhodes

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 12th 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan. 7th 1931 to Jan. 12th 1931,
that I last saw h. Jan. 11th 1931 alive on Jan. 11th 1931,
and that death occurred, on the date stated above, at 7 R. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Arteriosclerosis and hyper-
tension.(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Arteriosclerosis
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) John H. Moore M. D.
Jan. 3rd 1931 (Address) Boise, Idaho19. Place of Burial, Cremation, or Removal Jan. 15. 31
Date of Burial20. Undertaker Summers & Krebs. Boise, Idaho.
Address

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1004

(No.)

Local Registrar's No. 6

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Denman Nutt.(a) Residence. No. 100. East Idaho. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 25 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Widow.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Nov. 27. 1837.

7. AGE

Years

Months

Days

If LESS than 1 day,

..... hrs. or

93.16

..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work At Home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Monmouth.
(State or country) Ill.

10. NAME OF FATHER

Daniel Denman.11. BIRTHPLACE OF FATHER (city or town) Ill.
(State or Country)12. MAIDEN NAME OF MOTHER Mary Etta Bedell.13. BIRTHPLACE OF MOTHER (city or town) Ill.
(State or Country)

14.

Informant
(Address)J. L. Eberle.
100. E. Idaho. St. Boise, Ida.

15.

Filed

1-5

1921

Registrar.

DO NOT WRITE IN THIS SPACE

73749

State File No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan331

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 10, 1930, to Jan 3, 1931that I last saw her alive on Jan 2, 1931and that death occurred, on the date stated above, at 6 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Senility, Arteriosclerosis.CONTRIBUTORY
(Secondary)

(duration)

10 yrs. 2 mos. 13 ds.

(duration)

2 yrs. 2 mos. 2 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None(Signed) J. M. Brugger M.Jan 4, 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Albion, Idaho.Jan. 5. 31.

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 13 1931

DO NOT WRITE IN THIS SPACE

State File No. **73752**

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 19

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Warwick Early DeLong

(a) Residence. No. 344 - 2nd Ave N

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 16 - 1911

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
19 1 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wichita
(State or country) Kansas

10. NAME OF FATHER Carl L. DeLong

11. BIRTHPLACE OF FATHER (city or town) Illinois
(State or Country)

12. MAIDEN NAME OF MOTHER Myra Leftwich

13. BIRTHPLACE OF MOTHER (city or town) Mo.
(State or Country)

14. Informant Carl DeLong
(Address) 344 - 2nd Ave N

15. Filed Jan. 21st, 1931. Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 18
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Wound

CONTRIBUTORY (Secondary) Polycystic disease of kidneys
(duration) _____ yrs. mos. ds.
congenital (duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of _____

Was there an autopsy? yes

What test confirmed diagnosis? nefroscopy

(Signed) John C. Wright M. D.
1-20 1931 (Address) Twin Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 1-20 1931

20. Undertaker White Mortuary Inc Address Twin Falls, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 19 1931

DO NOT WRITE IN THIS SPACE

State File No. 73753

PLACE OF DEATH

County of Shoshone

City of Kimberly

Registration District No. 37

Primary Registration District No. 2081

Local Registrar's No. 3

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Granville Bean

(a) Residence No. Kimberly Ida St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 1928

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 8 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)

10. NAME OF FATHER RA Bean

11. BIRTHPLACE OF FATHER (city or town) NC
(State or Country)

12. MAIDEN NAME OF MOTHER Lula Presnell

13. BIRTHPLACE OF MOTHER (city or town) NC
(State or Country)

14. Informant RA Bean
(Address) Kimberly

15. Filed Jan 8th, 1931. Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 2 1931
Dec 27 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Dec 27 1930 to Jan 2 1931
that I last saw him alive on Dec 27 1930
and that death occurred, on the date stated above, at 2:10 A m.

The CAUSE OF DEATH* was as follows:

Heart pneumonia

(duration) yrs. mos. ds. 5
CONTRIBUTORY mal. nourishment
(Secondary)

(duration) yrs. mos. ds. by

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Dr Davis M. D.

Jan 2 1931 (Address) Kimberly Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Shoshone Jan 3 1931

20. Undertaker H C Drake Address Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73754

State File No.

PLACE OF DEATH

County of Twin Falls,
City of Twin Falls,

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2081(No. County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 22. FULL NAME Albert Depew(a) Residence. No. Kimberly Ida. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single. Married, Widowed, or Divorced (write the word.) <u>Single</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 31st. 1910

7. AGE <u>20</u> Years	<u>11</u> Months	Days	If LESS than 1 day,hrs. ormin.
------------------------	------------------	------	--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri.
(State or country)10. NAME OF FATHER Ben A. Depew11. BIRTHPLACE OF FATHER (city or town) Ill.
(State or Country)12. MAIDEN NAME OF MOTHER Jennie Loving13. BIRTHPLACE OF MOTHER (city or town) Kans.
(State or Country)14. Informant Dick Depew
(Address) Kimberly Ida.15. Filed Jan - 8 1931.Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 1st. 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 26 1930, to Jan 1 1931that I last saw him alive on Jan 1 1931and that death occurred, on the date stated above, at 9.9 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Gravels pneumonia.CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds. 718. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Dr. Davis, M. D.Jan - 2 1931 (Address) Kimberly Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls, IdahoJan. 4th. 1931

20. Undertaker

Address

Grossman Mortuary Twin Falls, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Lewis FallsCity of Lewis Falls

CERTIFICATE OF DEATH

Registration District No. 39Primary Registration District No. 2087

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Harold Riggs

(a) Residence, No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. / yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓6. DATE OF BIRTH (month, day and year) Jan 16 - 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>1</u>		<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Buhl Idaho
(State or country)10. NAME OF FATHER O. D. Riggs11. BIRTHPLACE OF FATHER (city or town) Franklin Indiana
(State or Country)12. MAIDEN NAME OF MOTHER Eva Miller13. BIRTHPLACE OF MOTHER (city or town) Colorado
(State or Country)14. Informant (Address) O. D. Riggs15. Filed Jan. 24, 1931 J. H. Murphy Registrar.

RECEIVED FEB 13 1931

DO NOT WRITE IN THIS SPACE

73755

State File No. _____ Local Registrar's No. _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 19, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
on Jan 18, 1931 to Jan 19, 1931
that I last saw him alive on Jan. 18, 1931
and that death occurred, on the date stated above, at 3. a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Lobar pneumonia(duration) _____ yrs. _____ mos. 5 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) O. D. Weaver M. D.
1/20, 1931 (Address) 7win Falls19. Place of Burial, Cremation, or Removal Buhl Ida. Date of Burial Jan 20 193120. Undertaker H. H. Hunsan Address Buhl Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Twin FallsCity of FilerRegistration District No. 37Primary Registration District No. 2086

DO NOT WRITE IN THIS SPACE

State File No. 73756Local Registrar's No. 9

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rissa Halloway Woods

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. 11 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. 0 mos. 0 ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert Woods6. DATE OF BIRTH (month, day and year) Oct 22 1856

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>74</u>	<u>2</u>	<u>18</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer Self9. BIRTHPLACE (city or town) Pheasant Hill Mo
(State or country)10. NAME OF FATHER David Halloway11. BIRTHPLACE OF FATHER (city or town) Tenn.
(State or Country)12. MAIDEN NAME OF MOTHER Malissa Blakeley13. BIRTHPLACE OF MOTHER (city or town) Tenn.
(State or Country)14. Informant E. L. Barry
(Address) Buhl Ida15. Filed Jan. 13th, 1931. Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 9 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Jan 9, 1931
that I last saw her alive on Jan 9, 1931
and that death occurred, on the date stated above, at 10:15 a m.
The CAUSE OF DEATH* was as follows:
Labor puerperalis
10/1 a(duration) _____ yrs. 5 mos. 5 ds.CONTRIBUTORY Myocarditis
(Secondary)
(duration) 3 yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death? _____Did an operation precede death? no. Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) E. L. Barry, M. D.Jan 10, 1931. (Address) Buhl Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Fox, Oregon
Date of Burial 1920. Undertaker White Mortuary Inc
Address Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 13 1931
DO NOT WRITE IN THIS SPACE
State File No. **73757**

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37Primary Registration District No. 2080Local Registrar's No. 26(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Mrs Verna Aleshire

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) ✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Dec 27-

7. AGE Years 58 Months _____ Days _____ If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Kentucky
(State or country)10. NAME OF FATHER Griffin11. BIRTHPLACE OF FATHER (city or town) Ky
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant Mrs E A Griffin
(Address) Route #2

15. Filed February 20, 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 19, 1931, to Jan 30, 1931
that I last saw her alive on Jan 29, 1931

and that death occurred, on the date stated above, at 4:25 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

nephritis(duration) yrs. mos. 2 ds.18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Physical Exam.(Signed) J. E. Langenswaller M. D.Jan 30 1931 (Address) Twin Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls Cemetery2-3 1931

20. Undertaker

Address

White Mortuary IncTwin Falls
Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
73758
State File No.

PLACE OF DEATH

County of Quincy
City of Quincy

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085

(No.)

Local Registrar's No. 22

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Adela Williams County Hospital St. Dr. Scott

(a) Residence No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb 22 / 19247. AGE Years Months Days If LESS than 1 day,
6 11 3 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Hulapuse
(State or country) Illinois10. NAME OF FATHER J F Williams11. BIRTHPLACE OF FATHER (city or town) Texas
(State or Country)12. MAIDEN NAME OF MOTHER Maxel Powell13. BIRTHPLACE OF MOTHER (city or town) Ill
(State or Country)14. Informant Mrs J F Williams
(Address) Quincy15. Filed Jan 30th 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 25 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 22 1931, to Jan 25 1931
that I last saw her alive on Jan 25 1931
and that death occurred, on the date stated above, at 7:00 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:acute appendicitis -(duration) yrs. mos. 3 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of Jan 25-31

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. H. Scott M. D.Jan 27 1931 (Address) Quincy, Ill.

19. Place of Burial, Cremation, or Removal Date of Burial

Quincy Jan 28 193120. Undertaker J. E. Drake Address Quincy

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 13 1931

DO NOT WRITE IN THIS SPACE

73759

State File No.

PLACE OF DEATH

County of Ben Falls
City of Ben Falls

Registration District No. 37
Primary Registration District No. 2086

Local Registrar's No. 188 Dr Newberry

(No. of death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Louise Shaak Hospital
(a) Residence. No. 312 St. Ben Falls
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Jan 9 1898
7. AGE Years 32 Months 11 Days 27 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho
10. NAME OF FATHER Henry Rusing
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Russia
12. MAIDEN NAME OF MOTHER Lizzie Beckholt
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Russia
14. Informant Jack Shaak
(Address) Ben Falls
15. Filed Jan 8 1931 Clyde J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 1 1931
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 30 1930 to Jan 1 1931
that I last saw him alive on Dec 31 1930
and that death occurred, on the date stated above, at Ben Falls mo.
The CAUSE OF DEATH* was as follows:
Valvular Intestinal Obstruction due to adhesions
(duration) yrs. mos. 12 hrs
CONTRIBUTORY Shock
(Secondary) (duration) yrs. mos. ds.
18. Where was disease contracted
if not at place of death?
Did an operation precede death? Yes Date of Dec 30-31
Was there an autopsy? Operation
What test confirmed diagnosis? G. A. Newberry M. D.
(Signed) 1-3 1931 (Address) Ben Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lodi, Cali Date of Burial Jan 1931
20. Undertaker F. C. Shaak Address Ben Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 13 1931

DO NOT WRITE IN THIS SPACE

73760

State File No.

PLACE OF DEATH

County of Lewis Falls
City of Lewis Falls County

CERTIFICATE OF DEATH

Registration District No. 34
Primary Registration District No. 2087

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Orville McKibben

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Blanch McKibben (or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 5 1877

7. AGE Years 53 Months 4 Days 16 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Montpelier Ohio (State or country)

10. NAME OF FATHER M. A. McKibben

11. BIRTHPLACE OF FATHER (city or town) Deer Knave (State or Country)

12. MAIDEN NAME OF MOTHER Loretta Elmore Leete

13. BIRTHPLACE OF MOTHER (city or town) Montpelier Ohio (State or Country)

14. Informant Don McKibben (Address) Castleton Va

15. Filed Jan. 24 1931 Registrar. J. H. Wampler

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 21 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10⁰⁰ m. 20 Jan. 1931 to 2⁰⁰ m. 21 Jan. 1931 that I last saw him alive on 12 m. 21 Jan. 1931 and that death occurred, on the date stated above, at 2 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Nephritis

..... (duration) yrs. mos. ds.

CONTRIBUTORY Uremia (Secondary) 2 or 3 months (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 1

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) J. H. Wampler M. D. 24 Jan. 1931 (Address) Castleton Va

19. Place of Burial, Cremation, or Removal Inter Date of Burial Jan 23 1931

20. Undertaker J. H. Wampler Address Castleton Va

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 13 1931
DO NOT WRITE IN THIS SPACE

73761

State File No.

PLACE OF DEATH

County of Yuma MillsCity of Paula IdaRegistration District No. 39Primary Registration District No. 2087 Local Registrar's No.

(No.)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gustav Kungz

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of Anna Kungz
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct. 27 - 1858

7. AGE	Years <u>72</u>	Months <u>2</u>	Days <u>1</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER Earnest Kungz11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany12. MAIDEN NAME OF MOTHER Fredricka Miah13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany14. Informant (Address) Mrs. Anna Kungz
Paula Ida15. Filed Jan 31 1931 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH 129

16. DATE OF DEATH Jan 28 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov 1930, to Jan 28 1931that I last saw him alive on Jan 28 1931 and that death occurred, on the date stated above, at 5.35 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Nephritis
Uremic Poisoning(duration) yrs. 3 mos. ds. CONTRIBUTORY Diabetes Mellitus (Secondary)(duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Urinary analysis(Signed) R. E. Smith M. D.Jan 31 1931 (Address) Paula Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Paula Ida Feb 1 193120. Undertaker L. Johnson Address Paula Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 13 1931

DO NOT WRITE IN THIS SPACE

State File No. **73762**

PLACE OF DEATH

County of Twin FallsCity of Twin FallsRegistration District No. 37Primary Registration District No. 2085(No. Twin Falls County Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)Local Registrar's No. 232. FULL NAME Mary Hannah Rees(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed or divorced
HUSBAND of David Rees
(or) WIFE of 6. DATE OF BIRTH (month, day and year) Nov-29-18717. AGE Years 59 Months 1 Days 28 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) Wales
(State or country)10. NAME OF FATHER David Jenkins11. BIRTHPLACE OF FATHER (city or town) Wales
(State or Country)12. MAIDEN NAME OF MOTHER unknown13. BIRTHPLACE OF MOTHER (city or town) Wales
(State or Country)14. Informant David Rees
(Address) Twin Falls15. Filed Jan-28-1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

1 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 2, 1931, to Jan 26, 1931
that I last saw her alive on Jan. 26, 1931
and that death occurred, on the date stated above, at 3:30 P.m.

The CAUSE OF DEATH* was as follows:

Hysterectomy for fibroid uterus
followed by pneumonia(duration) yrs. 4 mos. ds.CONTRIBUTORY
(Secondary)(duration) yrs. 2 mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of Jan. 23/1931Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) Harold Wilson, M. D.Jan 27, 1931 (Address) Twin Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Date of Burial 1-29 193120. Undertaker White Mortuary Inc Address Twin Falls Idaho

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE 1931

73764

State File No.

PLACE OF DEATH

County of Twin Falls
City of Root Creek

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085Local Registrar's No. 25

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond Otis Wilson(a) Residence. No. Twin Falls Route #2 St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov 17 19087. AGE 22 Years 2 Months 13 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fanner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Okla10. NAME OF FATHER J. R. Wilson11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ill12. MAIDEN NAME OF MOTHER Lula Pratt13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Kans14. Informant (Address) J. R. Wilson
Twin Falls Route #215. Filed February 3rd 1931 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 30 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 1-30-31 to Jan 30-31that I last saw him alive on Jan 30-31and that death occurred, on the date stated above, at 12:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:A gun shot wound.
through abdomen piercing
back bone(duration) yrs. mos. ds. NoneCONTRIBUTORY accidental discharge
(Secondary) of a 30-30 rifle(duration) yrs. mos. ds. None18. Where was disease contracted (Place of work if not at place of death?) Place of workDid an operation precede death? No Date ofWas there an autopsy? YesWhat test confirmed diagnosis? Autopsy(Signed) W. H. Lyle M. D.2-2-31 (Address) Twin Falls Id

19. Place of Burial, Cremation, or Removal Date of Burial

Feb 2 1931

20. Undertaker Address

Grassman Mortuary

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73765**

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085

Local Registrar's No. 14

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Philip George Brown(a) Residence. No. 636 - Oak St. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 9 - 1927

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
3 4 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 2(b) General nature of industry, business, or establishment in which employed (or employer) ✓(c) Name of employer ✓9. BIRTHPLACE (city or town) Vernonia Oregon
(State or country)10. NAME OF FATHER Ralph Frank Brown11. BIRTHPLACE OF FATHER (city or town) Kansas
(State or Country)12. MAIDEN NAME OF MOTHER Virginia Heckadon13. BIRTHPLACE OF MOTHER (city or town) Mo.
(State or Country)14. Informant Ralph Frank Brown
(Address) 636 - Oak St.15. Filed Jan 21st, 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 - 1931, to Jan 16 - 1931
that I last saw him alive on Jan 16, 1931
and that death occurred, on the date stated above, at 3:00 P. m.
The CAUSE OF DEATH* was as follows:

Burnt to death
and suffocated

(duration) yrs. mos. ds. 10 min
CONTRIBUTORY Explosion of Oil
(Secondary) Store none
(duration) yrs. mos. ds.

18. Where was disease contracted at home
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physician Exam(Signed) W. Lee W. D.1 - 9 - 31 (Address) Twin Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 1 - 19 193120. Undertaker White Mortuary Inc Address Twin FallsIda.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 10851

DO NOT WRITE IN THIS SPACE

73766

State File No.

Local Registrar's No. 15

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Virginia May Brown

(a) Residence. No. 636 - Ash St. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 5 - 1928

7. AGE Years Months Days If LESS than 1 day.
2 1 11 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Fullerton Calif
(State or country)

10. NAME OF FATHER Ralph Frank Brown

11. BIRTHPLACE OF FATHER (city or town) Kansas
(State or Country)

12. MAIDEN NAME OF MOTHER Virginia Mackadon

13. BIRTHPLACE OF MOTHER (city or town) Mo.
(State or Country)

14. Informant Ralph Frank Brown
(Address) 636 - Ash St.

15. Filed Jan 21st, 1931 Elizabeth J. Smeltz
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 16 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 - 1931, to Jan 16 - 1931
that I last saw her alive on Jan 16 - 1931
and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Burnt to Death and Suffocation.

(duration) yrs. mos. ds. 10 minutes
CONTRIBUTORY Explosion of oil stove
(Secondary)

(duration) yrs. mos. ds. none

18. Where was disease contracted at home
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physician's Exam

(Signed) Wm. L. Lister M. D.

1-19-1931 (Address) Twin Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 1-19 1931

20. Undertaker White Mortuary Inc Address Twin Falls, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 13 1931

DO NOT WRITE IN THIS SPACE

State File No. **73767**

PLACE OF DEATH
County of *Twin Falls*
City of *Twin Falls*

Registration District No. *37*
Primary Registration District No. *1085*

Local Registrar's No. *16*

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Vergil Merrill Brown*

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. *4* mos. *18* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *Dec 5-1928*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 *1* *11*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *✓*

(b) General nature of industry, business, or establishment in which employed (or employer) *✓*

(c) Name of employer

9. BIRTHPLACE (city or town) *Fullerton Calif*
(State or country)

10. NAME OF FATHER *Ralph Frank Brown*

11. BIRTHPLACE OF FATHER (city or town) *Kansas*
(State or Country)

12. MAIDEN NAME OF MOTHER *Virginia Heckadorn*

13. BIRTHPLACE OF MOTHER (city or town) *Mo.*
(State or Country)

14. Informant *Ralph Frank Brown*
(Address) *636 - Ash St.*

15. Filed *Jan 21st, 1931* *Elizabeth J. Smith*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Jan 16-1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Jan 16-1931*, to *Jan 16-1931*, that I last saw him alive on *Jan 16-1931*, and that death occurred, on the date stated above, at *3:00 P.M.*
The CAUSE OF DEATH* was as follows:

Pneumonia & Death and Suffocation

(duration) yrs. mos. ds.
CONTRIBUTORY *Explosion of Oil Stove*
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? *at home*

Did an operation precede death? *no* Date of _____

Was there an autopsy? *yes*

What test confirmed diagnosis? *Physical Exam*
(Signed) *H. M. Lette*, M. D.

1-19-1931 (Address) *Twin Falls*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Twin Falls Cemetery* Date of Burial *1-19-1931*

20. Undertaker *White Mortuary Inc* Address *Twin Falls*

RECEIVED FEB 13 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73768

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No.

Primary Registration District No.

Local Registrar's No. 17

(No. (If death occurred in a hospital or institution, give its name instead of street and number.))

2. FULL NAME Ruth Mair Brown

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) March 6 - 1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 10 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Fullerton, Calif. (State or country)

10. NAME OF FATHER Ralph Frank Brown

11. BIRTHPLACE OF FATHER (city or town) Kansas (State or Country)

12. MAIDEN NAME OF MOTHER Virginia Hackadon

13. BIRTHPLACE OF MOTHER (city or town) Mo. (State or Country)

14. Informant Ralph Frank Brown (Address) 636 - Oak St.

15. Filed Jan 21st, 1931. Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

1 16 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

ON 1/16, 1931, to

that I last saw her alive on 1/16, 1931

and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) Few hours yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. D. Weaver M. D.

1/19, 1931 (Address) Twin Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 1-19 1931

20. Undertaker White Mortuary Inc Address Twin Falls, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED 13 1931
DO NOT WRITE IN THIS SPACE
73769
State File No.
Local Registrar's No. 4

PLACE OF DEATH
County One Fall
City of One Fall

Registration District No. 37
Primary Registration District No. 2085

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. G. Ringgren
(a) Residence. No. One Fall, Hotel Perrine
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) July 25 / 1865
7. AGE Years 65 Months 5 Days 11 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Salesman
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Penn

10. NAME OF FATHER Philip Ringgren
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn
12. MAIDEN NAME OF MOTHER Elizabeth Oruan
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penn

14. Informant Anna Ringgren
(Address) 348 39 Ave West

15. Filed Jan 8th, 1931. Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 5 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
_____, 19____, to _____, 19____
that I last saw h. _____ alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

Self Cide Shooting
Left note. declaring intention
(duration) yrs. mos. ds. 170

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of _____
Was there an autopsy? no

What test confirmed diagnosis?
(Signed) J. E. Drake, Coroner
Jan 5, 19 31 (Address) One Fall

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
One Fall Jan 6 19 31

20. Undertaker J. E. Drake Address One Fall

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 13 1931
DO NOT WRITE IN THIS SPACE
State File No. **73770**

PLACE OF DEATH
County San Fall
City of San Fall

Registration District No. 37
Primary Registration District No. 1084

Local Registrar's No. 6

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sicario Ganez

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mexican 5. Single, Married, Widowed, or Divorced (write the word) Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Adult. 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mexico

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant J. E. Drake (Coroner)
(Address) San Fall

15. Filed Jan 8th, 1931. Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19, that I last saw him alive on, 19,

and that death occurred, on the date stated above, at, m.

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY (Secondary) Jumped from Window
3 stories (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Caladonapitile

Did an operation precede death? Date of

Was there an autopsy? died 1 hour later

What test confirmed diagnosis?

(Signed) J. E. Drake, Coroner, M.D.

Jan 7, 1931 (Address) San Fall

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

San Fall 1931

20. Undertaker J. E. Drake Address San Fall

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 12 1931
DO NOT WRITE IN THIS SPACE
73771
State File No.

PLACE OF DEATH

County of Turner Falls
City of Do.

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2985
(No. Turner Falls Co. Hospital) Local Registrar's No. 21

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Ernest Bates

(a) Residence. No. 1112 - 10th ave east St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 11/21/1931

7. AGE Years Months Days
0 0 0 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)

10. NAME OF FATHER Ernest M. Bates

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Arizona

12. MAIDEN NAME OF MOTHER Elizabeth Louise Gyllenswan

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant (Address) Ernest Bates
Turner Falls

15. Filed January 24th 1931 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 21
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931, to Jan 21, 1931
that I last saw him alive on Jan 21, 1931

and that death occurred, on the date stated above, at 10 A. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Premature Birth (about 6 1/2 months)

(duration) yrs. mos. ds. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted ☒ if not at place of death?

Did an operation precede death? no Date of Jan 21

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Duncan G. Thompson D.

1-21-, 1930 (Address) Turner Falls, Idaho

19. Place of Burial, Cremation, or Removal Turner Falls Cemetery Date of Burial 1/23 1931

20. Undertaker P. J. Grossman Address P. F. Idaho

By Paul B. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73772

State File No.

PLACE OF DEATH

County of Benedict
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049

Local Registrar's No. -2-

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Clinton

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Clinton

6. DATE OF BIRTH (month, day and year)

7. AGE 35 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9. BIRTHPLACE (city or town) Unknown
(State or country)

10. NAME OF FATHER J. R. Riggs

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant George Clinton
(Address) St Maries, Id.

15. Filed Feb 6 31 1931 Halter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 13th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased from Jan 13th 1931 to Jan 13th 1931
that I last saw her alive on Jan 13th 1931

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Not known
if not at place of death?

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) @ A. R. Roberg M. D.

1/23 31 (Address) St Maries, Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

St Maries Jan 16 1931

20. Undertaker Address

St Maries

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73773

State File No.

Local Registrar's No.

PLACE OF DEATH

County of Benedict

Registration District No. 31

City of _____

Primary Registration District No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorothy Vera Hayter

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

7

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Terrell Ida

10 NAME OF FATHER

Devey Hayter

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Lincoln Co Wash.

12 MAIDEN NAME OF MOTHER

Dorothy Vera Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Shoshone Co Wash.

14 Informant

Father, Emory Hayter

(Address)

Terrell Ida

15 Filed Jan 11, 1931

John Post

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan (Month)

10 (Day)

1931 (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Jan 3rd, 1931, to Jan 6, 1931

that I last saw her alive on Jan 6, 1931

and that death occurred, on the date stated above, at 3 9 m.

The CAUSE OF DEATH* was as follows:

Infection of bowels.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. B. Beggs M. D.

Jan 10, 1931 (Address) Idaho Wash

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

In the yard of deceased Jan 11, 1931

James Day Terrell Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH

RECEIVED FEB 9 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Benewah
City of St. MariesRegistration District No. 22
Primary Registration District No. 2049
(No. St.)File No. 73774
Registered No. 3

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

William Livergood

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WID-OWED OR DIVORCED.

unknown
(Write the word.)

6. DATE OF BIRTH.

July 23 1889
(Month) (Day) (Year)

7. AGE

81 Yrs. 5 Mos. 24 ds.IF LESS than 1 day
how many hrs. or
..... min. >]

8. OCCUPATION

(a) Trade, profession or particular kind of work. Miner and Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE

(State or Country)

Ohio

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER

(State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER

(State or Country)

Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ed Matheson(Address) St Maries

15.

Filed Feb 6 1931Halter Boberg

Local Registrar

MEDICAL CERTIFICATE OF DEATH

118a

16. DATE OF DEATH

Jan 16 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 14 1931 to Jan 16 1931, that I last saw him alive on Jan 15 1931 and that death occurred on the date stated above, at 6⁴⁵ A.M.

The CAUSE OF DEATH* was as follows:

Strangulated umbilical hernia, operated.(Duration) 5 Yrs. mos. ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) C. G. Bohrer M. D.16 1931 (Address) St. Maries, Idaho

*State the DISEASE CAUSING DEATH; or in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos. 2 days In the State.....yrs.....mos. daysWhere was disease contracted if not at place of death? Plummer, IdahoFormer or usual residence Plummer, Idaho

19. PLACE OF BURIAL OR REMOVAL

St Maries

DATE OF BURIAL

Feb 17 1931

20. UNDERTAKER

Ed Mitchell

ADDRESS

PLACE OF DEATH

County of Benewah
City of St. MariesSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 32Primary Registration District No. 2049(No. St. Maries Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 73775Local Registrar's No. 42. FULL NAME Raymond Parker

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Sept 23-1912

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>18</u>	<u>3</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Edmonds Wash
(State or country)

10. NAME OF FATHER

C C Parker11. BIRTHPLACE OF FATHER (city or town) Bozeman
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER

Alta Z Herbert13. BIRTHPLACE OF MOTHER (city or town) Bozeman
(State or Country) Idaho14. Informant J O Parker
(Address) Clarkston Wash15. Filed Jan 23, 1931
Walter Bobez
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 22, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
January 4, 1931, to January 22, 1931that I last saw him alive on January 22, 1931and that death occurred, on the date stated above, at 2:16 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia following
appendicitis(duration) _____ yrs. _____ mos. 18 ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? Karyon Mount.Did an operation precede death? Yes Date of 1/5/31Was there an autopsy? noWhat test confirmed diagnosis? St. Maries

(Signed) _____, M. D.

January 23, 1931 (Address) St. Maries, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Superior Mount

19

20. Undertaker

E. & Mitchell

Address

St. Maries, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73776**

PLACE OF DEATH
County of *Benewah*
City of *St. Maries*

Registration District No. *32*
Primary Registration District No. *2049*

Local Registrar's No. *-1-*

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Jenna J. Denson*(a) Residence. No. *518 Main* St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *A* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced
~~HUSBAND~~
(or) WIFE of *Thomas R. Denson*

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
74 3 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Ohio*10. NAME OF FATHER *Barcl Bailey*11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Ohio*12. MAIDEN NAME OF MOTHER *Eliza Collins*13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Ohio*14. Informant *Jenna Denson* (Address) *St. Maries*15. Filed *Feb 6 1931* *Walter Bohrer* RegistrarMEDICAL CERTIFICATE OF DEATH *10/2*

16. DATE OF DEATH *1 4 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *12-31*, 19*30*, to *1-4*, 19*31*, that I last saw him alive on *1-4*, 19*31*, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) _____ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) *J. G. Espe*, M. D.

_____, 19____ (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *St. Maries* Date of Burial *Jan 7 1931*

20. Undertaker *W. H. Mitchell* Address *St. Maries*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 16 1931

DO NOT WRITE IN THIS SPACE

State File No. 73777

PLACE OF DEATH

County of CanyonCity of Caldwell

CERTIFICATE OF DEATH

Registration District No. 19Primary Registration District No. 1005Local Registrar's No. 19

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Smith Earle Boyes

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 18-1889

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>41</u>		<u>10</u>	<u>18</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Secretarial work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Frankford
(State or country) Mich.10. NAME OF FATHER Smith Edward Boyes11. BIRTHPLACE OF FATHER (city or town) Rath
(State or Country) New York12. MAIDEN NAME OF MOTHER Sarah Jane Ancher13. BIRTHPLACE OF MOTHER (city or town) Port Huron
(State or Country) Mich.14. Informant Earle Boyes
(Address) Home15. Filed 2-11-1931 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 5, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1930 to Feb 5, 1931
that I last saw him alive on Feb 5, 1931and that death occurred, on the date stated above, at 11 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic interstitial
nephritis
(duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY Diabetes Insipidus
(Secondary) Sexual
(duration) 11 yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Symptoms(Signed) J. S. Meyer M.2/6, 1931 (Address) Caldwell, Id.19. Place of Burial, Cremation, or Removal Canyon HillDate of Burial 2-8 193120. Undertaker C. J. BuckhamAddress Caldwell, Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

73778

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 2005
(No.)

Local Registrar's No. 12

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Lina Edwards
(a) Residence No. 1924 Cleve Caldwell, Id.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 21-1867

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
63 8 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Little Rock
(State or country) Arkansas

10. NAME OF FATHER

Not known

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14. Informant (Address) R. J. Sheares
1924 Cleve Caldwell, Id.

15. Filed 1-30- 31- John S. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 29 1931
(Month) (Day) (Year)

17. HEREBY CERTIFY, That I attended deceased from

Jan 14 1931 to Jan 29 1931
that I last saw him alive on Jan 27- 1931
and that death occurred, on the date stated above, at 9:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds. 5
CONTRIBUTORY (Secondary) Chronic nephritis, myocarditis and endarteritis.

(duration) yrs. mos. ds. 1 0 0

18. Where was disease contracted Salem, Ore.
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chemical

(Signed) Dr. J. S. Meyer M. D.

1-29-1931 (Address) Caldwell, Id.

19. Place of Burial, Cremation, or Removal Date of Burial

Salem, Ore. 19

20. Undertaker Address

C. V. Peckham Caldwell

Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 7

Primary Registration District No. 1006

File No. 73779

County of Oregon

City of Nanpa (No. St.)

Registered No. 126

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Ruby Boston

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

2, M white (Write the word.)

6. DATE OF BIRTH

Feb 26 1918 (Month) (Day) (Year)

7. AGE

12 Yrs. 11 Mos. ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work none
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Idaho

10. NAME OF FATHER

Neil Boston

11. BIRTHPLACE OF FATHER

(State or Country) Scotland

12. MAIDEN NAME OF MOTHER

Blanch Estes

13. BIRTHPLACE OF MOTHER

(State or Country) Oklahoma

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Don Ryan

(Address) Nanpa Idaho

15.

Filed 11 30 1931 Deathway

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 28 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-26 1928, to 1-28-1931

that I last saw him alive on 1-28-1931

and that death occurred on the date stated above, at 7:50 P.M.

The CAUSE OF DEATH* was as follows:

acute myocarditis

(Duration) Yrs. mos. ds.

Contributory (Secondary) Influenza

(Duration) Yrs. mos. ds.

(Signed) Don Ryan M. D.

1-28-1931 (Address) Nanpa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 3 yrs. 2 mos. 2 days. In the State. yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence Home Creek, Idaho

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL 19

20. UNDERTAKER

Address Robinson Nanpa

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

73780

PLACE OF DEATH

 County of Canyon
 City of Caldwell
Registration District No. 3Primary Registration District No. 2005

(No. _____)

Local Registrar's No. 82. FULL NAME Harry Wymer(a) Residence. No. W. Parma

(Usual place of abode.)

St. _____

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR white RACE single 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Jan 7 - 19317. AGE Years 18 Months — Days 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wartford (State or country) Kansas10. NAME OF FATHER E. D. Wymer11. BIRTHPLACE OF FATHER (city or town) Ill. (State or Country)12. MAIDEN NAME OF MOTHER Nellie E. Stancil13. BIRTHPLACE OF MOTHER (city or town) Kansas (State or County)14. Informant E. D. Wymer (Address) Parma, Idaho15. Filed John S. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 18 1931 (Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931, to Jan 18, 1931, that I last saw him alive on Jan 18, 1931, and that death occurred, on the date stated above, at 11:50 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Acute Appendicitis followed by Generalized peritonitisCONTRIBUTORY Acute Intestinal Obstruction (Secondary) (duration) yrs. mos. 10 ds.18. Where was disease contracted if not at place of death? Parma IdahoDid an operation precede death? Yes Date of 1/7/31Was there an autopsy? NoWhat test confirmed diagnosis? operation (Signed) E. C. Jensen M. D. 1/23/31 19 (Address) Parma Idaho19. Place of Burial, Cremation, or Removal Parma, Idaho Date of Burial Jan 23 193120. Undertaker C. V. Packham Address Caldwell, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73781**

PLACE OF DEATH

County of anyon

CERTIFICATE OF DEATH

City of CalderwellRegistration District No. 3Primary Registration District No. 2005Local Registrar's No. 15

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Theodore Orendorfe(a) Residence No. Pasma # 1 St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male4. COLOR OR RACE white5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Bertha Orendorfe6. DATE OF BIRTH (month, day and year) Mar-4-1884

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or
.....min.89028

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Rancher(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Saxony
Germany

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Germany12. MAIDEN NAME OF MOTHER Agathe Schuer13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Germany14. Informant
(Address) Herman V. Orendorfe
Pasma, Idaho15. Filed 2-4-, 1931-John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb-2-31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 2, 1931, to Feb 2, 1931
that I last saw him alive on Feb 2, 1931and that death occurred, on the date stated above, at 7 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Operation for strangulated
hernia by 3 days
anastomosis(duration)yrs.mos. 3 ds.CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of 2/3/31

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. S. Meyer, M. D.
7/3, 1931 (Address) Calderwell

19. Place of Burial, Cremation, or Removal

Date of Burial

Clear Ind.

19

20. Undertaker

V. Beckham

Address

Calderwell
Idaho

RECEIVED FEB 16 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

73782

PLACE OF DEATH

County of Canyon
City of Wilder

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005

(No.)

Local Registrar's No. 14

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alma Haskins(a) Residence. No. Wilder Idaho St. 1019

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 4-1894

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
36 9 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Latah Co. Idaho
(State or country)10. NAME OF FATHER P. A. Daniels11. BIRTHPLACE OF FATHER (city or town) Monroe Co Kentucky
(State or Country)12. MAIDEN NAME OF MOTHER Simpson13. BIRTHPLACE OF MOTHER (city or town) St. Louis Mo.
(State or Country)

14. Informant John S. Meyers
(Address) Wilder Idaho

15. Filed 2-2-, 1931 John S. Meyers
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 29, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 28, 1931, to Jan 29, 1931
that I last saw her alive on Jan 29, 1931

and that death occurred, on the date stated above, at A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia -
Left Right Lung.

(duration) yrs. mos. ds.
CONTRIBUTORY Reganey Towerweber
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) John E. Manning M. D.2-1, 1931 (Address) Wilder Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill Jan 30, 1931

20. Undertaker

Address

C. J. Beckham Caldwell
Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of CanyonCity of Huston R# 2Registration District No. 3Primary Registration District No. 2005

(No.)

Local Registrar's No. 92

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Larry Eugene Engle(a) Residence. No. Huston Idaho St. Idaho

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 9 - 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Huston
(State or country) Idaho10. NAME OF FATHER Marl F. Engle11. BIRTHPLACE OF FATHER (city or town) Iowa
(State or Country)12. MAIDEN NAME OF MOTHER Verita Lyons13. BIRTHPLACE OF MOTHER (city or town) St Anthony
(State or Country) Idaho14. Informant Marl F. Engle
(Address) Huston Idaho15. Filed 2-14-1931 John S. Meyer
Registrar

RECEIVED FEB 16 1931

DO NOT WRITE IN THIS SPACE

73783

State File No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 9 1931, to Feb 9 1931that I last saw him alive on 5 P.M. Feb 9 1931and that death occurred, on the date stated above, at 8 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Double Lobar Pneumonia(duration) yrs. mos. 8 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Robert E. Selbit M. D.Feb 11 1931 (Address) W. Wells

19. Place of Burial, Cremation, or Removal Date of Burial

Canyon Hill 2-11-1931

20. Undertaker Address

C. V. Dickham Caldwell
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 16 1931

DO NOT WRITE IN THIS SPACE

73784

State File No.

PLACE OF DEATH

County of CanyonCity of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005Local Registrar's No. 21

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Morton Benjamin Jennings McCoy(a) Residence. No. R.D. #1

(Usual place of abode.)

Caldwell, Ida. St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 23 19317. AGE Years Months Days If LESS than 1 day, hrs. or min. 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho10. NAME OF FATHER Harry J. McCoy11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Lela Nevada13. BIRTHPLACE OF MOTHER (city or town) S.D. Dakota
(State or Country)

14.

Informant (Address) Harry J. McCoy

15.

Filed 2-11-3131John B. Meyers
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 8, 1931, to Feb 8, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 8, 1931, to Feb 8, 1931
that I last saw him alive on Feb. 8, 1931and that death occurred, on the date stated above, at 6:40 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pneumonia loba

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds. 2-4

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Chloroform(Signed) Dr. J. B. Meyers M. D., 19 (Address) Caldwell, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill 2-10-31

20. Undertaker

Address

C. W. Deekham Caldwell
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
73785
State File No.

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 1
(No. 120-10 the ave no)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mariah Conner

(a) Residence. No. 120-10 the ave no St.

(Usual place of abode.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FM 4. COLOR OR RACE White 5. ~~Single~~ Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

George Conner

6. DATE OF BIRTH (month, day and year) Oct. 16th 1840

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
90 2 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Canada

10. NAME OF FATHER Taylor

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Canada

12. MAIDEN NAME OF MOTHER Loveland

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Canada

14. Informant Mr. Pete Pugh Nampa, Idaho
(Address)

15. Filed 1-3 1931 Dee H. Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1931 to Jan 1 1931
that I last saw him alive on Dec 29 1930
and that death occurred, on the date stated above, at 10:45 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? W.C. Holt & Co.

(Signed) 1-3 1931 (Address) Nampa Ida

19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial 1-4 1931

20. Undertaker Mrs. Ning M. Talley Nampa

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be stated EXACTLY, PHYSICIANS
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73786

State File No.

PLACE OF DEATH

County of CanyonCity of RuralRegistration District No. 7Primary Registration District No. 2006Local Registrar's No. 7

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma M. Newland(a) Residence. No. 8 miles s-e Nampa St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of J.D. Newland
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb. 14 18607. AGE Years Months Days If LESS than 1 day.
70 10 28 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Penn.
(State or country)10. NAME OF FATHER Levi Thomas11. BIRTHPLACE OF FATHER (city or town) Penn.
(State or Country)12. MAIDEN NAME OF MOTHER Anna Black13. BIRTHPLACE OF MOTHER (city or town) Penn
(State or Country)14. Informant J.D. Newland

(Address)

Rt #2 Nampa, Ida15. Filed 1/16, 1931 Dr. H. Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-5, 1931, to 1-12, 1931
that I last saw her alive on 1-7, 1931
and that death occurred, on the date stated above, at 4:40 P. m.
The CAUSE OF DEATH* was as follows:Senile Dementia.(duration) yrs. 1 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of ✓Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. H. Horton, M. D.
1/14/31, 19 (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlawn Cem1/15/31¹⁹

20. Undertaker

Address

Nampa, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73787**

PLACE OF DEATH
County of Canyon
City of Haup

Registration District No. 7Primary Registration District No. 1006Local Registrar's No. 6(No. Sanitarium Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Schulz(a) Residence. No. near Kuma St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec. 28-307. AGE Years Months Days If LESS than 1 day,
14 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Haup Idaho
(State or country)10. NAME OF FATHER Paul Schulz11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Germany12. MAIDEN NAME OF MOTHER Elsie Ruff13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Alabama14. Informant Paul Schulz
(Address) Kuma Rt. 215. Filed 1-14, 1931 Patricia Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 28, 1931, to 1-11, 1931that I last saw him alive on 1-11, 1931and that death occurred, on the date stated above, at 7:05 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.(duration) yrs. mos. 4 ds.CONTRIBUTORY
(Secondary) Influenza(duration) yrs. mos. 7 ds.18. Where was disease contracted
if not at place of death? Kuma Idaho.Did an operation precede death? No Date of ✓Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. K. Robinson M. D.1-14, 1931 (Address) Haup Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kuma Idaho1-13 1931

20. Undertaker

Address

J. K. RobinsonHaup Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully preserved. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73788

State File No.

PLACE OF DEATH

County of Campson
City of Hamper

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 2006

(No.)

Local Registrar's No. 18

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Ernest Stewart(a) Residence No. Hamper #4 St.

(Usual place of abode.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMary Stewart

6. DATE OF BIRTH (month, day and year)

Dec-1

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

65

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Virginia

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14.

Informant (Address)

Ernest Stewart
Hamper, Ida

15.

Filed

4/31, 1931Dec

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan

(Month)

30

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19

to

, 19

that I last saw him alive on

and that death occurred, on the date stated above, at

19

m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Accidental gun shot
wound in neck
led to death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

C. V. Beckham
Caldwell, Ida

, 19

(Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Kokubun Cam

19

20. Undertaker

J. K. Robinson

Address

Hamper
Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 17 1931
DO NOT WRITE IN THIS SPACE
State File No. **73790**

PLACE OF DEATH

County of Lampa
City of Lampa

Registration District No. 7
Primary Registration District No. 2006

Local Registrar's No. 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME D. Mc Connell
(a) Residence. No. 12 av A - 115 St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

74^a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year)
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
67 9 - min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Penn.
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address) Lampa, Ida
15. Filed 1-24, 1931 Bertha Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 19 1931
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1930, to Jan 19, 1931, that I last saw him alive on Jan 19, 1931, and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Cerebral Haemorrhage

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? W. P. Holt
(Signed) W. P. Holt, M. D.
Jan 22, 1931 (Address) Lampa, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Lampa Idaho 1-22 1931
20. Undertaker Address
J. R. ... Lampa, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of SampsonCity of Shawnee

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006

Local Registrar's No.

(No.)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME R. M. Connell(a) Residence No. 12 Erie St. - 115

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Divorced5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Phena M. Connell6. DATE OF BIRTH (month, day and year) Sept 18647. AGE Years 67 Months 9 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Jeweler(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) Penn
(State or country)10. NAME OF FATHER ✓11. BIRTHPLACE OF FATHER (city or town)
(State or Country) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) 14. Informant G. D. Cummings
(Address) 15. Filed 1/24 1931 Letha Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 17 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1930 to Jan 19, 1931
that I last saw him alive on Jan 19, 1931and that death occurred, on the date stated above, at m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Haemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? Did an operation precede death? no Date of Was there an autopsy? noWhat test confirmed diagnosis? (Signed) W. C. Galt, M. D.Jan 22, 1931 (Address) 19. Place of Burial, Cremation, or Removal Date of Burial 1/22/3120. Undertaker Address F. H. Robinson Shawnee

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DO NOT WRITE IN THIS SPACE
73791
State File No. _____

PLACE OF DEATH

County of Canyon
City of _____

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 2006

(No. 6 miles east Nampa)

Local Registrar's No. 8

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Monroe Lyda

(a) Residence. No. 6 miles east Nampa St.

Length of residence in city or town where death occurred. 15 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 18th 1841

7. AGE Years 83 Months 7 Days — If LESS than 1 day, — hrs. or — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self.

9. BIRTHPLACE (city or town) (State or country) north Carolina

10. NAME OF FATHER Isaac Lyda

11. BIRTHPLACE OF FATHER (city or town) (State or Country) north Carolina

12. MAIDEN NAME OF MOTHER Mary Stepp

13. BIRTHPLACE OF MOTHER (city or town) (State or County) north Carolina

14. Informant Mrs. I. M. Lyda
(Address) Meridian, Idaho

15. Filed 1/21 1931 Death Coroner
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 18 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1930, to Jan 18 1931
that I last saw him alive on Dec 1930
and that death occurred, on the date stated above, at _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Epilepsy of
brain

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (Secondary) Infirmities
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Significant

(Signed) W. D. Falley M. D.

Jan. 20 1931 (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Kohlerlawn-Nampa 1-21 1931

20. Undertaker Address

Wm D. Falley Nampa, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 16 1931

DO NOT WRITE IN THIS SPACE

State File No. 73792

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1005

Local Registrar's No. 11

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin Ray Rowland

(a) Residence. No. West 2nd St. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec-18-1883

7. AGE Years 47 Months 1 Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

10. NAME OF FATHER J. D. Rowland

11. BIRTHPLACE OF FATHER (city or town) Clay Co
(State or Country) Missouri

12. MAIDEN NAME OF MOTHER Mary Rowland

13. BIRTHPLACE OF MOTHER (city or town) Caldwell
(State or Country) Idaho

14. Informant See Rowland
(Address) Caldwell Idaho

15. Filled 1-30- 1931- John S. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan-24- 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24 31
1-7-31 to Jan 24 31
that I last saw him alive on Jan 24 1931
and that death occurred, on the date stated above, at 10-30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds. 4
CONTRIBUTORY Preliminary & Cerebral
(Secondary) regeneration

(duration) yrs. mos. ds. 2

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical & Physical

(Signed) 1-25-31 M. D.

(Address) Caldwell Idaho

19. Place of Burial, Cremation, or Removal Canyon Hill Date of Burial 1-26 1931

20. Undertaker W. Beckham Address Caldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73793

State File No. _____

PLACE OF DEATH

County of CanyonCity of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005Local Registrar's No. 13

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Ellen P. Norman(a) Residence. No. Caldwell #4

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Richard Norman6. DATE OF BIRTH (month, day and year) Mar-15-18457. AGE Years Months Days If LESS than 1 day, hrs. or min.
85 10 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) _____
(State or country)10. NAME OF FATHER Dwight Pratt11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) Not known12. MAIDEN NAME OF MOTHER Gerith Taylor13. BIRTHPLACE OF MOTHER (city or town) _____
(State or County) Not known14. Informant Lottie A. Johnston
(Address) Caldwell, Ida. R.D.15. Filed 2-5-, 1931- John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 29, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY That I attended deceased from Jan 25, 1931, to Jan 29, 1931,
that I last saw her alive on Jan 29, 1931,
and that death occurred, on the date stated above, at 5:25 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Broncho Pneumonia
following Flu infection(duration) _____ yrs. _____ mos. 6 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted _____
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? W. H. Kelley

(Signed) _____, M. D.

1-30, 1931 (Address) Caldwell, Ida.

19. Place of Burial, Cremation, or Removal _____ Date of Burial _____

Parma Cem Feb. 1- 193120. Undertaker E. V. Peckham Address Caldwell
Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 11 1931
DO NOT WRITE IN THIS SPACE
73794
State File No. _____

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006
(No. Samaritan Hos)

Local Registrar's No. 17

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miriam Marie Good

(a) Residence. No. 2 mi south Nampa St. _____
(If nonresident give city or town and State.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) May 22-1929

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 7 27 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

10. NAME OF FATHER Abraham Good

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Anna Wenger

13. BIRTHPLACE OF MOTHER (city or town) Kansas
(State or County)

14. Informant Mrs Anna Good
(Address) Nampa Idaho

15. Filed 1/21 1931 Pathe Conway
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
1-14 1931, to 1-19 1931

that I last saw her alive on 1-19 1931

and that death occurred, on the date stated above, at 7-P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 8 ds.
CONTRIBUTORY Influenza
(Secondary) (duration) yrs. mos. 10 ds.

18. Where was disease contracted
if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Horton M. I.
1-20 1931 (Address) Nampa Idaho

19. Place of Burial, Cremation, or Removal Kohlerlawn Nampa Date of Burial 1-3-2 1931

20. Undertaker Mrs Nina M. Talley Nampa Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 10 1931
DO NOT WRITE IN THIS SPACE
State File No. **73795**

PLACE OF DEATH

County of Shoshone
City of Mullan, Idaho

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 2

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine Blanchard

(a) Residence. No. Mullan, Idaho St. Mullan, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of C. M. Blanchard

6. DATE OF BIRTH (month, day and year) July 6 - 1892

7. AGE Years 37 Months 4 Days 24 If LESS than 1 day, min. hrs. or

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mullan Idaho (State or country)

10. NAME OF FATHER August Mac Rae

11. BIRTHPLACE OF FATHER (city or town) Canada (State or Country)

12. MAIDEN NAME OF MOTHER Mary Cuthbert

13. BIRTHPLACE OF MOTHER (city or town) Canada (State or Country)

14. Informant C. M. Blanchard (Address) Mullan, Idaho

15. Filed Jan 8, 1931 J. L. Dingley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from October, 1930, to January 5, 1931
that I last saw him alive on Jan 4, 1931
and that death occurred, on the date stated above, at 1:40 A.M.

The CAUSE OF DEATH* was as follows:

Chr. Valvular Heart

(duration) 70 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James R. Bean, M. D.
1/7/31, 19 (Address) Mullan

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mullan Idaho Date of Burial Jan 8 1931

20. Undertaker J. A. Bever Address Ward Hill Co. Wallace, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of *Shoshone*City of *Kellogg*Registration District No. *123*Primary Registration District No. *2201*

DO NOT WRITE IN THIS SPACE

73796

State File No.

Local Registrar's No. *3*

(No.)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Aug Blandfield*

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *July 8 - 1898*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
32 5 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Truck Driver*(b) General nature of industry, business, or establishment in which employed (or employer) *Road Construction*(c) Name of employer *James P. Hain*9. BIRTHPLACE (city or town) *Baker Ore*
(State or country)10. NAME OF FATHER *David Blandfield*11. BIRTHPLACE OF FATHER (city or town) *Kansas*
(State or Country)12. MAIDEN NAME OF MOTHER *Mary Sutton*13. BIRTHPLACE OF MOTHER (city or town) *Massachusetts*
(State or Country)14. Informant *Mary Blandfield*
(Address) *Clarkston Wash*15. Filed *Jan 28, 1931* *Mrs Helen M. Bride*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Jan 7 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19 to 19
that I last saw him live on *Jan 7 1931*
and that death occurred, on the date stated above, at *9 A. M.*
The CAUSE OF DEATH was as follows:*Accidentally thrown
under wheel truck up-
set into No Fork River,
off bridge*
(duration) yrs. mos. ds. *from injury*
CONTRIBUTORY (Secondary) *None*
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? *Yes*

What test confirmed diagnosis?

(Signed) *W. H. Motter, coroner*1/7, 1931 (Address) *Wellsboro, Pa*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Clarkston Wash Jan 10 1930

20. Undertaker Address

R. L. Saul Kellogg Ida

1. Every item of information should be carefully supplied. AGE should be stated EXACTLY, in full years. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 10 1931

DO NOT WRITE IN THIS SPACE

State File No. 73799

PLACE OF DEATH

County of Shoshone

City of Wallace

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 4

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Horatio Hamilton Miller

(a) Residence. No. 310 Cedar St. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 13 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of

Jane Baird Miller

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

65

4

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Auditor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

West Middletown Penna.

10. NAME OF FATHER

Julius Philip Miller

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

West Middletown Pennsylvania

12. MAIDEN NAME OF MOTHER

Eva Hamilton

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

West Middletown Pennsylvania

14. Informant

(Address)

H. H. Miller Jr.
Boise Idaho

15. Filed Jan 20, 1931

F. L. Quigley

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Monday Jan 18th

(Month)

(Day)

1931

17. I HEREBY CERTIFY That I attended deceased from

Wednesday 14th, 1931, to Jan 15th, 1931

that I last saw him alive on Jan 14th 12:30 am, 1931

and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Bleeding Stomach -
Myeloid - Edema of lungs

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? no date

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? required none

(Signed) C. S. Stone, M. D.

(Address) , 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Spokane Wash

1/20th 1931

20. Undertaker

Address

C. S. Morrell

Wallace

RECEIVED FEB 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73800

PLACE OF DEATH

County of Shoshone
City of Wallace

CERTIFICATE OF DEATH

Registration District No. 70Primary Registration District No. 1011(No. Providence Hospital)Local Registrar's No. 6

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Raymond Shannon(a) Residence. No. Mullan Idaho St. Mullan Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE white- 5. Single, Married, Widowed, or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 5th 19247. AGE Years 6 Months 7 Days 21 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wallace Idaho
(State or country)10. NAME OF FATHER Raymond Shannon11. BIRTHPLACE OF FATHER (city or town) Carson City
(State or Country) Nevada12. MAIDEN NAME OF MOTHER Emma Lindros13. BIRTHPLACE OF MOTHER (city or town) Michigan
(State or Country)14. Informant (Address) Mr. F. E. Scott
Wallace Ida15. Filed Jan 29 1931 L. K. Zwigley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 26, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Jan 26, 1931
that I last saw him alive on Jan 26, 1931
and that death occurred, on the date stated above, at 6:30 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Proctitis complicated by influenza terminated in pneumonia

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. R. B. ScottJan 26, 1931 (Address) Mullan Ida19. Place of Burial, Cremation, or Removal Wallace Ida Date of Burial Jan 29 193120. Undertaker Ward and Co. Address Wallace Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 10 1931
DO NOT WRITE IN THIS SPACE
State File No. 73802

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 20
Primary Registration District No. 1011

Local Registrar's No. 5

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Augustus Keating

(a) Residence. No. 307 Pine Street

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Frances Keating
(or) WIFE of (1877 E.K.)

6. DATE OF BIRTH (month, day and year) Nov. 23, 1898

7. AGE Years 32 Months 2 Days 3 If LESS than 1 day, _____ hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work banker

(b) General nature of industry, business, or establishment in which employed (or employer) First Mt. Bank

(c) Name of employer St. George (E.K.)

9. BIRTHPLACE (city or town) St. George, New Brunswick
(State or country)

10. NAME OF FATHER James Keating

11. BIRTHPLACE OF FATHER (city or town) St. George, New Brunswick
(State or Country)

12. MAIDEN NAME OF MOTHER Ida Plaine

13. BIRTHPLACE OF MOTHER (city or town) St. George, New Brunswick
(State or Country)

14. Informant Eleanor Keating
(Address) 307 Pine Street

15. Filed Jan 28, 1931 L. L. Quigley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January, 26, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____ to _____, 19____
that I last saw him alive on Jan 26, 1931
and that death occurred, on the date stated above, at about 11:30 a.m.
The CAUSE OF DEATH* was as follows:
passed at Carbon monoxide
apparently accidental
Removal of blood from automobile

CONTRIBUTION (Secondary) Removal of blood from automobile

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Corcoran

127, 1931 (Address) Wallace Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Wallace Idaho Date of Burial Jan 28, 1931

20. Undertaker B. H. Norstell Address Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73803**PLACE OF DEATH
County of Shoshone
City of WallaceRegistration District No. 70
Primary Registration District No. 1011Local Registrar's No. 7(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Daniel Franklin Bradshaw

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year) <u>June 7-1920</u>		
7. AGE Years <u>10</u>	Months <u>7</u>	Days <u>22</u> If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Schoolboy</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) Oregon
(State or country)10. NAME OF FATHER O. H. Bradshaw11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)12. MAIDEN NAME OF MOTHER Marie Hudson13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or Country)14. Informant Marie Bradshaw
(Address) Kellogg, Idaho15. Filed Jan 31, 1931
F. L. Dringley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Jan 29 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Jan 26th, 1931, to Jan 29, 1931.
that I last saw him alive on Jan 29, 1931.
and that death occurred, on the date stated above, at 10:15 P. M.

The CAUSE OF DEATH* was as follows:

Pertinent following
appendixes & operations

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Appendixes

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of Jan 26thWas there an autopsy? YesWhat test confirmed diagnosis? Condition of operation(Signed) W. B. Lindquist M. D.
1/30, 1931 (Address) Kellogg, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Kellogg, Idaho
Date of Burial Jan 31, 193120. Undertaker M. B. Thornhill
Address Kellogg, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73804**

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70Primary Registration District No. 1011Local Registrar's No. 3(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Lee McDonnell(a) Residence. No. Wallace, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 25 - 19307. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wallace, Idaho
(State or country)10. NAME OF FATHER William P. McDonnell11. BIRTHPLACE OF FATHER (city or town) S. Dakota
(State or Country)12. MAIDEN NAME OF MOTHER Margaret Baranski13. BIRTHPLACE OF MOTHER (city or town) B.C.
(State or Country)14. Informant William P. McDonnell
(Address) Wallace, Idaho15. Filed Jan 17, 1931 F. R. Ziegler
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 16, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

that I last saw him alive on , 19

and that death occurred, on the date stated above, at 3:10 A.M.

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat confirmed diagnosis? Non-traumatic coronary(Signed) W. R. Ziegler16, 1931 (Address) Wallace, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Wallace, Idaho Date of Burial Jan 17, 193120. Undertaker G. A. Bower Address Wallace, Idaho
Ward and Co.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73805**

PLACE OF DEATH

County of **Shoshone**
City of **Wallace**Registration District No. **70**Primary Registration District No. **1011**(No. **Wallace Hospital**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. **1**2. FULL NAME **Harry Mitts**(a) Residence. No. **Kellogg Idaho**

(Usual place of abode)

Length of residence in city or town where death occurred. **11** yrs. - mos. - ds. How long in U. S., if of foreign birth? **24** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced (write the word) single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year)		
7. AGE 44	Years	Months Days
If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work miner (b) General nature of industry, business, or establishment in which employed (or employer) Lead & Silver Mines (c) Name of employer		

9. BIRTHPLACE (city or town) **Finland**
(State or country)10. NAME OF FATHER **not known**11. BIRTHPLACE OF FATHER (city or town) **Finland**
(State or Country)12. MAIDEN NAME OF MOTHER **Mary**13. BIRTHPLACE OF MOTHER (city or town) **Finland**
(State or Country)14. Informant **John M. Shove**
(Address)15. Filed **Jan 3, 1931** **J. H. Zimigley**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 1, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 31, 1930, to Jan 1, 1931
that I last saw him alive on **Dec 31, 1930**
and that death occurred, on the date stated above, at **2 A** m.

The CAUSE OF DEATH* was as follows:

Acute pneumonia
Tubercular**unknown** (duration) yrs. mos. ds.CONTRIBUTORY **pneumonia**
(Secondary)**unknown** (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death? **unknown**Did an operation precede death? **no** Date ofWas there an autopsy? **no**What test confirmed diagnosis? **Physical examination**(Signed) **Pauline Ellis, M. D.****Jan 2, 1931** (Address) **Wallace, Idaho**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Wallace, Idaho** Date of Burial **January 3, 1931**20. Undertaker **B. H. Morrell** Address **Wallace**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of DouglasCity of KelloggRegistration District No. 123Primary Registration District No. 2201

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bessie Alice Reynolds(a) Residence. No. Enaville Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 12 - 19307. AGE Years Months Days If LESS than 1 day, hrs. or min.
7 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Enaville Idaho
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant Mrs. Alice M. Biele
(Address) Enaville Idaho15. Filed Jan. 28, 1931 Mrs. Alice M. Biele
Registrar

DO NOT WRITE IN THIS SPACE

State File No. 73806Local Registrar's No. 4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 8, 1931, to Jan 8, 1931that I last saw her alive on Jan 8, 1931and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia3 days (duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? at homeDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? physician(Signed) M. Biele, M. D.1/2, 1931 (Address) Kellogg Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kellogg Idaho1/10 1931

20. Undertaker

Address

R. L. StoutKellogg Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 7 1931
DO NOT WRITE IN THIS SPACE
73807
State File No.

PLACE OF DEATH
County of Shoshone
City of Mardner

Registration District No. 123
Primary Registration District No. 2201

Local Registrar's No. 2

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Malvine Painter Arnold

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 14, 1851

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
79 11 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Indiana
(State or country)

10. NAME OF FATHER Mr. Painter

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) No inf.

12. MAIDEN NAME OF MOTHER No inf.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) No inf.

14. Informant R. C. Arnold
(Address) Mardner, Ida

15. Filed Jan 28, 1931 Mrs. Helen M. B. Bide
Registrar

16. DATE OF DEATH

Jan 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 20, 1930, to Jan 1, 1931

that I last saw her alive on Jan 1, 1931

and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure.

(duration) 1 yrs. 1 mos. 0 ds.

CONTRIBUTORY
(Secondary)

(duration) 1+ yrs. 0 mos. 0 ds.

18. Where was disease contracted
if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) T. W. Saraway, M. D.

Jan 10, 1931 (Address) Kellogg, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Kellogg, Ida Jan 4, 1931

20. Undertaker Address

M. P. Thornhill Kellogg, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73817**

PLACE OF DEATH

County of Elmore
City of Mt. Home

Registration District No. 34Primary Registration District No. 2020Local Registrar's No. 5

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Mt. Home Id.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Poole

6. DATE OF BIRTH (month, day and year) 4-4-1859

7. AGE Years Months Days If LESS than 1 day.
70 9 27 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mo.
(State or country)10. NAME OF FATHER Page Mercer.11. BIRTHPLACE OF FATHER (city or town) Mo
(State or Country)12. MAIDEN NAME OF MOTHER M. J. Richardson13. BIRTHPLACE OF MOTHER (city or town) Ken.
(State or Country)

14. Informant Clara Abbott
(Address) Mt. Home Id.

15. Filed Feb 5, 1931 J. H. Anderson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 31, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

January 1, 1931, to January 31, 1931

that I last saw her alive on Jan. 31, 1931and that death occurred, on the date stated above, at 6:50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial
Nephritis

(duration) 4 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Evans, M. D.2-5-, 1931 (Address) Mt. Home Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation or Removal~~ Date of Burial

Mt. Home Id. 2-2 1931

20. Undertaker G. S. Zacher Address Mt. Home Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73818

State File No.

PLACE OF DEATH

County of ElmoreCity of Mt. Home Ida.Registration District No. 34Primary Registration District No. 2020Local Registrar's No. 4

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME. Francis Evaline Barnhart

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John N. Barnhart

6. DATE OF BIRTH (month, day and year) 11-28-1864

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
65 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Liberty Indiana
(State or country)10. NAME OF FATHER Henry Stutsman11. BIRTHPLACE OF FATHER (city or town) Liberty Indiana
(State or Country)12. MAIDEN NAME OF MOTHER Netta Lehr13. BIRTHPLACE OF MOTHER (city or town) Liberty Indiana
(State or Country)14. Informant John N. Barnhart
(Address) Mt. Home Indiana15. Filed Feb 5, 1931 H. Anderson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

1-28-31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931, to Jan 28, 1931that I last saw her alive on Jan 28, 1931and that death occurred, on the date stated above, at 5.25 P. m.

The CAUSE OF DEATH* was as follows:

Heart Regurgitation
Acute Paraneoplasmatous
Nephritis of Left Kidney
Regurgitation (duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds. 1018. Where was disease contracted if not at place of death? —Did an operation precede death? No Date of —Was there an autopsy? —What test confirmed diagnosis? —(Signed) J. E. Barnes, M. D.2-5-, 1931 (Address) Mt. Home Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mt. Home Ida. Date of Burial 1-30 193120. Undertaker G. S. Zucker Address Mt. Home Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73819

State File No.

PLACE OF DEATH

County of Elmore
City of Mountain Home

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 22

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norval Kemper Bott

(a) Residence. No. 1718 N 9th St. Boise St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Alma Hutton Botts
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 9th month 1887

7. AGE Years 43 Months 4 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. State Highway

(b) General nature of industry, business, or establishment in which employed, (or employer) Highway Work

(c) Name of employer State Highway Dept.

9. BIRTHPLACE (city or town) Adams, Oregon
(State or country)

10. NAME OF FATHER John Kemper Bott

11. BIRTHPLACE OF FATHER (city or town) Richmond, Virginia
(State or Country)

12. MAIDEN NAME OF MOTHER Rhoda Elms Reeder

13. BIRTHPLACE OF MOTHER (city or town) Peroa, Illinois
(State or Country)

14. Informant Glyde E Bott
(Address) King Hill, Ida.

15. Filed Jan 11, 1931 W. H. Thomas
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw h _____ alive on _____, 19____

and that death occurred, on the date stated above, at 8:45 P.M.

The CAUSE OF DEATH* was as follows:

Car accident

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) G. S. Zucker M.D.

1-24, 1931 (Address) Int. Home, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Penitentiary Care. Date of Burial 19

20. Undertaker G. S. Zucker Address Int. Home, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 17 1931
DO NOT WRITE IN THIS SPACE
State File No. **73820**

PLACE OF DEATH
County of Elmore
City of Mt. Home

Registration District No. 34
Primary Registration District No. 2020

Local Registrar's No. 1

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willis Trebey

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
72

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Grinney
(State or country) Illinois

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country) _____

14. Informant Jennie Casey
(Address) Mt. Home Ida.

15. Filed Feb 5, 1931 A. Andrus
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 1 - 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1930, to Jan. 4, 1931
that I last saw him alive on Jan. 3, 1931
and that death occurred, on the date stated above, at 11.50 A.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Prostate

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) J. E. Edwards, M. D.

2-1-, 1931 (Address) Mt. Home Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mt. Home Ida. Date of Burial 1 - 4 1931

20. Undertaker G. S. Zucker Address Mt. Home Ida.

4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73821**

PLACE OF DEATH

County of Remont-City of St. AnthonyRegistration District No. 99Primary Registration District No. 2177Local Registrar's No. 367

(No.)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. St. Anthony Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

Feb. 6-1929

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

11113

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

St. Anthony Idaho

10. NAME OF FATHER

Alvius Post

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Mo.

12. MAIDEN NAME OF MOTHER

Anna L. White

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Mo.

14. Informant

(Address)

Alvius PostSt. Anthony Idaho

15. Filed

Jan. 20, 1931W. M. Hansen

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 19

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 19, 1931, onlythat I last saw him alive on Jan 19, 1931and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Discolitis with convulsions -(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) J. L. Wilson, M. D.Jan 26, 1931 (Address) St. Anthony Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Riverside Jan. 21- 1931

20. Undertaker Address

W. M. Hansen St. Anthony Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

4 1931

RECEIVED FEB 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 73822

366

PLACE OF DEATH
County of Fremont
City of Teton City

Registration District No. 99
Primary Registration District No. 2177
(No. _____)

Local Registrar's No. 147

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elliott Garn

(a) Residence. No. Salt Lake City, Utah. St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. 6 mos. 0 ds. How long in U. S. if of foreign birth? yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced
~~XXXXXX~~
(or) WIFE of Martin Garn

6. DATE OF BIRTH (month, day and year) July 12th, 1857

7. AGE Years 73 Months 5 Days 25 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Salt Lake City, Utah.
(State or country)

10. NAME OF FATHER Henry B. Skidmore

11. BIRTHPLACE OF FATHER (city or town) Penn.
(State or Country)

12. MAIDEN NAME OF MOTHER Sarah Elliott

13. BIRTHPLACE OF MOTHER (city or town) Penn.
(State or Country)

14. Informant Mrs J. E. Naylor
(Address) 855 E. 13th. So. Salt Lake City, Ut.

15. Filed Jan. 8, 1931 W. M. Hansen Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 7, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1931, to Jan 7, 1931
that I last saw her alive on Jan 7, 1931

and that death occurred, on the date stated above, at 7:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia (lobar)

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (Secondary) Myocarditis
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) H. S. Rigby M.D.
Jan 8, 1931 (Address) Rephing, Ida.

19. Place of Burial, Cremation, or Removal Salt Lake City, Utah Date of Burial Jan. 11, 1931

20. Undertaker W. M. Hansen Address St. Anthony, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE OF DEATH

RECEIVED FEB 5 1931

1. PLACE OF DEATH.
County of Oreida
City of Malad

Registration District No. 76
Primary Registration District No. 2069
(No. , St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 73823
Registered No. 2

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Storia Eline Thomas

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Child
(Write the word.)

6. DATE OF BIRTH May - 7 1930
(Month) (Day) (Year)

7. AGE 8 yrs. 21 mos. 21 ds.
IF LESS than 1 day how many..... hrs. or min?

8. OCCUPATION

- (a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer).....

9. BIRTHPLACE

(State or Country) Malad Ida

10. NAME OF FATHER

D. Le Roy Thomas

11. BIRTHPLACE OF FATHER

(State or Country) Malad Ida

12. MAIDEN NAME OF MOTHER

Mathie Price

13. BIRTHPLACE OF MOTHER

(State or Country) Malad Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. Le Roy Thomas
(Address) Malad Idaho

15.

Filed 1/31 1931 J. M. Kersuo
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Jan - 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1931 to Jan 28 1931 that I last saw her alive on Jan 28 1931 and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Chicken pox complicated by undetermined condition in brain causing convulsions
(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) V. J. Garst M. D.

Jan 30 1931 (Address) Malad, Ida.
State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted,
If not at place of death?
Former or
usual residence.

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Malad Idaho Jan 28 1931

20. UNDERTAKER

ADDRESS

J. Guy Benson Malad Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED JAN 30 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

73824

PLACE OF DEATH

County of Washington

City of Wenatchee

CERTIFICATE OF DEATH

Registration District No. 86

Primary Registration District No. 10

(No.)

Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oscar A. Logan

(a) Residence. No. Thurington Ave St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE WHT 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 1 - 1905

7. AGE Years 25 Months 4 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Oregon

10. NAME OF FATHER Oscar Logan

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oregon

12. MAIDEN NAME OF MOTHER Annella Harris

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho

14. Informant (Address) Mrs Annella Logan
Wenatchee

15. Filed Jan. 29, 1931 W.R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 24, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Jan 24, 1931, that I last saw him alive on Jan 24, 1931, and that death occurred, on the date stated above, at 8:30 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

acute toxemia

(duration) yrs. mos. ds. CONTRIBUTORY alcoholism (Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Marshall, M. D. Jan 28, 1931 (Address) Wenatchee

19. Place of Burial, Cremation, or Removal Galloway Cemetery Date of Burial 1-27-1931

20. Undertaker L.B. Northman Address Wenatchee

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 30 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73828

State File No.

PLACE OF DEATH

County of WashingtonCity of Weiser

CERTIFICATE OF DEATH

Registration District No. 86Primary Registration District No. 100

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ervin Jacob Siegenthaler(a) Residence. No. Weiser St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wht 5. Single, Married, Widowed or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Clara Siegenthaler6. DATE OF BIRTH (month, day and year) Mar 13, 19047. AGE 26 Years Months 9 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Neo Dakota
(State or country)10. NAME OF FATHER J. R. Siegenthaler11. BIRTHPLACE OF FATHER (city or town) Switzerland
(State or Country)12. MAIDEN NAME OF MOTHER Mina Sobel13. BIRTHPLACE OF MOTHER (city or town) Switzerland
(State or Country)14. Informant (Address) J. R. Siegenthaler Route 1, Appleton, Wash.15. Filed Jan 10, 1931 J. R. Bauman Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 10, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from January 7th, 1931 to January 10, 1931that I last saw him alive on January 10th, 1931
and that death occurred, on the date stated above, at 6:30 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Meningitis. Pneumococic(duration) yrs. mos. 3 ds.CONTRIBUTORY Pneumonia lobar.
(Secondary)(duration) yrs. mos. 13 ds.18. Where was disease contracted ☒
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? -(Signed) L. C. Bauman, M. D.
1-10-31, 19 (Address) Weiser, Ida19. Place of Burial, Cremation, or Removal Spokane Wash Date of Burial 1920. Undertaker L. C. Bauman Address Weiser, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 30 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73829

PLACE OF DEATH

County of Washington
City of Weiser

CERTIFICATE OF DEATH

Registration District No. 86Primary Registration District No. 2112Local Registrar's No. 7(No. 7)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John S. Gardley(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wht 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Elizabeth Gardley
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 7-1880

7. AGE 50 Years 5 Months 25 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Oregon
(State or country)10. NAME OF FATHER Thomas Gardley11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Elizabeth Woods13. BIRTHPLACE OF MOTHER (city or town) Maine
(State or Country)14. Informant Elizabeth Gardley
(Address) Weiser Idaho15. Filled Jan 19, 1931 W R Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,
that I last saw him alive on , 19 ,
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Heart Trouble
died before medical
assistance arrived
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis?

(Signed) L. B. Northam Coroner
Jan 23, 1931 (Address) Weiser Idaho

19. Place of Burial, Cremation, or Removal Morris Creek Date of Burial 1-15 1931

20. Undertaker L. B. Northam Address Weiser Idaho

RECEIVED JAN 20 1921

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 73830

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of *Washington*
City of *Cambridge*Registration District No. *88*

Primary Registration District No.

(No. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Len Stalin Bowers

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Single
(Write the word.)

6. DATE OF BIRTH.

Jan 9th 1923
(Month) (Day) (Year)

7. AGE

8 Yrs. *9* Mos. *9* ds.IF LESS than 1 day
how many hrs. or
..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer)*None*

9. BIRTHPLACE

(State or Country)

Payette Idaho

10. NAME OF FATHER

Len J Bowers

11. BIRTHPLACE OF FATHER

(State or Country)

Wyoming

12. MAIDEN NAME OF MOTHER

Emma Leland

13. BIRTHPLACE OF MOTHER

(State or Country)

Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) *Len J Bowers*

(Address)

Cambridge

15.

Filed *1-20-31* 1921DR. R. T. WHITEMAN
CAMBRIDGE, IDAHO

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 18 1923
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
1-15-31 1921 to *1-18-31* 1921that I last saw him alive on *1-18-31* 1921
and that death occurred on the date stated above, at *11:00 P.M.*

The CAUSE OF DEATH* was as follows:

Brain Abscess Otitic Meningitis

(Duration) Yrs. mos. ds.

Contributory (Secondary) *Acute Otitis Media*

(Duration) Yrs. mos. 4 ds.

(Signed) *W. H. Heman* M. D.19 (Address) *Cambridge-Idaho*

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs mos days In the State yrs mos days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Medvale Ida *Jan 29 1921*

20. UNDERTAKER

ADDRESS

Jeff Hildison *Cambridge*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

TATE OF IDAHO
DEPA NT OF PUBLIC WELFARE
BU OF VITAL STATISTICS

RECEIVED FEB 5 1931
DO NOT WRITE IN THIS SPACE
73833
State File No. _____

PLACE OF DEATH

County of Power American Falls **CERTIFICATE OF DEATH**

City of Am Falls, Idaho Registration District No. 25
Primary Registration District No. 2070

Local Registrar's No. 291

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Verla Mae Jones

(a) Residence. No. American Falls, Idaho St. _____

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 4th 1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
4 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) American Falls, Idaho
(State or country)

10. NAME OF FATHER Ora Jones

11. BIRTHPLACE OF FATHER (city or town) Ky
(State or Country)

12. MAIDEN NAME OF MOTHER Clara Launsberry

13. BIRTHPLACE OF MOTHER (city or town) American Falls, Idaho
(State or Country)

14. Informant Clara Jones
(Address) American Falls, Idaho

15. Filed 1/2, 1931 Hewitt Hays
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 1st 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1931 to Jan 1, 1931
that I last saw her alive on Jan 1, 1931

and that death occurred, on the date stated above, at 5-35 m.

The CAUSE OF DEATH* was as follows:

accidental asphyxiation

(duration) yrs. mos. ds.

CONTRIBUTORY Smothered under bed cover
(Secondary) ing

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ✓

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) C. F. Schiller M. D.
1/2/31, 19____ (Address) Am Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal I.O.O.F. Cenetary Date of Burial 1/3/31 19____

20. Undertaker Andrew Address American Falls, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of PowerCity of American Falls, IdahoRegistration District No. 23Primary Registration District No. 2072

RECEIVED FEB 5 1931
DO NOT WRITE IN THIS SPACE
73834
State File No. _____

Local Registrar's No. 21

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nicholes Altmeyer(a) Residence. No. 12 Miles South of Town. St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May 1857

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.76818

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wis
(State or country)10. NAME OF FATHER John Altmeyer11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Germany12. MAIDEN NAME OF MOTHER Not Known13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Not Known14. Informant John L. Altmeyer(Address) American Falls, Idaho15. Filed Jan 26 1931 Genevieve Roth Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan231931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 14, 1931, to Jan 23, 1931that I last saw him alive on Jan 14, 1931

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Intermittent Nephritis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Urinalysis(Signed) V. J. Ryan M. D.1-24, 1931 (Address) American Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

I.O.O.F. Hall Jan 26 3120. Undertaker American Falls Address Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Power
City of Am. Falls, Idaho.

Registration District No. 15
Primary Registration District No. 2072

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ephriam Taylor

(a) Residence. No. Am. Falls, Idaho. St. _____

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Nov. 14 1848

7. AGE Years Months Days
82 2 16
If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Palo Pinto, Texas
(State or country)

10. NAME OF FATHER S.S. Taylor

11. BIRTHPLACE OF FATHER (city or town) Kentucky
(State or Country)

12. MAIDEN NAME OF MOTHER Eleanor Maddox

13. BIRTHPLACE OF MOTHER (city or town) Kentucky
(State or Country)

14. Informant R. F. Subliffe
(Address) Am. Falls

15. Filed Jan 31, 1931 Genuine No. 1
Registrar

RECEIVED FEB 5 1931

DO NOT WRITE IN THIS SPACE
State File No. 73835

Local Registrar's No. 213

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 24, 1931, to January 30, 1931
that I last saw him alive on January 30, 1931
and that death occurred, on the date stated above, at 6:15 p.m.
The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) J. F. Logan M. D.
January 31, 1931 (Address) Am. Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Arco Idaho Date of Burial _____

20. Undertaker Arco David Address 1-30

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73836

State File No.

PLACE OF DEATH
County of Clearwater
City of Orofino

CERTIFICATE OF DEATH

Registration District No. 90Primary Registration District No. 2187(No. Orofino Hospital)Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hermah Johnson

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. orAbout 62

.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workLabor(b) General nature of industry,
business, or establishment in
which employed (or employer)(c) Name of employer Clearwater Timber Co9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

?11. BIRTHPLACE OF FATHER (city or town)
(State or Country)?

12. MAIDEN NAME OF MOTHER

?13. BIRTHPLACE OF MOTHER (city or town)
(State or County)?

14.

Informant
(Address)

15.

Filed Jan 20, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan191931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

12/23, 1930, to1/19, 1931

that I last saw him alive on

1/19, 1931

and that death occurred, on the date stated above, at

12:10 P.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 29 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical

(Signed)

1/19/31, 19

(Address)

Orofino, Ida

19. Place of Burial, Cremation, or Removal

Orofino Id

Date of Burial

Jan 21, 19

20. Undertaker

W.A. Shaw

Address

rofino

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 5 1931
DO NOT WRITE IN THIS SPACE
73837
State File No.

PLACE OF DEATH

County of Clearwater

City of Orofino

CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 2184

Local Registrar's No. 3

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Begdek

(a) Residence No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 67 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Michigan

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address) Harry Crumie Orofino Ida

15. Filled 1/15, 1931

V.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw h..... alive on 19.....

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

No Doctor

Found dead in bed

(duration) yrs. mos. ds.

CONTRIBUTORY Heart Trouble

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed

(Signed) N.D. Prinson Corshor
Jan 14, 1931 (Address) Orofino Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Orofino

Jan 15 1931

20. Undertaker

Address

N.D. Prinson Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Clearwater
City of OrofinoRegistration District No. 90
Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE

State File No. 73838Local Registrar's No. 8(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Claira Lebak(a) Residence. No. Orofino Hospital St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Femal 4. COLOR OR RACE white 5. Single, Married, Widowed, or ~~Divorced~~ Married (Use the word)5a. If married, widowed, or divorced
HUSBAND of Olie Lebak
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb 22 19107. AGE Years 20 Months 10 Days 24 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Canada
(State or country)10. NAME OF FATHER L Keerling11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)12. MAIDEN NAME OF MOTHER Syra Kross13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)14. Informant Olie Lebak
(Address) Orofino15. Filed 1/17 1931 W.A. Shaw
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

11/9/30, 19, to 1/16, 1931
that I last saw her alive on 1/16/31, 19and that death occurred, on the date stated above, at 3:50 a. m.

The CAUSE OF DEATH* was as follows:

Peritonitis following cyst
of broad ligament
(duration) yrs. 6 mos. ds.CONTRIBUTORY Dilation of heart
(Secondary)(duration) yrs. mos. 1 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of 1/14/31Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) A. J. Hoffman M. D.1/16, 1931 (Address) Orofino Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Orofino IdaJan 18 19

20. Undertaker

Address

W.A. ShawOrofino

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of ChambersCity of CrescentRegistration District No. 90Primary Registration District No. 2187

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Keith D. Dutton

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 3-19047. AGE Years 27 Months _____ Days _____ If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Crescent Ida
(State or country)10. NAME OF FATHER June Dutton11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Bertha Dutton13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant June Dutton
(Address) Crescent15. Filed 1/29, 1931 V. A. Shaw
Registrar.

DO NOT WRITE IN THIS SPACE

73839

State File No. _____

Local Registrar's No. 9

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

1-29-1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-28-1931, to 1-29-1931
that I last saw him alive on 1-29-1931and that death occurred, on the date stated above, at 2 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:PneumoniaCONTRIBUTORY (Secondary) above
Epilepsy since 6 yrs ago
and probably due
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Symptom (begin)
Dr. Dutton, M. D.

(Signed)

1/29-1931 (Address) Crescent

19. Place of Burial, Cremation, or Removal

Date of Burial

Gilbert2/1 1931

20. Undertaker

Address

V. A. Shaw Crescent

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73840

State File No.

PLACE OF DEATH

County of

City of

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Inhalation Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant (Address)

15.

Filed

1/24, 19

Registrar.

PARENTS

1012

RECEIVED FEB 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1910
RECEIVED FEB 5 1931
DO NOT WRITE IN THIS SPACE
73841
State File No.

PLACE OF DEATH

County of Clearwater
City of Orofino

CERTIFICATE OF DEATH

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 5
(No. Forthern Idaho Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. J. H. Dickey

(Usual place of abode.)

St. Caldesac, Idaho

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 10 ds. How long in U. S. if of foreign birth? 7 yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of -

6. DATE OF BIRTH (month, day and year) May 23, 1870

7. AGE Years 60 Months 7 Days 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kansas
(State or country)

10. NAME OF FATHER William Dickey

11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)

12. MAIDEN NAME OF MOTHER Lucy Ayers

13. BIRTHPLACE OF MOTHER (city or town) Illinois
(State or County)

14.

Informant
(Address)

15.

Filed Jan 21, 1931Registrar V. A. Shaw

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 20, 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from February 10, 1927 to January 20, 1931
that I last saw him alive on January 20, 1931
and that death occurred, on the date stated above, at 2:15 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Lobar Pneumonia

CONTRIBUTORY
(Secondary)

(duration) 1 yrs. 1 mos. 3 ds.(duration) ? yrs. ? mos. ? ds.

18. Where was disease contracted ✓
if not at place of death?

Did an operation precede death? No Date of ?

Was there an autopsy? No

What test confirmed diagnosis? Typical signs -

(Signed) Dr. Wm. M. McLeary, M. D.

January 20, 1931 (Address) Orofino, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Pullman, Wyo 1-22-1931

By Undertaker

Address

Wm. M. McLeary Pullman
B. Dale E. Kimball

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73842

State File No.

PLACE OF DEATH

County of ClearwaterCity of Orofino

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 2187(No. Northern Idaho Sanitarium)Local Registrar's No. One

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis Huff

(a) Residence. No.

St. Grangeville, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred 14 yrs. 11 mos. 27 ds.How long in U. S. if of foreign birth? X yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>87</u>	<u>?</u>	<u>?</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Indiana
(State or country)

10. NAME OF FATHER

Unascertained11. BIRTHPLACE OF FATHER (city or town) Unascertained
(State or Country)

12. MAIDEN NAME OF MOTHER

Unascertained13. BIRTHPLACE OF MOTHER (city or town) Unascertained
(State or County)14. Informant Records, Northern Idaho Sanitarium
(Address) Orofino, Idaho.15. Filed Jan. 3, 1931Registrar. V. A. Shaw

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January11931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 11926to January 11931that I last saw him alive on January 1, 1931and that death occurred, on the date stated above, at 5.45 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

General arteriosclerosisCONTRIBUTORY Senile psychosis
(Secondary)(duration) ? yrs. ? mos. ? ds.18. Where was disease contracted Prior to admission
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical signs(Signed) John Bruce McElwain, M. D.January 1, 1931 (Address) Orofino, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

No. Idaho San. CemeteryJan'y 3 1931

20. Undertaker

Address

F. A. Billberg, hosp. att'dt Orofino, Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of ClearwaterCity of Orofino

CERTIFICATE OF DEATH

Registration District No. 90Primary Registration District No. 2187

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Peterson

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fi

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAndrew Peterson6. DATE OF BIRTH (month, day and year) Sept 4th 1860

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

70417

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Germany

10. NAME OF FATHER

Harry Lawson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Germany

12. MAIDEN NAME OF MOTHER

unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Germany

14.

Informant
(Address)Virgil Peterson

15.

Filed 1/22, 1931V. A. Shaw
Registrar.

DO NOT WRITE IN THIS SPACE

73843

State File No. _____

Local Registrar's No. 6

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan211931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on 1-19- 1931and that death occurred, on the date stated above, at 3 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:Apoplexy - Hemorrhage

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)Bright's diseaseArterio sclerosis (duration) years yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Symptoms & Exam

(Signed)

Dr. Robert M. D.1/211931

(Address)

Orofino Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

CrematedJan 23 1931

20. Undertaker

Address

W. D. Peterson Orofino

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of ClearwaterCity of OrfinoRegistration District No. 90Primary Registration District No. 2184

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Powell(a) Residence. No. Orfino Hospital St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Samuel Powell

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
about 66

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Ida.

10. NAME OF FATHER

✓

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

✓

12. MAIDEN NAME OF MOTHER

✓

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

✓14. Informant (Address) Orfino Hospital Orfino15. Filed 1/28, 1931 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 27, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

12/24, 1930, to 1/27, 1931that I last saw her alive on Jan. 27, 1931and that death occurred, on the date stated above, at 8:30 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma of uterus(duration) yrs. 9 mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) A. J. Hopleris M. D.1/28, 1931 (Address) Orfino, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Clearwater Ida. 28, 1931

20. Undertaker

Address

V. A. Shaw Orfino

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 9 1931

DO NOT WRITE IN THIS SPACE

73852

State File No.

PLACE OF DEATH

County of Jerome
City of Jerome

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 8

(No. St Valentine Hospital)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME June Handy

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 23/1927

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
3 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Jerome
(State or country) Jerome

10. NAME OF FATHER

A W Handy

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Hazel Ambrose

13. BIRTHPLACE OF MOTHER (city or town)

14. Informant A W Handy
(Address) Jerome Idaho

15. Filed 1/24, 1931 Chas F Zeller
June Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931, to Jan. 23, 1931,
that I last saw her alive on Jan. 22, 1931,
and that death occurred, on the date stated above, at 3:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Dis Colitis from Influenzaal infection

..... (duration) yrs. mos. ds. 23

CONTRIBUTORY Insanition
(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C. F. Zeller M. D.
1/23, 1931 (Address) Jerome Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Jerome Idaho 1/24 1931

20. Undertaker

Address

J R Wiley Jerome Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED 119 1931
DO NOT WRITE IN THIS SPACE
73855
State File No.

PLACE OF DEATH
County of BONNER
City of SANDPOINT

Registration District No. 78
Primary Registration District No. 2155

Local Registrar's No. 11

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maxine Bernice McCracken

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 21, 1930

7. AGE Years 3 Months 1 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sandpoint Idaho
(State or country)

10. NAME OF FATHER Edward McCracken

11. BIRTHPLACE OF FATHER (city or town) Iowa
(State or Country)

12. MAIDEN NAME OF MOTHER Bernice Mast

13. BIRTHPLACE OF MOTHER (city or town) Montana
(State or Country)

14. Informant Edward McCracken
(Address) Sandpoint, Idaho

15. Filed Jan 24 1931 Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 21st, 1930 to January 22, 1931
that I last saw her alive on December 27th, 1930
and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:
Myocardial Infarction and Spina Bifida

(duration) yrs. 3 mos. 1 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical
(Signed) A. B. Evans, M. D.
1-24, 1931 (Address) Sandpoint

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Pinecrest Cemetery Date of Burial Jan. 24, 1931

20. Undertaker L. S. Moon Address Sandpoint Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bonner

City of Sandpoint

Registration District No. 78

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE

State File No. 73856

Local Registrar's No. 4

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mildred Marie Burford

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur J. Burford

6. DATE OF BIRTH (month, day and year) Nov. 11, 1911.

7. AGE 19 Years 2 Months 0 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

10. NAME OF FATHER Ralph Hunt

11. BIRTHPLACE OF FATHER (city or town) Barron
(State or Country) Wis.

12. MAIDEN NAME OF MOTHER Carrie Ellen Timblin

13. BIRTHPLACE OF MOTHER (city or town) Barron
(State or Country) Wis.

14. Informant Arthur J. Burford

(Address) Sandpoint, Idaho.

15. Filed Jan. 14, 1931.

Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 11, 1931.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

January 10, 1931 to January 11, 1931
that I last saw her alive on January 11, 1931

and that death occurred, on the date stated above, at 10.40 a.m.

The CAUSE OF DEATH* was as follows:

Uterine Infection - Retained Placenta - Post Partum Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Therapeutic delivery - Jan 11 1931

Was there an autopsy? No

What test confirmed diagnosis? Chloroform

(Signed) M. D. Evans, M. D.
1-13, 1931 (Address) Sandpoint, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lakeview Cemetery

Jan. 14, 1931

20. Undertaker

Address

L. G. MOON

Sandpoint, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 9 1931
DO NOT WRITE IN THIS SPACE
73857
State File No.

PLACE OF DEATH
County of BONNER
City of DOVER

Registration District No. 78
Primary Registration District No. 2155

Local Registrar's No. 13

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MABEL ELSIE SALYARDS

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 10 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. Single, Married, Widowed, or Divorced (write the word) MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of CHARLES F. SALYARDS

6. DATE OF BIRTH (month, day and year) AUGUST 11, 1891

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
39 5 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) TENN.

PARENTS

10. NAME OF FATHER JOHN BETTINGER

11. BIRTHPLACE OF FATHER (city or town) (State or Country) IOWA

12. MAIDEN NAME OF MOTHER EMMA THOMPSON

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) IOWA

14. Informant Chas. F. Salyards
(Address) Dover, Idaho.

15. Filed Jan 27, 1931 Viola Allen Registrar
Deputy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 127
JANUARY 26, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1/26, 1931, to 1/26, 1931
that I last saw her alive on 1/26, 1931
and that death occurred, on the date stated above, at 2:55 p. m.

The CAUSE OF DEATH* was as follows:
C.C. Infection

(duration) 3 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)
(duration) 0 yrs. 0 mos. 0 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? Chlamydia

(Signed) R. J. J. J., M. D.

1/27, 1931 (Address) Sandpoint, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
PINECREST CEMETERY JAN. 29 1931.
20. Undertaker Address
L. G. MOON SANDPOINT, IDAHO.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 9 1931

DO NOT WRITE IN THIS SPACE

State File No. **73858**

PLACE OF DEATH

County of Bonner

City of Sagle

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 3

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George W. Snodgrass

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ☒

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Mahala Forgey (or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 11, 1851.

7. AGE Years 80 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Henderson County Ill. (State or country)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) Unknown (State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown (State or Country)

14. Informant Clarence Mc Connell

(Address) Sagle, Idaho.

15. Filed Jan. 13, 1931

Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 11, 1931. 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July, 1930, to July, 1930, that I last saw him alive on July, 1930, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis with chronic interstitial nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Viola Allen
Jan 13, 1931 (Address) Sandpoint, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Pinecrest Cemetery Date of Burial Jan. 13 1931

20. Undertaker L.G. Moon Address Sandpoint, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bonner
City of Landpoint

Registration District No. 76

Primary Registration District No. 2155

(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Miller

(a) Residence. No. Kootenai St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Daisy Miller

6. DATE OF BIRTH (month, day and year) May 19 1873

7. AGE Years 58 Months 7 Days 25 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work truck driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bonner County

9. BIRTHPLACE (city or town) New York
(State or country)

10. NAME OF FATHER Moses Miller

11. BIRTHPLACE OF FATHER (city or town) New York
(State or Country)

12. MAIDEN NAME OF MOTHER Amanda Passino

13. BIRTHPLACE OF MOTHER (city or town) New York
(State or Country)

14. Informant Mrs Daisy Miller
(Address) Kootenai

15. Filed Jan. 16, 1931 Viola Allen
Deputy Registrar

DO NOT WRITE IN THIS SPACE

State File No. 73859

Local Registrar's No. 7

MEDICAL CERTIFICATE OF DEATH 92

16. DATE OF DEATH Jan 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1930 to Jan 14, 1931
that I last saw him alive on Jan 14, 1931
and that death occurred, on the date stated above, at 6:40 P.m.
The CAUSE OF DEATH* was as follows:

Cardiac Thrombosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Appendectomy

(duration) yrs. mos. 14 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? yes Date of Dec 31, 1930

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Wm. F. Tyler M. D.

Jan 16, 1931 (Address) Landpoint Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Pinecrest Date of Burial 1/16/31 19

20. Undertaker Turnbull Co Address Landpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 9 1931

DO NOT WRITE IN THIS SPACE

State File No.

73860

PLACE OF DEATH

County of BONNERCity of SANDPOINTRegistration District No. 38Primary Registration District No. 2155Local Registrar's No. 10

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MAC MACDONALD

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. Single, Married, Widowed, or Divorced (Write the word) SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 67 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Unknown
(State or country)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant Bonner County Poor Farm
(Address) Sandpoint, Idaho.

15. Filed Jan. 26, 1931

Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 21, 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 1929 to Jan 21, 1931

that I last saw him alive on Jan. 19, 1931

and that death occurred, on the date stated above, at 6 7 m.

The CAUSE OF DEATH* was as follows:

Chronic valvular
heart disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY Traumatism
(Secondary)

(duration) _____ yrs. mos. 20 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? YesWhat test confirmed diagnosis? Clinical(Signed) W. E. Wessa, M. D.

Jan. 26, 1931 (Address) Sandpoint, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Pinecrest CemeteryJan. 27 1931

20. Undertaker

Address.

R. E. WESSASandpoint, Idab.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Mc Williams

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State).

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
67

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Prospector

(b) General nature of industry, business, or establishment in which employed (or employer) Quartz Mines

(c) Name of employer

9. BIRTHPLACE (city or town) Kingston
(State or country) Ontario Canada

10. NAME OF FATHER Bernard McWilliams

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Burke

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant Mrs. Mary Vogel
(Address) Clarksfork, Idaho.

15. Filed Jan. 21, 1931 Viola Allen
Deputy Registrar

DO NOT WRITE IN THIS SPACE

State File No. 73861

Local Registrar's No. 9

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 20, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 10, 1931, to Jan 20, 1931,
that I last saw him alive on Jan 10, 1931

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY Septic infection
(Secondary) involving scalp and face
(duration) 20 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elmer B. Weir M. D.
Jan. 21, 1931 (Address) Sandpoint, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Clarksfork, Idaho. Date of Burial Jan. 22 1931

20. Undertaker L. G. MOON Address Sandpoint, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bonner

City of Hope

Registration District No. 76

Primary Registration District No. 2150

DO NOT WRITE IN THIS SPACE

State File No. _____

73862

Local Registrar's No. 2

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Castle

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of C. E. Castle

6. DATE OF BIRTH (month, day and year) April 10, 1863

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
67 8 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

10. NAME OF FATHER Chas. Fenn

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)

14. Informant Lyman Castle
(Address) Hope, Idaho.

15. Filed Jan 5, 1931 N. J. Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____
that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 12:15 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease
History.

(duration) yrs. mos. ds.
CONTRIBUTORY Canine lower limbs.
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no. Date of _____

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) L. J. Moon

Jan. 5, 1931 (Address) Sandpoint, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Elmira, Idaho. Date of Burial Jan. 6 1931

20. Undertaker L. G. Moon Address Sandpoint Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
(No. Parnell Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 73863

Local Registrar's No. 5

2. FULL NAME Lewis Miller

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
About 74

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country) Unknown

14. Informant Parnell Hospital
(Address) Sandpoint, Idaho

15. Filed Jan. 15, 1931. Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 13, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

that I last saw him alive on , 19

and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia
Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY Alcoholism
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Floyd G. Wendt, M. D.
Jan. 15, 1931 (Address) Sandpoint, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Pinecrest Cemetery Date of Burial Jan. 16, 1931

20. Undertaker R. E. Wessd Address Priest River

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 9 1931

DO NOT WRITE IN THIS SPACE

73864

State File No.

PLACE OF DEATH

County of BONNER
City of SANDPOINT

Registration District No. 78Primary Registration District No. 2155Local Registrar's No. 8(No. PARNELL HOSPITAL)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles J. Holmes.

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE Single, Married, Widowed,
or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years 56 Months Days If LESS than 1 day,
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Watchman(b) General nature of industry, business, or establishment in which employed (or employer) Bonner Meat Co Packing(c) Name of employer Plant9. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant PARNELL HOSPITAL
(Address) SANDPOINT, IDAHO.

15. Filed Jan 17, 1931 Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH JANUARY 15, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 11th 1930 to January 15, 1931
that I last saw him alive on January 14th 1931
and that death occurred, on the date stated above, at 6:30 A.M.
The CAUSE OF DEATH* was as follows:

Periculous Anemia(duration) yrs. 9 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? noDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Microscopic Blood(Signed) J. D. Evans M. D.JAN. 17, 1931 (Address) SANDPOINT, IDAHO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal LAKEVIEW CEMETERY Date of Burial JAN. 17, 1931.

20. Undertaker I. G. MOON Address SANDPOINT, IDA.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of BonnerCity of SandpointRegistration District No. 78Primary Registration District No. 2153(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Meredith Alice Gaston(a) Residence. No. Pack River St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word)
married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLawrence Gaston6. DATE OF BIRTH (month, day and year) May 26 1894

7. AGE

Years

Months

Days

If LESS than 1 day,

36718hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workhousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kansas
(State or country)

10. NAME OF FATHER

Sherman Sweet11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Kansas

12. MAIDEN NAME OF MOTHER

Lena Richardson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Kansas14. Informant Lawrence Gaston(Address) Pack River15. Filed Jan 14, 1931Viola Allen
RegistrarRECEIVED FEB 1931
DO NOT WRITE IN THIS SPACE
State File No. 73866Local Registrar's No. 6

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan13

1931

19

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 10, 1931, to Jan 13, 1931that I last saw her alive on Jan 13, 1931and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma, Sigmoid
portion of Colon(duration) yrs. 6 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes, exploratory Date of Jan 10, 31Was there an autopsy? noWhat test confirmed diagnosis? clinical

(Signed)

Jan 14, 1931 (Address) Sandpoint Ida*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Pack River1/15/31 19

20. Undertaker

Address

Turnbull CoSandpoint

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73875

State File No. _____

PLACE OF DEATH

County of *Payette*

City of *Payette*

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

(No. _____)

Local Registrar's No. *2*

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

St. _____

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mary Ellen / Leiger

6. DATE OF BIRTH (month, day and year)

July 7, 1861

7. AGE

Years

Months

Days

69

7

15

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Missouri.

10. NAME OF FATHER

Henry / Leiger.

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

unknown.

12. MAIDEN NAME OF MOTHER

Sarah Ernest.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

unknown.

14.

Informant (Address)

*Carl Leiger
Payette, Idaho.*

15.

Filed

*Jan 25, 1931. J.C. Woodward
Registrar.*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan

21

1931

17. I HEREBY CERTIFY, That I attended deceased from

1925

Jan

1931

that I last saw him alive on *Jan 1, 1931*

and that death occurred, on the date stated above, at *6 p-m.*

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

chronic valvular heart disease

(duration) *20* yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

*J.R. Woodward, M.D.
Jan 24, 1931 (Address) Payette, Ida*

19. Place of Burial, Cremation, or Removal Date of Burial

West Idaho Jan 25 1931

20. Undertaker

Glenn C. Sanderson, Payette, Ida

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

1931
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

73876

PLACE OF DEATH

County of PayetteCity of Payette

Registration District No.

Primary Registration District No. 1008

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 32. FULL NAME Barrett A. Bowman

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Charles H. Bowman6. DATE OF BIRTH (month, day and year) July 10 - 1852

7. AGE

Years 72Months 6Days 7If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mazewaka
(State or country) Iowa10. NAME OF FATHER Abraham Noodle11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER Sarah Ogden13. BIRTHPLACE OF MOTHER (city or town) Iowa
(State or Country)

14.

Informant
(Address) Henry E. Bowman
Payette, Idaho

15.

Filed Jan 28 1931J. C. Woodward

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 19th 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 5, 1931, to Jan 19, 1931that I last saw her alive on Jan 19, 1931and that death occurred, on the date stated above, at 11:16 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cardio Vascular Renal
Disease(duration) yrs. mos. 15 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Sal. W. CationJan. 22, 1931 (Address) Payette, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Payette Idaho Jan 22 1931

20. Undertaker

Address

Glenn C. Sanders Payette Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 14 1931

DO NOT WRITE IN THIS SPACE

73877

State File No.

PLACE OF DEATH

County of Payette

CERTIFICATE OF DEATH

City of New PlymouthRegistration District No. 5Primary Registration District No. 2007Local Registrar's No. 2

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME S. R. Hargreaves

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. Single, Married, Widowed,
or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug 9 1857

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Iowa10. NAME OF FATHER Champany Hargreaves11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Iowa12. MAIDEN NAME OF MOTHER Marg Reel13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Iowa

14.

Informant
(Address) 721 Draper
Brilliant

15.

Filed Jan 26, 1931.Registrar. W. J. Hargreaves

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 25 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 19 - 1931, to Jan 25 - 1931that I last saw him alive on Jan 24 - 1931and that death occurred, on the date stated above, at 9 a m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
apoplexy(duration) yrs. 6 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? No(Signed) B. C. Paxton

M. D.

Jan 26, 1931 (Address) New Plymouth

19. Place of Burial, Cremation, or Removal

Date of Burial

Jan 27 193120. Undertaker Robinson

Address

Robinson Turn Co Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

73878

PLACE OF DEATH

County of LayetteCity of New Plymouth

CERTIFICATE OF DEATH

Registration District No. 5Primary Registration District No. 1009Local Registrar's No. 1

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

William B Anderson

(a) Residence. No.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofE. Hyl Anderson

6. DATE OF BIRTH (month, day and year)

Mar 1 1882

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or
.....min.48

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Service Station
Owner9. BIRTHPLACE (city or town)
(State or country)Vermont

10. NAME OF FATHER

W. H. Anderson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ver

12. MAIDEN NAME OF MOTHER

Minnie Waugh13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Vermont

14.

Informant
(Address)Horace P. Anderson
Pendleton Oregon

15.

Filed Jan 15, 1931W. H. Anderson

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 14, 1931, to Jan 14, 1931
that I last saw him alive on Jan 14, 1931and that death occurred, on the date stated above, at 7:30 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Hemorrhage

(duration)

One hour

yrs.

mos.

ds.

CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of —Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

G. C. Paxton

M. D.

Jan 17, 1931 (Address) New Plymouth

19. Place of Burial, Cremation, or Removal

Date of Burial

New Plymouth Jan 17 31

20. Undertaker

Address

Person Turn Co Layette Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **73879**

PLACE OF DEATH
County of Bingham
City of Shelley, Ida

Registration District No. 121
Primary Registration District No. 2194

Local Registrar's No. 20

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Thomas Byerly

49

(a) Residence. No. _____ St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Workman Byerly

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than day, hrs. or min.
66 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Robinson, Ill.

10. NAME OF FATHER John Byerly

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant May Byerly
(Address) Shelley R. 202 Ida

15. Filed Jan 25, 1931 Mrs. Walter E. Atwell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 26 - 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 16, 1930 to Jan 26, 1931
that I last saw him alive on Dec 1, 1930
and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Bartholin's Glands

(duration) 2 yrs. 6 mos. ds.
CONTRIBUTORY Intestinal Hemorrhage
(Secondary) (duration) 2 mos. ds.

18. Where was disease contracted yes
if not at place of death?

Did an operation precede death? yes Date of June 1929

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. R. Rogers, M. D.
Jan 27, 1931 (Address) Shelley, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Blackfoot, Idaho Date of Burial Jan 28, 1931

20. Undertaker E. J. Puck Address Blackfoot, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of BINGHAMCity of BLACKFOOT

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194
South Idaho Insane Asylum

(No. _____)

Local Registrar's No. 17

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ELIZABETH GLENN(a) Residence. No. _____ St. American Falls

(Usual place of abode.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced. (write the word.) <u>Widow</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE <u>78</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.
---------------------	-------	--------	------	--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. ---(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Oregon
(State or country)

10. NAME OF FATHER ---

11. BIRTHPLACE OF FATHER (city or town) ---
(State or Country)

12. MAIDEN NAME OF MOTHER ---

13. BIRTHPLACE OF MOTHER (city or town) ---
(State or Country)14. Informant Minnie Hayes, Attendant
(Address) Blackfoot, Idaho.15. Filed Jan 20, 1931 Mr. H. L. E. Davis
Registrar.

RECEIVED FEB 7 1931

DO NOT WRITE IN THIS SPACE

73880

State File No. _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 18, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Oct 1st 1927, 19____, to Jan 18, 1931, 19____
er Jan 18, 1931, 19____
that I last saw him alive on _____
and that death occurred, on the date stated above, at 4:40 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Corbic Insufficiency
(duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY Age
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? None(Signed) Dr. Williams, M. D.
Jan 19th 1931 (Address) Blackfoot, Ida.

19. Place of Burial, Cremation, or Removal

Graves
Date of Burial20. Undertaker acting

Address

Marion Clark Blackfoot

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

73881

Local Registrar's No. 2

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 77

Primary Registration District No. 2176

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jesse Edwin Foster

(a) Residence. No. Driggs, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) January 8-1931

7. AGE Years Months Days 4 LESS than 1 day, 4 hrs. or 1 min.

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)

10. NAME OF FATHER J. H. Foster

11. BIRTHPLACE OF FATHER (city or town) Bates, Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Annabell Mitchell

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant J. H. Foster
(Address) Driggs, Idaho

15. Filled 1-10-1931 Martha Marker
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 8-1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1931 to Jan 8, 1931
that I last saw him alive on Jan 8, 1931
and that death occurred, on the date stated above, at 1:00 P.M.
The CAUSE OF DEATH* was as follows:

Prematurity
6 1/2 month fetus

CONTRIBUTORY (Secondary)

Mother Placenta previa
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? History
(Signed) W. Ray Barker, M. D.
Jan 10, 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Darby Idaho Date of Burial 1-12-1931

20. Undertaker Nurse at Hospital Address Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore
City of Glenns Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 35
Primary Registration District No. 2021

DO NOT WRITE IN THIS SPACE

73882

State File No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Isaac Thompson Fitzwater
(a) Residence. No. Glenns Ferry Id. St.
(If nonresident give city or town and State)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Amelia Fitzwater
6. DATE OF BIRTH (month, day and year) 1-27-1854
7. AGE Years 76 Months 11 Days 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) Quartz
(c) Name of employer Maryland

9. BIRTHPLACE (city or town) Maryland
(State or country)

10. NAME OF FATHER Fitzwater

11. BIRTHPLACE OF FATHER (city or town) Maryland
(State or Country)

12. MAIDEN NAME OF MOTHER Rower

13. BIRTHPLACE OF MOTHER (city or town) Penn.
(State or Country)

14. Informant Allen Fitzwater
(Address) Glenns Ferry Ida.

15. Filed 1-19, 1931 Mrs Mary Sullivan
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 17, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 30, 1930, to Jan 17, 1931
that I last saw him alive on January 17, 1931
and that death occurred, on the date stated above, at 8:45p m.
The CAUSE OF DEATH* was as follows:

Carcinoma of liver - Primary

(duration) ? yrs. mos. ds.
CONTRIBUTORY Myocardial Decompensation
(Secondary)
(duration) yrs. 3 mos. ds.

18. Where was disease contracted if not at place of death? --

Did an operation precede death? NO Date of --

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) M. B. Bunchling
Jan 18, 1931 (Address) Glenns Ferry

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mt. Home Id. Date of Burial 1-19 1931

20. Undertaker G. S. Zacher Address Mt. Home

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED
DO NOT WRITE IN THIS SPACE
73883
State File No. _____
Local Registrar's No. 1

PLACE OF DEATH

County of Utah
City of Victor

Registration District No. 77
Primary Registration District No. 2176

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Forest Edward Kearsley

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) D

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) 9/13/30

7. AGE Years Months Days W LESS than 1 day, hrs. or min.
3 29 —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9. BIRTHPLACE (city or town) Victor, Idaho
(State or country)

PARENTS

10. NAME OF FATHER Hyman L. Kearsley

11. BIRTHPLACE OF FATHER (city or town) Bonanza, Wash
(State or Country)

12. MAIDEN NAME OF MOTHER Lucy Derry

13. BIRTHPLACE OF MOTHER (city or town) Victor, Ida
(State or Country)

14. Informant E. J. Kearsley
(Address) Victor, Idaho

15. Filed 1-15-, 1931 Martha Marker
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1931, to Jan. 11, 1931 that I last saw h. — alive on 1/10, 1931 and that death occurred, on the date stated above, at 4:00 a.m.
The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) _____ yrs. 4 mos. — ds.

CONTRIBUTORY Marasmus
(Secondary) (duration) _____ yrs. 2 mos. — ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) E. T. Tades, M. D. 1/14, 1931 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Victor, Idaho Date of Burial 1-13- 1931

20. Undertaker _____ Address _____

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of BlaineCity of Hailey

CERTIFICATE OF DEATH

Registration District No. 57Primary Registration District No. 2022

(No.)

(If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME

Charles E. Halsey

(a) Residence. No.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMinnie E. Halsey

6. DATE OF BIRTH (month, day and year)

March 2 1861

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or69102

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workChicken Raiser(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Own9. BIRTHPLACE (city or town).
(State or country)Ohio

10. NAME OF FATHER

Milton W. Halsey11. BIRTHPLACE OF FATHER (city or town).
(State or Country)Ohio

12. MAIDEN NAME OF MOTHER

Mary Reed13. BIRTHPLACE OF MOTHER (city or town).
(State or Country)Ohio

14.

Informant
(Address)Chas. E. Reed
Hailey, Ida.

15.

Filed

1-31, 1931R. H. Wright
Registrar.

DO NOT WRITE IN THIS SPACE

73884

State File No.

Local Registrar's No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan

(Month)

4

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 12 1931 to Jan 4 1931that I last saw him alive on Jan 4 1931and that death occurred, on the date stated above, at 1 2 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic EncephalitisCONTRIBUTORY (Secondary)
Albany, Ohio
(duration) 1 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Microscopic(Signed) Robert H. Wright, M. D.Jan 4 1931 (Address) Hailey, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Hailey Cemetery Jan 6 1931

20. Undertaker

Address

Harris & Amos Hailey

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FOR DEPT. OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Blaine

City of Hailey

CERTIFICATE OF DEATH

Registration District No. 57

Primary Registration District No. 2022

(No. Hailey Clinical Hospital)

Local Registrar's No. 2

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles E. Norris

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 4 - 1851

7. AGE Years 79 Months 11 Days 24 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work X

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pennsylvania
(State or country)

10. NAME OF FATHER Nathaniel Norris

11. BIRTHPLACE OF FATHER (city or town) Penn
(State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth David

13. BIRTHPLACE OF MOTHER (city or town) Penn
(State or Country)

14. Informant A. H. Norris
(Address) North East - Erie - Pa

15. Filed 1 - 31, 1931 P. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1931, to Jan 28, 1931
that I last saw him alive on Jan 28, 1931
and that death occurred, on the date stated above, at 4 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Coronary of Heart
(not recorded)

(duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY Cardiac insufficiency
(Secondary)

(duration) 1 yrs. 1 mos. 1 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. Wright, M. D.

1/30, 1931 (Address) Hailey, Ida

19. Place of Burial, Cremation, or Removal Hailey Cemetery Date of Burial Jan 30 1931

20. Undertaker Harmon Amos Address Hailey Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73886

PLACE OF DEATH

County of Boyer
City of St Charles

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. of death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mannah Olson

(a) Residence No. St.

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of Peter A. Olson (or) WIFE of

6. DATE OF BIRTH (month, day and year) November 23, 1841

7. AGE Years 89 Months 2 Days If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pestepilla (State or country) Sweden

10. NAME OF FATHER James Pearson

11. BIRTHPLACE OF FATHER (city or town) Pestepilla (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Anna Jensen

13. BIRTHPLACE OF MOTHER (city or town) Pestepilla (State or Country) Sweden

14. Informant Parley Olson (Address)

15. Filed Hannan 19 31 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19
that I last saw him alive on 19
and that death occurred, on the date stated above, at 19 m.

The CAUSE OF DEATH* was as follows:
Right sided hemiplegia

(duration) yrs. mos. 2 1/2 ds.
CONTRIBUTORY Unknown
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No

What was confirmed diagnosis Right sided hemiplegia
(Signed) Dr. J. H. Jensen M.D.
January 22, 1931 (Address) Pestepilla, Sweden

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St Charles Idaho Date of Burial January 26 1931

20. Undertaker None Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73887

State File No.

PLACE OF DEATH

County of Bear Lake
City of St Charles

Registration District No. 55

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johanna Transtrum Peterson

(a) Residence. No. St Charles Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of Ola Peterson (or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE 44 Years 8 Months 12 Days 1 day, 2 hrs. 2 min. If LESS than 1 day, min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Besteckille (State or country) Sweden

10 NAME OF FATHER Cha Nelson Transtrum

11 BIRTHPLACE OF FATHER (city or town) Onslunda Sweden (State or country)

12 MAIDEN NAME OF MOTHER Hannah Nelson

13 BIRTHPLACE OF MOTHER (city or town) Besteckille Sweden (State or country)

14 Informant Alvin Peterson (Address)

15 Filed Feb 1, 1931 Hannah Nelson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan 27 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 11, 1928, to Jan 27, 1931, that I last saw her alive on Jan 7, 1931, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings
(Signed) C O Moore M. D. (Address) Paris Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Date of Burial

St Charles Idaho 19

20. Undertaker Address

CUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73889

State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Lynn Bros Kash)Local Registrar's No. 8

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lewis Roder(a) Residence. No. 320 to 11th St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) yes5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 6, 18727. AGE Years 58 Months 2 Days 19 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teamster(b) General nature of industry, business, or establishment in which employed (or employer) Hauling

(c) Name of employer

9. BIRTHPLACE (city or town) Germany
(State or country)10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)14. Informant Mrs. Elizabeth Roder
(Address) 320 to 11th15. Filed 1-16, 1931 Registrar. J. Young

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 16, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 1-15, 1931, to 1-16, 1931,
that I last saw him live on 1-16, 1931,
and that death occurred, on the date stated above, at 34 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Myocardial Insufficiency(duration) 6 yrs. 6 mos. — ds.CONTRIBUTORY
(Secondary)(duration) — yrs. — mos. — ds.18. Where was disease contracted yes
if not at place of death?Did an operation precede death? no Date of —Was there an autopsy? noWhat test confirmed diagnosis Phys. Exam(Signed) J. H. Young, M. D.1-16, 1931 (Address) Pocatello19. Place of Burial, Cremation, or Removal St. View Cemetery Date of Burial 1920. Undertaker L. L. McHan Address Pocatello

RECEIVED FEB 3 1931
RECEIVED FEB 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

73890

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Blaine

City of Brangville

Registration District No. 103

Primary Registration District No. 1001

Local Registrar's No. 6

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Levi Harris

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

5. Single, Married, Widowed, or Divorced (write the word.)

Divorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Feb 2 1859

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

71

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Salon County Missouri

10. NAME OF FATHER

John M Harris

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Missouri

12. MAIDEN NAME OF MOTHER

Mary Jane Smith

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Idaho

14. Informant (Address)

L Harris
Brangville

15. Filed

1-31-1931

B. Chipman
Registrar.

16. DATE OF DEATH

Jan 8-

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 10

1930

to Dec 31

1930

that I last saw him alive on

Dec Jan 7

1931

and that death occurred, on the date stated above, at 2 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds. CONTRIBUTORY Arterio Sclerosis (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? High Arterial Pressure

(Signed)

B. Chipman

M. D.

1-9-

1931

(Address) Brangville, Id.

19. Place of Burial, Cremation, or Removal

Date of Burial

Brangville Id.

1-11-1931

20. Undertaker

Address

Hunsaker

Brangville

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73891

State File No.

County of Idaho
City of Grangeville

CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 1001

Local Registrar's No. 4

(No. Revear Apt.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Lenwood Houchens

(a) Residence. No. Grangeville, Idaho. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Lola Houchens
(or #### of)

6. DATE OF BIRTH (month, day and year) Feb. 18, 1900

7. AGE. Years 30 Months 10 Days 13 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Truck Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Trinidad,
(State or country) Colorado.

10. NAME OF FATHER

Charles Houchens

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Missouri

12. MAIDEN NAME OF MOTHER

Dora Willitachey

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Iowa

14. Informant Brothers
(Address)

15. Filed 1-31- 31

Registrar. B. Chismaw

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 1, 1931, to Jan 1, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1931, to Jan 1, 1931
that I last saw him alive on Dec 31, 1930

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

acute dilation of heart

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. 5 ds.

18. Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Shinnick, M. D.
Jan 2, 1931 (Address) Grangeville, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Prairie View

Jan. 2 1931

20. Undertaker

Address

Vassar

Grangeville

RECEIVED FEB 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
73892
State File No. _____

PLACE OF DEATH

County of Idaho
City of Grangeville

CERTIFICATE OF DEATH

Registration District No. 103
Primary Registration District No. 2181
(No. Mt Idaho, Idaho.)

Local Registrar's No. 2

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ann Butler

(a) Residence. No. Mt Idaho, Idaho St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Rufus H. Butler
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
49 0 5 29 _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Illnoise
(State or country)

10. NAME OF FATHER Peter Lyon

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Margaret Black

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant Sam Butler
(Address) Cottonwood, Idaho

15. Filed 1-31, 1931 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1930, to Jan 18, 1931
that I last saw him alive on Jan 17, 1931
and that death occurred, on the date stated above, at 7³⁰ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia (Bacterial)

(duration) _____ yrs. _____ mos. 3 ds.
CONTRIBUTORY Smoking
(Secondary)

(duration) 2 yrs. _____ mos. _____ ds.

18. Where was disease contracted yes
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? yes

(Signed) J. D. Sherrin, M. D.

Jan 18, 1931 (Address) Thorville & Sons

19. Place of Burial, Cremation, or Removal Cottonwood, Idaho. Date of Burial Jan. 20, 1931

20. Undertaker Vassar Address _____

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED

PLACE OF DEATH 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

161a
DO NOT WRITE IN THIS SPACE
73893
State File No.

County of Islehu
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001
(No.)

Local Registrar's No. 5

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arrie A Taylor

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write, the word.) married

5a. If married, widowed, or divorced
HUSBAND of Hampton Taylor
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 12 1872

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
58 9 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer) " "
(c) Name of employer

9. BIRTHPLACE (city or town) Shouns Tenn
(State or country)

10. NAME OF FATHER William B Wood

11. BIRTHPLACE OF FATHER (city or town) Shouns Tenn
(State or Country)

12. MAIDEN NAME OF MOTHER Sutherland

13. BIRTHPLACE OF MOTHER (city or town) Shouns Tenn
(State or County)

14. Informant Hampton Taylor
(Address) Grangeville Id

15. Filed 1-31- 31 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 5 1931
1931
(Month) (Day) (Year)

17. HEREBY CERTIFY, That I attended deceased from Dec 26 1930 to Jan 5 1931
that I last saw her alive on Jan 5 1931
and that death occurred, on the date stated above, at 9 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) whether ACCIDENTAL, SEICIDAL, or HOMICIDAL.
The CAUSE OF DEATH as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 da.
CONTRIBUTORY Pneumonia
(Secondary) (duration) yrs. mos. 10 da.

18. Where was disease contracted
if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis lung Consolidation
(Signed) O. Chipman M. D.
1-6- 1931 (Address) Grangeville Id

19. Place of Burial, Cremation, or Removal Grangeville Id Date of Burial 1-7- 1931

20. Undertaker Harrook Address Grangeville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

RECEIVED FEB 11 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Idaho
City of CattaraugusRegistration District No. 105
Primary Registration District No. 2183
(No. _____ St.)File No. 73894
Registered No. 2

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

John B. Farsmann

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED.MWMarried
(Write the word.)

6. DATE OF BIRTH.

April 28 1880
(Month) (Day) (Year)

7. AGE

50 Yrs. 8 Mos. 10 ds.IF LESS than 1 day
how many hrs. or
..... min. >|

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer).....Owner of Sawmill
(retired several years)

9. BIRTHPLACE

(State or Country)

Effingham, Co. Ill's

10. NAME OF FATHER

A Herman Farsmann.

11. BIRTHPLACE OF FATHER

(State or Country)

Germany.

12. MAIDEN NAME OF MOTHER

Gertrude Seaton.

13. BIRTHPLACE OF MOTHER

(State or Country)

Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

Frank Farsmann
(Address) Cattaraugus, Idaho

15.

Filed

Jan. 8 1931W. F. Overman
Local Registrar

16. DATE OF DEATH

Jan 6 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept 1925, to Jan 5th 1931, that I last saw him alive on Jan 5th 1931, and that death occurred on the date stated above, at 1 A. M. The CAUSE OF DEATH* was as follows:Hemorrhage from stomach

(Duration) Yrs. mos. ds.

Contributory (Secondary)

Heart's nerve

(Duration) Yrs. mos. ds.

(Signed) E. A. Woodcock M. D.1-7-1931 (Address) Cattaraugus, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

B. CattaraugusJan 8 1931

20. UNDERTAKER

ADDRESS

Beaver & Mann
Leavitt

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

1. PLACE OF DEATH.

County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2183
(No. _____ St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 73895
Registered No. 3

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sarah J. Julian

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Female White

Widow
(Write the word.)

6. DATE OF BIRTH.

Aug - 26 - 1851
(Month) (Day) (Year)

7. AGE

79 Yrs. 6 Mos. 29 ds.

IF LESS than 1 day
how many hrs. or
..... min. >

8. OCCUPATION

(a) Trade, profession or particular kind of work... House wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE

(State or Country) Tenn

10. NAME OF FATHER

not known

11. BIRTHPLACE OF FATHER

(State or Country) ✓

12. MAIDEN NAME OF MOTHER

not known

13. BIRTHPLACE OF MOTHER

(State or Country) ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Julian

(Address) Dayton, Wash.

15.

Filed Jan. 27 1931

H. F. Owen
Local Registrar

16. DATE OF DEATH

Jan 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1925 to Jan 25th 1931, that I last saw him alive on Jan 25th 1931 and that death occurred on the date stated above, at 10³⁰ A.M. The CAUSE OF DEATH* was as follows:

Seranguated Permia (Inguinal)
(no operation)

(Duration) _____ Yrs. _____ mos. 5 ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) E. A. Woodcock M. D.

1-26 1931 (Address) Cottonwood Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cottonwood Idaho 1-27 1931

20. UNDERTAKER

ADDRESS

Man Cottonwood

RECEIVED FEB 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73896

State File No.

PLACE OF DEATH

County of IdahoCity of Grangeville.

CERTIFICATE OF DEATH

Registration District No. 103Primary Registration District No. 1001(No. Chantler Hotel)Local Registrar's No. 1

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hugh L. White(a) Residence. No. Grangeville. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Single
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 50	Years	Months	Days	If LESS than 1 day, hrs. or min.
---------------------	-------	--------	------	--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work **Laborer**(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Ireland**
(State or country)

10. NAME OF FATHER

James White11. BIRTHPLACE OF FATHER (city or town) **Ireland**
(State or Country)12. MAIDEN NAME OF MOTHER **Annie Morgan**13. BIRTHPLACE OF MOTHER (city or town) **Ireland**
(State or Country)14. Informant **Wm. White**
(Address)15. Filed 1-31, 1931Registrar. B. Chipman

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan., 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 19, 1931 to Jan. 19, 1931
that I last saw him alive on January 19, 1931
and that death occurred, on the date stated above, at 8:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Poisoning with Strychnine
alkaloid-powdered.
Death was suicidal
30 min.
(duration) yrs. mos. ds.CONTRIBUTORY none
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) J. D. Shinnick M. D.1-31, 1931 (Address) Grangeville, Ida.

19. Place of Burial, Cremation, or Removal

Grangeville

Date of Burial

1/21 1931

20. Undertaker

Vassar

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

MARGIN RESERVED FOR SEPARATE RECORD.

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 105County of IdahoPrimary Registration District No. 2183City of Cottonwood (No. St.)File No. 73898Registered No. 1

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Andrew Burton Rooke

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Married

(Write the word.)

6. DATE OF BIRTH.

Dec. 5 1840
(Month) (Day) (Year)

7. AGE

90 Yrs. 30 ds.IF LESS than 1 day
how many.....hrs. or
.....min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work. retired(b) General nature of industry, business, or establishment in which employed (or employer) Hotel Proprietor

9. BIRTHPLACE

(State or Country) Maldon, West Virginia

10. NAME OF FATHER

Stephen Rooke

11. BIRTHPLACE OF FATHER

(State or Country) Virginia

12. MAIDEN NAME OF MOTHER

Margaret Morris

13. BIRTHPLACE OF MOTHER

(State or Country) Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. N. E. Rooke(Address) Cottonwood Idaho

15.

Filed Jan - 6 1931H. F. Owen 9.3
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 4th 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 10 - 4 - 1931 to 1 - 3 - 1931that I last saw him alive on 1 - 3 - 1931and that death occurred on the date stated above, at 4:45 A.M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis
arteriosclerosis(Duration) several Yrs. mos. ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) E. A. Woodcock M. D.1/6 1931 (Address) Cottonwood Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Cottonwood

DATE OF BURIAL

1-6 1931

20. UNDERTAKER

Brewer + Wynn Swister

ADDRESS

Registered No.....

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County of Letah.

City or Town of - R.D.

Registration Dist. No. 65 No. 10

2. FULL NAME Julia Elizabeth Pugh

(a) Residence No. St.;
(Usual place of abode) 924 E. 48th

(b) If non-resident, give city or town, and state. San Jose

(c) How long in Registration Dist. 16 yrs. 6 mos. 0 ds.; how long in U. S. if of foreign birth 0 yrs. 0 mos. 0 ds.

Medical Certificate of Death

3. Sex Female	4. Color of Race White	5. Single, Married, Widowed or Divorced (Write the word) Single
------------------	---------------------------	---

5. (a) If married, widowed, or divorced: ✓
Husband of.....✓
or
Wife of.....✓

6. Date of birth	24	1849
(Month)	(Day)	(Year)

7. Age			If less than one day
81 yrs.	0 mos.	28 ds.	hrs. or min.

8. Occupation of deceased: *Minister by god state*
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) *(retired)*

(c) Name of employer ABC Co.

9. Birthplace (City or town)
(State or country) Penn

10. Name of Father James V. Price

11. Birthplace of Father
(City or town)
(State or Country) *Penn*

REN 12. Maiden name of Jessie Wyckoff
Mother _____

PA 13. Birthplace of Mother
(City or town)
(State or Country). Kenilworth

14. Informant Guy Mungler

Address 1111 1st St. N. W.

15. Filed Jan 27, 1931 J. H. Thompson
Registrar.

16. Date of death 1 22 1923
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased
from Aug 15, 1928, to Jan 22, 1929!
that I last saw her alive on Aug 15, 1928!

and that death occurred on the date stated above, at.....m.
(State the disease causing death, or, in deaths from violent
causes, state: (1) Means and nature of injury; and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL).
The CAUSE OF DEATH was as follows:

READ DETAILS ON OTHER SIDE
(Primary) Chronic Myocarditis
(See 1 and 3 other side)

(Duration) 25 yrs. 0 mos. 0 ds.

CONTRIBUTORY Arthur Johnson
(Secondary) _____
(See 2 other side)

.....(Duration).....yrs 3..... mos,ds.

18. Where was disease contracted if not at the place of death?.....

(a) Did an operation precede death? *no* Date of.....

(b) Was there an autopsy?.....

(c) What test confirmed diagnosis? Blood pressure, ECG

(Signed) Henry M. D.
192 Address Chicago

19. Place of Burial, Cremation or Removal	Date of Burial
---	----------------

F. Anglen		1. 24, 1923
20. Undertaker	Address	

20.	Underwriter	<i>J. M. Hayes</i>	Address	<i>Leamington</i>
-----	-------------	--------------------	---------	-------------------

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions.....

(Insert numbers of unanswered questions)

(Signature of Undertaker)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73900**

PLACE OF DEATH

County of **PAYETTE.**

City of **PAYETTE.**

Registration District No. **4**

Primary Registration District No. **1008**

Local Registrar's No. **5.**

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

73900
54

2. FULL NAME **ALONZO A STROUP**

(a) Residence. No. **PAYETTE, IDAHO.** St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male.** 4. COLOR OR RACE **White.** 5. Single, Married, Widowed, or Divorced (write the word) **Married.**

5a. If married, widowed, or divorced
HUSBAND of **Rose. A. Stroup.**
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **June 20, 1873.**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
57 7 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Farmer.**
(b) General nature of industry, business, or establishment in which employed (or employer) **Retired.**
(c) Name of employer **-----**

9. BIRTHPLACE (city or town) (State or country) **Oregon.**

10. NAME OF FATHER **Jacob Stroup.**

11. BIRTHPLACE OF FATHER (city or town) (State or Country) **Illinois.**

12. MAIDEN NAME OF MOTHER **Susan Draper.**

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) **Iowa.**

14. Informant **J. C. Stroup**
(Address) **Payette, Idaho.**

15. Filed **Feb. 23**, 19**31.**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **February 15, 1931.**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Nov. 3, 1930**, 19____, to **Feb. 15**, 19**31**
that I last saw him alive on **Feb. 15, 1931**, 19____
and that death occurred, on the date stated above, at **6.00am.** m.

The CAUSE OF DEATH* was as follows:
Malignant neoplasm of glands of neck and axilla.

(duration) **4** yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? **No.** Date of _____

Was there an autopsy? **No.**

What test confirmed diagnosis? **None**

(Signed) **Merrie V. Fox**, M. D.
Feb. 23, 19**31** (Address) **Payette, Idaho**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Payette, Idaho** Date of Burial **Feb. 16** 19**31**

20. Undertaker **Peterson Turn Co** Address **Payette, id**

RECEIVED

RECEIVED FEB 25 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of *Payette*City of *Payette*

CERTIFICATE OF DEATH

Registration District No. *4*Primary Registration District No. *1008*

(No.)

Local Registrar's No. *5*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Alanzo A. Stroup*

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M*4. COLOR OR RACE *W*5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced

HUSBAND of *Rose A. Stroup*
(or) WIFE of6. DATE OF BIRTH (month, day and year) *June 20 - 1879*

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*58**7**25*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Farmer*(b) General nature of industry, business, or establishment in which employed (or employer) *Retired*

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *One*10. NAME OF FATHER *Jacob Stroup*11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Ill*12. MAIDEN NAME OF MOTHER *Lucian Draper*13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Iowa*

PARENTS

14.

Informant (Address) *J. C. Stroup Payette*

15.

Filed *Feb 23 1931**31**J. C. Woodward*

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

*Feb**15**31*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

*Nov 3**1930*to *Feb 15**1931*that I last saw him alive on *Feb 15**1931*and that death occurred, on the date stated above, at *6:4* m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Malignant neoplasm - glands of neck and axilla(duration) *4* yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *none*(Signed) *Merrie R. Fox**Feb 23**1931*(Address) *Payette Ida*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Payette Ida**Feb 16 1931*

20. Undertaker

Address

*J. H. Adams**Payette Ida*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73901

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Luke's Hospital) Local Registrar's No. 53

2. FULL NAME John Inent
(If death occurred in a hospital or institution, give its name instead of street and number.)
(a) Residence No. Boise Route 2, Franklin District St. 57
(Usual place of abode.)
Length of residence in city or town where death occurred 22 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day and year) Apr. 28 - 1848

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
82 9 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Clay County
(State or country) Illinois

10. NAME OF FATHER William Inent

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Illinois

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ill

14. Informant (Address) Mrs. Daway

15. Filled 2-24-31 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb - 22 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 61 1931, to 3/22 1931
that I last saw h. 11 alive on 2/21 1931
and that death occurred, on the date stated above, at 9 AM

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Diabetes

(duration) ? yrs. ? mos. 31 ds.
CONTRIBUTORY Exaggerated toes
(Secondary) senility
(duration) ? yrs. ? mos. 21 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? clinical

(Signed) Ralph Taylor M. D.

Feb, 23-1931 19 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial
Morris Hill Cemetery 2/24-31 19

20. Undertaker Address
W. McBratney Boise
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73902

Local Registrar's No. 171

PLACE OF DEATH
County of Twin Falls
City of Bull

Registration District No. 39
Primary Registration District No. 2087

(No. (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Winfield S. Hyde
(a) Residence. No. Bull Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed or divorced, HUSBAND of Mrs. Lillian B. Hyde (or WIFE of)
6. DATE OF BIRTH (month, day and year) June 11 1861
7. AGE Years 69 Months 8 Days 9 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Real Estate - Loans
(b) General nature of industry, business, or establishment in which employed (or employer) Insurance
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wisc.

10. NAME OF FATHER Frank Hyde

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not known

12. MAIDEN NAME OF MOTHER Mary Dodge

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not known

14. Informant. Eugene S. Hyde
(Address) Bull Idaho

15. Filed 4th 22 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-24-31, to Feb 28, 1931
that I last saw him alive on Feb 21, 1931
and that death occurred, on the date stated above, at 9 H m.

The CAUSE OF DEATH* was as follows:

Supine. Cut left wrist, and hemorrhage following found on crack of no water pump (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't know
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? At Road side

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Wm Lee M. D.

2-21-31 (Address) Twin Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

20. Undertaker Address

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Swain Falls State IDAHO Registered No. 73902
Township _____ or Village _____ or
City Buhl No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Winfield S. Hyde
(a) Residence: No. Buhl St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M.</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>June 11-1861</u>		
7. AGE	Years <u>69</u>	Months <u>8</u> Days <u>9</u> If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Real Estate Loans</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>& Insurance</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____
(State or country) Wis.

13. NAME _____

14. BIRTHPLACE (city or town) _____
(State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
(State or country) _____

17. INFORMANT _____
(Address) _____

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date _____, 19____

19. UNDERTAKER _____
(Address) _____

20. FILED _____, 19____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 21, 1931

22. I HEREBY CERTIFY, that I attended deceased from Feb. 21, 1931, to Feb. 21, 1931
I last saw him alive on Feb. 21, 1931; death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Suicide cut left wrist and hemorrhage following. Found in creek, no water in lungs.

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 2, 1931

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. N. Lute M. D.

(Address) Swain Falls, Ida.

Registrar.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73903

PLACE OF DEATH

County of Ada

City of Boise

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 1000

(No. St. Luke's Hospital)

Local Registrar's No. 70

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Reuben M. Nelson

(a) Residence. No.

St.

Bend, Oregon

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

April 3rd 1905

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

25

11

1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Mill work

(b) General nature of industry, business, or establishment in which employed (or employer)

Saw mill

(c) Name of employer

9. BIRTHPLACE (city or town) Pleasant Grove
(State or country) Zona, Ida Utah

10. NAME OF FATHER

Martin H. Nelson

11. BIRTHPLACE OF FATHER (city or town) Pleasant Grove
(State or Country) Utah

12. MAIDEN NAME OF MOTHER

Alice Ann Answorth

13. BIRTHPLACE OF MOTHER (city or town) Salt Lake City
(State or Country) Utah

14.

Informant
(Address)

Mrs. Martin H. Nelson
411-13th Ave. Nampa, Ida.

15.

Filed

3-5-31

W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

March 31

17. I HEREBY CERTIFY, That I attended deceased from

March 30, 1931, to March 31, 1931

that I last saw him alive on

and that death occurred, on the date stated above, at 3 PM.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Boas abscess - left
+ Pelvic Abscess -

(duration) 3 yrs. 4 mos. 20 ds.

CONTRIBUTORY
(Secondary)

General Septicemia

(duration) 3 mos. ds.

18. Where was disease contracted if not at place of death?

Nampa Idaho

Did an operation precede death?

Yes Date Oct 21 1930

Was there an autopsy?

No

What test confirmed diagnosis?

James H. Newell M.D.

(Signed)

March 31, 1931 (Address) Boise Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlawn-Nampa

3-7 1931

20. Undertaker

Address

Wm D. Talley

Nampa, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73904

PLACE OF DEATH

County of Bonner

Registration District No. 85

City of Crest River

Primary Registration District No. 2185

Local Registrar's No. 2

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jedrick Herman Kranter

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of Martha Wiley Kranter (or) WIFE of _____

6 DATE OF BIRTH (month, day and year) June 18 1877

7 AGE Years 53 Months 7 Days 15 1 day, _____ hrs. or _____ min. If LESS than 1 day, _____ hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) Logging
(c) Name of employer Ducheneaux & Co

9 BIRTHPLACE (city or town) Marshfield (State or country) Wis

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) Not known (State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Not known (State or country)

14 Informant Oslo Kranter (Address) Crest River, Idaho

15 Filed Feb. 3, 1931 R. E. Weese Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 3 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1931, to Feb 3, 1931, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 11:45 A. M.

The CAUSE OF DEATH* was as follows:

Compound fracture skull,
accidental. Falling log
crushed head against another
log. (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO. Date of _____

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) Wm. F. Tyler; M. D.

Feb 3, 1931 (Address) Saltpoint, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Date of Burial

Newport, Ida 19

20. Undertaker Address

Sherman & Davis Newport, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004
(No. V.A., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME GILES, Isaac B.

(a) Residence. No. _____ St. Salmon City, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of xx

6. DATE OF BIRTH (month, day and year)

7. AGE Years 92 Months 3 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Minor

(b) General nature of industry, business, or establishment in which employed (or employer) xx

(c) Name of employer xx

9. BIRTHPLACE (city or town) New York
(State or country) M.W.

10. NAME OF FATHER xx

11. BIRTHPLACE OF FATHER (city or town) xx
(State or Country)

12. MAIDEN NAME OF MOTHER xx

18. BIRTHPLACE OF MOTHER (city or town) xx
(State or Country)

14. Informant L. H. Besman
(Address) V.A., Boise, Idaho

15. Filed 2-10-31 W. H. Rhodes
Registrar

DO NOT WRITE IN THIS SPACE

State File No. 73905

Local Registrar's No. 12

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1929, to Feb. 9, 1931
that I last saw him alive on February 9, 1931
and that death occurred, on the date stated above, at 2.50 p. m.

The CAUSE OF DEATH* was as follows:

Senility, severe

CONTRIBUTORY Arteriosclerosis, Cerrhosis of liver, Nephritis, interstitial.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) F. C. SMITH, Reg. Med. Off., M. D.
Feb. 10, 1931 (Address) V.A., Boise, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Salmon City, Idaho Date of Burial 2-12-31

20. Undertaker F. C. Brough Address Salmon, Idaho
Schreibner McCann Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73906

State File No.

Local Registrar's No. 1

PLACE OF DEATH

County of Salah
City of Moscow

Registration District No. 61

Primary Registration District No. 1011

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. 915 - East A.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant
(Address)

15. Filed

2

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

1931, to Jan 1, 1931
that I last saw her alive on Jan 1, 1931

and that death occurred, on the date stated above, at 1 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Rheumatoid Arthritis

(duration) 30 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) Several yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. M. Leitch, M.D.

Jan 2, 1931 (Address) Moscow, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Moscow, Idaho Jan 3 1931

20. Undertaker

Address

John J. Pickering Idaho

S A PERMANENT RECORD

AGE should be stated EXACTLY, PHYSICIANS be properly classified. Exact statement of OCCUPATION should be properly classified. Exact statement of OCCUPATION should be properly classified.

N. B.—Every item of INFORMATION is very important. See 1

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

(No. V.A., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME HOWARD E. SETTLES

(a) Residence. No. Gen. Del.

St. Ely, Nevada

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
38 2 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer) XX

(c) Name of employer XX

9. BIRTHPLACE (city or town) Missouri
(State or country)

10. NAME OF FATHER XX

11. BIRTHPLACE OF FATHER (city or town) XX
(State or Country)

12. MAIDEN NAME OF MOTHER XX

13. BIRTHPLACE OF MOTHER (city or town) XX
(State or Country)

14. Informant L. H. Beaman

(Address) V.A., Boise, Idaho

15. Filed 2-18, 1931 W. H. Rhodes

Registrar

RECEIVED MAR 3 1931

DO NOT WRITE IN THIS SPACE

State File No. 73907

Local Registrar's No. 13

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 11, 1930, to February 16, 1931

that I last saw him alive on February 16, 1931

and that death occurred, on the date stated above, at 3.55 p. m.

The CAUSE OF DEATH* was as follows:

Arthritis acute with myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY Thrombus of the coronary artery.
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) P. C. SMITH, Reg. Med. Officer M. D.

Feb. 17, 1931 (Address) V.A., Boise, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Clinton Mo 2-18 1931

20. Undertaker

Mrs. C. C. Jones

Address

Clinton, Mo.

Schreiber & M. Cann

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE. DATE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 73908

PLACE OF DEATH

County of Latah

City of MOSCOW

Registration District No. 61

Primary Registration District No. 1.6.11

Local Registrar's No. 73918 5

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Alden Marden

(a) Residence. No. St.

(Usual place of abode) Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Bessie I. Marden (or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 5, 1862

7. AGE Years 68 Months 5 Days 13 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer University of Idaho

9. BIRTHPLACE (city or town) Chichester (State or country) New Hampshire

10. NAME OF FATHER Alden Curtiss Marden Not known Alden Marden

11. BIRTHPLACE OF FATHER (city or town) New Hampshire (State or Country)

12. MAIDEN NAME OF MOTHER Louisa Jane Sanburn

13. BIRTHPLACE OF MOTHER (city or town) New Hampshire (State or Country)

14. Informant Mrs. A.A. Marden

(Address) Moscow, Idaho

15. Filed 2-21-1931 J. R. Short Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 18, 1931 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 14th, 1931, to Feb. 18th, 1931, that I last saw him alive on Feb. 17th, 1931, and that death occurred, on the date stated above, at 5 A. m. The CAUSE OF DEATH* was as follows:

Cardio-Vascular Disease

CONTRIBUTORY (duration) yrs. mos. ds. Cerebral Thrombosis (Secondary)

(duration) yrs. mos. ds. 4

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) A. M. Marden M. D. (Address) Moscow, Ida Feb. 19, 1931

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Moscow 2/20/31 19

20. Undertaker J. R. Short Address Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. _____
Primary Registration District No. _____ Local Registrar's No. _____
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alonzo M. Pettit.

(a) Residence. No. _____ St. _____
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (Write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 28 1884

7. AGE Years Months Days If LESS than 1 day,
47 1 29 _____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Book Keeper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) _____
(State or country) Iowa.

10. NAME OF FATHER Alonzo M. Pettit.

11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) New York.

12. MAIDEN NAME OF MOTHER Ella J Williams.

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country) New York.

14. Informant C.S. Pettit.
(Address) Wimbledon N.D.

15. Filed _____, 19____
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 73909

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 27 1931.

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 23, 1931, to Feb 27, 1931

that I last saw him alive on Feb 27, 1931

and that death occurred, on the date stated above, at 3P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

_____ (duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY

(Secondary)

_____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hugh E. Bean, M. D.

Feb. 27, 1931 (Address) Burley Id.

19. Place of Burial, Cremation, or Removal

Burley Ida

Date of Burial

Mar. 3 1931

20. Underwriter

H. E. Johnson Address Burley

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of

City of

Registration District No.

Primary Registration District No.

St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No.

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

6. DATE OF BIRTH

7. AGE

IF LESS than 1 day
how many..... hrs.
or..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

17. I HEREBY CERTIFY, That I attended deceased from
Feb 1, 1931, to Feb 5, 1931,
that I last saw him alive on Feb 5, 1931,
and that death occurred on the date stated above, at 8:00 P.M.

The CAUSE OF DEATH* was as follows:

(Duration) 3 Yrs. mos. ds.
Contributory Chronic Cardiac Valvular
(Secondary) Heart Disease
(Duration) 2 yrs. mos. ds.
(Signed) C. A. Rich M. D.
2-5-1931 (Address) Lava Hot Springs

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death..... yrs. mos. days. In the State..... yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 16 1931
DO NOT WRITE IN THIS SPACE
73911
State File No.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH
Registration District No. 37
Primary Registration District No. 2083
(No. County General Hospital)

73911 39
Local Registrar's No. 253

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jesse B. Blackwell

(a) Residence. No. 722 Cook St. Sioux City Iowa. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Helen Blackwell

6. DATE OF BIRTH (month, day and year) Apr 1899

7. AGE 32 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Musical

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Powell & Duffie

9. BIRTHPLACE (city or town) Nash Ville Tenn.
(State or country)

10. NAME OF FATHER John Blackwell

11. BIRTHPLACE OF FATHER (city or town) Dont know
(State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth Porter

13. BIRTHPLACE OF MOTHER (city or town) Dont Know
(State or Country)

14. Informant M. H. Blackwell
(Address) 722 Cook St. Sioux City, Iowa.

15. File 26 23, 1931 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 22nd. 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/22 1931, to 2/22 1931

that I last saw him alive on 2/22 1931

and that death occurred, on the date stated above, at 11.30 PM

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Circulatory Failure -
Insufficient Heart - Lung -
Stasis - Probably Atheromatous
Heart - Blood Vessels -
(duration) yrs. mos. ds.

CONTRIBUTORY Syphilis
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted no
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) J. R. Morgan M. D.

2/22 1931 (Address) Twin Falls, Ida.

19. Place of Burial, Cremation, or Removal Sioux City Iowa Date of Burial 19

20. Undertaker Grossman Mortuary, Twin Falls, Idaho Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73913**

PLACE OF DEATH

County of Jerome

City of Jerome

Registration District No. 18

Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John William Johnson

(a) Residence No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Marie Johnson (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) April 19 - 1878

7. AGE Years 52 Months 8 Days 25 If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED Farmer & Machinist

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Missouri (State or country) _____

10. NAME OF FATHER David B Johnson

11. BIRTHPLACE OF FATHER (city or town) Saint Louis (State or Country) _____

12. MAIDEN NAME OF MOTHER Jane Matthews

13. BIRTHPLACE OF MOTHER (city or town) Saint Louis (State or Country) _____

14. Informant Marie Johnson (Address) Jerome

15. Filed 2/26, 1931 Chas F Zeller Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1930, to Jan. 13, 1931, that I last saw him alive on Jan. 13, 1931, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: Carcinoma lesser curvature stomach

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? yes

What test confirmed diagnosis? _____

(Signed) Chas. F. Zeller, M. D. 2/15, 1931 (Address) Jerome

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Jerome Cemetery Date of Burial Jan 16 1930

20. Undertaker D. A. Johnson Address Jerome

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 21 1931

DO NOT WRITE IN THIS SPACE

State File No. **73915**

PLACE OF DEATH

County of Jerome
City of _____

Registration District No. 18
Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James H. Irons

(a) Residence. No. _____ St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 8 - 1868
7. AGE Years 62 Months 11 Days _____ If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Indiana
(State or country)

10. NAME OF FATHER David C. Irons

11. BIRTHPLACE OF FATHER (city or town) Don't Know
(State or Country)

12. MAIDEN NAME OF MOTHER Eliza Jane Goodman

13. BIRTHPLACE OF MOTHER (city or town) Don't Know
(State or Country)

14. Informant H. J. Irons
(Address) Jerome

15. Filed 2/26, 1931. Chas F Zeller
Jane Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1930, to Jan 10, 1931, that I last saw him alive on Dec 18, 1931, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY,
(Secondary)

Myocarditis (duration) 3 yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Thos. Schnepp M. D.

Feb 26, 1931 (Address) Jerome, Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Jerome Cemetery Date of Burial Jan 12 1931

20. Undertaker J. P. Bertram Address Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73916**

PLACE OF DEATH

County of Jerome

CERTIFICATE OF DEATH

City of JeromeRegistration District No. 18

Primary Registration District No. _____

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Elizabeth Perkins(a) Residence. No. 6 miles S E Jerome, Idaho St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or <u>Single</u> (write the word.) <u>Feb</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug 21. 1912.

7. AGE <u>18</u> Years	Months <u>5</u>	Days <u>21</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED At home
(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Fargo. N Dakota10. NAME OF FATHER Charles Perkins11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Wisconsin12. MAIDEN NAME OF MOTHER Marietta Soper13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Minnesota14. Informant Mrs Charles Perkins
(Address) Jerome, Idaho15. Filed Feb 14, 1931Chas F Zeller
Regist.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 12. 1931Feb 12. 1931. 19____
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____,
and that death occurred, on the date stated above, at 9:00 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Suicide, shot through
head with 45 caliber revolver

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? noWhat test confirmed diagnosis? Wiley(Signed) J R WileyFeb 14, 1931 (Address) Jerome, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Jerome Cemetery Feb 15, 1931

20. Undertaker

Address

J R Wiley JeromeIdaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAR 2 1931

DO NOT WRITE IN THIS SPACE

State File No. **73917**

PLACE OF DEATH

County of ShoshoneCity of AveryRegistration District No. 127Primary Registration District No. 2400Local Registrar's No. 0

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lena Jane Myers(a) Residence. No. Avery, Idaho St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 8 yrs. 1 mos. - ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGeo. A. Myers6. DATE OF BIRTH (month, day and year) January 11-18607. AGE 71 Years - Months 20 Days If LESS than 1 day,
min. hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) McCordsville, Ohio
(State or country)10. NAME OF FATHER Jno. B. Macklem11. BIRTHPLACE OF FATHER (city or town) Scotland
(State or Country)12. MAIDEN NAME OF MOTHER Nancy Patterson13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country)14. Informant George Myers
(Address) Avery, Idaho15. Filed Feb. 1st, 1931 W. B. Bussey
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 1st, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 23rd, 1931, to Feb. 1 (midnight), 1931
that I last saw her alive on Feb. 1st, 1931and that death occurred, on the date stated above, at 2:25 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Fibrosis(duration) 9 yrs. - mos. - ds.CONTRIBUTORY Acute pulmonary embolism
(Secondary)(duration) - yrs. - mos. 2 ds.18. Where was disease contracted if not at place of death? UnknownDid an operation precede death? No Date of -Was there an autopsy? NoWhat test confirmed diagnosis? Physical Signs(Signed) W. B. Bussey, M. D.
Feb. 1st, 1931 (Address) Avery, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Butte, Mont Date of Burial 1920. Undertaker Wessitchell Address Avery, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Shoshone
City of Near Wallace

CERTIFICATE OF DEATH

Registration District No. 70Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE

State File No. 73918Local Registrar's No. 9

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur L. Roy Massey(a) Residence. No. County Infirmary St. Near Wallace

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 4 - 18677. AGE 63 Years 2 Months 6 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work County Infirmary(b) General nature of industry, business, or establishment in which employed (or employer) Superintendent

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)10. NAME OF FATHER Hervey A Massey11. BIRTHPLACE OF FATHER (city or town) Peru
(State or Country)12. MAIDEN NAME OF MOTHER Elizabeth Garrett13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or Country)14. Informant Ernest Massey
(Address) Winchester, Wash.15. Filed Feb 12 1931 J. L. Quigley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19. to 19. Feb 10 1931
that I last saw him alive onand that death occurred, on the date stated above, 6:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Burnt wound
blow apparently
self-inflicted
EastCONTRIBUTORS
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. L. Quigley19. (Address) Near Wallace

19. Place of Burial, Cremation, or Removal Date of Burial

Kellogg Ida Feb 12 193120. Undertaker C. A. Biver AddressWard and Co. Wallace, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Shoshone
City of WallaceRegistration District No. 70
Primary Registration District No. 10.11
(No. _____ St.)File No. 73919
Registered No. 73919

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Al Vaughn

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Single
(Write the word.)

6. DATE OF BIRTH.

2 (Month) 20 (Day) 1839 (Year)

7. AGE

92 Yrs. 0 Mos. 20 ds.IF LESS than 1 day
how many hrs. or
..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work... Timber worker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE

(State or Country) Penn.

10. NAME OF FATHER

John Vaughn

11. BIRTHPLACE OF FATHER

(State or Country) Penn.

12. MAIDEN NAME OF MOTHER

Bertha Callahan

13. BIRTHPLACE OF MOTHER

(State or Country) Minnesota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. J. Tarrecht
(Address) County Infirmary

15.

Filed Feb 27 1931L. L. Ziegler
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

2 (Month) 22 (Day) 1931 (Year)17. I HEREBY CERTIFY, That I attended deceased from 2-9-1931 to 2-22-1931, that I last saw him alive on 2-22-1931, and that death occurred on the date stated above, at 9:35 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy(Duration) 13 yrs. 0 mos. 0 ds.Contributory (Secondary) Arterio Sclerosis(Duration) 14 yrs. 0 mos. 0 ds.(Signed) James R. Bean M. D.(Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death... 0 yrs. 0 mos. 13 days In the State... 52 yrs. 0 mos. 0 daysWhere was disease contracted if not at place of death? UnknownFormer or usual residence Pine Creek

19. PLACE OF BURIAL OR REMOVAL

Hellogg, Idaho Feb 24, 1931

20. UNDERTAKER

M. B. Thornhill Hellogg, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAR 3 1931

DO NOT WRITE IN THIS SPACE

State File No. **73920**

PLACE OF DEATH

County *Shoshone*City of *Kellogg*Registration District No. *123*Primary Registration District No. *2201*Local Registrar's No. *5*(No. *2*)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME *Leonard Sweet*(a) Residence. No. *90* St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *Mar 2 - 1913*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
17 11 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Harrison Id*
(State or country)10. NAME OF FATHER *Jack Sweet*11. BIRTHPLACE OF FATHER (city or town) *no.*
(State or Country)12. MAIDEN NAME OF MOTHER *Margaret Neary*13. BIRTHPLACE OF MOTHER (city or town) *Canada*
(State or Country)14. Informant *Margaret Neary Davis*
(Address) *Kellogg Id*15. Filed *Feb 27*, 1931 *Ans. Helen M. Bried*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *July 9 31*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19

to

19

that I last saw him alive on *July 9 31*and that death occurred, on the date stated above, at *10:30 p.m.*

The CAUSE OF DEATH* was as follows:

apparently fresh fracture

(duration)

yrs.

mos.

ds. *just min*CONTRIBUTORY (Secondary) *Boxing*

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *no*(Signed) *W. H. Noway**7/10 31 Kellogg, Id*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kellogg Id *2/11 31*20. Undertaker *R. L. Stan*

Address

Kellogg Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

73921

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 70

County of *Shoshone*
City of *Wallace*

Primary Registration District No. 1011

(No. _____ St.)

File No. _____

Registered No. 12

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

*Allen**Herbert H.*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WID-OWED OR DIVORCED.

Single (See word.)

6. DATE OF BIRTH.

1 (Month) *10* (Day) *1869* (Year)

7. AGE

63 Yrs. *1* Mos. *8* ds.IF LESS than 1 day
how many _____ hrs. or
_____ min.

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer)...*Miner*

9. BIRTHPLACE

(State or Country)

Id.

10. NAME OF FATHER

Hugh Allen

11. BIRTHPLACE OF FATHER

(State or Country)

Id.

12. MAIDEN NAME OF MOTHER

Esty Allen

13. BIRTHPLACE OF MOTHER

(State or Country)

Id.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

E. M. Rogers
County Infirmary

15.

Filed

*Feb 19 1931**J. L. Zwigley*

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

2 (Month) *18* (Day) *1931* (Year)

17. I HEREBY CERTIFY, That I attended deceased from

2-7-1931 to *2-18-1931*that I last saw him alive on *2-18-1931*and that death occurred on the date stated above, at *9:30* M.

The CAUSE OF DEATH* was as follows:

Chr. Valvular Heart(Duration) *4* yrs. *4* mos. *4* ds.Contributory
(Secondary)(Duration) *4* yrs. *4* mos. *4* ds.

(Signed)

19 *21* (Address)*James R. Bean*
Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death *0* yrs. *0* mos. *11* days In the State *20* yrs. *0* mos. *0* daysWhere was disease contracted if not at place of death? *no*Former or usual residence *Mullan.*

19. PLACE OF BURIAL OR REMOVAL

Kellogg, Idaho

DATE OF BURIAL

Feb 19 1931

20. UNDERTAKER

M. P. Thornhill

ADDRESS

Kellogg, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73922**

PLACE OF DEATH

County of Shoshone
City of Wallace

CERTIFICATE OF DEATH

Registration District No. 70Primary Registration District No. 111 Local Registrar's No. 11(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Peter A. Caswell(a) Residence. No. Wallace, Idaho

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, Divorced (write the word.) Divorced5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 5 - 18847. AGE 46 Years 4 Months 11 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Canada10. NAME OF FATHER Not Known11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known12. MAIDEN NAME OF MOTHER Not Known13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not Known

14.

Informant (Address) Record found on person

15.

Filed Feb 22 1931J. L. Linsigley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 16 1931
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Feb 11 1931 to Feb 16 1931
that I last saw him alive on Feb 16 1931
and that death occurred, on the date stated above, at 10:20 P m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Bronchial AsthmaCONTRIBUTORY (Secondary) Injury

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James R. Bean, M. D.
2/18/31, 1931 (Address) Wallace

19. Place of Burial, Cremation, or Removal

Date of Burial

Wallace, IdahoFeb 22 193120. Undertaker G. D. Bower

Address

Ward and Co.Wallace, Idaho

105-

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73923**

PLACE OF DEATH

County of Shoshone
City of Wallace

Registration District No. 70Primary Registration District No. 1011Local Registrar's No. 10

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Carberry(a) Residence. No. Wallace St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of not married

6. DATE OF BIRTH (month, day and year) not known

7. AGE 85 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ireland
(State or country)10. NAME OF FATHER not known11. BIRTHPLACE OF FATHER (city or town) not known
(State or Country)12. MAIDEN NAME OF MOTHER not known13. BIRTHPLACE OF MOTHER (city or town) not known
(State or Country)

14. Informant John O Mahoney
(Address) Spokane

15. Filed Feb 19, 1931

W. L. Lingle
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan Feb 16 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931, to Feb 16, 1931

that I last saw him alive on Feb 16, 1931

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Senility - Arterio Sclerosis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. E. Jung, M. D.
7/9/31, 19____ (Address) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Wallace Ida Date of Burial 2/19/31 19____
Undertaker Barce G. Noyes Address _____

PLACE OF DEATH

County of ShoshoneCity of WallaceSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 70Primary Registration District No. 1011

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lena Maggi

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 24, 19227. AGE Years Months Days If less than 1 day, hrs. or min.
8 10 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kellogg, Idaho
(State or country)10. NAME OF FATHER Caesar Maggi11. BIRTHPLACE OF FATHER (city or town) Italy
(State or Country)12. MAIDEN NAME OF MOTHER Victoria Colonello13. BIRTHPLACE OF MOTHER (city or town) Italy
(State or Country)14. Informant Alex N. Anderson(Address) Kellogg, Idaho15. Filed Feb 14, 1931 F. L. Dringley
Registrar

RECEIVED MAR 5 1931

DO NOT WRITE IN THIS SPACE

State File No. 73924Local Registrar's No. 41

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 9, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1931 to Feb 9, 1931
that I last saw her alive on Feb 9, 1931
and that death occurred, on the date stated above, at 720 p.m.
The CAUSE OF DEATH* was as follows:
SepticemiaCONTRIBUTORY (duration) yrs. mos. ds. Paratyphoid fever
(Secondary) appended (duration) yrs. mos. ds. 4-5

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Feb 14Was there an autopsy? NoWhat test confirmed diagnosis? No(Signed) H. H. Moore1931 (Address) Wallace, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Kellogg, Idaho Feb. 19

20. Undertaker Address

M. C. Thornhill Kellogg, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

73925

PLACE OF DEATH

County of ShoshoneCity of WallaceRegistration District No. 70Primary Registration District No. 1011 Local Registrar's No. 13(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helma Macke(a) Residence. No. Mullan, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, Divorced (write the word.) Married

5a. If married, widowed, or divorced

~~HUSBAND~~
(or) WIFE of Jack Macke6. DATE OF BIRTH (month, day and year) July 12 - 18837. AGE 47 Years 7 Months 11 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Finland
(State or country)10. NAME OF FATHER John Doctor11. BIRTHPLACE OF FATHER (city or town) Finland
(State or Country)12. MAIDEN NAME OF MOTHER Not Known13. BIRTHPLACE OF MOTHER (city or town) Finland
(State or Country)14. Informant ack Macke
(Address) Mullan, Ida.15. Filed Feb 25 1931 F. L. Ziegler
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 23 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, that I attended deceased from Nov 30 1930 to 1/23/31, 19...that I last saw her alive on 1/23/31, 19...
and that death occurred, on the date stated above, at 11:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma Liver
(duration) 6 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed James R. Dean, M. D.1/23/31 19 (Address) Wallace

19. Place of Burial, Cremation, or Removal Date of Burial

Mullan, Ida. Feb 25 193120. Undertaker J. A. Bower AddressWard and Co. Wallace, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

73926

PLACE OF DEATH

County of CassiaCity of Jackson

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arlene Newbold.

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced. (Write the word.) <u>Single.</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 14 1929.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>6</u>	<u>16</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.....(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Jackson.
(State or country) Idaho.10. NAME OF FATHER William Wilfred Newbold.11. BIRTHPLACE OF FATHER (city or town) West Jordan.
(State or Country) Utah.12. MAIDEN NAME OF MOTHER Florence Alice Littlefield.13. BIRTHPLACE OF MOTHER (city or town) ..
(State or Country) Arizona.14. Informant W. Newbold.
(Address) Jackson Ida.15. Filled 2-10-, 1951 J. H. Center
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 30 1931. 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 28, 1931, to Jan 30, 1931
that I last saw her alive on Jan 30, 1931and that death occurred, on the date stated above, at 6 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Septicemia(duration) yrs. mos. 5 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? homeDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) Lyle H. Kessy, M. D.2-2-31, 1951 (Address) Reput

19. Place of Burial, Cremation, or Removal Date of Burial

Heyburn Ida Feb. 3, 193120. Undertaker D. E. Johnson Burley.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of Cassia
City of Albion

CERTIFICATE OF DEATH

Registration District No. 119Primary Registration District No. 2198

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Billy Lee Markham

(a) Residence, No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 7 1931

7. AGE Years Months Days If LESS than 1 day,
1 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Albion
(State or country) Idaho.

10. NAME OF FATHER
Robert Markham

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Not Known

12. MAIDEN NAME OF MOTHER Pearl Lweis

13. BIRTHPLACE OF MOTHER (city or town) Albion.
(State or County) Idaho.

14. Informant H#L#Lewis
(Address) Albion Idaho.

15. Filed Mar 1, 1931
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 8 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 7 1931, to Feb 8 1931
that I last saw him alive on Feb 7 1931

and that death occurred, on the date stated above, at 7 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. mos. 1 ds.
CONTRIBUTORY None
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Mar 1, 1931 (Address) Albion Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Albion Ida.Feb 10 1931

20. Undertaker

Address

R.E. JohnsonBurley.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73928**

PLACE OF DEATH

County of **Cassia**
City of **Burley**

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Harvey Wilson**

(a) Residence. No. _____

(Usual place of abode.)

St. _____

Length of residence in city or town where death occurred. yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)
Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

About 55 Years

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Laborer

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Not Known

10. NAME OF FATHER

Not Known

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Not Known

12. MAIDEN NAME OF MOTHER

Not Known.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

Henry Haworth

Burley Ida

15.

File **3-2-2-1931**

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 4 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19____, to

19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Alcoholism

Denatured Alcohol

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

D. E. Johnson Cor

M. D.

Feb 4 1931 (Address) **Burley**

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley Ida

Feb. 5 1931

20. Undertaker

Address

D. E. Johnson

Burley

RECEIVED MAR 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73929

State File No.

PLACE OF DEATH

County of Cassia

CERTIFICATE OF DEATH

City of Burley

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Hurley.

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. orAbout 55 years. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workLaborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Not Known.

10. NAME OF FATHER

Not Known.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

Not Known.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)14. Informant D.E. Johnson

(Address)

Burley Idaho.

15.

Filed, 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 4 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 3. 1931 to Feb. 3. 1931that I last saw him alive on Feb. 3. 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute alcoholism
Intoxicated alcohol

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

Joseph E. Trustad D.

, 19.....

(Address)

Burley

19. Place of Burial, Cremation, or Removal

Burley Ida

Date of Burial

Feb. 4 1931

20. Undertaker

Address

D.E. Johnson BurleyWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73930

State File No.

PLACE OF DEATH

County of CassiaCity of Burley

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Effie Jane Wilkenson

(a) Residence No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced. (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofR. L. Wilkenson6. DATE OF BIRTH (month, day July 27 1884.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.House Wife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Payson
(State or country) Utah10. NAME OF FATHER Henry Knight11. BIRTHPLACE OF FATHER (city or town) El Paso
(State or Country) Texas12. MAIDEN NAME OF MOTHER Bingham13. BIRTHPLACE OF MOTHER (city or town) Payson
(State or Country) Utah14. Informant R. L. Wilkenson
(Address) Burley Ida.15. Filed 3-2- 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 4 1931

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 15 1931, to Feb 4 1931

that I last saw h..... alive on..... 19____

and that death occurred, on the date stated above, at 6:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY
(Secondary)High blood pressure
(duration) ____ yrs. ____ mos. ____ ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. F. H. ButlerFeb. 4 1931 (Address) Burley Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley IdaFeb. 6 1931

20. Undertaker

Address

D. E. JohnsonBurley

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of CassiaCity of Burley

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjamin H Burgess

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 13, 18817. AGE Years 39 Months 16 Days 5 If LESS than 1 day, hrs. or min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah.10. NAME OF FATHER Hamson Burgess.11. BIRTHPLACE OF FATHER (city or town) Not Known.
(State or Country)12. MAIDEN NAME OF MOTHER Manda Hamson13. BIRTHPLACE OF MOTHER (city or town) Not Known.
(State or Country)14. Informant (Address) B. M. Burgess, Ida.
Burley15. Filed 2-10-, 1931 Registrar. J. E. Carter

DO NOT WRITE IN THIS SPACE

73931

State File No.

Local Registrar's No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 8, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 7, 1931, to Jan 8, 1931that I last saw him alive on Jan 8, 1931and that death occurred, on the date stated above, at 3:50 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Emboli(duration) yrs. mos. 2 ds.CONTRIBUTORY Carditis
(Secondary)(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Hugh E. Weaver, M. D., 1931 (Address)19. Place of Burial, Cremation, or Removal Burley Ida. Date of Burial Jan 11, 193120. Undertaker D. E. Johnson Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
73932
State File No.

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Edward Coleman

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMinnie Coleman6. DATE OF BIRTH (month, day and year) April 2 1860

7. AGE Years Months Days If LESS than 1 day,
70 9 8 hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10. NAME OF FATHER
Will Coleman11. BIRTHPLACE OF FATHER (city or town)
(State or County) Maryland12. MAIDEN NAME OF MOTHER
Anna Baker13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Maryland

14. Informant Julian Coleman
(Address) Burley Ida

15. Filed Jan 10 - 1931 F. H. Custer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan - 10, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 10, 1929, to Jan 10, 1931
that I last saw him alive on Jan 10, 1931

and that death occurred, on the date stated above, at 2 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carditis(duration) 5 yrs. mos. ds.

CONTRIBUTORY Asplenia
(Secondary)

(duration) 10 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Edwards

(Signed) Hugh E. ..., M. D.
....., 19..... (Address)

19. Place of Burial, Cremation, or Removal Burley Ida Date of Burial Jan. 13 1931

20. Undertaker H. E. Johnson Address Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
73933
State File No.

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marian Ila Mansfield

(a) Residence, No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Fred Alexander Mansfield

6. DATE OF BIRTH (month, day and year) Dec. 15 1897

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
33 1 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston
(State or country) Utah.

10. NAME OF FATHER
Alvin George Orchard.

11. BIRTHPLACE OF FATHER (city or town) Lewiston
(State or Country) Utah.

12. MAIDEN NAME OF MOTHER Marian Jahn Dott.

13. BIRTHPLACE OF MOTHER (city or town) Salt Lake City.
(State or Country) Utah.

14. Informant F.A. Mansfield.
(Address) Burley Ida

15. Filed 2-10-1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 20, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 12, 1930, to Jan 20, 1931

that I last saw her alive on Jan 20, 1931

and that death occurred, on the date stated above, at 10:30 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Mytrial Incompetency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Multiple Arthritis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Churgical

(Signed) F. H. Cutler, M. D.

Jan 21, 1931 (Address) Burley

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston Ut

Address

20. Undertaker

D. E. Johnson Burley

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73934**

PLACE OF DEATH

County of CassiaCity of Burley

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond Jr. Stephens

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W5. Single Married, Widowed,
or Divorced (write the word.)
Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Oct 1 1930

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.311

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Burley Ida

10. NAME OF FATHER

Herbert R. Stephens11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Washington

12. MAIDEN NAME OF MOTHER

Roda Stephens13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Idaho

14.

Informant
(Address)H. R. Stephens
Gooding Ida

15.

Filed 2-10-1931, 1931J. H. Carter
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 11

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 10, 1931, to Jan 11, 1931that I last saw him alive on Jan 10, 1931and that death occurred, on the date stated above, at 2:00 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Broncho Pneumonia(duration) yrs. mos. 10 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Gooding Ida
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Chemical(Signed) John E. Bean, M. D.

....., 19..... (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley F. B. 2 Jan 13 1931

20. Undertaker

Address

D. E. Johnson Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 19 1931

DO NOT WRITE IN THIS SPACE

State File No. **73935**

PLACE OF DEATH

County of CarsonCity of Burley

Registration District No. _____

Primary Registration District No. _____

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barbara Jean Mitchell

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) June 8 19307. AGE Years Months Days If LESS than 1 day, hrs. or min.
6 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Burley
(State or country) Idaho10. NAME OF FATHER Raymond G. Mitchell11. BIRTHPLACE OF FATHER (city or town) Burley
(State or country) Idaho12. MAIDEN NAME OF MOTHER Mildred Page13. BIRTHPLACE OF MOTHER (city or town) Burley
(State or Country) Idaho

14.

Informant
(Address) R. G. Mitchell
Burley Idaho

15.

Filed _____, 19 _____

Registrar _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 3, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 3, 1931, to Jan 3, 1931that I last saw her alive on Jan 3, 1931and that death occurred, on the date stated above, at 6:30 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Broncho Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Marasmus
(Secondary)(duration) _____ yrs. 5 mos. _____ ds.18. Where was disease contracted
if not at place of death? _____Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Examine(Signed) Hugh E. Bean, M. D.

_____, 19 _____ (Address) _____

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley Idaho Jan 6 1931

20. Undertaker

Address

R. E. Johnson Burley

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73936**

PLACE OF DEATH

County of **Cassia**City of **Burley**

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Leo Jay Robinson**

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) **Nov. 18 1930.**

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.**1****28**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.....(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Burley**
(State or country) **Ida**

10. NAME OF FATHER

Roy Lee Robinson11. BIRTHPLACE OF FATHER (city or town) **Elba**
(State or Country) **Idaho.**12. MAIDEN NAME OF MOTHER **Elna E Judd.**13. BIRTHPLACE OF MOTHER (city or town) **Phoenix**
(State or Country) **Arizona**14. Informant **Roy L Robinson**
(Address) **Burley Ida**

15.

Filed....., 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 16 1931

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 16, 19**31**, to **Jan 16**, 19**31**that I last saw him alive on **Jan 16**, 19**31**and that death occurred, on the date stated above, at **4** m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Colitis(duration) yrs. mos. **1** ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **No** Date of.....Was there an autopsy? **No**What test confirmed diagnosis? **Staining**(Signed) **Hugh E. Weaver**, M. D.

, 19..... (Address)

19. Place of Burial, Cremation, or Removal Date of Burial

Burley Ida, R.F.D.#2 Jan. 18 1931

20. Undertaker

Address

D. E. Johnson Burley

RECEIVED MAR 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73937**

PLACE OF DEATH

County of Cassia
City of Barley

CERTIFICATE OF DEATH

Registration District No. _____
Primary Registration District No. _____
(No. _____) Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles John Ellis

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of Mary E. Ellis
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 16, 1860

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
70 10 _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Grayville
(State or country)

10. NAME OF FATHER John Ellis

11. BIRTHPLACE OF FATHER (city or town) Grayville
(State or country)

12. MAIDEN NAME OF MOTHER Mary Crowder

13. BIRTHPLACE OF MOTHER (city or town) Grayville
(State or country)

14. Informant Mr. Tom Mark
(Address)

15. Filed E-2, 1931
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 16, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 15, 1931, to Feb. 16, 1931,
that I last saw him alive on Feb. 15, 1931,
and that death occurred, on the date stated above, at 6:35 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

nephritis

CONTRIBUTORY (Secondary) Senility
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Dr. J. H. Marshall

19. Place of Burial, Cremation, or Removal Barley, Ida Date of Burial Feb. 19, 1931

20. Under-taker W. E. Johnson Address Barley

PHYSICIAN
 Exact statement of OCCUPATION is very important. See instructions on back.
 Cause of information should be carefully supplied. AGE should be stated EXACTLY.
 should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED STATE OF INDIANA 1931

 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73938

State File No.

PLACE OF DEATH

County of CassiaCity of Burley

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nora B. Underwood

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W5. Single, Married, Widowed,
or Divorced (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWm. Henry Underwood

6. DATE OF BIRTH (month, day and year)

May 4, 1869

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Ind. Gosport

10. NAME OF FATHER

Geo. Cash11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ind. Ind.

12. MAIDEN NAME OF MOTHER

Sophorina Cummings13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Ind. Ind.

14.

Informant
(Address)W. H. UnderwoodIndianapolis Ind.

15.

Filed

May 21, 1931F. H. Clutter

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 24

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 15 - 1931 to Feb. 24 - 1931that I last saw her alive on Feb. 24 - 1931and that death occurred, on the date stated above, at 9:40 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Loss of Right LungWesley B. Prumonia
(duration) yrs. mos. ds.
(Secondary)
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Microscopic

(Signed)

Joseph H. Hunsaker

(Address)

Burley, Ind.

19. Place of Burial, Cremation, or Removal

Date of Burial

MarionvilleMar. 1, 1931

20. Undertaker

Address

R. E. JohnsonBurley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAR 16 1931

DO NOT WRITE IN THIS SPACE

State File No. **73939**

PLACE OF DEATH

County of Join Falls
City of Join Falls

Registration District No. 37
Primary Registration District No. 1085

Local Registrar's No. 35

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Soren J. Jensenius(a) Residence. No. 135 - 8th Ave E. St. 44

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE color W. 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Fanny Jensenius6. DATE OF BIRTH (month, day and year) March 14 - 1852

7. AGE 78 Years 10 Months 29 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor & builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Denmark
(State or country)10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant Mrs. Fanny Jensenius
(Address) 135 - 8th Ave E.

15. Filed Jan 16th 1931 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 12 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 10th 1931 to Feb 12 1931
that I last saw him alive on Feb 12 1931
and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:

Carcinoma Gastric

(duration) 1 yrs. mos. ds.
CONTRIBUTORY Arteriosclerosis General
(Secondary)

(duration) 2 yrs. mos. ds.18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? Clinical only.(Signed) Shuman E. Alexander M. D.2-13-31 19 (Address) Join Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Join Falls Cemetery Date of Burial 19

20. Undertaker White Mortuary Inc Address Join Falls Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73940

State File No.

PLACE OF DEATH
County of Lincoln Falls
City of Lincoln Falls

Registration District No. 37
Primary Registration District No. 2085

Local Registrar's No. 33

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Seckman(a) Residence. No. P.F.D. 2, Lincoln Falls, Ida.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Charles Seckman
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jun 27 1865

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
66 0 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Home work.
(c) Name of employer

9. BIRTHPLACE (city or town) West Virginia
(State or country)10. NAME OF FATHER John Higgins11. BIRTHPLACE OF FATHER (city or town) West Virginia
(State or Country)12. MAIDEN NAME OF MOTHER Severs13. BIRTHPLACE OF MOTHER (city or town) West Virginia
(State or Country)14. Informant Charles Seckman
(Address) P.F.D. 2, Lin. Falls, Ida.15. Filed February 11, 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2-8 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 2nd, 1930, to Feb 8th, 1931
that I last saw her alive on Feb 8th, 1931
and that death occurred, on the date stated above, at 7:20 P. m.
The CAUSE OF DEATH* was as follows:

Goiter Hyperplastic Bilateral severe

(duration) 7 yrs. mos. ds.
CONTRIBUTORY Thyrototoxicosis Post Op.
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? Yes Date of Feb 7th 31Was there an autopsy? NoWhat test confirmed diagnosis? Bm Rates(Signed) Anna C. R. Hoffman, M. D.

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lincoln Falls Date of Burial 2-12 193120. Undertaker White Mortuary Address Lincoln Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73941

State File No.

PLACE OF DEATH
County of Twin Falls
City of Twin FallsRegistration District No. 37Primary Registration District No. 1085Local Registrar's No. 37

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John W. Beigler(a) Residence. No. 861-4th Ave W. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofAmanda Jane Beigler6. DATE OF BIRTH (month, day and year) July 24, 18537. AGE Years 78 Months 5 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labourer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Indiana
(State or country)10. NAME OF FATHER Beigler11. BIRTHPLACE OF FATHER (city or town)
(State or Country)12. MAIDEN NAME OF MOTHER Martha13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant Peter Beigler
(Address) 861-4th West Twin Falls15. Filed February 25th, 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 20 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I presented for deceased from
Feb. 10, 1931, to Feb. 20, 1931
that I last saw him in after death 2/20, 1931
and that death occurred, on the date stated above, at 8.2 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhageCONTRIBUTORY (Secondary) Third or fourth stroke
(duration) yrs. mos. 10 ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. D. Weaver M. D.
2/21, 1931 (Address) Twin Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 2-23 193120. Undertaker White Mortuary Inc Address Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73942

State File No.

PLACE OF DEATH

County Idaho FallsCity of FilerRegistration District No. 37Primary Registration District No. 2086Local Registrar's No. 30

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna M Grundstaff(a) Residence. No. Filer

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widow'd, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 22 / 18827. AGE 48 Years 3 Months 11 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Texas10. NAME OF FATHER Issac Grundstaff11. BIRTHPLACE OF FATHER (city or town) (State or Country) Texas12. MAIDEN NAME OF MOTHER Margaret Kate13. BIRTHPLACE OF MOTHER (city or town) (State or County) Mo

14.

Informant (Address) Mrs Grundstaff
Filer

15.

Filed February 9th 1931Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 3 31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb 3 1931 to Feb 3 1931that I last saw him alive on Feb 3 1931and that death occurred, on the date stated above, at 250 mi*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Hypertension

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death? noDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Symptoms(Signed) A. G. Newberry M. D.Feb. 4 1931 (Address) Filer Idaho19. Place of Burial, Cremation, or Removal Filer Date of Burial Feb 5 193120. Undertaker J. E. Drake Address Filer Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73943

State File No.

PLACE OF DEATH
County of Twin Falls
City of Murtaugh

Registration District No. 37Primary Registration District No. 2085Local Registrar's No. 36(No. 1 mile south west city of Murtaugh)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Harold Nestbeck(a) Residence. No. Murtaugh Idaho

(Usual place of abode)

St. Murtaugh Idaho

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May 30-1918

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.12816

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workStudent(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Twin Falls Idaho

10. NAME OF FATHER

August Nestbeck11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Denmark

12. MAIDEN NAME OF MOTHER

Nelson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Denmark

14. Informant

August Nestbeck

(Address)

Murtaugh Idaho

15. Filed

February 21, 1931Elizabeth J. Smith

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

2
(Month)16
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

1/18, 1931, to 2/16, 1931that I last saw him alive on 2/16, 1931and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis(duration) 3 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

E. D. Weaver M. D.2/17, 1931(Address) Twin Falls*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls IdaFeb 19 1931

20. Undertaker

Address

White MortuaryTwin Falls Ida

RECEIVED MAR 16 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
73944
State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085

Local Registrar's No. 34

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ludwig Meyer
(a) Residence. No. 329 Jackson St.
(Usual place of abode)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

84

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married
5a. If married, widowed, or divorced
HUSBAND of Dora Meyer
(or) WIFE of
6. DATE OF BIRTH (month, day and year) Dec 4 - 1870
7. AGE Years Months Days If LESS than 1 day, min. hrs. or
60 2 7
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 10 - 1931
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb 10 - 1931 to Feb 10 - 1931
that I last saw him alive on Feb 10 - 1931
and that death occurred, on the date stated above, at 8:15 A.M.
The CAUSE OF DEATH* was as follows:
Angina Pectoris

(duration) yrs. mos. None ds.
CONTRIBUTORY Dissected Arteries
(Secondary)
(duration) yrs. mos. None ds.

18. Where was disease contracted if not at place of death? at home
Did an operation precede death? No Date of No
Was there an autopsy? No
What test confirmed diagnosis? Physical findings
(Signed) Dr. H. H. Smith, D.
2-13-31 (Address) Twin Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (city or town) (State or country) Russia
10. NAME OF FATHER George Meyer
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Russia
12. MAIDEN NAME OF MOTHER Christina Beck
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Russia

14. Informant Valley Meyer
(Address) 331 Jackson St.

15. Filed January 16 - 1931 Elizabeth J. Smith Registrar

19. Place of Burial, Cremation, or Removal Twin Falls Ida Date of Burial 2-15-1931

20. Undertaker White Mortuary Address Twin Falls, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PARENTS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Twin Falls
City of Twin FallsRegistration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 73946Local Registrar's No. 38(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME William H. Reed(a) Residence. No. R.F.D. 4, Blah Blah St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEmma Reed6. DATE OF BIRTH (month, day and year) Jan 11 - 18577. AGE Years Months Days If LESS than 1 day, hrs. or min.
74 1 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

10. NAME OF FATHER

Andrew Reed

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Ireland

12. MAIDEN NAME OF MOTHER

Letitia Henry

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Ireland14. Informant Mrs. Emma Reed
(Address) Blah Blah R.F.D. 415. Filed February 25, 1931 Clayton J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 21st 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1930, to Feb 20th, 1931, that I last saw him alive on Feb 30, 1931, and that death occurred, on the date stated above, at 10-30 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis(duration) yrs. mos. ds. 2

CONTRIBUTORY

(duration) yrs. mos. ds. 218. Where was disease contracted if not at place of death? at homeDid an operation precede death? Yes Date of 24 May 30Was there an autopsy? YesWhat test confirmed diagnosis? Chymical(Signed) H. C. Lamb, M. D.Feb 22, 1931 (Address) Twin Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Twin Falls, Ida Feb 24 1931

20. Undertaker Address

White Mortuary Twin Falls, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAR 16 1931
DO NOT WRITE IN THIS SPACE
73947
State File No.
Local Registrar's No. 40

PLACE OF DEATH
County of Train Falls
City of Train Falls

Registration District No. 37
Primary Registration District No. 1086

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Conrad Magel

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 22 1847

7. AGE 83 Years 3 Months 1 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Burlington Iowa
(State or country)

10. NAME OF FATHER Leibert Magel

11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Lu

13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)

14. Informant Dr. Magel
(Address)

15. Filed Feb 26 1931 Elyabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 23 29 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 26 1926 to Feb 23 1931
that I last saw him alive on Feb 23 1931
and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

acute myelogenous leukemia

(duration) yrs. mos. ds. 16
CONTRIBUTORY acute laryngitis
(Secondary)

(duration) yrs. mos. ds. 1
18. Where was disease contracted Los Angeles, Cal
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory exam
(Signed) John W. Loughner M. D.

2125 19 31 (Address) Train Falls, Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Train Falls Cemetery Date of Burial 2-26 1931

20. Undertaker White Mortuary Inc Address Train Falls, Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73948**

PLACE OF DEATH

County of **Twin Falls**City of **Twin Falls**

CERTIFICATE OF DEATH

Registration District No. **37**Primary Registration District No. **2085**(No. **County General Hospital**)Local Registrar's No. **42**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Lillie M Worcester**(a) Residence. No. **336--5th. Ave East** St.

(Usual place of abode.)

Length of residence in city or town where death occurred. **5** yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of**Paul W. Worcester**6. DATE OF BIRTH (month, day and year) **Apr. 27th 1893**

7. AGE 37 Years 11 Months 1 Days	If LESS than 1 day,hrs. ormin.
---	--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House Wife**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Iowa.

10. NAME OF FATHER

James A. Ruse

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Iowa

12. MAIDEN NAME OF MOTHER

Annie Ottis

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Iowa.14. Informant **Paul W. Worcester**(Address) **336--5th Ave. East Twin Falls,**15. Filed **March 2nd**, 1931, **Clifford J. Smith**

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 28
(Month)**28**
(Day)**1931**
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 29, 1931, to **Feb 28**, 1931that I last saw her alive on **Feb 28**, 1931and that death occurred, on the date stated above, at **4 a. m.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

**Appendicitis - Acute Suppurative
& general peritonitis**

(duration) — yrs. — mos. **30** ds.CONTRIBUTORY
(Secondary)

(duration) — yrs. — mos. — ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **yes** Date of **1-29-31**Was there an autopsy? **yes**What test confirmed diagnosis? **Autopsy**(Signed) **C. Russell** M. D.**Feb 28**, 1931 (Address) **Twin Falls**

19. Place of Burial, Cremation, or Removal

Tabor Iowa.

Date of Burial

19

20. Undertaker

Address

P.J. Grossman Twin Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73949**

PLACE OF DEATH

County of Oneida
City of Oneida Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085(No. 118)Local Registrar's No. 32

2. FULL NAME

Chas McInister Hospital(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed,
or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 17 1866

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

64

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Farmer9. BIRTHPLACE (city or town)
(State or country)Idaho Ind.

10. NAME OF FATHER

Wm McInister11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho

12. MAIDEN NAME OF MOTHER

Catharine Smith13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Ind.

14.

Informant
(Address)Roy McInister
Oneida Falls

15.

Filed February 11 1931Elizabeth J. Smiley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 7

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

2-41931to 2-71931that I last saw him alive on 2-71931and that death occurred, on the date stated above, at 4-30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Intestinal obstruction
springing from adhesions
followed by volvulus
and ileus

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes date of 2-4-31Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

2-9-31 1931 (Address) Oneida Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Oneida Falls Feb 10 1931

20. Undertaker

Address

The Oneida Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73950**

PLACE OF DEATH

County of June Falls
City of June Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085Local Registrar's No. 31

2. FULL NAME

(a) Residence. No. O. O. Dwyer

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single. Married. Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 20 / 18867. AGE 44 Years 5 Months 15 Days 15 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah10. NAME OF FATHER Thos. Dwyer11. BIRTHPLACE OF FATHER (city or town) (State or Country) N.Y.12. MAIDEN NAME OF MOTHER Charlotte Campbell13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio14. Informant (Address) Mrs. O. C. Dwyer
Shoshone Id.15. Filed Feb 9th 1931 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 4

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 25th 1931, to Feb 4 1931
that I last saw him alive on Feb 4 1931
and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Shock following operation
for prostatic hypertrophy.

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

18. Where was disease contracted at home
if not at place of death?Did an operation precede death? yes Date of Feb 20 1931Was there an autopsy? yesWhat test confirmed diagnosis? clinical(Signed) H. E. Smith M. D.Feb 6th 1931 (Address) June Falls Id.19. Place of Burial, Cremation, or Removal June Falls Date of Burial Feb 6 193120. Undertaker rape Address June Falls

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73951**

PLACE OF DEATH

County of Shoshone
City of Shoshone Falls

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. _____

Local Registrar's No. 41

(No. _____)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Fern Walburn(a) Residence. No. Eden St. _____

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single. Married. Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) Feb 20 / 317. AGE Years Months Days If LESS than 1 day, hrs. or min.
— — 4 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer _____

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER W G Walburn11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Fern Vineyard13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant (Address) W G Walburn
Eden15. Filed February 26th 1931 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 24 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1931, to Feb 24, 1931that I last saw him alive on Feb 24, 1931and that death occurred, on the date stated above, at 58 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH* was as follows:
Purpura haemorrhagica(duration) yrs. mos. ds. 7 ds.CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds. —18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? ✓(Signed) Dr. J. L. Smith M.D.Feb 24, 1931 (Address) Living Falls, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Living Falls, Idaho Feb 25, 193120. Undertaker W G Walburn Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73952**

PLACE OF DEATH

County of Blaine
City of Blaine

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2086(No. 185)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Fuller

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

St. Idaho

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 5/1897

7. AGE

Years

Months

Days

LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

1931

Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, that I attended deceased from

Jan 30, 1931, to Jan 31, 1931

that I last saw him alive on Jan 31, 1931

and that death occurred, on the date stated above, at 11:40 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Accidental Injury
Fall from tree
fracture of spine
cerebral injury.

(duration) yrs. mos. ds. 1 1/2

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of 1-31/31

Was there an autopsy? No

What test confirmed diagnosis? Operation X-ray

(Signed) G. A. Newberry D.

, 19 (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Blaine Falls Feb 3 1931

20. Undertaker

Address

J E K rake Blaine Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF ~~INDIA~~ **RECEIVED MAR 4 1931**
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73953**

PLACE OF DEATH

County of Twin Falls
City of Buhl Id.

CERTIFICATE OF DEATH

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No. 89
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Henry Parkinson(a) Residence. No. Oakley Id. St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of Mrs. Jane Parkinson
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) March 28-1884

7. AGE Years 46 Months 10 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Labourer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Oakley Idaho10. NAME OF FATHER C. G. Parkinson11. BIRTHPLACE OF FATHER (city or town) (State or Country) Paulsboro Utah12. MAIDEN NAME OF MOTHER Fannie Hanna13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Liberty Valley Nev.14. Informant (Address) Mrs. Jane Parkinson
Oakley15. Filed Feb. 13 1931 J. T. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 11 1931 to Feb 11 1931
that I last saw him alive on Feb 11 1931

and that death occurred, on the date stated above, at 104 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY disease of lungs
(Secondary)

(duration) 10 yrs. _____ mos. _____ ds.18. Where was disease contracted at home
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Physical exam(Signed) H. J. Leake M. D.2-12-31 (Address) 3-12-31
Twin Falls Id.19. Place of Burial, Cremation, or Removal Oakley Id. Date of Burial 1920. Undertaker L. J. Johnson Address Buhl Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 4 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73954

PLACE OF DEATH

County of Union Falls

City of Union Falls

Hospital

CERTIFICATE OF DEATH

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No. 90

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Laura Allie Shaver

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 14 yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Sam Shaver

6. DATE OF BIRTH (month, day and year)

Dec. 31 - 1896

7. AGE

Years
34Months
1Days
24If LESS than 1 day,
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Union City
Mo.

10. NAME OF FATHER

W. E. Kirk

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Ill.

12. MAIDEN NAME OF MOTHER

Jane Cloud

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Mo.

14.

Informant
(Address)Sam Shaver
Castledale

15.

Filed

Feb. 24, 1931

J. H. Murphy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 24, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 17, 1931, to Feb. 24, 1931
that I last saw her alive on Feb. 23, 1931

and that death occurred, on the date stated above, at 4:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Heart failure due to
Toxemia from bowels.(duration) yrs. mos. ds.
CONTRIBUTORY Operations, hysterectomy
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

U.S.

Did an operation precede death? Yes Date of Feb. 20 - 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Physical

(Signed)

Feb. 24, 1931 (Address) J. H. Murphy

19. Place of Burial, Cremation, or Removal

Date of Burial

Burke Ida

19

20. Undertaker

Address

L. Johnson

Burke Ida

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73955**

PLACE OF DEATH

County of BlaineCity of Blaine

CERTIFICATE OF DEATH

Registration District No. 39Primary Registration District No. 2087 Local Registrar's No. 916(No. 39)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James J. Burkhardt(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 16 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Burkhardt6. DATE OF BIRTH (month, day and year) Jan 27th 18477. AGE Years 84 Months — Days 19 If LESS than 1 day, — hrs. or — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Illinois (State or country)10. NAME OF FATHER John Burkhardt11. BIRTHPLACE OF FATHER (city or town) Illinois (State or Country)12. MAIDEN NAME OF MOTHER Wilson13. BIRTHPLACE OF MOTHER (city or town) Illinois (State or Country)14. Informant (Address) Mrs. A. A. Emory15. Filed Feb. 16, 1931 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb- 15 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 10:45 PM 15-Feb-1931, to 5 PM 15-Feb-1931
that I last saw him alive on 30 PM 15-Feb-1931and that death occurred, on the date stated above, at 6 0 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Arteriosclerosis - broken coronary
perforation(duration) (?) yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.18. Where was disease contracted if not at place of death? —Did an operation precede death? No Date of —Was there an autopsy? NoWhat test confirmed diagnosis? Arteriosclerosis P.P. 7-70(Signed) J. W. Mac Manus, M. D.16-Feb-, 1931 (Address) Blaine, Ida.19. Place of Burial, Cremation, or Removal Blaine Date of Burial Feb 17 193120. Undertaker Blaine Address Blaine, Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

73956

State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.Registration District No. 96Primary Registration District No. 1009(No. St Joseph Hospital.)Local Registrar's No. 66

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mike Pardo.(a) Residence. No. 0218 23rd, Street.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.)
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Not known.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>61.</u>				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Laborer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Italy.

10. NAME OF FATHER

Not known.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Not known.12. MAIDEN NAME OF MOTHER Not known.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Not known.14. Informant Frank D. R. cc.
(Address) Lewiston, Idaho.15. Filed 2-16-31, 1931Registrar. J. M. Kyle

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 31st, 1931.

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 28 1931 to Jan 31 1931
that I last saw him alive on Jan 31 1931
and that death occurred, on the date stated above, at 1031 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
acute alcoholism(duration) yrs. mos. 1 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? at RomeDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Specimen(Signed) J. M. Kyle, M. D.2/2/31., (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.2/5/31. 19

20. Undertaker

Address

Prower-Jenn Company. Lewiston, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **73957**

PLACE OF DEATH

County of BoiseCity of LewistonRegistration District No. 96Primary Registration District No. 1009(No. 639-Parkway)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 7492. FULL NAME Emmely Anne Chenaweth(a) Residence. No. 1639 Parkway St.

(Usual place of abode)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed
- 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hardin Chenaweth
6. DATE OF BIRTH (month, day and year) Sept 1 1849
7. AGE Years 81 Months 5 Days 18 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED Housewife
- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

9. BIRTHPLACE (city or town) "Ohio"
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant Mrs Dale Clark
(Address) Lewiston Ida15. Filed 2-19 1931 J. M. Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 17 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb 17 1931 to Feb 17 1931
that I last saw her alive on Feb 17th 1931
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows: Paralysis Central HemorrhageCONTRIBUTORY Old Age
(Secondary) (duration) yrs. mos. 10 ds.
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?(Signed) Lu Fayette P. Mann M. D.
7/18 1931 (Address) Lewiston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Asotin Wash Date of Burial 7/31
20. Undertaker Vassar Mortuary in Lewiston Ida Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **73958**

PLACE OF DEATH

County of Nez Perce.
City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1059
(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah E. Moran.

(a) Residence No. _____

St. _____

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJack Moran.6. DATE OF BIRTH (month, day and year) Jan. 7th, 1863.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>68.</u>		<u>-1-</u>	<u>-9-</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Housewife.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Kentucky.

10. NAME OF FATHER

Hugh Smith.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Not known.12. MAIDEN NAME OF MOTHER Not known.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Not known.

14.

Informant
(Address)Jack Moran
Lewiston, Idaho.

15.

Filed

2-18-311921Registrar. J. M. Lyle

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 16th, 1931.

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

2/15-31

19____

2/16-31

19____

that I last saw him alive on 2/15-31 19____and that death occurred, on the date stated above, at 1:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY High blood pressure
(Secondary)

(duration) 10 yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? No signs or symptoms

(Signed)

J. H. Paine, M. D.2/18/3119____ (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Lewiston, Idaho.

Date of Burial

2/18/31. 19

20. Undertaker

Brower-Jann Company.

Address

Lewiston, Idaho

Brower-Wann Company. Lewiston, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
73960
State File No. _____

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. 324 2nd Avenue.)Local Registrar's No. 80

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawrence Garrick Steward.(a) Residence. No. 224 2nd Avenue. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)
Single.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 5th, 1930.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

9.3.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Lewiston, Idaho.Idaho.

10. NAME OF FATHER

John A. Steward.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Caldesac,Idaho.

12. MAIDEN NAME OF MOTHER

Elizabeth Garrick.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Thurber,Utah.

14.

Informant
(Address)John A. Steward.
Lewiston, Idaho.

15.

Filed

2-10-3131J. M. Loe
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 8th, 1931.

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 8th1931to Feb 8th1931

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Infantile convulsions.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)Inf. pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Physical signs(Signed) J. M. Loe, M. D.2/10/31., 19____ (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.2/10/31. 19____

20. Undertaker

Address

Brower-Lann Company.Lewiston, Idaho

N. B.—Every item of information should be carefully supplied, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73961

State File No.

PLACE OF DEATH

County of BoiseCity of LewistonRegistration District No. 96Primary Registration District No. 1069(No. St. Joseph's Hospital)Local Registrar's No. 889

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Caleb Whitcomb Richardson

(a) Residence. No.

St. Idaho

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May 21 1847

7. AGE

Years

83

Months

9

Days

1

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workRetired Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Idaho

10. NAME OF FATHER

Caleb Richardson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho

12. MAIDEN NAME OF MOTHER

Celia Thompson13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Idaho14. Informant
(Address)JR Stankley
Lewiston Ida15. Filed 2-26
311931J M Lyle
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb2231

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb-8-31 to Feb-22-31that I last saw him alive on Feb-22-31and that death occurred, on the date stated above, at 10 a-m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Endarteritis obliterans(duration) 4 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of 2-17-31Was there an autopsy? noWhat test confirmed diagnosis? By special signs(Signed) J M Lyle M. D.19. (Address) Lewiston

19. Place of Burial, Cremation, or Removal

Date of Burial

Melrose Ida

19

20. Undertaker

Address

Brown-Wann Co LewistonIda

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73962**

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. St Joseph Hospital.)Local Registrar's No. 888

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Otto Williams.(a) Residence. No. St.Culdesac, Idaho.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
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5a. If married, widowed, or divorced
HUSBAND of Lillie G. Williams.
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept 4, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>52</u>	<u>5</u>	<u>4</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Garage owner.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) North Carolina.10. NAME OF FATHER Joseph Williams.11. BIRTHPLACE OF FATHER (city or town) (State or Country) North Carolina.12. MAIDEN NAME OF MOTHER Martha13. BIRTHPLACE OF MOTHER (city or town) (State or County) North Carolina.14. Informant (Address) Lillie G. Williams
Culdesac, Idaho.15. Filed 2-10, 1931. J. M. Ryan Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 6th, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 12 / 30, 1930, to Feb 6, 1931
that I last saw him alive on Feb 6, 1931and that death occurred, on the date stated above, at 79 yrs. mos. ds.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chr Myocarditis Degenerative
(duration) + yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Culdesac Idaho
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physician's(Signed) O. B. Carson, M. D.2/7/31., 1931 (Address) Lewiston, Idaho.19. Place of Burial, Cremation, or Removal Lewiston, Idaho.Date of Burial 2/7/31. 1931

20. Undertaker

Brower-Yann Company.

Address

Lewiston, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 9 1931
DO NOT WRITE IN THIS SPACE
73963
State File No.

PLACE OF DEATH

County of Nez Perce.
City of Near Lapwai.

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George N. Elliott.

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
------------------------	-----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 5th, 1854.

7. AGE <u>76.</u>	Years	Months <u>3.</u>	Days <u>21.</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Canada.10. NAME OF FATHER John Elliott.11. BIRTHPLACE OF FATHER (city or town) (State or Country) Canada.12. MAIDEN NAME OF MOTHER Phoebe Harris.13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Canada.14. Informant (Address) Mrs. G. N. Elliott
Lapwai, Idaho.15. Filed Feb, 1931 George Guinn Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Feb 26, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Feb 1, 1931, to Feb 26, 1931that I last saw him alive on Feb 26, 1931
and that death occurred, on the date stated above, at 2 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Cardiac Neuralgia

(duration) yrs. mos. ds.
CONTRIBUTORY Intercostal neuralgia
(Secondary) about (duration) 3 yrs. mos. ds.

18. Where was disease contracted Home
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) O. L. Daniel D.D.
Feb 26, 1931 (Address) Caldwell, Ida.19. Place of Burial, Cremation, or Removal Date of Burial
Lewiston, Idaho. 3/1/31. 1920. Undertaker Address
Brower-Jann Company. Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 19 1931

DO NOT WRITE IN THIS SPACE

State File No. **73964**

PLACE OF DEATH

County of Nez Perce.

City of Lapwai.

Registration District No. 128

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Edward Welch.

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 11th, 1859.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
72. 8. 7. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Truck gardener.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ky.
(State or country)

10. NAME OF FATHER Dan Welch.

11. BIRTHPLACE OF FATHER (city or town) Ireland.
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Gilligan.

13. BIRTHPLACE OF MOTHER (city or town) Ireland.
(State or Country)

14. Informant John Welch.
(Address) Lewiston, Idaho

15. Filed Jan. 31 1931 George Gagnard Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 18th, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-17-31 1931, to 1-17-31
that I last saw him alive on 1-17-31, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George Gagnard, M. D.
1/20/31, 1931 (Address) Caldesac, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Lewiston, Idaho. 1/20/31. 1931

20. Undertaker Address
Brower-Vann Company. Lewiston, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73965**

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1029

(No. 1603 17th, Avenue.)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Iris Joan Senter.

(a) Residence No. 1603 17th, Avenue.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) August 30th, 1930.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
----- 5. 16. -----

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Spokane,
(State or country) Washington.

10. NAME OF FATHER R. W. Senter.

11. BIRTHPLACE OF FATHER (city or town) Oklahoma.
(State or Country)

12. MAIDEN NAME OF MOTHER Etta Rurey.

13. BIRTHPLACE OF MOTHER (city or town) Minnesota.
(State or Country)

14. Informant R. W. Senter
(Address) Lewiston, Idaho.

15. Filed 2-18-31 1931 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 16th, 1931. 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb - 16, 1931 to Feb - 16, 1931
that I last saw her alive on Feb - 16, 1931
and that death occurred, on the date stated above, at 9:30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Stasis Lymphaticus

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) J. M. Lyle, M. D.
2/18/31. 1931 (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal Lewiston, Idaho. Date of Burial 2/18/31. 1931

20. Undertaker Brower-Iann Company. Address Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73966

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 46

Primary Registration District No. 1009

Local Registrar's No. 94

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Calvin Boyer

(a) Residence. No. 7th Ave & 20th St St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oma Boyer

6. DATE OF BIRTH (month, day and year) Nov. 11, 1859

7. AGE Years 71 Months 3 Days 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Penn.

10. NAME OF FATHER C. Boyer

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Miss Lorraine Boyer (Address) Lewiston Idaho

15. Filed 2-16 1931 D. M. Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1931 to Feb. 13 1931

that I last saw him alive on Feb. 12 1931

and that death occurred, on the date stated above, at 6. A. M.

The CAUSE OF DEATH was as follows: Acute Pancreatitis

(duration) yrs. mos. ds. 2 ds.
CONTRIBUTORY Unknown
(Secondary)

18. Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of Feb. 12

Was there an autopsy? No

What test confirmed diagnosis? Exploratory op.

(Signed) H. H. Lockwood M. D. 2/19 1931 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lewiston Idaho Date of Burial 2/15 1931

20. Undertaker Vassar Mortuary Address Lewiston Ida

RESERVED FOR BINDING

UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATHCounty of Nez Percé.City of Lewiston.

Registration District No.

Primary Registration District No.

(No. 523 Prospect Avenue.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Harry Eugene Morton.(a) Residence. No. 523 Prospect Avenue. ~~SK~~

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>
------------------------	-----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Iva Morton.
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 18th, 1879.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>51.</u>		<u>6.</u>	<u>19.</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Insurance broker.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Indianapolis Ind
(State or country)10. NAME OF FATHER ✓11. BIRTHPLACE OF FATHER (city or town)
(State or Country) ✓12. MAIDEN NAME OF MOTHER Alice Griffith.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant Mr. H. E. Morton
(Address) Lewiston, Idaho.15. Filed 1-28, 1931 J. M. Lyle
Registrar**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH

January 27th, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 10, 1931, to Jan 27, 1931
that I last saw him alive on Jan 27, 1931
and that death occurred, on the date stated above, at 40 m.

The CAUSE OF DEATH* was as follows:

Pneumo-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary) Influenza

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? IndDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? no
(Signed) W. O. Clark, M. D.1/28/31., 19 (Address) Lewiston, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Lewiston, Idaho. 1/29/31. 19

20. Undertaker Address

Brower-Jann Company. Lewiston, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73968

Local Registrar's No. 34

PLACE OF DEATH
County of Key Perce
City of Gifford

Registration District No. 92
Primary Registration District No. 2170
(No. _____)

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Alice Pearl Maupin

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fe 4 COLOR OR RACE H 5 Single, Married, Widowed, or Divorced (write the word) single

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 DATE OF BIRTH (month, day and year) 1-1-1931

7 AGE Years Months Days 1 If LESS than day, hrs. or min. 27

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Gifford Ida.
(State or country)

10 NAME OF FATHER Robb Boyd Maupin

11 BIRTHPLACE OF FATHER (city or town) Oregon
(State or country)

12 MAIDEN NAME OF MOTHER Edith L. Boyd

13 BIRTHPLACE OF MOTHER (city or town) Gifford Ida
(State or country)

14 Informant E. E. Watts
(Address) Gifford Ida

15 Filed 1-28, 1931 E. E. Watts
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Febr 27 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2-26, 1931, to 2-27, 1931, that I last saw h. ex alive on 2-26, 1931, and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted at home
If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) E. E. Watts, M. D.
2-28, 1931 (Address) Gifford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

Lookout

3-1 1931

20. Undertaker

Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 19 1931

DO NOT WRITE IN THIS SPACE

State File No. **73969**

PLACE OF DEATH

County of *Neu Lapiwai*
City of *Neu Lapiwai*

Registration District No. *128*

Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Bernard Switzler*(a) Residence. No. *Neu Lapiwai* *Ida* St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* COLOR OR RACE *Indian* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
- 8 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Neu Lapiwai* (State or country) *Idaho*10. NAME OF FATHER *Chas Switzler*11. BIRTHPLACE OF FATHER (city or town) *Oregon* (State or Country)12. MAIDEN NAME OF MOTHER *Lzda Henry*13. BIRTHPLACE OF MOTHER (city or town) *Idaho* (State or Country)14. Informant *Chas Switzler* (Address) *Lapiwai*15. Filed *Jan*, 1931 *George Gaignard* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Jan 9* 19 *31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1/1/31, 19, to *1/9/31*, 19that I last saw her alive on *1/9/31*, 19and that death occurred, on the date stated above, at *930* p. m.

The CAUSE OF DEATH* was as follows:

*measles*CONTRIBUTORY *Bronchitis Pneumonia*
(Secondary) (duration) yrs. mos. *9* ds.(duration) yrs. mos. *2* ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of _____Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *George Gaignard*, M. D.

, 19 (Address) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Sweetwater* Date of Burial *1/10* 19 *31*20. Undertaker *Vassar Matuany* *Leiston*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Nez PerceCity of Lewiston Idaho

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. White's Hospital)Local Registrar's No. 1292. FULL NAME Mrs. Emma Harvey(a) Residence. No. Asotin - Wash

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word.) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known6. DATE OF BIRTH (month, day and year) Not Known

7. AGE

Years 70

Months

Days

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Not Known10. NAME OF FATHER Not Known11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known12. MAIDEN NAME OF MOTHER Not Known13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not Known

14.

Informant (Address) Henry Harrison
Lewiston Idaho

15.

Filed 2-101931J. M. Lyle
Asotin Wash Registrar.

DO NOT WRITE IN THIS SPACE

State File No.

73970

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2-7-1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-1-1931, to 2-7-1931that I last saw him alive on 2-7-1931and that death occurred, on the date stated above, at 7 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic Parenchymatous Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. M. Lyle

M. D.

2-7-1931(Address) Asotin Wash

19. Place of Burial, Cremation, or Removal

Date of Burial

Clarkston Wash2-19-1931

20. Undertaker

Address

F. W. MerchantClarkston Wash

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73971**

PLACE OF DEATH

County of Nezperce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No. _____
(No. White's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gladys Ray Williams

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) January 10, 1931

7. AGE Years Months Days If LESS than 1 day,
hrs. or
min. 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Lewiston, Idaho
(State or country)10. NAME OF FATHER E R Williams11. BIRTHPLACE OF FATHER (city or town) Waha, Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Laura Wright13. BIRTHPLACE OF MOTHER (city or town) Clarkston, Wash.
(State or Country)

14. Informant E R Williams
(Address) Asotin, Wash.

15. Filed 2-19, 1931 D. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
that I last saw h_____ alive on _____, 19____
and that death occurred, on the date stated above, at _____m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature
Birth

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) W. M. Elram M. D.
1/19, 1931 (Address) Asotin, Wash.

19. Place of Burial, Cremation, or Removal Clarkston, Wash. Date of Burial 1/19/31
19

20. Undertaker H. R. Merchant Address Clarkston, Wn

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73972

State File No.

PLACE OF DEATH

County of NezperceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. Whites Hospital)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Raymond Thompson(a) Residence. No. 1018 Elm St. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb. 17, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston, Idaho
(State or country)10. NAME OF FATHER Harmon E. Thompson11. BIRTHPLACE OF FATHER (city or town) Adama Co. Wash.
(State or Country)12. MAIDEN NAME OF MOTHER Margaret Conner13. BIRTHPLACE OF MOTHER (city or town) Oklahoma
(State or Country)14. Informant Harmon E Thompson
(Address) 1018 Elm St Clarkston Wn15. Filed 2-19 1931 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

2-17-1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

2-17-1931 to 2-17-1931
that I last saw him alive on 2-17-1931and that death occurred, on the date stated above, at 12:15 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Premature baby

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. M. Mahan M. D.19 (Address) Lewiston, Ida.19. Place of Burial, Cremation, or Removal
Union
Phillips, Wash.

Date of Burial

2/17/31 19

20. Undertaker

H. R. Merchant

Address

Clarkston, Wn

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

PARENTS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
73974
State File No.

PLACE OF DEATH

County of Nez Perce.
City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.
(No. 1018 10th, Avenue.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles V. Ewell.

(a) Residence. No. St. Republic, Washington.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
------------------------	-----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 29th, 1855.

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
<u>75.</u>		<u>-3-</u>	<u>16.</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant (Address) W. M. Williams
Lewiston, Idaho.

15. Filed 3, 1931, W. M. Lyle
Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
February 15th, 1931. 19.....
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
12-29-31 19....., to 2-15-31 19.....

that I last saw him alive on 2-14-31 19.....

and that death occurred, on the date stated above, at 7-A a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Weakness of old age
no apparent disease

(duration) yrs. 3 mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Republic, Wn.
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. M. Mahan, M. D.
2/16/31. 19..... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal <u>Lewiston, Idaho.</u>	Date of Burial <u>2/16/31.</u> 19.....
---	---

20. Undertaker <u>Brower-Tann Company.</u>	Address <u>Lewiston, Idaho.</u>
---	------------------------------------

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73975

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1204(No. The White Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orland Henry Greer.

(a) Residence. No. _____

St. Clarkston, Washington.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced. (write the word.)
Married.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar. 16th, 1854.

7. AGE

Years

Months

Days

If LESS than 1 day,

76.11.6.hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workRetired farmer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Iowa.

10. NAME OF FATHER

Alvin L Greer.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Indiana.12. MAIDEN NAME OF MOTHER Catherine E. Shaw.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Ind.

14.

Informant
(Address)Clarence Greer.
Lewiston, Idaho.

15.

Filed 2-26, 1931Regist. W. M. Kyle
Regist.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 22nd, 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

2/22-31, 1931, to 2/22-31, 1931that I last saw him alive on 2/22-31, 1931and that death occurred, on the date stated above, at 839 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Fractured skullCONTRIBUTORY
(Secondary)(duration) yrs. mos. ds. 118. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Physician's report.(Signed) W. M. Kyle, M. D.2/24/31., 1931 (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.2/25/31. 1931

20. Undertaker

Address

Brower-Iann Company.Lewiston, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73976**

PLACE OF DEATH

County of Nez Perce.
City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lewis Reubens.(a) Residence, No. _____ St. Lapwai, Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE Indian. 5. Single, Married, Widowed, or Divorced (write the word.) Divorced.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 48. Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho.
(State or country)10. NAME OF FATHER Stephen Reubens.11. BIRTHPLACE OF FATHER (city or town) Idaho.
(State or Country)12. MAIDEN NAME OF MOTHER Amelia13. BIRTHPLACE OF MOTHER (city or town) Idaho.
(State or Country)14. Informant Tom Reubens.
(Address) Lapwai, Idaho.15. Filed 2-24-31 Jim Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 21st, 1931. 19____
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Crushed ChestAuto Accident

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Ernest Brown Coroner
2/23/31. 19____ (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lapwai, Idaho.2/23/31. 19____

20. Undertaker

Address

Brower-Vann Company.Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 19 1931

DO NOT WRITE IN THIS SPACE

State File No. **73977**

PLACE OF DEATH

County of Nez Perce.
City of Culdesac, Idaho.

Registration District No. 128
Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Wilbur Dunlap.

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 3rd, 1863.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
64. 10. 17.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sandusky,
(State or country) Ohio.

10. NAME OF FATHER James Dunlap.

11. BIRTHPLACE OF FATHER (city or town) Penna.
(State or Country)

12. MAIDEN NAME OF MOTHER Ella Champer.

13. BIRTHPLACE OF MOTHER (city or town) Ohio.
(State or Country)

14. Informant Waldo Dunlap.
(Address) Culdesac, Idaho.

15. Filed Jan 31 George Gaimard Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 23rd, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 21 - 1931, to Jan 23 - 1931
that I last saw him alive on Jan 23 - 1931
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

died of injuries received in
a Wagon accident of farm
2 fractured Ribs + Pulmonary
hemorrhage (duration) yrs. mos. 2 ds

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) George Gaimard, M. D.
1/24/30. 19 (Address) Culdesac, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lewiston, Idaho. Date of Burial 1/29/31 19

20. Undertaker Brower-Wann Company. Address Lewiston, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73978

PLACE OF DEATH

County of Nez Perce.
City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No. 187
(No. 1215 Snake River Avenue.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary La Plante.(a) Residence. No. 1215 Snakeriver Avenue. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 1st, 1930.

7. AGE Years Months Days If LESS than 1 day,
----- -2- 22. ----- hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Yakima,
(State or country) Washington.

10. NAME OF FATHER

John La Plante,

11. BIRTHPLACE OF FATHER (city or town) S. Dak.
(State or Country)

12. MAIDEN NAME OF MOTHER Venetta Pursley.

13. BIRTHPLACE OF MOTHER (city or town) Kansas.
(State or Country)

14. Informant John La Plante
(Address) Lewiston, Idaho.

15. Filed 2-26, 1931 J. M. Kyle
By. A. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 22nd, 1931. 19____
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from

never attended 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Smothered accidentally
while asleep.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Emm Bower Cover
2/24/31. 19____ (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal Lewiston, Idaho. Date of Burial 2/24/31. 19____

20. Undertaker Brower-Vann Company. Address Lewiston, Idaho.

RECEIVED FEB 18 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **73979**

PLACE OF DEATH

County of Naz PerceCity of Near Kendrick, Idaho

CERTIFICATE OF DEATH

Registration District No. 63

Primary Registration District No. _____ Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME NELLIE ALICE RILEY

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 22 yrs. 00 mos. 00 ds. How long in U. S. if of foreign birth? 00 yrs. 00 mos. 00 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn Riley6. DATE OF BIRTH (month, day and year) Oct. 3, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>35</u>	<u>4</u>	<u>5</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Nebraska
(State or country)

10. NAME OF FATHER

John Cargill11. BIRTHPLACE OF FATHER (city or town) Burlington, Ill.
(State or Country)

12. MAIDEN NAME OF MOTHER

Alice Gage13. BIRTHPLACE OF MOTHER (city or town) Howard Co.,
(State or Country) Nebraska14. Informant John Riley
(Address) Kendrick, Idaho15. Filed Feb 10, 1931Registrar. B. F. Whit

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 8 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I was called after patient died
to her home and her alive
that I had not seen her alive 19
and that death occurred, on the date stated above, at 6 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:
Measles(duration) _____ yrs. _____ mos. 8 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? noDid an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? no(Signed) Chas. Morehead M. D.2/11, 1931 (Address) Idaho

19. Place of Burial, Cremation, or Removal

Julietta, Idaho

Date of Burial

Feb 11 1931

20. Undertaker

John J. Pickerd

Address

Proy, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE 9 1931

State File No. 73980

PLACE OF DEATH

County of Nezperce
City of Culdesac

CERTIFICATE OF DEATH

Registration District No. 126
Primary Registration District No. _____ Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ronald Harry Palmer

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 6, 1930

7. AGE Years Months Days If LESS than 1 day,
2 25 _____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) _____
(State or country) Culdesac, Ida.

10. NAME OF FATHER
Harry V. Palmer

11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) Morfield, Nebr.

12. MAIDEN NAME OF MOTHER Mary E. Harrington

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or County) Culdesac, Ida.

14. Informant Harry V. Palmer.
(Address) Culdesac, Ida.

15. Filed Feb 1931 George Gaimard M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-26- 1931, to 1-31- 1931
that I last saw him alive on 1-31- 1931

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Influenza

(duration) _____ yrs. _____ mos. 6 ds.
CONTRIBUTORY Gravely - Pneumonia
(Secondary)

(duration) _____ yrs. _____ mos. 1 ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) George Gaimard M. D.
2-1-31 19____ (Address) Culdesac, Ida.

19. Place of Burial, Cremation, or Removal Culdesac, Ida. Date of Burial 2/2/31 19____

20. Undertaker H.R. Merchant Address Clarkston Wn.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Nezperce
City of Culdesac

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. _____ Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thelda George

(a) Residence. No. _____ St. _____

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 26, 1928

7. AGE Years Months Days If LESS than 1 day,
2 1 28 _____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) _____
(State or country) Idaho

10. NAME OF FATHER John M. George

11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) Pullman, Wash.

12. MAIDEN NAME OF MOTHER Thelma Wyman

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country) Lapwai, Idaho.

14. Informant John M. George, father
(Address) Culdesac, Ida.

15. Filed Jan 27 1931 George Guinn MD.
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 73981

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 24

(Month)

(Day)

(Year) 30

17. I HEREBY CERTIFY, That I attended deceased from
Jan 21, 1931, to Jan 24, 1931
that I last saw her alive on Jan 24, 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Cerebral Spinal Meningitis
(Pneumococcus Type)

(duration) _____ yrs. _____ mos. 3 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) George Guinn MD.Jan 24, 1931 (Address) Culdesac, Ida.

19. Place of Burial, Cremation, or Removal
Culdesac, Ida. Date of Burial 1/25/30 19

20. Undertaker H.R. Merchant Address Clarkston Wn

STANDARD CERTIFICATE OF DEATH

RECEIVED FEB 19 1931
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County Nez Perce State Idaho Registered No. 25
Township _____ or Village Lapwai or
City _____ No. Pt. Lapwai Sanatorium 73082 Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

David Baker

(a) Residence. No. _____ St. _____ Ward. Lapwai, Idaho
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 2 mos. 27 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Indian 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-7-18
7 AGE 12 Years Months ? Days ? If LESS than 1 day, --- hrs. or --- min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country) Montana

10 NAME OF FATHER Charles
11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Unknown

14 Informant Great Falls Mont.
(Address)

15 Filed Jan 31 1931 George Gaymard M.D. REGISTRAR
11-5104 GOVERNMENT PRINTING OFFICE Subst 128

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2, 1931 19
17

I HEREBY CERTIFY, That I attended deceased from
Jan. 14, 1930, to Jan. 2, 1931,
that I last saw h 1m alive on Jan. 2, 1931,
and that death occurred, on the date stated above, at 8.15 P.m.
The CAUSE OF DEATH* was as follows:

Tuberculosis (pulmonary)

(duration) 3 yrs. ? mos. ? ds.

CONTRIBUTORY Pneum. abscess
(SECONDARY)

(duration) 2 yrs. 2 mos. 27 ds.

18 Where was disease contracted
If not at place of death? Montana

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? No tests made

(Signed) _____ M. D.
, 19 (Address) Lapwai, Ida.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Lapwai, Ida. DATE OF BURIAL 1-3-1931

20 UNDERTAKER Brewer and Wann ADDRESS Lewiston, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 73983

Local Registrar's No. 33

PLACE OF DEATH

County of Key Perce

City of Gifford

Registration District No. _____

Primary Registration District No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Stoner Darrah

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR, OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) _____

5a If married, widowed, or divorced

HUSBAND of Clark P. Darrah
(or) WIFE of _____

6 DATE OF BIRTH (month, day and year) 1902-4-6

7 AGE Years 26 Months 9 Days 8 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer _____

9 BIRTHPLACE (city or town) Lansing
(State or country) Michigan

10 NAME OF FATHER Carl J. Stoner

11 BIRTHPLACE OF FATHER (city or town) Ashland Ohio
(State or country) _____

12 MAIDEN NAME OF MOTHER Esther L. Stoner

13 BIRTHPLACE OF MOTHER (city or town) Lansing Michigan
(State or country) _____

14 Informant Mr. Esther Stoner
(Address) Harrington Wash.

15 Filed 1-14, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan 14 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931, to Jan 14, 1931, that I last saw her alive on Jan 14, 1931, and that death occurred, on the date stated above, at 6 0 m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) _____ yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted Lewiston Ida
If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) E. E. Halls, M. D.

1-14, 1931 (Address) Gifford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Gifford Ida

Date of Burial

1-15 1930

20. Undertaker

Brown & Hann

Address

Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73984

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. 113 Prospect Avenue.)Local Registrar's No. 65

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Marion Talbott.(a) Residence. No. 113 Prospect Avenue.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed,

or Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

July 22nd, 1862.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

68.

6.

29.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Real estate agent.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

West Virginia.

10. NAME OF FATHER

Marion Talbott.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

West Virginia.

12. MAIDEN NAME OF MOTHER

Elizabeth Linger.

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

West Virginia.

14.

Informant
(Address)D. B. Talbott
Bellingham, Washington.

15.

Filed

224, 31

D. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 21st, 1931.

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 12th 1931, to Feb 21st 1931that I last saw him alive on Feb 21st 1931

and that death occurred, on the date stated above, at 12:40 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Hodgkins Disease

(duration) yrs. + mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of Nov 13/31

Was there an autopsy? No

What test confirmed diagnosis? Microscope & Lab

(Signed) O. B. Carson, M. D.

2/22/31, 19 (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.

2/22/31. 19

20. Undertaker

Address

Brower-Vann Company.

Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 3
 Township _____ or Village _____ or
 City Priest River No. 73985 St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 22 yrs. 9 mos. 26 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Peter Mari Maio

(a) Residence: No. Priest River, Idaho St. _____ Ward. 90
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Josephine Maio</u>			
6. DATE OF BIRTH (month, day, and year) <u>April 8, 1908</u>			
7. AGE Years <u>22</u>	Months <u>9</u>	Days <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>Life</u>	

12. BIRTHPLACE (city or town) Priest River
 (State or country) Idaho

13. NAME Frank Maio
 14. BIRTHPLACE (city or town) Grimaldi
 (State or country) Italy
 15. MAIDEN NAME Rosaia Bossio
 16. BIRTHPLACE (city or town) Grimaldi
 (State or country) Italy

17. INFORMANT Angel Maio
 (Address) Priest River, Ida

18. BURIAL, CREMATION, OR REMOVAL
 Place Wooden Cemetery Date Feb. 6, 1931

19. UNDERTAKER Moore Mortuary
 (Address) Priest River, Idaho.

20. FILED Feb. 4, 1931 J. E. Wessia
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from
 _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____; death is said
 to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance
 were as follows:

Chronic Heart Disease
History heart attacks
several years.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) L. E. Moore Coroner M. D.

(Address) Landpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

 DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 4
 Township _____ or Village _____
 City Priest River No. 72986 St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 19 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ida May Binkley

(a) Residence: No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>H. W. Binkley</u>				
6. DATE OF BIRTH (month, day, and year) <u>Sept. 1, 1863</u>				
7. AGE	Years <u>67</u>	Months <u>5</u>	Days <u>13</u>	If LESS than 1 day, ____ hrs. or ____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>			
FATHER	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>Life</u>	
	12. BIRTHPLACE (city or town) <u>Dayton</u> (State or country) <u>Ohio</u>			
MOTHER	13. NAME <u>Michael Haynes</u>			
	14. BIRTHPLACE (city or town) <u>Lancaster County</u> (State or country) <u>Penn</u>			
	15. MAIDEN NAME <u>Susie Erstine</u>			
16. BIRTHPLACE (city or town) <u>Taylorsburg</u> (State or country) <u>Ohio</u>				
17. INFORMANT <u>H. W. Binkley</u> (Address) <u>Priest River, Idaho.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>O. O. F. Cemetery</u> Date <u>Feb. 17, 1931</u>				
19. UNDERTAKER <u>Moore Mortuary</u> (Address) <u>Priest River, Idaho.</u>				
20. FILED <u>Feb. 17, 1931</u> <u>T. E. W. W. W.</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from

Feb. Aug 13, 1920 to Feb 14, 1931

I last saw her alive on Feb. 13, 1931; death is said

to have occurred on the date stated above, at 8:30 Am.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Chronic Myocarditis
Hypertension
Hypochlorhydria

Date of onset
2-14-31
years
years
years

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Harold C. Jones M. D.

(Address) Priest River, Idaho.

PLACE OF DEATH

County of Bonner
City of KootenaiSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155
(No. Kootenai)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 73987Local Registrar's No. 902. FULL NAME Douglas Henry Hibbard(a) Residence. No. Kootenai St. _____
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Ida Hibbard
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 1, 18807. AGE Years 50 Months 10 Days 15 If LESS than 1 day, _____ hrs. or _____ min.8. OCCUPATION OF DECEASED Lumber
(a) Trade, profession, or particular kind of work mill worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Humbird9. BIRTHPLACE (city or town) Wiscousin
(State or country)10. NAME OF FATHER Solomon Hibbard11. BIRTHPLACE OF FATHER (city or town) Penn.
(State or Country)12. MAIDEN NAME OF MOTHER unobtainable13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country)14. Informant Mrs Ida Hibbard
(Address) Kootenai Idaho15. Filed Feb. 19, 1931 Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 17 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1931, to 2/17, 1931, that I last saw him alive on 2/13, 1931, and that death occurred, on the date stated above, at 8:15 A.M.
The CAUSE OF DEATH* was as follows:Great Distention of Heart

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Cholera(Signed) P. B. Brown, M. D.Feb 22, 1931 (Address) Sandpoint

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lakeview Cemetery Date of Burial 2/22 193120. Undertaker Turnbull Co Address Sandpoint

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 78
 Township _____ or Village _____ or
 City Sandpoint No. Parnell Hospital 73988 St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 11 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Marcellus D. Valentine

(a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Emma L. Valentine</u>		
6. DATE OF BIRTH (month, day, and year) <u>Aug. 20, 1851</u>		
7. AGE Years <u>79</u> Months <u>6</u> Days <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own farm</u>	
10. Date deceased last worked at this occupation (month and year) <u>1925</u>		11. Total time (years) spent in this occupation <u>40</u>

12. BIRTHPLACE (city or town) N. Y.
 (State or country)

13. NAME William Valentine

14. BIRTHPLACE (city or town) N. Y.
 (State or country)

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (city or town) Delaware County
 (State or country) N. Y.

17. INFORMANT Emma L. Valentine
 (Address) Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL
 Place Pinecrest Date Feb. 25, 1931

19. UNDERTAKER Moon Mortuary
 (Address) Sandpoint, Idaho

20. FILED Feb. 23, 1931 Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1931 to Feb. 21, 1931

I last saw him alive on Feb. 21, 1931; death is said to have occurred on the date stated above, at 8:11 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. G. Wendt M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County BONNER

State IDAHO

Registered No. 78

Township _____

or Village _____

City SANDPOINT

No. _____

PARNELL HOSPITAL 73989

St. _____ Ward _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME FRED GASCION

(a) Residence: No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR SINGLE (If married, write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) MAY 8, 1860

7. AGE Years 70 Months 9 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Indigent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) _____ (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) _____ (State or country) Unknown

17. INFORMANT Parnell Hospital (Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMAINS Place Pinecrest Cemetery 2/11, 1931

19. UNDERTAKER R. E. WESSA (Address) PRIEST RIVER, IDAHO.

20. FILED Feb 11, 1931 Viola Allen Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to Feb. 10, 1931

I last saw him alive on Feb. 9, 1931; death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

chronic interstitial Nephritis

Date of onset

about 5 years

Other contributory causes of importance:

Arterio sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19

Where did Injury occur? _____ (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Floyd G. Wessla, M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County BONNER State IDAHO Registered No. 78
 Township _____ or Village 73991 or _____
 City SANDPOINT No. Cor. Church St & Division St St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. 2 mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME JAMES OLIVER ORCUTT

(a) Residence: No. Cor. Church St. & Division St Ward 49
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR MARRIED (If widow, give name of husband)

5a. If married, widowed, or divorced
 HUSBAND of Minerva Orcutt
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 9, 1851

7. AGE Years 79 Months 2 Days 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm
 10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Orbin
 (State or country) Maine

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
 (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
 (State or country)

17. INFORMANT O. G. Orcutt
 (Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
 Place Pinecrest Cemetery Date Mar. 2, 1931

19. UNDERTAKER MOON MORTUARY
 (Address) Sandpoint, Idaho.

20. FILED March 2, 1931 W. J. Adams Registrar.
W. J. Adams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 26, 1931

22. I HEREBY CERTIFY That I attended deceased from 2/5, 1931, to 2/5, 1931

I last saw him alive on 2/5, 1931; death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Circumference of hip.

Date of onset

1 yr. (?)

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Plum Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) P. J. Adams M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

 RECEIVED MAR 5 1931
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

1. PLACE OF DEATH

 County Bonner State IDAHO Registered No. 5
 Township _____ or Village _____ or
 City Priest River No. 73992 St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 30 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Lucy Josephine Gumaer
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Howard B. Gumaer</u>			
6. DATE OF BIRTH (month, day, and year) <u>June 30, 1857</u>			
7. AGE <u>73</u>	Years <u>7</u>	Months <u>17</u>	Days <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bank Director</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Bank</u>		
	10. Date deceased last worked at this occupation (month and year) <u>Feb. 10, 1931</u>		
11. Total time (years) spent in this occupation <u>8</u>			
12. BIRTHPLACE (city or town) <u>Shawano</u> (State or country) <u>Wis.</u>			
FATHER	13. NAME <u>Joseph Maurer</u>		
	14. BIRTHPLACE (city or town) <u>Schweppenhausen</u> (State or country) <u>Germany</u>		
MOTHER	15. MAIDEN NAME <u>Lucy Howe</u>		
	16. BIRTHPLACE (city or town) <u>Lake George</u> (State or country) <u>N. Y.</u>		
17. INFORMANT <u>Mrs. Chas. W. Beardmore</u> (Address) <u>Priest River, Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>L. O. O. F. Cemetery</u> Date <u>Feb. 19, 1931</u>			
19. UNDERTAKER <u>Moan Mortuary</u> (Address) <u>Priest River, Idaho</u>			
20. FILED <u>Feb. 18, 1931</u> <u>J. E. W. G. S. A.</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) <u>Feb. 17, 1931</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb. 4, 1931</u> , to <u>Feb. 17, 1931</u> , 19____	
I last saw her alive on <u>Feb. 16, 1931</u> , 19____; death is said to have occurred on the date stated above, at <u>7:36 a. m.</u>	
The principal cause of death and related causes of importance were as follows:	
<u>Chronic Myocarditis</u>	Date of onset
<u>Chronic Nephritis</u>	
<u>Hypertension</u>	
Other contributory causes of importance:	
<u>Hypostatic Pneumonia</u>	<u>2-16-31</u>
Name of operation _____ Date of _____	
What test confirmed diagnosis? <u>Symptoms</u> Is there an autopsy? <u>No</u>	
23. If death was due to external causes (violence) fill in also the following:	
Accident, suicide, or homicide? _____ Date of Injury _____, 19____	
Where did injury occur? _____ (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place.	
Manner of Injury _____	
Nature of Injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>	
If so, specify _____	
(Signed) <u>Harold E. S. S. S.</u>	M. D.
(Address) <u>Priest River, Idaho</u>	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAR 5 1931
STANDARD CERTIFICATE OF DEATHDEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County BONNER State IDAHO Registered No. 78
Township _____ or Village 73993 or
City SANDPOINT No. PARNELL HOSPITAL St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME HARRY BERRY

(a) Residence: No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR SINGLE (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) UNKNOWN

7. AGE Years 76 Months _____ Days _____ If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner
sawyer, bookkeeper, etc. County Indigent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT PARNELL HOSPITAL
(Address) SANDPOINT? IDAHO.

18. BURIAL, CREMATION, OR REMOVAL
Place Pinecrest Cemetery Date Feb. 13, 1931

19. UNDERTAKER R. E. WESSLEY
(Address) PRIEST RIVER IDAHO.

20. FILED Feb. 13, 1931 Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 10, 1931

22. I HEREBY CERTIFY That I attended deceased from

1926 to Feb. 10, 1931

I last saw him alive on Feb. 10, 1931 death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage
several yrs duration

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 770

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Floyd G Wendle M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 78
 Township _____ or Village 73994 or
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 29 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Duane Barton
 (a) Residence: No. 414 Church Street St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Lillian Barton (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 27, 1863

7. AGE Years 67 Months 3 Days 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contracting

10. Date deceased last worked at this occupation (month and year) Sept. 1930 11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) Hartwick (State or country) N. Y.

13. NAME Perry Barton

14. BIRTHPLACE (city or town) N. Y. (State or country)

15. MAIDEN NAME Marinda Wellman

16. BIRTHPLACE (city or town) N. Y. (State or country)

17. INFORMANT Mrs. Lillian Barton (Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date 2/15, 1931

19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho.

20. FILED Feb. 15, 1931 Viola Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 12, 1931

22. I HEREBY CERTIFY That I attended deceased from Aug. 3, 1930 to Feb. 12, 1931

I last saw him alive on Feb. 8, 1931; death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis and Chronic Myocarditis

Other contributory causes of importance:

Pneumatism and arterio-sclerosis

Name of operation no Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Wm F. Tyler M.D. M. D.

(Address) Sandpoint, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

73996

State File No.

PLACE OF DEATH

County of Ada.

City of

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2004

(No.)

Local Registrar's No. 10

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pius Bruch.(a) Residence. No. 3 Miles South West of Boise. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widower.</u>
------------------------	-----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April. 16. 1845.

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
<u>85.</u>	<u>9</u>	<u>19.</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farmer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Germany.
(State or country)

10. NAME OF FATHER

Unknown.11. BIRTHPLACE OF FATHER (city or town) Unknown.
(State or Country)12. MAIDEN NAME OF MOTHER Unknown.13. BIRTHPLACE OF MOTHER (city or town) Unknown.
(State or County)14. Informant William Bruch.(Address) R.D. # 5. Boise, Idaho.15. Filed 2-6 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 5, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Jan 31, 1930 to Feb 5, 1931
that I last saw him alive on Jan 10, 1931and that death occurred, on the date stated above, at one P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:apoplexyCONTRIBUTORY (Secondary) old age 85
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no. Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) W. Cannon, M. D.
Feb 6, 1931 (Address) Boise Idaho19. Place of Burial, Cremation, or Removal Date of Burial
Morris Hill Cemetery. Feb. 7. 3120. Undertaker Address
Summers & Krebs. Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

73997

PLACE OF DEATH

County of Ada

City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St. Alphonsus Hospital.)

Local Registrar's No. 42

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Frank Nephew.

(a) Residence. No.

809 Brumback Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs. 1 mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed,
or Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Evalina Nephew.

6. DATE OF BIRTH (month, day and year) May 16 1864

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or

66

6

23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Barber.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Ill.

10. NAME OF FATHER

Eli Nephew.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

N. Y.

12. MAIDEN NAME OF MOTHER

Josephine

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

N. Y.

14.

Informant
(Address)

Mrs. Frank Nephew.

Boise, Idaho.

15.

Filed

2-12-31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 9th 1931

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 6, 1931, to Feb 9, 1931

that I last saw him alive on Feb 8, 1931

and that death occurred, on the date stated above, at 8 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral thrombosis

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatology

(Signed) M. D.
2/9/31 Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Dry Creek Cemetery.

2/12/31 19

20. Undertaker
Wm. McBratney.

Boise, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73998

73998

PLACE OF DEATH

County of Ada
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 10044 Local Registrar's No. 46
(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William. M. Cahoon.

(a) Residence. No. 1918. Ridenbaugh. St. St. Louis.

(Usual place of abode.)
Length of residence in city or town where death occurred. 30yrs. mo. ds. How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Annie Cahoon.

6. DATE OF BIRTH (month, day and year) April / 8. 1847.

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
83		10	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Real Estate and Insurance.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Council Bluffs, Iowa.
(State or country)

10. NAME OF FATHER: William Cahoon.

11. BIRTHPLACE OF FATHER (city or town).....Unknown.....
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (city or town).....Unknown.
(State or County)

14. Informant Mrs. Annie Cahoon.
(Address) 1918. Ridenbaugh. St. Boise, Idaho

15. Filed 2-17, 1981 C. N. K. K. K. K.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH FEB 16 1951
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Oct 28, 1930, to Feb. 1, 1931
that I last saw him alive on Feb. 15, 1931

and that death occurred, on the date stated above, at 0.00 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: 1.1.1

CONTRIBUTORY
(Secondary) _____
_____ (duration) _____ yrs. _____ mos. _____ ds

18. Where was disease contracted
if not at place of death?

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis? *Criminal*

(Signed) *H. H. ...*, M. D.

FBI 1931 (Address) *Rome*

19. Place of Burial, Cremation, or Removal	Date of Burial
Butley Idaho	2/19
20. Undertaker	Address
Summers & Krebs.	Boise, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 19 1931

DO NOT WRITE IN THIS SPACE

State File No. **73999**

PLACE OF DEATH

County of Idaho
City of Meridian

Registration District No. 11Primary Registration District No. 2003Local Registrar's No. 2

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____ St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of Elsie Voss
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 22, 1868

7. AGE Years 62 Months 7 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith(b) General nature of industry, business, or establishment in which employed (or employer) Retired 13 years

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country) Idaho10. NAME OF FATHER Paul Voss11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)12. MAIDEN NAME OF MOTHER Not known13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)14. Informant Mr. Paul Voss
(Address) Meridian, Idaho15. Filed 1/4, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 3rd, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 2, 1931, to Jan 3, 1931
that I last saw him alive on Jan 3, 1931

and that death occurred, on the date stated above, at 4:15 P.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? clinical(Signed) J. H. Neal, M. D.1/4, 1931 (Address) Meridian, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Meridian, Idaho1-8 1931

20. Undertaker

B. W. Johnson

Address

Meridian, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAR 5 1934
DO NOT WRITE IN THIS SPACE
State File No. 74000

PLACE OF DEATH
County of Ada
City of _____

Registration District No. _____
Primary Registration District No. 2004
(No. _____)

Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ted Arlon Matthews.

(a) Residence. No. 3 Miles west of Boise. St. _____

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single. Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October, 7, 1930.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
4 2 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER Guy Arlon Matthews.

11. BIRTHPLACE OF FATHER (city or town) Colorado Springs.
(State or Country) Colorado.

12. MAIDEN NAME OF MOTHER Willa Louise Meyer.

13. BIRTHPLACE OF MOTHER (city or town) Kansas City, Missouri.
(State or Country)

14. Informant Guy Arlon Matthews.
(Address) Boise, Idaho. R.D. #2.

15. Filed 2-9, 1931 W. H. Phode
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 9, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1933, to Feb 9, 1933.

that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 49 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:
Valvular Heart

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) John K. Summers, M. D. 2/9, 1933 (Address) Boise

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial Feb. 11, 1931

20. Undertaker Summers & Krebs, Boise, Idaho. Address _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74001**

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Luke's)Local Registrar's No. 56

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Joseph Rosevear(a) Residence. No. Glenms Ferry Ida. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 87 mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMinnie M. Rosevear6. DATE OF BIRTH (month, day and year) April 28, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>63</u>	<u>9</u>	<u>35</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Business man

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) England
(State or country)

10. NAME OF FATHER

Joseph Rosevear11. BIRTHPLACE OF FATHER (city or town)
(State or Country) England12. MAIDEN NAME OF MOTHER Mary Ann Parsh13. BIRTHPLACE OF MOTHER (city or town)
(State or County) England14. Informant Minnie M. Rosevear
(Address) Glenms Ferry Idaho15. Filed 3-25, 1931 W. S. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 23, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 31, 1931, to Feb. 23, 1931,
that I last saw him alive on Feb. 23, 1931.and that death occurred, on the date stated above, at 10 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Circulatory failure
cardiac cholera

(duration) yrs. mos. ds.

CONTRIBUTORY Ch. Cholecytitis
(Secondary)(duration) 12 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of 2/25/31Was there an autopsy? noWhat test confirmed diagnosis? fluorescence(Signed) M. J. Handeling7/24, 1931 (Address) Glenms Ferry19. Place of Burial, Cremation, or Removal Glenms Ferry Ida. Date of Burial 2-27, 193120. Undertaker G. S. Zacher Address W. H. Hone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74002

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital)Local Registrar's No. 57

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sigel Morrell(a) Residence. No. Fairfield, Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos. 10 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFannie Morrell6. DATE OF BIRTH (month, day and year) December 22nd 1861

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 2 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Ex-Sheriff of(b) General nature of industry, business, or establishment in which employed (or employer) Camas Co., Fairfield, Ida.

(c) Name of employer

9. BIRTHPLACE (city or town) Illinois
(State or country)

10. NAME OF FATHER

Andrew Morrell11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ill.

12. MAIDEN NAME OF MOTHER

Nancy Holmes13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Ill.

14.

Informant
(Address)Mrs. Sig. Morrell
Fairfield, Idaho

15.

Filed

2-27-31

19

W. J. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 26th 1931

(Month)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 13 1931to Feb 26 1931that I last saw him alive on 2/26 1931and that death occurred, on the date stated above, at 9 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Coronary embolusCONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds. 5

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of 2/20-31Was there an autopsy? YesWhat test confirmed diagnosis? Clinical

(Signed)

2/27/31 19

(Address)

Boise, Idaho

19. Place of Burial, Cremation, or Removal

Fairfield, Idaho

Date of Burial

3/1/31

19

20. Undertaker

Wm. McBratney

Address

Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74003

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 8
Primary Registration District No. 2004
(No. Boise, Idaho. R#4) Local Registrar's No. 8

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Oscar Potter(a) Residence. No. Boise, Idaho. R#4 St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of Ellen Potter
(or) WIFE of

6. DATE OF BIRTH (month, day and year) September 4th 1856

7. AGE Years Months Days If LESS than 1 day,
74 4 27 _____ hrs. or

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bedford, Ind.
(State or country)

10. NAME OF FATHER

Benj. H. Potter

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Bedford, Ind.12. MAIDEN NAME OF MOTHER Nancy Owens.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Tenn.

14. Informant Clyde Potter.
(Address) Boise, Idaho.

15. Filed 2-2 31 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 1st 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 27 to Feb 1 1931
that I last saw him alive on Feb 1 1931
and that death occurred, on the date stated above, at 12:30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease.

(duration) 5 yrs. mos. ds.
CONTRIBUTORY Rheumatism.
(Secondary)

(duration) 10 yrs. mos. ds.18. Where was disease contracted if not at place of death? Yes.Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Physician.

(Signed) W. H. Rhodes
2/2/31 Boise, Idaho.

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 2/3/31

20. Undertaker Wm. McBratney. Address Boise, Id.

RECEIVED JAN 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSDO NOT WRITE IN THIS SPACE
State File No. **74005**

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 57
(No. St Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Augusta Fletcher(a) Residence. No. 1200. N. 18 Street. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 17 yrs. 1 mo. 5 ds. How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) September 25, 18727. AGE Years 58 Months 4 Days 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School teacher.(b) General nature of industry, business, or establishment in which employed (or employer) Whittier School.

(c) Name of employer

9. BIRTHPLACE (city or town) Iowa City, Iowa.
(State or country)

10. NAME OF FATHER

Gilman, F. Fletcher.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) New Hampshire.12. MAIDEN NAME OF MOTHER Martha, P. Robinson.13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Iowa.14. Informant Mrs. Paul Fletcher.
(Address) St Anthony Idaho.15. Filed 2-25, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 24th, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Jan 31st, 1931, to Feb 24th, 1931
that I last saw him alive on Feb. 24th, 1931and that death occurred, on the date stated above, at 1:00 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pulmonary or heart embolism
Following abdominal operation

(duration) yrs. mos. ds.

CONTRIBUTORY Carcinoma of Mammary
(Secondary) glands & both ovaries
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of Feb 24-31Was there an autopsy? NoWhat test confirmed diagnosis? only clinical & embolism(Signed) W. H. Rhodes, M. D.Feb 25th, 1931 (Address) Boise, Idaho19. Place of Burial, Cremation, or Removal Date of Burial
Morris Hill Cemetery. Feb. 26. 31st20. Undertaker Address
Summers & Krebs. Boise, Idaho.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74006

PLACE OF DEATH

County of AdaCity of BoiseRegistration District No. 2Primary Registration District No. 1004(No. St. Alphonsus)Local Registrar's No. 38

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Matte Marie Harwell

(a) Residence. No. _____

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. _____

yrs. _____

mos. _____

ds. _____

How long in U. S. if of foreign birth? _____

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE white5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 21 - 1939

7. AGE

Years

Months

Days

If LESS than 1 day

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Naches
(State or country) Wash10. NAME OF FATHER Jesse Harwell11. BIRTHPLACE OF FATHER (city or town) Emmett
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Ellen Kelly13. BIRTHPLACE OF MOTHER (city or town) Emmett
(State or Country) Idaho

14.

Informant
(Address) Jesse L Harwell
Emmett Ida

15.

Filed 2-11, 1931W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 8, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 27, 1931, to Feb. 8, 1931that I last saw her alive on Feb. 8, 1931and that death occurred, on the date stated above, at 7 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Bronchopneumonia(duration) 0 yrs. 0 mos. 16 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted At home
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? labatory findings(Signed) Harmon Freeman, M.D.Feb. 8, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Emmett IdaFeb 11, 1931

20. Undertaker

W. Bucknum

Address

Emmett Ida

RECEIVED MAR 5 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74007**

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)Local Registrar's No. 54

2. FULL NAME

(a) Residence. No. Mountain Home

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -6. DATE OF BIRTH (month, day and year) Feb 7- 19307. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 - 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work -(b) General nature of industry, business, or establishment in which employed (or employer) -(c) Name of employer -9. BIRTHPLACE (city or town) Mountain Home
(State or country) Ida10. NAME OF FATHER John Uriarte11. BIRTHPLACE OF FATHER (city or town) Spain
(State or Country)12. MAIDEN NAME OF MOTHER Anna Amortegui13. BIRTHPLACE OF MOTHER (city or town) Mountain Home
(State or Country) Idaho14. Informant John Uriarte
(Address) Mountain Home Ida15. Filed 2-24 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 21 1931 to Feb 22 1931
that I last saw her alive on Feb 22 1931and that death occurred, on the date stated above, at 5:25 Am*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Bronchopneumoniaprobable (duration) - yrs. - mos. 7 ds.
CONTRIBUTORY malnutrition
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Int. Home, Idaho
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? laboratory findings(Signed) Harrison A. Brennan M. D.
2-23 1931 (Address) Boise, Ida19. Place of Burial, Cremation, or Removal Mountain Home Ida Date of Burial 2-23 193120. Undertaker Schreiber McLean Address Boise Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74008**

PLACE OF DEATH

County of AdaRegistration District No. 2City of BoisePrimary Registration District No. 1904Local Registrar's No. 40(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dale Daniel Johnson

(a) Residence. No. _____

St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)child

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 30 - 1921

7. AGE

9

Years

Months

3

Days

11

If LESS than 1 day,

_____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.child(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Sweet
Idaho

10. NAME OF FATHER

Moral Johnson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho

12. MAIDEN NAME OF MOTHER

Matilda Ferguson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Sweet
Idaho

14.

Informant
(Address)Matilda Johnson
Sweet Idaho

15.

Filed

2-111931W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 6

(Month)

10

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 61931

to

Feb 101931

that I last saw him alive on

Feb 101931and that death occurred, on the date stated above, at 8 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Bilateral Pneumonia
intestinal StasisThroat Infection

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Feb 11, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Sweet, IdahoFeb 13 1931

20. Undertaker

C. Bucknum

Address

Boise, Idaho

STATE OF IDAHO should be carefully supplied. AGE should be stated EXACTLY, PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 19 1931

DO NOT WRITE IN THIS SPACE

74009

State File No.

PLACE OF DEATH

County of Ada

City of Meridian

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Lamb

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant

(Address)

15. Filed 1/27, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 2, 1930, to Jan 26, 1931

that I last saw her alive on Dec. 2, 1930

and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Myocarditis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

1/27, 1931 (Address) Meridian Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74010**

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 8
Primary Registration District No. 2004
(No. 4 Miles West of Boise.)

Local Registrar's No. 9

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ulrich Wuest.

(a) Residence. No. 4 Miles West of Boise. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day and year) December 13th 1872

7. AGE Years Months Days 58 1 21 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer and Dairy Business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Switzerland.
(State or country)

10. NAME OF FATHER John Wuest.

11. BIRTHPLACE OF FATHER (city or town) Switzerland.
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Olsen.

13. BIRTHPLACE OF MOTHER (city or town) Norway.
(State or Country)

14. Informant Emma M. Wuest.
(Address) Boise, Idaho.

15. Filed 2-5-31 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 4th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1931, to Feb 4th 1931
that I last saw him alive on Feb 4th 1931

and that death occurred, on the date stated above, at 1100 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Uraemic poisoning -
following acute nephritis.

(duration) yrs. mos. ds.
CONTRIBUTORY Arteriosclerosis
(Secondary) lesions. Emphysema 12 years.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Rhodes M. D.
2/5/31 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Date of Burial
Morris Hill Cemetery. 2/6/31 1931

20. Undertaker Address
Wm. McBratney. Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74011

PLACE OF DEATH

County of Ada

CERTIFICATE OF DEATH

City of _____

Registration District No. _____

Primary Registration District No. 2004Local Registrar's No. 15

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miss Oluf Johnson.(a) Residence. No. 3 miles West of Boise.

St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 14 yrs. _____ mo. _____ ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? _____ yrs. _____ mo. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July. 12. 1864.

7. AGE

Years

Months

Days

If LESS than 1 day,
_____ hrs. or
_____ min.6678.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work. At Home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sweden.
(State or country)

10. NAME OF FATHER

Anders Johnson.11. BIRTHPLACE OF FATHER (city or town) Sweden.
(State or Country)

12. MAIDEN NAME OF MOTHER

Karna Person.13. BIRTHPLACE OF MOTHER (city or town) Sweden.
(State or Country)14. Informant J. P. Johnson.(Address) R. D. #. 2. Boise, Idaho.15. Filed 2-20-31Registrar. W. H. Rhodes

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb.201931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 191931, to Feb 201931that I last saw him alive on Feb 19, 1931and that death occurred, on the date stated above, at 5:30 p.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Probably due to perineal
adenocarcinoma

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Rhodes

_____, M. D.

Feb. 20, 1931 (Address) Boise

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery Feb 21 1931

20. Undertaker

Address

Summers & Krebs. Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74012**

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1005Local Registrar's No. 30

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Ashley Baker(a) Residence No. 1003 Blaine St. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofIda E. Baker6. DATE OF BIRTH (month, day and year) July 4-18627. AGE Years 68 Months 8 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired stockman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bethany
(State or country) Missouri10. NAME OF FATHER James C. Baker11. BIRTHPLACE OF FATHER (city or town) Bloomington
(State or Country) Ill.12. MAIDEN NAME OF MOTHER Sarah Smoot13. BIRTHPLACE OF MOTHER (city or town) Ill.
(State or Country)14. Informant (Address) 2725 W. Baker, Hollenback
Boise, Idaho15. Filed 3-7- 1931 John S. Meyer
RegistrarMEDICAL CERTIFICATE OF DEATH 41

16. DATE OF DEATH

March 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 18 1931 to Mar 4 1931that I last saw him alive on Mar 4 1931and that death occurred, on the date stated above, at 1:15 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Death followed the
extraction of 2 badly infected
teeth. Septicemia.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)Influenza(duration) _____ yrs. _____ mos. 10 ds.18. Where was disease contracted if not at place of death? Caldwell, Mo.Did an operation precede death? Extraction of 2 infected teeth Date of Feb 24Was there an autopsy? NoWhat test confirmed diagnosis? —(Signed) W. B. Borch M. D.Mar 5 1931 (Address) Boise, Ida

19. Place of Burial, Cremation, or Removal

Canyon Hill

Date of Burial

3-8 1931

20. Undertaker

C. V. Beckham

Address

Caldwell, Mo.

RECEIVED MAR 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74013

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1034
(No. St. Lukes Hospital)Local Registrar's No. 34

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawrence Everett Baker(a) Residence. No. 6 th & Orchard Ave. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 10 yrs. mo. ds. How long in U. S. if of foreign birth? ys mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 5, 19117. AGE 19 Years 7 Months 1 Days min.
If LESS than 1 day, hrs. or

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Signal man for the(b) General nature of industry, business, or establishment in which employed (or employer) U.P.R.R.

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho
(State or country)10. NAME OF FATHER Charles F. Baker11. BIRTHPLACE OF FATHER (city or town) Cincinnati
(State or Country) Ohio12. MAIDEN NAME OF MOTHER Louise Eiman13. BIRTHPLACE OF MOTHER (city or town) Russia
(State or County)14. Informant Charles F. Baker
(Address) R.D. # 2, Boise, Idaho15. Filed 2-6, 1931 W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 6, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from February 1, 1931, to February 6, 1931
that I last saw him alive on February 6, 1931
and that death occurred, on the date stated above, at 7:30 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:fracture of rib - it side
with intrathoracic hemorrhage(duration) 6 yrs. mos. ds.CONTRIBUTORY
(Secondary)(duration) 6 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Harold W. Stone, M. D.
2/6, 1931 (Address) 317 Eastman Bldg
Boise19. Place of Burial, Cremation, or Removal Morris Hill Cemetery Date of Burial Feb. 8, 193120. Undertaker Summers & Krebs, Boise, Idaho Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. _____

74014

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. 1304(No. St. Lukes Hospital.)Local Registrar's No. 47

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin Lawrence Holmes.(a) Residence. No. Boise, Idaho. St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
------------------------	-----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) January 28th 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>0</u>		<u>0</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. None.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER

John Holmes.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Council, Idaho.

12. MAIDEN NAME OF MOTHER

Elsie M. Washburn.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Oregon.14. Informant Mrs. John Holmes.
(Address) Boise, Idaho. 94415. Filed 2/18/31, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 17th 1931, 19____
(Month) (Day) (Year)

17. HEREBY CERTIFY, That I attended deceased from

Jan 28th 1931 to Feb 17th 1931
that I last saw him alive on Feb 16th 1931and that death occurred, on the date stated above, at 4:17 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Malnutrition -
being born premature.
7 month baby - might 1st 1931
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Premature birth
(Secondary) and mother tropical.
(duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) John Rhodes M. D.
2/18/31, 19____ (Address) Boise, Idaho19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 2/18/31 19____20. Undertaker Wm. McBratney. Address Boise, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74015
State File No. _____

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1024(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 392. FULL NAME Elva Vitley(a) Residence. No. Boise, Idaho St. (Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single. Married. Widowed. or Divorced (write the word.) <u>Single.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
-----6. DATE OF BIRTH (month, day and year) February 8th 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ----- min.
<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>-----</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work None.(b) General nature of industry,
business, or establishment in
which employed (or employer) -----

(c) Name of employer -----

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)10. NAME OF FATHER James Vitley.11. BIRTHPLACE OF FATHER (city or town) -----
(State or Country) Italy.12. MAIDEN NAME OF MOTHER Bessie Gerlac.13. BIRTHPLACE OF MOTHER (city or town) -----
(State or Country) Utah.14. Informant James Vitley.
(Address) Boise, Idaho.15. Filed 2-11 1931 W. H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 9th 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Feb. 8, 1931, to Feb. 9, 1931that I last saw her alive on Feb. 9, 1931and that death occurred, on the date stated above, at 10 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Sub-tentorial hemorrhage
due to birth injury(duration) ----- yrs. ----- mos. 1 ds.CONTRIBUTORY
(Secondary)

(duration) ----- yrs. ----- mos. ----- ds.

18. Where was disease contracted
if not at place of death? -----Did an operation precede death? no Date of -----Was there an autopsy? noWhat test confirmed diagnosis? Cisterna Punctate(Signed) A. E. Redman M. D.2/9/31, 19----- (Address) Boise, Idaho.19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 2/10/31 193120. Undertaker Wm. McBratney. Address Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74016

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1000
(No. St. Lukes Hospital.)

Local Registrar's No. 35

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leonard Lee Lewis.

(a) Residence. No. Boise, Idaho. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) January 31st 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER

Roderick W. Lewis.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Wis.

12. MAIDEN NAME OF MOTHER Edith A. McLain.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Wis.

14. Informant Roderick W. Lewis.
(Address) Boise, Idaho.

15. Filed 2-6-31 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 6th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 31st 1931, to Feb 6th 1931, that I last saw him alive on Feb 5th 1931, and that death occurred, on the date stated above, at 4:30 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

convulsions following hemorrhage of the brain tissue -

(duration) yrs. mos. ds.
CONTRIBUTORY Cause + instrumental delivery (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.
2/6/31 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Date of Burial
Morris Will Cemetery. 2-7 1931

20. Undertaker Wm. McBratney. Address Boise, Idaho.

Gittinger

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74017

PLACE OF DEATH

County of Ada
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. Idaho Soldiers' Home.)Local Registrar's No. 55

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Calvitte C. Thompson.(a) Residence. No. Boise, Idaho. St. Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced, (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) November 17th 1844

7. AGE 86 Years 3 Months 6 Days If LESS than 1 day, min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Civil War Veteran.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Tenn.
(State or country)10. NAME OF FATHER Unknown.11. BIRTHPLACE OF FATHER (city or town) "
(State or Country)12. MAIDEN NAME OF MOTHER "13. BIRTHPLACE OF MOTHER (city or town) "
(State or County)14. Informant Pearl Allen.
(Address) Boise, Idaho.15. Filed 2-24, 1931 W. McBratney
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 23rd 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan., 1931, to 2/23, 1931
that I last saw him alive on 2/22, 1931

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

CONTRIBUTORY (Secondary) Pneumonia
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? noWhat test confirmed diagnosis? Clinical finding(Signed) Frank H. Gittinger, M.D.
2/23/31, 19____ (Address) Boise, Idaho19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 2/25/31 19____20. Undertaker Wm. McBratney. Address Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
RECEIVED MAR 5 1931
State File No. 74019

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Alphonsus Hospital.) Local Registrar's No. 49

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donna Carver.

(a) Residence. No. 1417 E. Bannock. Boise, Idaho. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 6th 1927

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
3 4 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Salt Lake City, Utah.
(State or country)

10. NAME OF FATHER

Parker Pratt Carver.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Preston, Idaho.

12. MAIDEN NAME OF MOTHER

Eugenia Erickson

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Montpelier, Idaho.

14.

Informant Frank P. Kloepper.
(Address) 1214 N. 15th Boise, Idaho.

15.

Filed 2-19-31 W. J. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 19th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 14, 1931, to Feb. 19, 1931

that I last saw h. er alive on Feb. 19, 1931

and that death occurred, on the date stated above, at 6:30A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Stupor - Sore-throat
& General intoxication.

Feb. 17 (duration) yrs. mos. 17 ds.

CONTRIBUTORY Acute Tonsillitis.
(Secondary)

(duration) yrs. mos. 2 ds.

18. Where was disease contracted
if not at place of death? None.

Did an operation precede death? No Date of 2-17-31

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. J. Rhodes, M. D.
2/19/31, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Preston, Idaho.

Date of Burial

2/22/31 19

20. Undertaker

Wm. McBratney.

Address

Boise, Idah

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74020

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. Dr. Alphonse)Local Registrar's No. 36

2. FULL NAME

(a) Residence. No. 572

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its name instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

April 2-1899

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

31102

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Sheep Herder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Spain

10. NAME OF FATHER

Pedro Zubizarreta11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Spain

12. MAIDEN NAME OF MOTHER

Hulia Landeta13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Spain

14.

Informant
(Address)Frank Aguirre Boise

15.

Filed

2-7-31W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 4

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 2, 1931, to Feb 4, 1931

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

(duration) _____yrs. _____mos. _____ds.

CONTRIBUTORY
(Secondary)

(duration) _____yrs. _____mos. _____ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Dr. C. Allen M. D.

_____, 19____ (Address) _____

19. Place of Burial, Cremation or Removal

Date of Burial

St. John's Cemetery 3-6 1931

20. Undertaker

Address

Schubert & W. H. Brown Boise, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74021

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1004(No. St. Lukes)Local Registrar's No. 59

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leah Mae Hilley(a) Residence. No. 31 St. King Hill Ida

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. / 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEdward Hilley6. DATE OF BIRTH (month, day and year) Mar 8, 19067. AGE Years 24 Months 11 Days — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) St Helens
(State or country) Ore10. NAME OF FATHER Andrew J Watson11. BIRTHPLACE OF FATHER (city or town) Texas
(State or Country)12. MAIDEN NAME OF MOTHER Winnie Ford13. BIRTHPLACE OF MOTHER (city or town) Mo.
(State or Country)14. Informant Edward & Hilley
(Address) Sumner15. Filed 2-10-31 1931 W. H. Rhodie
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 8, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931, to Feb 8, 1931
that I last saw her alive on Feb 8, 1931
and that death occurred, on the date stated above, at 7:15 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pulmonary Tuberculosis(duration) 5 yrs. 3 mos. — ds.CONTRIBUTORY
(Secondary)(duration) — yrs. — mos. — ds.18. Where was disease contracted Boise Idaho
if not at place of death?Did an operation precede death? not Date of —Was there an autopsy? notWhat test confirmed diagnosis? Sputum(Signed) J. E. Sedman M. D.Feb 10, 1931 (Address) Boise Idaho19. Place of Burial, Cremation, or Removal Payette Cemetery Date of Burial Feb 11 193120. Undertaker Schreiber & McCune Address BoiseIda

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of AdaCity of Boise.Registration District No. 2Primary Registration District No. 1004(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Luther Wells.(a) Residence. No. 221. S. 16 Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEster Wells.6. DATE OF BIRTH (month, day and year) June. 7. 1888.7. AGE Years Months Days If LESS than 1 day, hrs. or min.
42 8 11. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer at Deadwood dam.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kansas.
(State or country)

10. NAME OF FATHER

John. R. Wells.11. BIRTHPLACE OF FATHER (city or town) Iowa.
(State or Country)12. MAIDEN NAME OF MOTHER Jennie E. Garrett.13. BIRTHPLACE OF MOTHER (city or town) Kansas.
(State or County)14. Informant Mrs. Ester Wells.
(Address) 221. S. 16 Street, Boise Idaho.15. Filed Feb. 17, 1931. W. H. Rhodes
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 74029Local Registrar's No. 50

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 18, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from October 27, 1930 to February 18, 1931
that I last saw him alive on February 18, 1931
and that death occurred, on the date stated above, at 5:18 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Septicemia
Acute Septic endocarditisCONTRIBUTORY (Secondary) Abcess, multiple, at kidney
(duration) yrs. mos. ds. 7

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec. 1, 1930Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harold W. Stone, M. D.
2/19, 1931 (Address) Eastman Bldg
Boise19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial Feb. 20. 31.20. Undertaker Summers & Krebs, Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74023

PLACE OF DEATH

County of Ada

City of

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 14

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Janet Worden

(a) Residence No. 6, miles W of Boise

(Usual place of abode.)

Length of residence in city or town where death occurred 25 yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

George G. Worden

6. DATE OF BIRTH (month, day and year)

Feb. 2, 1858

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

73

0

16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Illinois

10. NAME OF FATHER

John Farrell

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Scotland

12. MAIDEN NAME OF MOTHER

Janet Lindsay

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Scotland

14. Informant (Address)

George G. Worden
Meridian R. 2004

15. Filed

Feb. 19, 1931

W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 18 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 11 1931, to Feb. 18 1931

that I last saw him alive on Feb. 10 1931

and that death occurred, on the date stated above, at 4 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Coronary thrombosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Lung tumor

(Signed)

Feb. 18 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery Feb. 19 1931

20. Undertaker

Address

Summers & Krebs Boise, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSRECORD WITH IN THIS SPACE 1931
State File No. 74024

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. H. Lukes Hospital)Local Registrar's No. 45

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Boise Idaho St. Boise Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAlfred J. Bonelli's

6. DATE OF BIRTH (month, day and year)

Sept. 14, 1882

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

48429

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Chicago Ill.

10. NAME OF FATHER

Simon Mandel11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Germany

12. MAIDEN NAME OF MOTHER

Pauline Schaub13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Wabtown Wis.

14.

Informant
(Address)Alfred Bonelli's
Boise, Ida.

15.

Filed

5-1-31W. L. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 13th, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

10-10-30, 1930, to Feb. 13th, 1931that I last saw her alive on Feb 12th, 1931and that death occurred, on the date stated above, at 4A m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Metastatic carcinoma lungs.several years.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Breast amputation9 yrs ago
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of 1922Was there an autopsy? NoWhat test confirmed diagnosis? X-rays

(Signed)

Ralph Taylor, M. D.
2-14-31, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

St. Ann's Cemetery 2/16 1931

20. Undertaker

Address

Schreiber & McCann
Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74025**

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
(No. St. Alphonsus)

Local Registrar's No. 48

2. FULL NAME Walter S. Johnson
(If death occurred in a hospital or institution, give its name instead of street and number.)
(a) Residence. No. 716 St. Halfway Ore
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S. if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced Hattie Johnson
HUSBAND of (or) WIFE of June 6-1892
6. DATE OF BIRTH (month, day and year)
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
38 8 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Pea Ridge Ark
(State or country)

PARENTS

10. NAME OF FATHER James Johnson
11. BIRTHPLACE OF FATHER (city or town) No Record
(State or Country)
12. MAIDEN NAME OF MOTHER Carrie Brundage
13. BIRTHPLACE OF MOTHER (city or town) No Record
(State or Country)

14. Informant (Address) A. C. Anderson

15. Filed 2-19-31 W. R. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15 1931, to 2/19 1931,
that I last saw him alive on 2/18 1931,
and that death occurred, on the date stated above, at 3A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Meningitis "Septic"

CONTRIBUTORY (Secondary) Skull fracture
Dec 28-1930 yrs. mos. ds.

18. Where was disease contracted Halfway Ore
if not at place of death?

Did an operation precede death? No Date of.

Was there an autopsy? No

What test confirmed diagnosis? Chemical findings

(Signed) Frank A. Pittenger M.D.
2/19/31 1931 (Address) Boise Id

19. Place of Burial, Cremation, or Removal Payette, Ida Date of Burial 2-19-1931

20. Undertaker Schreeberson & Co Address Boise
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 7 1931
DO NOT WRITE IN THIS SPACE
74026
State File No. _____

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1004 Local Registrar's No. 41
(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Ida E. Thompson.

(a) Residence. No. Roosevelt St. St. 740

(Usual place of abode.)

Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of Addison Thompson.
(or) WIFE of

6. DATE OF BIRTH (month, day and year) September 5th 1857

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
73 3 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Portland, Wis.
(State or country)

10. NAME OF FATHER Willard Pierce.

11. BIRTHPLACE OF FATHER (city or town) Vt.
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Jane Northrop.

13. BIRTHPLACE OF MOTHER (city or town) Vt.
(State or Country)

14. Informant Mrs. Clara Fisher.
(Address) Boise, Idaho

15. Filed 2-11-31 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 10th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 30 1931 to Feb 10 1931
that I last saw her alive on Feb 10 1931
and that death occurred, on the date stated above, at 58 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. 6 mos. 12 ds.
CONTRIBUTORY Respiratory
(Secondary) Paralysis

(duration) yrs. 1 mos. 1 ds.

18. Where was disease contracted Ada County
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. H. Dratman, M. D.
2/11/31 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 2/12/31

20. Undertaker Wm. McBratney. Address Boise, Idaho

92004

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74027
State File No.

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. 1516 N. 7th Street.)
Local Registrar's No. 52

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Permelia Ann Kimes.

(a) Residence. No. Boise, Idaho. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Widow.

5a. If married, widowed, or divorced
HUSBAND of John S. Kimes.
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 12th 1860

7. AGE Years 70 Months 10 Days 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kansas.
(State or country)

10. NAME OF FATHER Carlis Pulley.

11. BIRTHPLACE OF FATHER (city or town) Ky.
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (city or town) Ky.
(State or Country)

14. Informant Mrs. E. D. Hopkins.
(Address) Boise, Idaho.

15. Filed 2-24-31 W. R. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 22nd 1931, 19.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 19th 1931, to Feb 22nd 1931
that I last saw her alive on Feb 22nd 1931

and that death occurred, on the date stated above, at 1:45 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myoplexy - was para.
Cystic Feb 21st 31 - from
Hemorrhage on brain -
(duration) yrs. mos. ds.

CONTRIBUTOR (Secondary) Hypertension -
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.

Was there an autopsy?

What test confirmed diagnosis? (Signed) H. B. Banks, M. D.
2/23/31, 19. (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. 2/25/31 19
Date of Burial

20. Undertaker Wm. McBratney. Address Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74028

State File No. _____

PLACE OF DEATH

County of AdamsCity of Council

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nels Harrison(a) Residence. No. Council Id. St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 1 yrs. many mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs Nels Harrison6. DATE OF BIRTH (month, day and year) March 4-1852

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.781030

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)General Farm Work

(c) Name of employer

9. BIRTHPLACE (city or town) Denmark
(State or country)10. NAME OF FATHER 2
111. BIRTHPLACE OF FATHER (city or town) ?
(State or Country)12. MAIDEN NAME OF MOTHER ?13. BIRTHPLACE OF MOTHER (city or town) ?
(State or Country)

14.

Informant
(Address)Robert Young
Council Id.

15.

Filed _____, 19____

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb.
(Month)3
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 15 -, 1931, to Feb 3, 1931
that I last saw him alive on Feb 2, 1931and that death occurred, on the date stated above, at 12 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pneumonia(duration) _____ yrs. _____ mos. 18 ds.CONTRIBUTORY Age
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted yes
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Aspiration(Signed) D. P. Higgs, M. D.

_____, 19____ (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Council Id.2-4 1931

20. Undertaker

Address

Robert YoungCouncil Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74029**

PLACE OF DEATH

County of AdamsCity of MesaRegistration District No. 88

Primary Registration District No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 312. FULL NAME James Lester Filman(a) Residence. No. Mesa, Ida. St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 15 yrs. 8 mos. ds. How long in U. S. if of foreign birth? 15 yrs. 8 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 20, 19087. AGE Years 22 Months 7 Days 21 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer(b) General nature of industry, business, or establishment in which employed (or employer) General farm work(c) Name of employer Self9. BIRTHPLACE (city or town) Star, Idaho
(State or country)10. NAME OF FATHER James E. Filman11. BIRTHPLACE OF FATHER (city or town) Dopline
(State or Country) Ida.12. MAIDEN NAME OF MOTHER Marie Feunoy13. BIRTHPLACE OF MOTHER (city or town) Valentine, Neb.
(State or Country)14. Informant (Address) James E. Filman
Mesa, Ida.15. 3-4-31 1931 DR. E. T. WHITEMAN
CAMBRIDGE, IDAHO
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 13, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1931 to Feb. 13, 1931
that I last saw him alive on Feb. 9, 1931
and that death occurred, on the date stated above, at 5 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Tuberculosis(duration) _____ yrs. 5 mos. _____ ds.CONTRIBUTORY None
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Lab. & Clinical(Signed) D. C. Higgs, M. D.2-13, 1931 (Address) Council, Ida.19. Place of Burial, Cremation, or Removal Council, Ida. Date of Burial 2-16-193120. Undertaker W. H. Higgs Address 500 Maple

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 88County of Adair

Primary Registration District No. _____

City of Indian Valley

(No. _____ St.)

File No. 74030

Registered No. _____

If death occurs away from
usual residence, give facts
called for under special
information.

2. FULL NAME

Charley Elmer CoriellIf death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WID-
OWED OR DIVORCED.Married
(Write the word.)

6. DATE OF BIRTH.

Apr
(Month)23
(Day)1883
(Year)

7. AGE

47 Yrs. 10 Mos. 20 ds.If LESS than 1 day
how many.....hrs. or
.....min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work...
(b) General nature of in-
dustry, business, or estab-
lishment in which employ-
ed (or employer)Laborer

9. BIRTHPLACE

(State or Country)

Washington10. NAME OF
FATHERWm H Coriell11. BIRTHPLACE
OF FATHER

(State or Country)

New York12. MAIDEN NAME
OF MOTHERPerick Emerson13. BIRTHPLACE
OF MOTHER

(State or Country)

Conn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

J. W. Coriell

15.

Filed

3-4-31

191

DR. R. T. WHITEMAN
CAMBRIDGE, IDAHO

Local Registrar

16. DATE OF DEATH

Feb
(Month)13
(Day)1931
(Year)17. I HEREBY CERTIFY, That I attended deceased from
Feb 13 1931, to Feb 13 1931that I last saw him alive on Feb 13 1931
and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism(Duration) Yrs. _____ mos. 1 ds.Contributory Endocarditis
(Secondary)(Duration) 2 yrs. _____ mos. _____ ds.(Signed) Wm Marshall M. D.(Address) Weiser*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1)
MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted
if not at place of death?.....Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Indian Valley2/18 1931

20. UNDERTAKER

ADDRESS

J. A. H. DelronCambridge

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74031

PLACE OF DEATH

County of Blaine
City of Picabo

CERTIFICATE OF DEATH

Registration District No. 57Primary Registration District No. 2022

(No. _____)

Local Registrar's No. 4

2. FULL NAME Leora Evon Worthington
(If death occurred in a hospital or institution, give its name instead of street and number.)

(a) Residence. No. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Feb 13 - 1931

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Picabo, Ida.

10. NAME OF FATHER

Charles J. Worthington

11. BIRTHPLACE OF FATHER (city or town) (State or country)

Salem, Oregon

12. MAIDEN NAME OF MOTHER

Isabel May Chammell

13. BIRTHPLACE OF MOTHER (city or town) (State or country)

Picabo, Ida.

14.

Informant (Address)

Charles J. Worthington
Picabo, Ida.

15.

Filed

3 - 119 31R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb
(Month)23
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

2 - 23, 19 31, to 2 - 23, 19 31that I last saw her alive on 2 - 23, 19 31and that death occurred, on the date stated above, at 20 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia(duration) 36 hrs yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of.

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Clinical
Robert H. Wright, M. D.
2/23, 19 31 (Address) Hailey, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Picabo, Ida.Feb 24 1931

20. Undertaker

Address

Harris & AmosHailey, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 3 1931

DO NOT WRITE IN THIS SPACE

74032

State File No.

PLACE OF DEATH

County of Blaine
City of Picabo

CERTIFICATE OF DEATH

Registration District No. 57Primary Registration District No. 2022Local Registrar's No. 5

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alta Elaine Chess

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Color5. Single, Married, Widowed,
or Divorced (write the word.)X

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb 15 - 19 31

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or

min.

13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Picabo - Idaho
(State or country)

10. NAME OF FATHER

Ben Chess11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Tenn

12. MAIDEN NAME OF MOTHER

Clara Davis13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Tenn

14.

Informant
(Address)Ben ChessPicabo - Ida

15.

Filed

3-1

19

31R. H. Wright

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb
(Month)28
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

2/28/31 to 2/28/31

that I last saw him alive on

and that death occurred, on the date stated above, at 68 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia (Broncho)(duration) yrs. mos. 3 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical

(Signed)

3/1

1931

(Address)

Hailey, Id

19. Place of Burial, Cremation, or Removal

Date of Burial

PicaboMar 2 1931

20. Undertaker

Address

Harris & CrowsHailey, Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

EXACTLY.

See instructions on back.

STATE OF IDAHO

RECEIVED MAR 3 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74033

State File No.

PLACE OF DEATH

County of Blaine
City of Hailey

CERTIFICATE OF DEATH

Registration District No. 57Primary Registration District No. 2022

(No.)

Local Registrar's No. 3

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Angelo Zanchi(a) Residence. No. St. 129

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Color 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 16 - 1856

7. AGE Years 74 Months 2 Days 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bergamo Brescia
(State or country) North Italy

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Italy

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Italy

14. Informant (Address) Mrs. Snyder - Jr.

15. Filed 3-1 1931 R. H. Wright
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1 - 15, 1931, to 2 - 4, 1931
that I last saw him alive on 2 - 4, 1931
and that death occurred, on the date stated above, at 109 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis -
with Severe Gangrene
of both feet.
(duration) yrs. 8 mos. ds.

CONTRIBUTORY Senility
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? /

Did an operation precede death? / Date of /

Was there an autopsy? /

What test confirmed diagnosis? Clinical
(Signed) Robert H. Wright M. D.
2/4, 1931 (Address) Hailey, Ida

19. Place of Burial, Cremation, or Removal Hailey, Idaho Date of Burial Feb 6 1931

20. Undertaker Harris & Amos Address Hailey, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74034

State File No. _____

PLACE OF DEATH

County of CusterCity of Mackay

CERTIFICATE OF DEATH

Registration District No. 7ePrimary Registration District No. 2153Local Registrar's No. 141

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Claydie B. Coates(a) Residence. No. Chilly, Idaho

(Usual place of abode.)

St. _____

Length of residence in city or town where death occurred. — yrs. — mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) June-10-19157. AGE Years 15 Months 8 Days 14 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer _____

9. BIRTHPLACE (city or town) Chilly
(State or country) Idaho10. NAME OF FATHER Tom Coates11. BIRTHPLACE OF FATHER (city or town) St. Johns
(State or Country) Arizona12. MAIDEN NAME OF MOTHER Ladie Colward13. BIRTHPLACE OF MOTHER (city or town) Marion
(State or Country) Utah14. Informant Tom Coates
(Address) Chilly, Idaho15. Filed 3/1, 1931. Rose A. Nourse
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan (Month) 27 (Day) 1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

25 Jan, 1931, to 27 Jan, 1931that I last saw him alive on 27 Jan, 1931and that death occurred, on the date stated above, at 8:45 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Fracture Skull, Base, accidental - thrown from horse.(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY

(Secondary)

Shock - Meningitis -(duration) _____ yrs. _____ mos. 2 ds.18. Where was disease contracted Chilly-Custer Co. Ida.
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Physical Signs -(Signed) J. P. Richards, M. D.
1/28/31, 19____ (Address) Mackay Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Chilly, Idaho Jan 29 1931

*20. Undertaker

Address

Garner Mortuary Mackay, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74035

PLACE OF DEATH

County of CusterCity of ClaytonRegistration District No. 108Primary Registration District No. 2186Local Registrar's No. 116

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Gallatti Leuzinger

(a) Residence. No. _____

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFriedolin Leuzinger6. DATE OF BIRTH (month, day and year) July 10, 1873

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

571127

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Switzerland

10. NAME OF FATHER

Gallatti

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Unknown
Switzerland

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Unknown

14.

Informant
(Address)Catherine Leuzinger

15.

Filed

Feb. 28, 1931Edna McKenny
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb
(Month)5
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

that I last saw him..... alive on....., 19.....

and that death occurred, on the date stated above, at 4:20 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Dr. Arthur Remondet
was called to see this woman
but she was dead when I
arrived (duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) C. L. Kirtley

M. D.

2/7, 1931 (Address) Clayton, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Clayton, IdaFeb 7 1931

20. Undertaker

Address

Mr. GarnerArco Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74036

PLACE OF DEATH

County of Buster
City of Mackay

CERTIFICATE OF DEATH

Registration District No. 1
Primary Registration District No. 2153
(No. _____)

Local Registrar's No. 143

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry F. Rockman

(a) Residence. No. _____

(Usual place of abode.)

St. _____

Length of residence in city or town where death occurred 5 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. Nora F. Rockman6. DATE OF BIRTH (month, day and year) Oct. 9-1871

7. AGE Years Months Days If LESS than 1 day.
59 4 10 _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Landlord

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) San Francisco
(State or country) California

10. NAME OF FATHER

Henry B. Rockman11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Germany

12. MAIDEN NAME OF MOTHER

Anna S. Heitman13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Germany

14.

Informant
(Address)Elmer Peterson

15.

Filed

3-7-21Rose Nowacki

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

2-
(Month)19
(Day)31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-311931to2-191931that I last saw him alive on 2-19-21, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

angina pectoris

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) E. S. Peterson, M. D._____, 19____ (Address) Mackay, Ida.

19. Place of Burial, Cremation, or Removal

Mackay Idaho

Date of Burial

2/22 1931

20. Undertaker

Al Buck

Address

Mackay, Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74037**PLACE OF DEATH
County of **Buster**
City of **Leshie**Registration District No. **16**Primary Registration District No. **2153**

(No. _____)

Local Registrar's No. **142**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Wynona May Evans**(a) Residence. No. **Leshie Idaho** St. _____(Usual place of abode.)
Length of residence in city or town where death occurred **3 yrs. 10 mos. 27 ds.** How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word.) **Single**5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) **Mar. 17 - 1927**7. AGE Years **3** Months **10** Days **27** If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **None**(b) General nature of industry, business, or establishment in which employed (or employer) **None**

(c) Name of employer _____

9. BIRTHPLACE (city or town) **Leshie Idaho**
(State or country)10. NAME OF FATHER **Chas. A. Evans**11. BIRTHPLACE OF FATHER (city or town) **Harlington, Ida.**
(State or Country)12. MAIDEN NAME OF MOTHER **Virginia Sutter**13. BIRTHPLACE OF MOTHER (city or town) **Marshalltown, Iowa**
(State or Country)14. Informant (Address) **Mrs. Lewis Evans**15. Filed **5-7**, 19**31** **Rose Mowatt**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **2-8-31**

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

2-8-31, 19____, to **2-8-31**, 19____that I last saw her alive on **2-8-31**, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Acute gastro Enteritis**

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? **Home**Did an operation precede death? **No** Date of _____Was there an autopsy? **No**

What test confirmed diagnosis?

(Signed) **C. Mowatt**, M. D._____, 19____ (Address) **Marshalltown, Iowa**

19. Place of Burial, Cremation, or Removal

Date of Burial

Mackay, Ida.**2/10** 19**31**

20. Undertaker

Address

Chas. Mowatt**Mackay, Ida.**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **74038**

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007

Local Registrar's No. 28

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Thomas Walters

(a) Residence. No. West Alice St.

(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Jane Walters
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 27. 1861

7. AGE Years 69 Months XX Days 3 If LESS than 1 day, hrs. or min. 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) England
(State or country)

10. NAME OF FATHER James F. Walters

11. BIRTHPLACE OF FATHER (city or town) Eng.
(State or Country)

12. MAIDEN NAME OF MOTHER Susana Cooper

13. BIRTHPLACE OF MOTHER (city or town) Eng.
(State or Country)

14. Informant Mrs. Gene Green
(Address) Blackfoot. Ida.

15. Filed Feb 28 1931 Dr. M. H. White Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 27. 1931
(Month) (Day)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 27 that I last saw him alive on Feb 26 and that death occurred, on the date stated above, at 9.0 The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 7 mo.

CONTRIBUTORY (Secondary) Influenza
(duration) yrs. 1 mo.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. W. Beck M. D.
2/27, 1931 (Address) Blackfoot, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Grove City Cem. Date of Burial 3-1-31 19

20. Undertaker Modern Mortuary, Blackfoot. Address

Ch 1 Tech Blackboard

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74040**

PLACE OF DEATH

County of **BINGHAM**

CERTIFICATE OF DEATH

City of **Blackfoot**Registration District No. **121**Primary Registration District No. **2147**Local Registrar's No. **31**(No. **South Idaho Insane Asylum**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **FLORA ULRICH**

(a) Residence. No. _____

St. **Idaho Falls**

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. **6** yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. Single, Married, Widowed, or Divorced (write the word) **MARRIED**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) **May 4, 1900**7. AGE Years Months Days If LESS than 1 day,
30 **8** **26** _____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Illinois**
(State or country)

10. NAME OF FATHER

Frank Ritter11. BIRTHPLACE OF FATHER (city or town) **Illinois**
(State or Country)12. MAIDEN NAME OF MOTHER **Lillian Blatter**13. BIRTHPLACE OF MOTHER (city or town) **Illinois**
(State or County)14. Informant **Lillian Moore, Attendant**
(Address) **Blackfoot, Idaho.**15. Filed **Feb. 3**, 19 **31** **Wm. H. E. City**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 1st 1927, 19____, to **Jan 30 1931**, 19____that I last saw her alive on **Jan 30, 1931**, 19____and that death occurred, on the date stated above, at **125 a.m.***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*General Paralysis*

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)*Two slight pyrexias
attacks*

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **NO** Date of _____Was there an autopsy? **NO**What test confirmed diagnosis? **None**(Signed) **Dr. Williams**, M. D.**Jan 30, 1931** (Address) **Blackfoot**

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls, Idaho **Feb 3**, 19 **31**

20. Undertaker

Address

Back A. Wood **Idaho Falls**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74041

State File No.

PLACE OF DEATH

County of BINGHAMCity of BLACKFOOT

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194(No. SOUTH IDAHO INSANE ASYLUM)Local Registrar's No. 25

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ISAAC BRIDGMAN

(a) Residence. No.

(Usual place of abode.)

St. Roy

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. 11 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

WHITE5. Single, Married, Widowed,
or Divorced (within the word.)MARRIED

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs Isaac Bridgman

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

72hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Illinois

10. NAME OF FATHER

Not known11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Not known

12. MAIDEN NAME OF MOTHER

Not known13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Not known

14.

Informant
(Address)J. C. WEST Att.Blackfoot, Ida.

15.

Filed

Feb. 111931Dr. Walter E. Peters
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 11 1931

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 2nd, 1930Feb 11 193111Feb 11, 1931

that I last saw him alive on.....

and that death occurred, on the date stated above, at 7:40 A. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? NO Date of.....Was there an autopsy? NOWhat test confirmed diagnosis? None

(Signed)

Feb 11, 1931(Address) Blackfoot, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Rock Island Id.

19

20. Undertaker

Address

W. Davis Am Falls Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bingham
City of Thomas Park

Registration District No. 121
Primary Registration District No. 2192

DO NOT WRITE IN THIS SPACE

State File No. 74042Local Registrar's No. 30

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Don Spencer Goodwin

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Nov. 18, 1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
3 9 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bingham County
(State or country) Idaho10. NAME OF FATHER Irvin S. Goodwin11. BIRTHPLACE OF FATHER (city or town) utah
(State or Country) Salt Lake City12. MAIDEN NAME OF MOTHER Rose May Bennett13. BIRTHPLACE OF MOTHER (city or town) Moreland, Idaho
(State or Country)14. Informant Irvin S. Goodwin
(Address) Blackfoot, R. 2, Box 215. Filed Feb. 28, 1931 Mrs. Helen E. Cature
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 27, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1930, to Feb. 27, 1931
that I last saw him alive on Feb. 27, 1931
and that death occurred, on the date stated above, at 6:20 P. M.
The CAUSE OF DEATH* was as follows:

Cerebro pneumonia

(duration) yrs. mos. ds. 10
CONTRIBUTORY Failure of closing of
(Secondary) foramen ovale.
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? MoDid an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Phys. Exam.(Signed) W. E. Galt M. D.Feb. 28, 1931 (Address) Blackfoot, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Thomas-Burial Home Date of Burial Feb. 27, 193120. Undertaker acting Address Blackfoot, IdahoArnold Drumm

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74043**

PLACE OF DEATH

County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2144

Local Registrar's No. 27

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

101b2. FULL NAME Arthur Albert Ellison.(a) Residence. No. Sugar Factory Street St.

(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Married
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ora Hodge Ellison

6. DATE OF BIRTH (month, day and year) June, 15, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>32</u>	<u>8</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bookkeeper(b) General nature of industry, business, or establishment in which employed (or employer) Utah Idaho Sugar Co.

(c) Name of employer

9. BIRTHPLACE (city or town) Utah
(State or country)10. NAME OF FATHER
Wm. Ellison11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER
Lovina Dye13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant Ora Hodge Ellison
(Address) Blackfoot, Ida.15. Filed Feb. 24, 1931 Mr. Walter E. Caturel
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 22, 1931

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 14, 1931, to Feb 22, 1931
that I last saw him alive on Feb 21, 1931and that death occurred, on the date stated above, at 1:50 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia
(Secondary)(duration) 2 yrs. 3 mos. 3 ds.

CONTRIBUTORY

(Secondary)

Tonsillitis with
Peritonsillar abscess(duration) 1 yrs. 10 mos. 10 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed)

W. W. Beck, M. D.
2/23, 1931 (Address) Blackfoot, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls, Ida.2-25-31 19

20. Undertaker

Address

Modern Mortuary, Blackfoot, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bingham

City of Shelley

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 121

Primary Registration District No. 244

(No. _____ St.)

State File No. 74046

Local Registrar's No. 23

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Elaine Stoddard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the word)

6. DATE OF BIRTH

December, 13, 1929
(Month) (Day) (Year)

7. AGE

1 Yrs. 1 Mos. 22 ds. IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Child at home
(b) General nature of industry, business or establishment in which employed (or employer) _____

9. BIRTHPLACE

(State or Country) Shelley, Ida.

10. NAME OF

Father Ray Stoddard

11. BIRTHPLACE

OF FATHER (State or Country) Hooper, Utah.

12. MAIDEN NAME

OF MOTHER Alice Chadwich

13. BIRTHPLACE

OF MOTHER (State or Country) American Fork, Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ray Stoddard

(Address) Shelley, Ida.

15.

Filed Feb. 4 1931 Elaine E. Stoddard
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February, 5, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1931 to Feb. 5 1931,
that I last saw her alive on Feb. 4 1931 PM

and that death occurred on the date stated above, at 5:45 PM.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) yrs. 15 mos. 15 ds.
Contributory (Secondary) Supplicated

(Duration) yrs. 15 mos. 15 ds.
(Signed) F. E. Cope M. D.
7-18-1931 (Address) Shelley Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Shelley, Ida.

DATE OF BURIAL

Feb. 8, 1931

20. UNDERTAKER

Jack A. Wood

ADDRESS

Idaho Falls, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74047

PLACE OF DEATH

County of BlaineCity of Shelly

CERTIFICATE OF DEATH

Registration District No. 171Primary Registration District No. 2194Local Registrar's No. 32

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Edith Dye(a) Residence. No. Fifth Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OF RACE White5. Single, Married, Widowed,
or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) Nov. 4 - 1895

7. AGE

Years

Months

Days

If LESS than 1 day,
_____ hrs. or
_____ min.35320

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. At home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Basalt, Ida10. NAME OF FATHER James Dye11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Overdale, Wyo.12. MAIDEN NAME OF MOTHER Mary Elizabeth White13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Willcoet, Wyo.

14.

Informant
(Address) James Dye
Fifth Idaho

15.

Filed Feb. 28, 1931Mr. Haller E. atine

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 20 31

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

Feb. 16 31, to Feb. 20 31that I last saw her alive on Feb. 20 31and that death occurred, on the date stated above, at 6 PM*State the DISEASE CAUSING DEATH, or in deaths from VIOLEN
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute HepatitisCONTRIBUTORY (duration) yrs. mos. ds.
(Secondary) Obstruction bile duct(duration) yrs. mos. ds. 618. Where was disease contracted Yes
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? None(Signed) Dr. R. E. West M. I.
Feb. 27 1931 (Address) Shelly, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Fifth Cemetery3-1-1931

20. Undertaker

Address

None

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74048

PLACE OF DEATH

County of Canyon
City of Wilder

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005

(No.)

Local Registrar's No. 28

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Gliderburg(a) Residence. No. Wilder St.(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 7 - 1836

7. AGE Years Months Days If LESS than 1 day,
94 4 21 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bedham Co.
(State or country) Missouri

10. NAME OF FATHER Thomas Chiles

11. BIRTHPLACE OF FATHER (city or town) Kentucky
(State or Country)

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (city or town) Kentucky
(State or County)

14. Informant Charles Shideberg
(Address) Wilder, Ia

15. Filed 2-28- 1931 John S. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 28 1931, to Feb 28 1931

that I last saw him alive on dece 1931,
and that death occurred, on the date stated above, at 8:22 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2-4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Age

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Chin history

(Signed) Dr. Caldwell M. D.

2-28 1931 (Address) Caldwell, Ia

19. Place of Burial, Cremation, or Removal Date of Burial

Thon Courver, Wash. 19

20. Undertaker Address

C. J. Beckham Caldwell, Ia

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

74049

PLACE OF DEATH

CERTIFICATE OF DEATH

County of ParmaCity of ParmaRegistration District No. 3Primary Registration District No. 2005Local Registrar's No. 28

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lizob. Hammonds(a) Residence. No. Parma #3 St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of May Luvin
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar-1-18617. AGE 69 Years 11 Months 14 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ranching

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Stephens
(State or country) Michigan10. NAME OF FATHER James Hammonds11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant Arion Hammonds
(Address) Parma #115. Filed 2-19-31 John S. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 15, 1931
Feb 15 (Month) 15 (Day) 1 (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931, to Feb 15, 1931,
that I last saw him alive on Feb 14, 1931,
and that death occurred, on the date stated above, at 12-20*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pneumonia (hypostatic)CONTRIBUTORY (Secondary) Chronic Interstitial
nephritis (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Lab. & Plague(Signed) A. Reed & J. J. M. D.Feb 17, 1931 (Address) Wilder Cem. Va.19. Place of Burial, Cremation, or Removal Wilder Cem. Date of Burial 2-17-3120. Undertaker V. Beckham Address Calcutt

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE P.

C. Reckmann

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74051**

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005Local Registrar's No. 25

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME M. Nels Larson(a) Residence. No. Marsing Idaho St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofanna C. Larson6. DATE OF BIRTH (month, day and year) Sept 9-1871

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
59 5 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mt. Pelier
(State or country) Idaho10. NAME OF FATHER James E. Larson11. BIRTHPLACE OF FATHER (city or town) Denmark
(State or Country)12. MAIDEN NAME OF MOTHER Catrina Thompson13. BIRTHPLACE OF MOTHER (city or town) Denmark
(State or Country)14. Informant Emilie C. Larson
(Address) Marsing, Idaho15. Filed 2-21-1931 John B. Meyer
Registrar.MEDICAL CERTIFICATE OF DEATH 131

16. DATE OF DEATH

Feb 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 16 1931, to Feb 20 1931that I last saw him alive on Feb 20 1931and that death occurred, on the date stated above, at 2:13 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:

Acute Uræmic Coma

(duration) yrs. mos. ds.

CONTRIBUTORY Ch. J. D. Mphree
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Chimeric(Signed) John B. Meyer M.D.2-20 1931 (Address) Caldwell, Idaho

19. Place of Burial, Cremation, or Removal

Wampa Idaho

Date of Burial

2-23-1931

20. Undertaker

C. V. Peckham Caldwell, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74052

PLACE OF DEATH

County of Canyon
City of NotusRegistration District No. 3Primary Registration District No. 2005Local Registrar's No. 27

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minerva E. Cammink(a) Residence. No. Notus St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Geo Cammink

6. DATE OF BIRTH (month, day and year)

7. AGE

62 Years

Months

Days

If LESS than 1 day,
.....hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work House Wife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Missouri

10. NAME OF FATHER

Harland F. Stockton11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Missouri

12. MAIDEN NAME OF MOTHER

Maudie Myers13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Missouri

14.

Informant
(Address)George Cammink

15.

Filed

2-25-31

19

John B. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 23-1931

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

1928, to Feb 23, 1931that I last saw h. alive on Feb 22, 1931

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Uremia(duration)yrs.mos. 3 ds.CONTRIBUTORY
(Secondary)Ch. Gran Nephritis(duration) 3 yrs. 1 mos.ds.18. Where was disease contracted
if not at place of death? YDid an operation precede death? no Date of.....Was there an autopsy? noWhat test confirmed diagnosis? Clinal(Signed) Dr. Wheeler M. D.Feb 24, 1931 (Address) Callahan Id

19. Place of Burial, Cremation, or Removal

Date of Burial

Notus Cemetery2-26 1931

20. Undertaker

Address

Paul L CaseCaldwell Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74053**

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1005
(No. _____)

Local Registrar's No. 31

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cai Fredrick Frahm(a) Residence. No. 922 Denver St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widower5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 28-18407. AGE Years Months Days If LESS than 1 day, hrs. or min.
90 2 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work carpenter - retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany10. NAME OF FATHER Not known11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany12. MAIDEN NAME OF MOTHER Not known13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany14. Informant (Address) Mrs. G. W. Ernst
922 Denver15. Filed 3-6- 1931 John D. Meyers
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 5 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from last 1930, to March 5 1931
that I last saw him alive on March 5 1931
and that death occurred, on the date stated above, at 7:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Banquine of foot(duration) yrs. mos. ds.
CONTRIBUTORS Arterial sclerosis
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) John D. Meyers M. D.
3/6 1931 (Address) Caldwell19. Place of Burial, Cremation, or Removal Reinbeck Iowa Date of Burial 1920. Undertaker C. V. Deekham Address Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74055

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005Local Registrar's No. 29

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Johnson(a) Residence. No. Wilder St.(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 28 - 31

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

10. NAME OF FATHER Ray Johnson

11. BIRTHPLACE OF FATHER (city or town) Wilder
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Wilder Haines

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Caldwell Hospital
(Address) Caldwell Idaho

15. Filed 3-6- 1931 John H. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1931, to Feb 28 1931
that I last saw him alive on Feb 28 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted _____
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Robert E. Galbut, M.D.
Mar 7 1931 (Address) Wilder Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill3-2 1931

20. Undertaker

Address

C. V. PeckhamCaldwell Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74056**

PLACE OF DEATH

County of **Canyon**
City of **Nampa**

CERTIFICATE OF DEATH

Registration District No. **7**
Primary Registration District No. **1006**
(No. **Samaritan Hospital**)

Local Registrar's No. **25**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Was not named Infant of Mr. & Mrs. Farley.**(a) Residence. No. **St.**(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **-----**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Feb. 19 1931**

7. AGE **-----** Years **00--** Months **1** Days **1** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) **Nampa, Idaho**
(State or country)

10. NAME OF FATHER

Tom Farley

11. BIRTHPLACE OF FATHER (city or town) **Iowa**
(State or Country)

12. MAIDEN NAME OF MOTHER **Russell**

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14. Informant **Mrs Tom Farley**
(Address) **Nampa, Idaho R. 2.**

15. Filed **2/21**, 19**31**
Registrar **W. C. Miller**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

2-19, 19**31**, to **2-19**, 19**31**

that I last saw her alive on **2-19**, 19**31**

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature birthCONTRIBUTORY
(Secondary)

18. Where was disease contracted
if not at place of death?

Did an operation precede death? **no** Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **W. C. Miller**, M. D.
Feb. 21 1931 (Address) **Nampa, Ida.**

19. Place of Burial, Cremation, or Removal

Kohlerlawn Cem

Date of Burial

2/21/31 19

20. Undertaker

Fred K. Robinson

Address

Nampa

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74057**

PLACE OF DEATH

County of **Canyon**
City of **Nampa**

CERTIFICATE OF DEATH

Registration District No. **7**

Primary Registration District No. **1006**
(No. **Samaritan Hospital**)

Local Registrar's No. **24**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

~~Was not named~~ **Infant of Mr. & Mrs. Farley.**

(a) Residence. No. **St.**

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Feb. 19 1931**

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Nampa Idaho**
(State or country)

10. NAME OF FATHER

Tom Farley

11. BIRTHPLACE OF FATHER (city or town) **Iowa**
(State or Country)

12. MAIDEN NAME OF MOTHER **Russell**

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14.

Informant
(Address)

Mrs Tom Farley**Nampa, Ida R.D.**

15.

Filed

2/2119**31**

Debra Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 20 1931

(Month)

(Day)

19**31**
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

2-1919**31****2-20**19**31**that I last saw **her** alive on **2-20**, 19**31**

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature birth

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? **no** Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) **W.C. Holt****2/21/31**

19

(Address) **Nampa, Ida.**

19. Place of Burial, Cremation, or Removal

Kohlerlawn Cem.

Date of Burial

2/21/31

20. Undertaker

Fred K. Robinson

Address

Nampa

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of CanyonCity of NampaRegistration District No. 7Primary Registration District No. 1006(No. 904 7 ave N)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wayman Hester Blough

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? yrs. ____ mos. ____ ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.)
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 4/29/29

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>9</u>	<u>11</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Nampa Idaho
(State or country)10. NAME OF FATHER J.E. Blough11. BIRTHPLACE OF FATHER (city or town) Nebraska
(State or Country)12. MAIDEN NAME OF MOTHER Ona Rathbun13. BIRTHPLACE OF MOTHER (city or town) Kansas
(State or Country)14. Informant J.E. Blough
(Address) Nampa, Ida.15. Filed 2/17, 1931
L. H. Conway
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 74058Local Registrar's No. 23

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Feb. 11 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
2-9, 1931, to 2-11, 1931
that I last saw him alive on 2-11, 1931and that death occurred, on the date stated above, at 5:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Tracheitis induced by
peanut in the trachea(duration) ____ yrs. ____ mos. 2 ds.CONTRIBUTORY (Secondary) ☒

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? ✓Did an operation precede death? ✓ Date of ✓Was there an autopsy? ✓What test confirmed diagnosis? ✓(Signed) J. E. Blough, M. D.2-11-31, 19____ (Address) Nampa, Ida.19. Place of Burial, Cremation, or Removal Kohlerlawn Cemetery Date of Burial 2-14-31 1920. Undertaker Fred K. Robinson Address Nampa Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 2006
(No.)

DO NOT WRITE IN THIS SPACE

74059

State File No.

Local Registrar's No. 25

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fanny May Combs(a) Residence. No. Grand Junction Colo. St. 9

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. - yrs. - mos. 14 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 15-1927

7. AGE Years Months Days 7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Arizona
(State or country)

10. NAME OF FATHER C. E. Combs11. BIRTHPLACE OF FATHER (city or town) Ill
(State or Country)12. MAIDEN NAME OF MOTHER May Peacock13. BIRTHPLACE OF MOTHER (city or town) Ill
(State or Country)14. Informant C. E. Combs
(Address) Nampa15. Filed 2/25, 1931 Deaths
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 23, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Feb 6, 1931, to Feb 23, 1931
that I last saw her alive on Feb 23, 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Whooping Cough and
Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? W.C. Wells M.D.(Signed) Feb 25, 1931 (Address) Nampa

M. D.

19. Place of Burial, Cremation, or Removal Nampa Idaho Date of Burial 2-24, 193120. Undertaker L. K. Robinson Address Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74060**

PLACE OF DEATH

County of *Carrison*City of *Wildie*Registration District No. *2*Primary Registration District No. *2007*Local Registrar's No. *2*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Louisa Frances Barker.*(a) Residence. No. *Wilder #2* St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant

(Address)

15. Filed

*8*19 *31**Wilder #2*

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 5, 19 *30*, to *Feb 24*, 19 *31*that I last saw her alive on *Feb 23rd*, 19 *31*and that death occurred, on the date stated above, at *3.9* . m.

The CAUSE OF DEATH* was as follows:

*Primary Carcinoma of the
Bladder*(duration) yrs. *6* mos. — ds.CONTRIBUTORY
(Secondary)

(duration) — yrs. — mos. — ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date of —Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

E. C. Jensen, M. D.*3/2/31*, 19 (Address) *Carroll Blake*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Russell Cem *2/27* 19 *31*

20. Undertaker

Address

C. V. Seckham *Calgary*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

CEIVED MAR 6 1931

DO NOT WRITE IN THIS SPACE

State File No. 74061

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 21

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Langdon Colkins

(a) Residence. No. 83 St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Jessie N. Colkins
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 3-26-69

7. AGE Years 63 Months 10 Days 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mo
(State or country)

10. NAME OF FATHER Geo. Colkins

11. BIRTHPLACE OF FATHER (city or town) Wis
(State or Country)

12. MAIDEN NAME OF MOTHER Langdon

13. BIRTHPLACE OF MOTHER (city or town) Mo.
(State or Country)

14. Informant Mrs Jessie Colkins
(Address) Nampa, Ida.

15. Filed 2/10, 1931. Beth Cannon Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10th, 1931, to Feb. 5th, 1931, that I last saw him alive on Feb. 5th, 1931, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

acute post-operative
edema of the brain.

(duration) about 1 hour.
0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

Meningeal hemorrhage
and resultant sept. (duration) 8 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Feb. 4th 1931.

Was there an autopsy? No.

What test confirmed diagnosis? Increased intracranial pressure following evacuation of sept.
(Signed) W. D. H. Huggins, M. D.
2-10-31, (Address) Nampa, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Nampa, Ida Date of Burial 19

20. Undertaker F. K. Robinson Address Nampa, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAR 6 1931

DO NOT WRITE IN THIS SPACE

State File No. 74062

PLACE OF DEATH

County of CanyonCity of NampaRegistration District No. 7Primary Registration District No. 1006Local Registrar's No. 20

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel James Carlisle.(a) Residence. No. 224-10ave. N. St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1850-Dec. 26.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80		1	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Iowa.
(State or country)10. NAME OF FATHER James Carlisle11. BIRTHPLACE OF FATHER (city or town) Canada.
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)14. Informant Clifford J. Carlisle
(Address) Nampa15. Filed 2/3, 1931 Snake River
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 1, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 20, 1931, to Feb 1, 1931
that I last saw him alive on Feb 1, 1931and that death occurred, on the date stated above, at 6:20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis
with Mitral deficiency(duration) 10 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical signs(Signed) H. H. Roosa, M. D.
Feb 3, 1931 (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Kohlerlawn Cem. Date of Burial 2-3-31 1920. Undertaker F.K. Robinson Address Nampa
Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74063
State File No.

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. 7006
(No. Meccy Hosp't.)

Local Registrar's No. 22

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas L. Shearer.

(a) Residence. No. Fallon Nev.

St.

(If non-resident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced
HUSBAND of Mrs T.L. Shearer.
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 2-27-1877

7. AGE Years Months Days If LESS than 1 day,
53 11 17 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Iowa.
(State or country)

10. NAME OF FATHER Dan Shearer

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Peasley.

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)

14. Informant Mrs. Ed Howe.
(Address) Nampa, Ida.

15. Filed 2/17 1931 Dr. H. K. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 14 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

2-11- 1931. to 2-14- 1931

that I last saw him alive on 2-13- 1931
and that death occurred, on the date stated above, at 10:32 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Rupture of aorta

(duration) immediate. yrs. mos. ds.
CONTRIBUTORY Carcinoma of mediastinum
(Secondary) and st. lung. (duration) 0 yrs. 1 mos. 10 ds.

18. Where was disease contracted Nale, Oregon.
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? X-ray

(Signed) Dr. D. H. Kelley. M. D.
1/17/31 19 (Address) Nampa Idaho

19. Place of Burial, Cremation, or Removal Payette Idaho Date of Burial 2-18-31. 19

20. Undertaker Fred K. Robinson Address Nampa Idaho

Dr. H. K.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74064

PLACE OF DEATH

County of CanyonCity of ParmaRegistration District No. 8Primary Registration District No. 2007Local Registrar's No. L

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruby Elda Gifford(a) Residence. No. Parma #3 St. 100 a

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address)

15. Filed

8-1, 1981

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 26, 1930, to Jan 5, 1931

that I last saw him alive on Jan 5, 1931

and that death occurred, on the date stated above, at 4-100 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed)

D. M. Mitchell

M. D.

Jan 10 1931 (Address) Parma Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Parma Cem 1-9 1931

20. Undertaker

Address

E. V. Peckham Caldwell

Ida

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74065**

PLACE OF DEATH

County of Canyon
City of near Marsing
Huston

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 2006Local Registrar's No. 26(No. near Marsing + Huston)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME William Harold Nehring St.(a) Residence. No. near Marsing + HustonLength of residence in city or town where death occurred. yrs. 7 mos. 10 ds.How long in U. S. if of foreign birth? yrs. 10 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) Dec. 25th 1914

7. AGE Years 16 Months 1 Days 26 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Missouri10. NAME OF FATHER Fred Nehring11. BIRTHPLACE OF FATHER (city or town) (State or Country) Illinois12. MAIDEN NAME OF MOTHER Clara Lang13. BIRTHPLACE OF MOTHER (city or town) (State or County) Missouri

14.

Informant (Address) W. D. Cole
Huston, Idaho

15.

Filed 2/21, 1931Registrar. Wm D. Falley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

William Harold Nehring
Feb (Month) 20 (Day) 1931 (Year)17. I HEREBY CERTIFY, That I attended deceased on Feb 2, 1931, to Feb 20, 1931that I last saw him alive on Feb 18th, 1931and that death occurred, on the date stated above, at 5:35 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Labor Pneumonia

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death? NoDid an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) W. D. FalleyFeb 21, 1931(Address) Caldwell, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial 2-22-19Kohlerlawn-Nampa

20. Undertaker

Address

Wm D. Falley Nampa, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74066**

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 2006
(No.)

Local Registrar's No. 27

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lena Carlisle.

(a) Residence. No. 5 mi. west of Nampa St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. Single. Married, Widowed, or Divorced. (write the word.) Married

16. DATE OF DEATH Feb. 19, 1931
(Month) (Day) (Year)

5a. If married, widowed, or divorced
HUSBAND of Clifford Carlisle.
(or) WIFE of

17. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1931 to Feb 19, 1931
that I last saw her alive on Feb 19, 1931
and that death occurred, on the date stated above, at 11:30 a.m.

6. DATE OF BIRTH (month, day and year) 1-3-1890.

7. AGE 41 Years 1 Months 16 Days If LESS than 1 day, hrs. or min.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Death maemic toxaemia
convulsions etc.

9. BIRTHPLACE (city or town) Topika Kansas.
(State or country)

(duration) yrs. mos. ds. 1
CONTRIBUTORY (Secondary) Nephritis
(duration) yrs. mos. ds. 2

10. NAME OF FATHER Chas. M. Curtis.

11. BIRTHPLACE OF FATHER (city or town) Ill.
(State or Country)

12. MAIDEN NAME OF MOTHER Margart Norvil.

13. BIRTHPLACE OF MOTHER (city or town) Kansas.
(State or Country)

18. Where was disease contracted ✓
if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Chemical
(Signed) Horace B. Belknap M. D.
4-30, 1931 (Address) Nampa

14. Informant Clifford Carlisle.
(Address) Nampa, Ida.

19. Place of Burial, Cremation, or Removal Kohlerlawn Cem. Date of Burial 2-23-31 19

15. Filed 2/23, 1931 Letha Conway Registrar

20. Undertaker F.Y. Robinson. Address Nampa Ida.

1. PLACE OF DEATH

County of *BENEFAN*City of *PLUMMER, RED.*

If death occurs away from usual residence, give facts called for under special information.

CERTIFICATE OF DEATH

Registration District No. *46*Primary Registration District No. *2123*

(No., St.)

State of Idaho
BOARD OF HEALTH

Bureau of Vital Statistics

File No.

Registered No. *2*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

LEWIS A. JUDY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Married

6. DATE OF BIRTH

Aug 27 1857
(Month) (Day) (Year)

7. AGE

73 Yrs. *5* Mos. *17* ds.IF LESS than 1 day
how many hrs. or
..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)*Farmer*

9. BIRTHPLACE

(State or Country)

not certain
Missouri or Ill.

10. NAME OF FATHER

Samuel Judy

11. BIRTHPLACE OF FATHER

(State or Country)

Germany

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER

(State or Country)

Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. L. A. Judy

(Address)

R. F. D. Plummer

15.

Filed

Feb 5 31
1931

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 24th 1931 to *Feb 4 1931*that I last saw *him* alive on *Feb 11 4. M.* 1931.and that death occurred on the date stated above, at *9 P.M.*

THE CAUSE OF DEATH* was as follows:

flu & double pneumonia(Duration) Yrs. mos. *11* ds.Contributory
(Secondary)(Duration) *One* Yrs. mos. ds.(Signed) *J. F. Huntington* M. D.*2/5 1931* (Address) *J. F. Huntington, Idaho*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days, State yrs. mos. daysWhere was disease contracted
if not at place of death?Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

Plummer, Ida

DATE OF BURIAL

2-7 1931

20. UNDERTAKER

H. E. Judy

ADDRESS

Plummer

of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74068

PLACE OF DEATH
County of Benewah
City of St. Marie

Registration District No. 32
Primary Registration District No. 2049

Local Registrar's No. 5

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phillip S Wright

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE Years 77 Months 8 Days 7 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Penn
(State or country)

PARENTS

10. NAME OF FATHER James Wright

11. BIRTHPLACE OF FATHER (city or town) Penn
(State or Country)

12. MAIDEN NAME OF MOTHER Alvora Snyder

13. BIRTHPLACE OF MOTHER (city or town) Penn
(State or Country)

14. Informant John Z Wright
(Address) St Marie

15. Filed _____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to Feb 25, 1931,
that I last saw him alive on Feb 25, 1931,
and that death occurred, on the date stated above, at 7:30 p m.
The CAUSE OF DEATH* was as follows:

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Heart trouble Phenobarb
(Secondary)
(duration) 2 yrs. _____ mos. _____ ds.

18. Where was disease contracted ✓
if not at place of death?
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? _____
(Signed) O S Platt M. D.
Feb 26, 1931 (Address) St Marie, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St Marie Ida Date of Burial Feb 27 1931
20. Undertaker Frank Mitchell Address St Marie

164

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-12 M. 6-15-17.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No.
Registered No.

1. PLACE OF DEATH
County of *Benedict*
City of *Plummer*
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. *2123*
(No. St.)

2. FULL NAME *Clark Isaac Bostwick*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE—MARRIED, WIDOWED OR DIVORCED *Unmarried*

6. DATE OF BIRTH. *Nov. 9 1848*
(Month) (Day) (Year)

7. AGE *82 Yrs. 7 Mos. 29 ds.* IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work *Saw mill operator*
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE *E. Clin, Wisc.*
(State or Country)

10. NAME OF FATHER *Don't know*

11. BIRTHPLACE OF FATHER *Don't know*
(State or Country)

12. MAIDEN NAME OF MOTHER *Don't know*

13. BIRTHPLACE OF MOTHER *Don't know*
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Mrs. Jerome Bostwick*
(Address) *Plummer, Ida.*

15. *Feb. 9 1931*
Filed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Feb. 8th 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Feb. 9.30 P.M. 1931* to *Feb. 8th 12.54 A.M. 1931*
that I last saw him alive on *Feb. 7th 9.30 P.M. 1931*
and that death occurred on the date stated above, at *2.54 A.M.*

The CAUSE OF DEATH* was as follows:
Pneumonia
(Duration) Yrs. mos. ds.
Contributory *Nature Causes.*
(Secondary)

(Duration) Yrs. mos. ds.
(Signed) *J. H. Hamilton* M. D.
2/9 1931 (Address) *Plummer, Idaho.*
*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place In the
of death yrs. mos. days, State yrs. mos. days
Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL *Plummer, Ida.* DATE OF BURIAL *2-10 1931*

20. UNDERTAKER *H. G. Jaeger* ADDRESS *Plummer,*

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Bonneville,*
City of *Plummer, Ida.*Registration District No. *46*
Primary Registration District No. *2123*
(No. _____, St.)File No. _____
Registered No. *1*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

John Brown

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Widowed*

6. DATE OF BIRTH

Aug (Month) *1* (Day) (Year)

7. AGE

80 Yrs. *1* Mos. *1* ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)*Labourer.*

9. BIRTHPLACE

(State or Country)

Illinois

10. NAME OF FATHER

Patriot Brown.

11. BIRTHPLACE OF FATHER

(State or Country)

Don't know

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER

(State or Country)

Don't know.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

John T. Bush
*Plummer, Idaho.*15. Filed *Feb. 2* 19*31**H. G. Jaeger*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb (Month) *2* (Day) 19*31* (Year)17. I HEREBY CERTIFY, That I attended deceased from *Dec 18th* 19*30*, to *Feb 2nd* 19*31* that I last saw him alive on *Feb 1st* 19*31*, and that death occurred on the date stated above, at *2 P. M.*

The CAUSE OF DEATH* was as follows:

*Pneumonia**20* (Duration) Yrs. *30* mos. *0* ds.Contributory
(Secondary)*General debility* (Duration) *2* yrs. *0* mos. *0* ds.

(Signed)

J. J. Hinington M. D.
2/2 1931 (Address) *Idaho.*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Plummer, Ida.

DATE OF BURIAL

Feb. 4 19*31*

20. UNDERTAKER

H. G. Jaeger

ADDRESS

Plummer
Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County

Bennett

State

Idaho

Registered No.

3

Township

De Smet

or Village

City

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Francis Nohostally Anasta 31

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

Indian

5 SINGLE, MARRIED, WIDOWED,
OR DIVORCED, (write the word)

Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofAnasta
Adile Nohostally

6 DATE OF BIRTH (month, day, and year)

Jan. 27, 1854

7 AGE

77

Years

Months

1

Days

If LESS than

1 day, --- hrs.

or --- min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Wood

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Council Bluffs
Nebraska Idaho.

10 NAME OF FATHER

Anasta

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Council Bluffs
Nebraska Idaho

12 MAIDEN NAME OF MOTHER

Louise

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Council Bluffs
Nebraska Idaho

14

Informant
(Address)Xavier Francis
Westmont Id

15

Filed

Feb. 28, 1931

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Feb 27 1931

17

I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1931, to Feb 27, 1931

that I last saw him alive on Feb 27, 1931

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) --- yrs. --- mos. --- ds.

CONTRIBUTORY

(SECONDARY)

(duration) --- yrs. --- mos. --- ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. A. Nelson, M. D.

Feb 1931 (Address) Teton, Wyo.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

De Smet Id

Mch 2 1931

20 UNDERTAKER

ADDRESS

C. L. Schubert

Teton, Wyo.

STATE OF IDAHO MAR 2 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74072

PLACE OF DEATH
County of Lewis
City of ReubensRegistration District No. 60
Primary Registration District No. 2429Local Registrar's No. 144

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Mrs Esther Leone Hill

(a) Residence. No.

St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEdigha Hill

6. DATE OF BIRTH (month, day and year)

Apr 14 1895

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.35104

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)Housewife

(c) Name of employer

9. BIRTHPLACE (city or town).
(State or country)Idaho

10. NAME OF FATHER

Frank Keller11. BIRTHPLACE OF FATHER (city or town).
(State or Country)Iowa

12. MAIDEN NAME OF MOTHER

Leona Long13. BIRTHPLACE OF MOTHER (city or town).
(State or Country)Indiana14. V Informant
(Address)Edigha Hill
Reubens Ida

15. Filed

Feb 19 31 R E Duval

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb.1831

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 111931

to

Feb. 181931

that I last saw her alive on

Feb. 181931

and that death occurred, on the date stated above, at

2:30 A. M.

The CAUSE OF DEATH* was as follows:

Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Pregnancy PlacentaPrevia(duration) yrs. 8 mos. preg. ds.18. Where was disease contracted
if not at place of death?yesDid an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

Physical Exam

(Signed)

A. B. Halliday

M. D.

Feb. 181931(Address) Merichant, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Merichant Ida2-201931

20. Undertaker

Address

Craigmont Home CoCraigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 19 1931

DO NOT WRITE IN THIS SPACE

State File No. 74074

PLACE OF DEATH

County of Lewis
City of Winchester

Registration District No. 47
Primary Registration District No. _____

Local Registrar's No. 156

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 2 yrs. 10 mos. 12 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Mar 10 - 1928

7. AGE

Years

Months

Days

If LESS than 1 day,
_____ hrs. or
_____ min.21012

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Nezperce, Idaho

10. NAME OF FATHER

Hugo Medved

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Cold Spring, Minn.

12. MAIDEN NAME OF MOTHER

Marie Hines

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Decatur, Ill.

14. Informant (Address)

Hugo Medved
Nezperce, Idaho

15. Filed

Feb 2, 1931Albert Huff

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 16, 1931, to Jan. 22, 1931
that I last saw him alive on Jan 22, 1931
and that death occurred, on the date stated above, at 3:25 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia,
Left side(duration) _____ yrs. _____ mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? Nezperce, Id.Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Physical finding(Signed) A. B. Halliday, M. D.Jan. 22, 1931 (Address) Winchester, Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Nezperce Catholic Cemetery Jan 24 1931

20. Undertaker

Address

Albert Huff Nezperce Idaho

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County

Lewis

State

Idaho

Registered No.

74075-128

Township

Nez Perce Reservation

or

Village

Kamiah

or

City

No.

at home

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lucile Harry Moffett

Ft. Lapwai Indian Agency

(a) Residence. No.

Kamiah, Ida

St.

Ward.

Lapwai, Idaho

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

9

mos.

29

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Nez Perce Indian

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

March 4, 1930

7 AGE

Years

Months

Days

If LESS than

9

29

1 day, --- hrs.

or --- min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

Infant

(c) Name of employer

9 BIRTHPLACE (city or town)

Lewiston

(State or country)

Idaho

10 NAME OF FATHER

Harry Moffett

11 BIRTHPLACE OF FATHER (city or town)

Kamiah

(State or country)

Idaho

12 MAIDEN NAME OF MOTHER

Sarah Montfort

13 BIRTHPLACE OF MOTHER (city or town)

Kamiah

(State or country)

Idaho

14

Informant

Berrett B. Sawyer, Clerk

(Address)

Lapwai, Idaho

15

Filed

Jan. 5, 1931

REGISTRAR

11-5124 GOVERNMENT PRINTING OFFICE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Jan. 2, 1931

17

I HEREBY CERTIFY That I attended deceased from

Dec. 3, 1930, to Jan. 2, 1931,

that I last saw him alive on Jan. 2, 1931,

and that death occurred, on the date stated above, at 11: a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,
measles

(duration) --- yrs. --- mos. --- ds.

CONTRIBUTORY (duration) --- yrs. --- mos. --- ds.

(SECONDARY) previous

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. H. Bryan, M. D.

1/5/1931 (Address) Kamiah, Ida

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Kamiah Cemetery Jan. 3, 1931

20 UNDERTAKER

ADDRESS

Kamiah Funeral Home Kamiah

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 19 1931
DO NOT WRITE IN THIS SPACE
State File No. 74076

PLACE OF DEATH

County of Lewis
City of Winchester

Registration District No. 60
Primary Registration District No. 2129

Local Registrar's No. 1

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Thomas Poore

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced
HUSBAND of Lou, M. Poore

6. DATE OF BIRTH (month, day and year) Oct 24 1848

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
82 3 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Asheville N. Carolina
(State or country)

10. NAME OF FATHER John Poore

11. BIRTHPLACE OF FATHER (city or town) North Carolina
(State or Country)

12. MAIDEN NAME OF MOTHER Avie Cassidy

13. BIRTHPLACE OF MOTHER (city or town) North Carolina
(State or Country)

14. Informant Mrs. W. E. Moody
(Address) Sandpoint, Idaho

15. Filed 2/2, 1931 RC Deuel
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1931, to Jan 31, 1931, that I last saw him alive on 1/31, 1931, and that death occurred, on the date stated above, at 6:55 P. m.

The CAUSE OF DEATH* was as follows:

Styptotic pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

Old age

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical finding
(Signed) A. B. Halliday, M. D.,
1/31, 1931 (Address) Winchester, Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation or Removal 1005 Cemetery
Craigmont Ida Date of Burial 2-2 1931

20. Undertaker Craigmont Home Co Address Craigmont Ida

RECEIVED FEB 23 1913
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74077

PLACE OF DEATH

County of Lewin Co.

City of Myer

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Edward Murphy

(a) Residence No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 8th 1912

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
18 4 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Orofino
(State or country) Ida

10. NAME OF FATHER J. M. Murphy

11. BIRTHPLACE OF FATHER (city or town) Penn.
(State or Country)

12. MAIDEN NAME OF MOTHER Ella Montgomery

13. BIRTHPLACE OF MOTHER (city or town) Minn.
(State or County)

14. Informant J. M. Murphy
(Address)

15. Filed 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 5th 1913
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

that I last saw h..... alive on 19.....
and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

No Doctor. Dropped dead.
Plenty of Witnesses
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. D. Drison Undertaker
..... 19..... (Address) Orofino Ida.

19. Place of Burial, Cremation, or Removal Gilbert Date of Burial Feb 8th 1913

20. Undertaker W. D. Drison Address Orofino

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

RECEIVED MAR 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74078

State File No. _____

PLACE OF DEATH

County of ClearwaterCity of Orofino

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 2157(No. NORTHERN IDAHO SANITARIUM)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 13-2. FULL NAME Joe Mead

(a) Residence. No. _____

St. _____

St. Maries, Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred. 1 yrs. 8 mos. 9 ds.How long in U. S. if of foreign birth? X yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Unascertained

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.43??

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workCommon labor(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Michigan
(State or country)

10. NAME OF FATHER

Lambert Mead11. BIRTHPLACE OF FATHER (city or town) Grandon
(State or Country) Wisconsin12. MAIDEN NAME OF MOTHER Caroline Fillner13. BIRTHPLACE OF MOTHER (city or town) Unascertained
(State or Country)14. Informant Records, Northern Idaho Sanitarium
(Address) Orofino, Idaho15. Filed 7/24, 1931Registrar. H. A. Shaw

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 21,1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
June 12, 1929, to February 21, 1931that I last saw him alive on February 21, 1931and that death occurred, on the date stated above, at 10.30P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Strangulation by hanging with suicidal
intent.CONTRIBUTORY Alcoholic psychosis
(Secondary)18. Where was disease contracted
if not at place of death?Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. A. Shaw
Feb 21, 1931. (Address) Orofino, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

N. Idaho Sanitarium Cemetery Feb. 24 1931

20. Undertaker

Address

H. H. Billberg - Hosp. Att. Orofino, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74079**

PLACE OF DEATH

County of

City of

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 8, 1931, to Feb. 16, 1931

that I last saw him alive on Feb. 16, 1931

and that death occurred, on the date stated above, at 2:15 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Automobile accident
resulting in
fracture rib with emphysema

(duration) yrs. mos. 8 ds.

CONTRIBUTORY
(Secondary)

Pneumonia

(duration) yrs. mos. 5 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. J. Hoffman, M. D.

2/17/31, 19 (Address) Orofino, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Eliason Station Feb. 19th 1931

20. Undertaker

Address

W. D. Pinson Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74080

State File No.

PLACE OF DEATH

County of ClearwaterCity of Orofino

CERTIFICATE OF DEATH

Registration District No. 90Primary Registration District No. 2187(No. NORTHERN IDAHO SANITARIUM)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 142. FULL NAME Charlotte Eudora Junkin

(a) Residence. No.

St. Orofino, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. 3 yrs. 6 mos. 0 ds.How long in U. S. if of foreign birth? X yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJ. M. Junkin6. DATE OF BIRTH (month, day and year) Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>57</u>	<u>?</u>	<u>?</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work Housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Benicia, California
(State or country)

10. NAME OF FATHER

Andrew Jackson Glover11. BIRTHPLACE OF FATHER (city or town) New York
(State or Country) New York12. MAIDEN NAME OF MOTHER Ellen Egan13. BIRTHPLACE OF MOTHER (city or town) New Orleans
(State or County)14. Informant Records, Northern Idaho Sanitarium
(Address) Orofino, Idaho15. Filed 2/25 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February261931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

August 26, 1927, to February 26, 1931that I last saw her alive on February 26, 1931and that death occurred, on the date stated above, at 7:10 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic myocarditis(duration) ? yrs. ? mos. ? ds.CONTRIBUTORY Involution melancholia
(Secondary)(duration) 4 yrs. ? mos. ? ds.18. Where was disease contracted
if not at place of death? ?Did an operation precede death? NO Date ofWas there an autopsy? NOWhat test confirmed diagnosis? Physical signs(Signed) John Brown McElwain, M. D.February 26, 1931 (Address) Orofino, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

OrofinoMarch 2 1931

20. Undertaker

Address

H. A. ShawOrofino

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74081

State File No.

PLACE OF DEATH

County of ClearwaterCity of Orofino

CERTIFICATE OF DEATH

Registration District No. 90Primary Registration District No. 2187(No. NORTHERN IDAHO SANITARIUM)Local Registrar's No. 12

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Soderstrom

(a) Residence. No.

St. Spirit Lake, Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred 17 yrs. 8 mos. 24 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? ? yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Single
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>84</u>	<u>?</u>	<u>?</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sweden
(State or country)

10. NAME OF FATHER

Unascertained11. BIRTHPLACE OF FATHER (city or town) Unascertained
(State or Country)12. MAIDEN NAME OF MOTHER Unascertained13. BIRTHPLACE OF MOTHER (city or town) Unascertained
(State or Country)14. Informant Records, Northern Idaho Sanitarium
(Address) Orofino, Idaho15. Filed 2/23, 1931Registrar. W. A. Shaw

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February
(Month)19
(Day)1931
(Year)17. I HEREBY CERTIFY, That I attended deceased from
May 1, 1926, to February 19, 1931
that I last saw him alive on February 18, 1931
and that death occurred, on the date stated above, at 6,50A m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic myocarditisCONTRIBUTORY Paranoid condition
(Secondary)(duration) ? yrs. ? mos. ? ds.(duration) 20 yrs. mos. ds.18. Where was disease contracted ?
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical signs(Signed) John Hume M. D.February 19, 1931 (Address) Orofino, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Cemetery, No. Idaho Sanitarium Feb. 21 1931

20. Undertaker

Address

F. A. Billberg, Hosp. Attdt. Orofino, Ida

RECEIVED MAR 4 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74082

State File No.

PLACE OF DEATH

County of Clearwater

City of Orefino

CERTIFICATE OF DEATH

Registration District No. 20

Primary Registration District No. 2187

Local Registrar's No. 10

(No.)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Hatty Bill Pollock

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write one word.) married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of L.H. Pollock

6. DATE OF BIRTH (month, day and year) Nov. 7th 1855

7. AGE

Years 75

Months 3

Days 2

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mo

10. NAME OF FATHER J. Y. Robinson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mo

12. MAIDEN NAME OF MOTHER unascertained

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant (Address) George Pollock

15.

Filed 2/11, 1931

1931

Registrar. V. A. D. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 9th, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1931, to Feb. 9, 1931

that I last saw her alive on Feb. 7, 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. B. Pappenhagen M. D.

Feb. 11, 1931

(Address) Orefino Idaho

19. Place of Burial, Cremation, or Removal Cemetery of Ida

Date of Burial 2/12 1931

20. Undertaker W. D. Pinner

Address Orefino

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74083

PLACE OF DEATH

County of Clearwater
City of Orfio

CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 15

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Mathias T. Johnson

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs. 6 mos.

ds.

How long in U. S. if of foreign birth? yrs. Miss mos. 2 ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 21 - 1866

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

64

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Norway

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Norway

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Norway

14.

Informant
(Address)

Olga - T. Faulkner
Orfio Idaho

15.

Filed

9/25

1931

H. A. Shaver
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb
(Month)

28
(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

9/25

1931

to 9/28

1931

that I last saw him alive on 9/28

and that death occurred, on the date stated above, at 2:40 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic Cardio-valvular
disease

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

R. J. Hopkins

M. D.

9/28

19

(Address)

Orfio

19. Place of Burial, Cremation, or Removal

Date of Burial

Miss

March

1931

20. Undertaker

Address

H. A. Shaver

Orfio

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 2 1931
DO NOT WRITE IN THIS SPACE
State File No. **74085**

PLACE OF DEATH

County of Bute
City of Pico

CERTIFICATE OF DEATH

Registration District No. 59Primary Registration District No. 2129Local Registrar's No. 37

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melissa Joseph Beck(a) Residence. No. Home, Idaho St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Larson Carol Beck

6. DATE OF BIRTH (month, day and year) Sept. 16-68

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 3 16 _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Dravo, Utah
(State or country)10. NAME OF FATHER Frank Beck11. BIRTHPLACE OF FATHER (city or town) U. S. in Capt.
(State or Country)12. MAIDEN NAME OF MOTHER Margaret Ann Smith13. BIRTHPLACE OF MOTHER (city or town) U. S.
(State or Country)14. Informant Mrs. Chad Kyle
(Address)15. Filed Jan. 7, 1932 T. C. Ball-
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1930, to Jan 2, 1931,
that I last saw him alive on Jan 2, 1931,
and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of liver and bile passages

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Hypertension
(Secondary) (duration) 10 yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? yes Date of Mar. 3-30

Was there an autopsy? no Laboratory

What test confirmed diagnosis? Exploratory

(Signed) D. C. E. West M. D.
Jan 5, 1931 (Address) Pres. Ida

19. Place of Burial, Cremation, or Removal Pres. Ida Date of Burial Jan 4, 1930

20. Undertaker Godys Garner Address Pres. Ida

N. B.—Every item of information should be stated EXACTLY, PHYSICIANS may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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PLACE OF DEATH

County of San Diego

City of Waco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 59

Primary Registration District No. 2129

(No. _____
(In a hospital or institution, give its name instead of street and number.)

2. FULL NAME Therese Ann King

(a) Residence. No. St

(Usual place of abode)				(If nonresident give city or town and State)			
Length of residence in city or town where death occurred.	yrs.	mos.	ds.	How long in U. S., if of foreign birth?	yrs.	mos.	ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. Single, Married, Widowed, or Divorced (write the word) M
-------------	-----------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)

10. NAME OF FATHER Edgar Ross Ruff

11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) 1. 2. 3. 4.

12/ MOTHER NAME OF MOTHER *Matilda Caroline Barney*

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) *haverhill Mass*

14. Informant X Adam Rios Bunt
(Address) Monterey, Calif.

15. Filed Feb. 6, 1931

J. V. Salt
Registrar

RECEIVED MAR 13 1931

DO NOT WRITE IN THIS SPACE

State File No. **74086**

Local Registrar's No. 38

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan. 28, 1931, to Feb 3, 1931
that I last saw her alive on Feb 3, 1931
and that death occurred, on the date stated above, at 4:20 PM
The CAUSE OF DEATH* was as follows:

Premature
6 1/2 months

CONTRIBUTORY
(Secondary)

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? no

What test confirmed diagnosis? urinalysis

(Signed) W. C. H. [Signature] M. D.

1931 (Address) Waco Ind.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Mount Lebanon	Feb 4 193

20. Undertaker	Address
None	

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74088

State File No.

PLACE OF DEATH

County of Ben Registration District No. 4City of Emmett Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Marion Earp

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced. (write the word.) <u>widower</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept 19 - 1851

7. AGE <u>79</u>	Years	Months <u>4</u>	Days <u>3</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Restaurant Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ohio
(State or country)10. NAME OF FATHER William Earp11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER Not known13. BIRTHPLACE OF MOTHER (city or town) "
(State or Country)14. Informant H. B. Earp
(Address) Emmett Idaho15. Filed 2/23 1931 J. H. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 20 1931, to Feb 20 1931
that I last saw him alive on Feb 20 1931and that death occurred, on the date stated above, at 10 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:apoplexia14(duration) yrs. mos. 2 ds.CONTRIBUTORY Arterio Sclerosis
(Secondary)(duration) Several mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) 2/23 1931 (Address), M. D.19. Place of Burial, Cremation, or Removal Colton, Calif
Date of Burial 1920. Undertaker W. T. Ducknum
Address Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

RECEIVED MAR 10 1931
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

74089

1 PLACE OF DEATH

County Boundary State Idaho Registered No. 74089
Township en Coeur d'Alene Reser. or Village Mission or
City Bonnors Ferry, Ida. No. Not in hospital St. Ward
(If death occurred in a hospital or institution, give the NAME instead of street and number)

2 FULL NAME Sam Pierre Chiqui

(a) Residence. No. Bonnors Ferry, Ida. St. Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Full blood Indian 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jun. 20, 1931

7 AGE Years Months Days If LESS than 1 day, --- hrs. or --- min.
1 1

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Mission
(State or country) Near Bonnors Ferry

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)
12 MAIDEN NAME OF MOTHER Susan Chiqui
13 BIRTHPLACE OF MOTHER (city or town) Mission
(State or country) Near Bonnors Ferry

14 Informant Phena Anderson
(Address) Bonnors Ferry, Idaho

15 Filed 19 REGISTRAR
11-3184 Baron A. Sharp

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____,

that I last saw h_____ alive on _____, 19____,

and that death occurred, on the date stated above, at _____m.

The CAUSE OF DEATH* was as follows:

Pneumonia

_____, (duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY) _____

_____, (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) _____, M. D.

_____, 19 (Address)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Mission Feb. 21 1931
20 UNDERTAKER ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAR 5 1931
DO NOT WRITE IN THIS SPACE
74090
State File No.

PLACE OF DEATH

County of Bear Lake
City of Pais

Registration District No. 53

Primary Registration District No.

Local Registrar's No. 159

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Wolcott Cook

(a) Residence No. St.

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Elyza S. Bryson (or) WIFE of

6. DATE OF BIRTH (month, day and year) April 21, 1855

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 75 10 4

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah

10. NAME OF FATHER Phineas Wolcott Cook

11. BIRTHPLACE OF FATHER (city or town) Wallingford (State or Country) Conn.

12. MAIDEN NAME OF MOTHER Catherine M. Gleve

13. BIRTHPLACE OF MOTHER (city or town) Wexford (State or Country) Ireland

14. Informant (Address)

15. Filed Feb. 26 1931 Mrs. J. B. Skinner Registrar Pais, Wyo. B. Hall

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 16 1931 to February 25 1931 that I last saw him alive on February 25 1931 and that death occurred, on the date stated above at 7:00 a. m. The CAUSE OF DEATH* was as follows: Bilateral Lobar Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 12 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician's report (signed) J. B. Skinner M. D. Feb. 26 1931 (Address) Pais Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Pais Idaho Date of Burial March 1 1931

20. Undertaker Dan B. Price Address Pais, Ida.

Form V. S. No. 5. 10M. 6-20-11.

RECEIVED
76
CERTIFICATE OF DEATH
MAR 13 1931State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics1. PLACE OF DEATH.
County of Lincoln
City of _____Registration District No. _____
Primary Registration District No. 1016
(No. _____, St.)File No. 74091
Registered No. 9

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Thos. Haggis Howell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Married
(Write the word.)

6. DATE OF BIRTH

August 31 1859
(Month) (Day) (Year)

7. AGE

71 yrs. 5 mos. 10 ds.IF LESS than 1 day
how many hrs. or
..... min.?

8. OCCUPATION

(a) Trade, profession, or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer).....

9. BIRTHPLACE

(State or Country)

Illinois

10. NAME OF FATHER

John Welch

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

W. A. Stewart

(Address)

Eschadhome Ida

15.

Filed

McK 101931J. H. Miller

Local Registrar

MEDICAL CERTIFICATE OF DEATH

90

16. DATE OF DEATH

March
(Month)9
(Day)31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3/9 1931, to 3/9 1931that I last saw her alive on 3/9 1931and that death occurred on the date stated above, at 11:29 A.M.

The CAUSE OF DEATH* was as follows:

Acute Necrosis of Heart(Duration) yrs. mos. 930 ds.

Contributory (Secondary)

Acute Nephritis, Exacerbated(Duration) yrs. mos. 2 hrs. ds.

(Signed)

[Signature]

M. D.

19..... (Address) Eschadhome Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL,

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place

In the

of death yrs. mos. ds. State yrs. mos. ds.

Where was Disease contracted,

If not at place of death?.....

Former or

usual residence.....

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Jerome IdahoMar. 12 1931

20. UNDERTAKER

ADDRESS

S. A. NerissonJerome Ida.Sy. Egan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74092**

PLACE OF DEATH

County of Madison
City of Rebburg

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178

Local Registrar's No. 5

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dora E. Bee(a) Residence. No. Rebburg St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single. Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 7

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Rebburg
(State or country) Idaho

10. NAME OF FATHER

Stearns P. Bee

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Bloomington Idaho

12. MAIDEN NAME OF MOTHER Helena Flamm

13. BIRTHPLACE OF MOTHER (city or town) Rebburg
(State or Country)

14. Informant S. P. Bee
(Address) Rebburg

15. Filed Feb 25 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb - 7 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 7 1931 to Feb 1 1931
that I last saw him alive on Feb 7 1931

and that death occurred, on the date stated above, Feb m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Calculus from ovaries

(duration) yrs. mos. ds. 1
CONTRIBUTORY (Secondary) Immature birth
not viable

(duration) yrs. mos. ds.

18. Where was disease contracted Place of death
if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Symptoms & history

(Signed) Dr. J. E. Bee M. D.
Feb 7 1931 (Address) Rebburg Idaho

19. Place of Burial, Cremation, or Removal Georgetown Ida. Date of Burial 2/8 1931

20. Undertaker Russel Flamm Address Rebburg

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAR - 1931

DO NOT WRITE IN THIS SPACE

State File No. **74093**

PLACE OF DEATH

County of Madison
City of Replung

Registration District No. 100

Primary Registration District No. 2178

(No. _____)

Local Registrar's No. 7

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Red D. Miner

(a) Residence No. Replung St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Replung
(State or country)

10. NAME OF FATHER

Geo. D. Miner Jr.

11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)

12. MAIDEN NAME OF MOTHER

Eris Dean Stratton

13. BIRTHPLACE OF MOTHER (city or town) Replung Idaho
(State or Country)

14. Informant Geo. D. Miner Jr.
(Address) Replung Idaho

15. Filed Feb. 26, 1931

Registrar Russel Flamm

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 21, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 21, 1931, to Feb. 21, 1931

that I last saw him alive on Feb. 21, 1931

and that death occurred, on the date stated above, at 1130 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Atelectasis of lungs.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. B. Rigby, M. D.

Feb., 1931 (Address) Replung

19. Place of Burial, Cremation, or Removal

Date of Burial

Replung

2/22 1931

20. Undertaker

Address

Russel Flamm

Replung

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

EXACTLY.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of MadisonCity of ThompsonRegistration District No. 100Primary Registration District No. 2128

(No. _____)

Local Registrar's No. 6

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Edith Taylor

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 6 mos. _____ ds. How long in U. S. if of foreign birth? yrs _____ mos. _____ ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F. M.</u>	4. COLOR OR RACE <u>White</u>	5. Single. Married. Widowed. or Divorced (write the word.) <u>Child</u>
------------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofChild6. DATE OF BIRTH (month, day and year) May 3, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>5</u>	<u>9</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workChild(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Clifton Idaho
(State or country)

10. NAME OF FATHER

Lewis Taylor11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Clifton Idaho

12. MAIDEN NAME OF MOTHER

Cornelia Bean13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Richfield Utah14. Informant (Address) Mrs. Lewis Taylor
Thompson Idaho15. Filed Feb 26, 1931 J. C. Young
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 12 1931 to Feb 12 1931that I last saw her alive on Feb 12 1931and that death occurred, on the date stated above, at 7:25 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Lobar Pneumonia left lower lobeCONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) H. B. Ryaby M. D.
Feb 6 1931 (Address) Thompson Idaho

19. Place of Burial, Cremation, or Removal

Grant Idaho 2/16 1931

20. Undertaker

A. B. Eckersell Figgy

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

EXACTLY.

Should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74095
State File No.

PLACE OF DEATH

County of Gooding
City of Wendell

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kate J. Lavin

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 24 / 1872

7. AGE Years 58 Months 11 Days 24 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Saleswoman

(b) General nature of industry, business, or establishment in which employed (or employer) Genl Merchandise

(c) Name of employer J.C. Penny Co

9. BIRTHPLACE (city or town) Salt Lake Utah
(State or country)

10. NAME OF FATHER Wm. T. Lavin

11. BIRTHPLACE OF FATHER (city or town) N.Y.
(State or Country)

12. MAIDEN NAME OF MOTHER Matherine Senior

13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)

14. Informant Mrs. H. Tolman
(Address)

15. Filed 2/10, 1931 C.P. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 6th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1930, to Feb. 6th, 1931
that I last saw her alive on Feb. 5th, 1931,
and that death occurred, on the date stated above, at 6:20 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage
Chronic Myocarditis

..... (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History
(Signed) C.P. Zeller M. D.
2/10, 1931 (Address) Jerome, Id.

19. Place of Burial, Cremation, or Removal Jerome Date of Burial 2/9, 1931

20. Undertaker N. L. Harrison Address Jerome

RECEIVED

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Gooding*
City of *Gooding*

Registration District No. *24*

Primary Registration District No. _____

(No. _____ St.)

File No. *74096*

Registered No. *151*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Oldaku

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WID-OWED OR DIVORCED

Male white Single

6. DATE OF BIRTH *Feb 17 - 1931*
(Month) (Day) (Year)

7. AGE IF LESS than 1 day
how many *7* hrs.
or *7* min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work *None*
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) *Gooding Ida*

10. NAME OF FATHER

Clifford Oldaku

11. BIRTHPLACE OF FATHER

(State or Country) *Mont.*

12. MAIDEN NAME OF MOTHER

Flora Nellis

13. BIRTHPLACE OF MOTHER

(State or Country) *Okla*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *C. Oldaku*

(Address) *Gooding*

15. Filed *2/28 - 1931*
Local Registrar *McMurray*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 17 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

birth 19 *2-17 - 1931*
that I last saw him alive on *2-17 - 1931*
and that death occurred on the date stated above, at *9 A.M.*

The CAUSE OF DEATH* was as follows:

*Premature birth
respiration period 6 months
Cause placenta previa*
(Duration) Yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) *J. H. Commonwealth* M. D.

19 (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Gooding Ida 2/18 19

20. UNDERTAKER

H. E. Thompson *Gooding*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74097

PLACE OF DEATH

County of GoodingCity of Gooding

Registration District No.

Primary Registration District No.

Local Registrar's No. 153(No. Gooding Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marguerite Boesiger

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb 4 19267. AGE Years Months Days If LESS than 1 day, hrs. or min.
5 0 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Shoshone Ida
(State or country)10. NAME OF FATHER Adolph Boesiger11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Switzerland12. MAIDEN NAME OF MOTHER Hermine Holl13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Switzerland14. Informant Adolph Boesiger
(Address) Shoshone Ida15. Filed 2/28 1931 E. E. Emery
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 16 1931, to Feb 16 1931that I last saw her alive on Feb 10 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute suppurative
abscess of the
genital tract
(duration) yrs. mos. 3 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of Feb 16 - 31Was there an autopsy? noWhat test confirmed diagnosis? Operation(Signed) F. E. O'Barrett, M. D.2/17 1931 (Address) Shoshone Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2), whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Shoshone Ida Feb 18 193120. Undertaken Address
W. E. Hickok Shoshone Idaho

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 74098

Registered No. 152

1. PLACE OF DEATH

County of Gooding
City of Gooding

Registration District No.

Primary Registration District No. 24

(No. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

John Melvin Faddis

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

MalewhiteMarried

6. DATE OF BIRTH

Aug 8 1888
(Month) (Day) (Year)

7. AGE

42 Yrs. 6 Mos. 16 ds.IF LESS than 1 day
how many..... hrs.
or..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).Meat Cutter

9. BIRTHPLACE

(State or Country)

Woodlawn Va.

10. NAME OF FATHER

J. B. Faddis

11. BIRTHPLACE OF FATHER

(State or Country)

Va.

12. MAIDEN NAME OF MOTHER

Diana Creasy

13. BIRTHPLACE OF MOTHER

(State or Country)

N. Car.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Eudora Faddis

(Address)

Gooding Ida

15.

Filed 2/28-1931J. H. Cornwell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 24th - 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 1926 to 2-24-1931that I last saw him alive on 2-23-1931and that death occurred on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of kidney(Duration) 5 Yrs. mos. ds.

Contributory (Secondary)

Thermia(Duration) yrs. 3 mos. ds.

(Signed)

J. H. Cornwell

M. D.

2/28 1931(Address) Gooding Ida

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death..... yrs. mos. days. In the State..... yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Gooding Ida2-26 1931

20. UNDERTAKER

ADDRESS

A. G. ThompsonGooding Ida

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Gooding

City of _____

Registration District No. _____

Primary Registration District No. 24

(No. _____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Shirley Louise SteeleFile No. 74099Registered No. 138

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

(Write the word.)

6. DATE OF BIRTH

October 2 1931
(Month) (Day) (Year)

7. AGE

1 Yrs. 3 Mos. 28 ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Gooding, Idaho

10. NAME OF FATHER

W. A. Steele

11. BIRTHPLACE OF FATHER

(State or Country) Id.

12. MAIDEN NAME OF MOTHER

Wilma A. Carpenter

13. BIRTHPLACE OF MOTHER

(State or Country) Kan.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. W. A. Steele(Address) Gooding, Idaho

15.

Filed 2-15/3 19 31Local Registrar J. H. Connell

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 30 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 17 1931, to Jan 30 1931, that I last saw her alive on Jan 30 1931, and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia(Duration) _____ Yrs. _____ mos. 13 ds.Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A. E. Mannel D. O. M. D.Feb 7 1931 (Address) Gooding, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74103

State File No.

PLACE OF DEATH

County of GoodmanCity of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No.)

Local Registrar's No. 30

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edison McDonald(a) Residence. No. Fort Grand

St.

(Usual place of abode.)

Length of residence in city or town where death occurred 18 yrs.

mo.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 6th 1912

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.1882

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

Student High School(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Idaho

10. NAME OF FATHER

John E McDonald

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Mildred Treckett

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Idaho

14.

Informant
(Address)John E McDonald
Coeur d'Alene Idaho

15.

Filed

2-281931H. J. Sturges

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb8th1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct1930to Feb 51930that I last saw him alive on Feb 5, 1930and that death occurred, on the date stated above, at 8:30 A m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pulmonary tuberculosis(duration) 2 yrs.

CONTRIBUTORY

(Secondary)

(duration) yrs.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical & bacteriological

(Signed)

Feb 101931

(Address)

Coeur d'Alene Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cemetery2/11 1931

20. Undertaker

Address

Mooney MortuaryP.O. Box 94

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 74104Local Registrar's No. 32

31

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ingvald Hansen(a) Residence. No. 602-2nd St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1885-12-18

7. AGE Years 45 Months 2 Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lavanger, Norway
(State or country)

10. NAME OF FATHER Johan K. Hansen

11. BIRTHPLACE OF FATHER (city or town) Lavanger, Norway
(State or Country)

12. MAIDEN NAME OF MOTHER Martina S. Johnson

13. BIRTHPLACE OF MOTHER (city or town) Lavanger, Norway
(State or Country)

14. Informant Gonsad Kallwik
(Address) Coeur d'Alene, Idaho

15. Filed 2-28, 1931 W. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 27, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 24, 1931, to Feb 25, 1931that I last saw him alive on Feb 25, 1931and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Exam.(Signed) Harold J. Sturges, M. D.Feb 28, 1931 (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Forest Cem. D A Alene Date of Burial 3-1, 1931

20. Undertaker Cassidy Funeral Home Address Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74105

State File No.

PLACE OF DEATH

County of BooneCity of Spout LakeRegistration District No. 45

Primary Registration District No.

Local Registrar's No. 2

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ethel Francis Keiserleber(a) Residence. No. St. Milwaukee Wis.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emil Keiserleber6. DATE OF BIRTH (month, day and year) July 2 - 19077. AGE Years 23 Months 7 Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) La Grande Oregon10. NAME OF FATHER James H. Sutridge11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri12. MAIDEN NAME OF MOTHER Myrtle Hollman13. BIRTHPLACE OF MOTHER (city or town) (State or Country) New York14. Informant Emil Keiserleber (Address) Milwaukee Wis.15. Filed Feb 19, 1931 W. Spooner Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 14 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1931, to Feb. 14, 1931
that I last saw her alive on Feb. 12, 1931
and that death occurred, on the date stated above, at 3:00 P. m.The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(duration) about 2 yrs. mos. ds.CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.18. Where was disease contracted if not at place of death? Milwaukee, Wis.
Did an operation precede death? No Date ofWas there an autopsy? No
What test confirmed diagnosis?
(Signed) John W. Schorrig, M. D.
Feb. 16, 1931 (Address) Spout Lake, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Greenwood Cemetery Date of Burial 2-19 1931
Spout Lake, Ida.20. Undertaker Cossey Funeral Home. Address Pathdrum
Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74106

PLACE OF DEATH

County of Booleman
City of PocahontasRegistration District No. 30Primary Registration District No. 1050

(No. _____)

Local Registrar's No. 352. FULL NAME Laura B. Krant (If death occurred in a hospital or institution, give its name instead of street and number.)(a) Residence No. 611 P.O. Ave St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJ. P. Krant6. DATE OF BIRTH (month, day and year) April 28, 18607. AGE Years 70 Months 9 Days 17 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ohio
(State or country)

10. NAME OF FATHER

Adam Surface11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Mo

12. MAIDEN NAME OF MOTHER

Amanda Williams13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Mo14. Informant J. P. Krant
(Address) Pocahontas, Ia.15. Filed 2-28, 1931 H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 15, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 8, 1931, to Feb 15, 1931
that I last saw him alive on Feb 10, 1931and that death occurred, on the date stated above, at 10 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Hemiplegia.(duration) yrs. mos. ds. 7
CONTRIBUTORY Arterio sclerosis
(Secondary) (duration) yrs. mos. ds. I don't know18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Usual(Signed) J. P. Krant, M. D.
Feb. 16, 1931 (Address) Pocahontas, Ia.19. Place of Burial, Cremation, or Removal Pateros, Mo. Date of Burial 2/16, 193120. Undertaker R. B. Mooney Address Pocahontas, Ia.WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74107

State File No.

PLACE OF DEATH

County of Rootenai
City of Coeur d'Alene

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 32(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Magnus Ingerlund(a) Residence. No. 15th + Harrison St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed or divorced
HUSBAND of Margaret Ingerlund
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1893 - 2 - 20

7. AGE Years 75 Months 11 Days 20
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sweden
(State or country)10. NAME OF FATHER Nels Hanson11. BIRTHPLACE OF FATHER (city or town) Sweden
(State or Country)12. MAIDEN NAME OF MOTHER Helen13. BIRTHPLACE OF MOTHER (city or town) Sweden
(State or Country)Informant Margaret Ingerlund
(Address)15. Filed 2-28, 1931 N. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
February 9, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
May 4, 1930, to Feb. 9, 1931
that I last saw him alive on February 8, 1931
and that death occurred, on the date stated above, at 4:00 A. m.
The CAUSE OF DEATH* was as follows:

Cardiac Decomensation

(duration) yrs. mos. 30 ds.
CONTRIBUTORY Myocardial Degeneration
(Secondary)
(duration) one yrs. mos. ds.

18. Where was disease contracted
if not at place of death? /
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Tox
(Signed) Harold T. Anderson, M. D.
Feb. 11, 1931 (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Forest Cem. Coe d'Alene Date of Burial 2-11 1931

20. Undertaker Cassidy Funeral Home Address Co d'Alene.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74108**

PLACE OF DEATH
County of *Pootenai*
City of *Layden Lake*

Registration District No. *30*
Primary Registration District No. *1050*

Local Registrar's No. *31*

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Jane Wright*(a) Residence No. *30* St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *1918-2-22*

7. AGE Years Months Days
12 11 16
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Coeur d'Alene*
(State or country) *Ida.*10. NAME OF FATHER *Gordon Wright*11. BIRTHPLACE OF FATHER (city or town) *Idaho*
(State or Country)12. MAIDEN NAME OF MOTHER *Anna Gotham*13. BIRTHPLACE OF MOTHER (city or town) *Idaho*
(State or Country)14. Informant *Mrs. W. J. DeMuehl*
(Address)15. Filed *2-29*, 19*31*. *W. J. Sturgeon*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Feb. 8* 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Jan 1*, 19*31*, to *Feb. 8*, 19*31*
that I last saw her alive on *Feb 1*, 19*31*

and that death occurred, on the date stated above, at *12 a.m.*

The CAUSE OF DEATH* was as follows:

Ch. Myocarditis
Ch. Nephritis

(duration) *3* yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date of *No*Was there an autopsy? *No*What test confirmed diagnosis? *Exam.*

(Signed) *Harold J. Sturgeon* M. D.
2-9, 19*31* (Address) *Idaho*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Spokane Wash.* Date of Burial *2-10* 19*31*

20. Undertaker *Carsey Funeral Home* Address *Idaho*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74109

State File No.

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 37

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State)

(If of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. Single, Married, Widowed, or Divorced (write the word)

Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofBetty Talley and
Mary Jane Talley

6. DATE OF BIRTH (month, day and year)

1862-8-4

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

68

4

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Ind.

10. NAME OF FATHER

Dont-Know

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Dont-Know

12. MAIDEN NAME OF MOTHER

"

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

"

14. Informant

(Address)

G. W. Talley
Long View Wash. Gen Del

15. Filed

2-28, 1931

H. J. Sturges

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

1
(Month)15
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

that I last saw h alive on , 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Ch. Myocarditis
(Found several days after death)

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? History from relatives

(Signed)

Harold J. Sturges, M. D.

2-16, 1931 (Address) Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Eugene, Ore

2-18 1931

20. Undertaker

Address

Cassidy Funeral Home

C. Salene & Co

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

741110

Registered No. 38

1. PLACE OF DEATH

County Franklin Co State IDAHO
 Township _____ or Village _____
 City Green & Alene No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Delia E. Chapman
 (a) Residence: No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>James Chapman</u>		
6. DATE OF BIRTH (month, day, and year)		
7. AGE <u>75</u>	Years Months Days	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u>Don't know</u>		
FATHER	13. NAME	
	14. BIRTHPLACE (city or town) (State or country)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (city or town) (State or country)	
17. INFORMANT (Address)		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Landpoint</u> Date <u>Feb. 13, 1931</u>		
19. UNDERTAKER (Address) <u>Landpoint Idaho</u>		
20. FILED <u>2-28</u> 19 <u>31</u> <u>H. J. Sturges</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) <u>Feb. 12, 1931</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>May</u> , 19 <u>30</u> to <u>Feb. 12</u> , 19 <u>31</u> I last saw <u>her</u> alive on <u>Feb. 12</u> , 19 <u>31</u> death is said to have occurred on the date stated above, at <u>11:50 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic myocardial degeneration</u> Date of onset <u>May, 1930.</u>
Other contributory causes of importance: <u>Latent goiter</u> <u>I don't know.</u>
Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Manual</u> Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of Injury _____ Nature of Injury _____
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>John M. M. D.</u> (Address) <u>Green & Alene, Idaho.</u>

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 19 1931

DO NOT WRITE IN THIS SPACE

State File No. **74111**

PLACE OF DEATH

County of Hootenai
City of Spirit Lake

Registration District No. 45

Primary Registration District No. _____

Local Registrar's No. 1

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alf. Ednor. Berglund

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Jan. 16-1911

7. AGE Years Months Days If LESS than 1 day.
20 0 1 _____ hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country) Akelay Minn

10. NAME OF FATHER Victor Berglund

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Minnesota

12. MAIDEN NAME OF MOTHER Alma Berglund

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Minnesota

14. Informant Victor Berglund
(Address) Spirit Lake Ida.

15. Filed Jan 17, 1931 A. C. Spooner
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
January, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan. 12, 1931, to Jan. 18, 1931
that I last saw him alive on Jan. 18, 1931

and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from lungs

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Pulmonary Tuberculosis
(Secondary) (duration) 1 yrs. or more mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) John W. Schore, M. D.
Jan 19, 1931 (Address) Spirit Lake, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Greenwood Cemetery Date of Burial 1-20 1931

20. Undertaker Crosby Funeral Home Address Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74112**

PLACE OF DEATH

County of FortenaiCity of Spirit LakeRegistration District No. 40

Primary Registration District No. _____

Local Registrar's No. 3

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Erick J. Erickson

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofSara Erickson6. DATE OF BIRTH (month, day and year) October - 29 - 18627. AGE Years 68 Months 3 Days 22 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Labour

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) _____ (State or country) Sutton10. NAME OF FATHER - Do not know11. BIRTHPLACE OF FATHER (city or town) _____ (State or Country) Sutton12. MAIDEN NAME OF MOTHER - Do not know13. BIRTHPLACE OF MOTHER (city or town) _____ (State or Country) Sutton14. Informant Alfred H. Erickson
(Address) Spirit Lake, Idaho15. Filed Feb 22, 1931. Responser
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 21 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1931, to Feb. 21, 1931
that I last saw him alive on Feb., 1931and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Sub-Phrenic AbscessCONTRIBUTORY (Secondary) Perforation of Gall-Bladder
(duration) _____ yrs. _____ mos. _____ ds. 24 ds.

18. Where was disease contracted _____ if not at place of death?

Did an operation precede death? Yes Date of _____Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) John W. Schori, M. D.
Feb. 21 1931 (Address) Spirit Lake, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Greenwood Cemetery - Spirit Lake Date of Burial 2-24 193120. Undertaker Carstedt Funeral Home Address Rathbun

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74113**

PLACE OF DEATH

County of Boolemai
City of Coeur d'Alene

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 36

(No. Coeur d'Alene Home for the Aged
(If death occurred in a hospital or institution, give its name instead of street and number.) Summit Ave.
No. number

2. FULL NAME Bert Penser(a) Residence. No. 44 St. 44

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.4. COLOR OR RACE W.5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofC has. Penser6. DATE OF BIRTH (month, day and year) 1855-9-22

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

75423

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Norway

10. NAME OF FATHER

Dont Know.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Norway

12. MAIDEN NAME OF MOTHER

Dont Know.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Norway

14.

Informant

(Address)

C. F. JohnsonCoeur d'Alene Homes

15.

Filed

2-28, 1931H. J. Sturges

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February

(Month)

15

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 15, 1930, to Dec. 5, 1930that I last saw her alive on Dec. 5, 1930

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? None(Signed) Harold T. Anderson, M. D.Feb. 18, 1931 (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cem. Coe d'Alene2-18 1931

20. Undertaker

Address

Cassidy Funeral HomeCoe d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74114

PLACE OF DEATH

County of Booht

City of C. d. A.

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 34

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. 419 Park drive. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 12 yrs. mo. ds. How long in U. S. if of foreign birth 50 yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Allice Collins

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
75 10 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

London England

10. NAME OF FATHER

Samuel Collins Sr.

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

England

12. MAIDEN NAME OF MOTHER

Muri Le Zor

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

England

14.

Informant (Address)

Mrs. Allice Collins
C. d. A.

15.

Filed 2-28 1931

H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 7, 1930 to Feb 25, 1931
that I last saw him alive on Feb 25, 1931

and that death occurred, on the date stated above, at 4:00 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma of left ear and face

(duration) yrs. mos. ds.
CONTRIBUTORY Frozen ear
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) E. P. Spahr M. D.
Feb 27, 1931 (Address) C. d. A.

19. Place of Burial, Cremation, or Removal Date of Burial
Forest Cemetery 2/28 1931

20. Undertaker Address
Mooney Mortuary C. d. A.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAR 5 1931

DO NOT WRITE IN THIS SPACE

State File No. **74115**

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 3970

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bessie G. Hoppe(a) Residence. No. 612 - Lincoln Way St. —

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Arthur H. Hoppe
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1893 - 9 - 8

7. AGE Years 35 Months 5 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kan.
(State or country)10. NAME OF FATHER Seaman11. BIRTHPLACE OF FATHER (city or town) Don't Know
(State or Country)12. MAIDEN NAME OF MOTHER Don't Know - Simmons13. BIRTHPLACE OF MOTHER (city or town) Don't Know
(State or Country)14. Informant Arthur H. Hoppe
(Address) 612 Lincoln Way C.D.A.15. Filed 3-3, 1931 N. J. Surger
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to March 1, 1931,
that I last saw her alive on March 1, 1931,
and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Encephalitis - Non specific
(Cerebral edema)

CONTRIBUTORS (duration) yrs. mos. ds. 2
(Secondary) Appendectomy, Ligament
(duration) yrs. mos. ds. 6

18. Where was disease contracted at place of death
if not at place of death?Did an operation precede death? yes Date of Feb 23.Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. H. Spoford M. D.
Mar 2, 1931 (Address) Coeur d'Alene
Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Rogue River, Ore Date of Burial 3-5 193120. Undertaker Cassidy Funeral Home Address Coeur d'Alene
Ida.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 4 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74116

PLACE OF DEATH
County of Washington
City of WenatcheeRegistration District No. 86Primary Registration District No. 1010

(No.)

Local Registrar's No. 8

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Russel Everett Hultgren

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wht 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND or
(or) WIFE ofIsiah Hultgren6. DATE OF BIRTH (month, day and year) Jan 24-18847. AGE Years Months Days If LESS than 1 day, hrs. or min.
47 0 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wesomville Idaho
(State or country)

10. NAME OF FATHER

Edward Orcutt11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Iowa

12. MAIDEN NAME OF MOTHER

Margaret Van Cleave13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Iowa

14.

Informant
(Address)Isiah Hultgren
Wenatchee

15.

Filed Feb. 27, 19 31W. R. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 7, 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Suicide by drinking
carbolic acid.

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) L. C. Northam
2-10-, 19 31 (Address) Wenatchee, Idaho

19. Place of Burial, Cremation, or Removal

Hillcrest Cemetery

Date of Burial

2-10-1931

20. Undertaker

L. C. Northam

Address

Wenatchee, Idaho

CERTIFICATE OF DEATH
 RECEIVED
 5 1931

State of Idaho
 BOARD OF HEALTH
 Bureau of Vital Statistics

1. PLACE OF DEATH

County of

Washington

Registration District No.

Primary Registration District No.

(No.)

St.)

File No.

74117

Registered No.

If death occurs away from
 usual residence, give facts
 called for under special
 information.

2. FULL NAME

James Joseph Johnson

If death occurred in a hos-
 pital, institution or camp,
 give its NAME instead of
 street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED.Single
(Write the word.)

6. DATE OF BIRTH.

Dec

22

1931

(Month)

(Day)

(Year)

7. AGE

2 Yrs. 3 Mos. 3 ds.

IF LESS than 1 day
 how many.....hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or
 particular kind of work.....
 (b) General nature of in-
 dustry, business, or estab-
 lishment in which employ-
 ed (or employer).....

N/A

9. BIRTHPLACE

(State or Country)

Joseph Oregon

10. NAME OF
FATHER

Shen Johnson

11. BIRTHPLACE
OF FATHER

(State or Country)

Idaho

12. MAIDEN NAME
OF MOTHER

Ruth Shannon

13. BIRTHPLACE
OF MOTHER

(State or Country)

Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

X. Glenn H. Johnson

(Address)

Cambridge Idaho

15.

Filed 3-4-31

1931

SE. E. T. WHITMAN

Cambridge, Idaho

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb

25

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

2-25-31 1931 to 2-25-31 1931

that I last saw him alive on 2-25-31 1931

and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) Yrs. mos. 10 ds.

Contributory
(Secondary)

Influenza

(Signed)

Ruth Shannon

19..... (Address)

Cambridge, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1)
 MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted
 if not at place of death?.....

Former or
 usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cambridge Idaho

2-26-1931

20. UNDERTAKER

ADDRESS

J. O. Hudson

Cambridge

CERTIFICATE OF DEATH.

5 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 88County of Washington

Primary Registration District No. _____

City of Cambridge

(No. _____)

St.) _____

File No. 74118

Registered No. _____

If death occurs away from
usual residence, give facts
called for under special
information.

2. FULL NAME

Bell LangtryIf death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female ami

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED.Married
(Write the word.)

6. DATE OF BIRTH.

May 11 1882
(Month) (Day) (Year)

7. AGE

48 Yrs. 9 Mos. 16 ds.IF LESS than 1 day
how many hrs. or
..... min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work.
(b) General nature of in-
dustry, business, or estab-
lishment in which employ-
ed (or employer).....Housewife

9. BIRTHPLACE

(State or Country) .. Ireland10. NAME OF
FATHER11. BIRTHPLACE
OF FATHER

(State or Country)

12. MAIDEN NAME
OF MOTHER13. BIRTHPLACE
OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Y. Mrs. F. M. Lowe(Address) Cambridge

15.

Filed 5-4-31 191DR. R. T. WHITEMAN
CAMBRIDGE, IDAHO

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 27 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
2-4-31 191 to 2-27-31that I last saw h. 27-alive on 2-27-31 191
and that death occurred on the date stated above, at 3:4 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver & Biliary
Tracts.(Duration) 1 Yrs. mos. ds.Contributory Cachexia.
(Secondary)(Duration) 1 Yrs. mos. ds.(Signed) W. H. H. H. H. H.19. (Address) Cambridge, Idaho*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1)
MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted
if not at place of death?.....Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cambridge3-2 1931

20. UNDERTAKER

ADDRESS

Self-decl-mCambridgeWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement
of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of *Washington*
City of *Cambridge*Registration District No. *88*

Primary Registration District No. _____

(No. _____)

St.) _____

File No. *74119*

Registered No. _____

If death occurs away from
usual residence, give facts
called for under special
information.2. FULL NAME *Jetta Catherine McCadden*If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED.*Female**white**married*

(Write the word.)

6. DATE OF BIRTH.

*Oct**2**1894*

(Month)

(Day)

(Year)

7. AGE

*36*Yrs. *4*Mos. *13*

ds.

IF LESS than 1 day
how many hrs. or
..... min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work.
(b) General nature of in-
dustry, business, or estab-
lishment in which employ-
ed (or employer)*Housewife*

9. BIRTHPLACE

(State or Country)

*Idaho*10. NAME OF
FATHER*Martin V. Hannan*11. BIRTHPLACE
OF FATHER

(State or Country)

*California*12. MAIDEN NAME
OF MOTHER*Nancy C. Barb*13. BIRTHPLACE
OF MOTHER

(State or Country)

Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) _____

(Address) _____

15.

Filed *3-4-31*

191

DR. E. T. WHITEHEAD
CAMBRIDGE, IDAHO

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

*Feb**14**1931*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
2-10-31 191, to *2-14-31* 191.that I last saw him alive on *2-14-31* 191
and that death occurred on the date stated above, at *U.P.* M.

The CAUSE OF DEATH* was as follows:

Coronary Hemorrhage.

(Duration)

Yrs.

mos.

ds. *2*

Contributory

(Secondary)

*Coronary**Secondary*

(Duration)

Yrs.

mos.

ds.

(Signed)

W. H. Hannan

M. D.

19. (Address)

*Cambridge, Idaho**State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1)
MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted
if not at place of death?.....Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Idaho**Feb 17 1931*

20. UNDERTAKER

ADDRESS

*Laubach**600 N. 4th St*

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of WashingtonCity of Wenatchee

CERTIFICATE OF DEATH

Registration District No. 86Primary Registration District No. 1070

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Allen P Fryar(a) Residence. No. 365 E 2nd St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofOakley Fryar6. DATE OF BIRTH (month, day and year) Feb 20-18837. AGE Years Months Days If LESS than 1 day, hrs. or min.
47 11 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mail Clerk. R.M.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Texas
(State or country)10. NAME OF FATHER Isaac Fryar11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Miss.12. MAIDEN NAME OF MOTHER Mrs. J. J. J. J. J.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Miss.14. Informant G. R. Fryar
(Address) Box 10, Oregon15. Filed February 14, 1931 W. A. Hamilton
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 74120Local Registrar's No. 9

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 14, 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Jan. 15-1931, to Feb 14, 1931
that I last saw him alive on Feb. 13-1931and that death occurred, on the date stated above, at 7:04 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic infectious - High blood pressure.(duration) yrs. mos. ds.
CONTRIBUTORY infected sinuses
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Truax(Signed) F. A. Schmitt M. D.
2-14, 1931 (Address) Wenatchee, Id.19. Place of Burial, Cremation, or Removal Hillcrest Cemetery Date of Burial 2-16-193120. Undertaker L. B. Northman Address Wenatchee, Id.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Minidoka
City of Rupert
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 2015
(No. _____ St.)

State File No. 74121
Local Registrar's No. 3
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Pearl Dell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Child

6. DATE OF BIRTH Aug 17 1918
(Month) (Day) (Year)

7. AGE 12 Yrs. 5 Mos. 10 ds.
IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION Child
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE Rupert Idaho
(State or Country)

10. NAME OF FATHER William Dell

11. BIRTHPLACE OF FATHER Michigan
(State or Country)

12. MAIDEN NAME OF MOTHER Sadie Armstrong

13. BIRTHPLACE OF MOTHER Colorado
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Sadie Dell
(Address) Rupert Idaho

15. 9/2 1931 E. A. Elmore
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1931 to Jan 27 1931, that I last saw her alive on Jan 27 1931, and that death occurred on the date stated above, at 12:00 PM.

The CAUSE OF DEATH* was as follows:
Burns 3rd degree, Arms
bilateral, legs bilateral,
chest & abdomen & face
(Duration) yrs. 5 mos. 1 ds.
Contributory (Secondary) (Over)
(Duration) yrs. 5 mos. 1 ds.
(Signed) Leland Frazier M. D.
19 (Address) Rupert, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? at home, 4 miles
Former or usual residence North of Rupert, Idaho

19. PLACE OF BURIAL OR REMOVAL Rupert Cemetery DATE OF BURIAL Jan 30 1931

20. UNDERTAKER W. A. Goodman ADDRESS Rupert Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Minnesota*City of *Paul*

If death occurs away from usual residence, give facts called for under special information.

Registration District No. *19*Primary Registration District No. *2015*

(No. _____ St.)

State File No. *74122*Local Registrar's No. *6*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME *Mary Mae Baldt*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Single*

6. DATE OF BIRTH

Jan 9 1913
(Month) (Day) (Year)

7. AGE

18 Yrs. *0* Mos. *28* ds.IF LESS than 1 day how many
_____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work *W.*

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) *Idaho*10. NAME OF FATHER *John Baldt*

11. BIRTHPLACE OF FATHER

(State or Country) *Minnesota*12. MAIDEN NAME OF MOTHER *Katie Swartzski*

13. BIRTHPLACE OF MOTHER

(State or Country) *Russia*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs. Kate Baldt*(Address) *Paul Idaho*

15.

Filed *3/2/31*

19

Local Registrar *E. H. Elmore*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Jan 29 1931*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *Jan 28 1931*, to *Jan 29 1931*, that I last saw her alive on *Jan 29 1931*, and that death occurred on the date stated above, at *11:30 A.M.*

The CAUSE OF DEATH* was as follows:

*Accidental - Automobile wreck
Fracture of skull - frontal
with loss of brain tissue*(Duration) _____ yrs. _____ mos. *2* ds.

Contributory (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) *Leam Morgan*

M. D.

19

(Address) *Rupert, Idaho*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted

If not at place of death? *on state highway*

Former or

usual residence *1/2 mile North of Paul, Ida.*

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Paul Cemetery**Feb 1 1931*

20. UNDERTAKER

ADDRESS

W. H. Goodman Rupert

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V, S. No. 5-25 M. 1-19.

RECEIVED MAR 9 1931
CERTIFICATE OF DEATHSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of MinidokaRegistration District No. 19 J.B.City of ReupertPrimary Registration District No. 2015State File No. 74123

(No. _____ St.)

Local Registrar's No. 7

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Margaret Vanston

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCEDFemale White Married
(Give the word)

6. DATE OF BIRTH

Jan 20 1881
(Month) (Day) (Year)

7. AGE

70 Yrs. 0 Mos. 5 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work House Wife
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Canada

10. NAME OF

Father William K. Rwyer

11. BIRTHPLACE

OF FATHER (State or Country) Ireland

12. MAIDEN NAME

OF MOTHER Margaret Rwyer

13. BIRTHPLACE

OF MOTHER (State or Country) Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Catherine Farmer(Address) Reupert Idaho

15.

Filed 3/2 1931 Edith Elmore
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 18 1931 to Jan. 25 1931,that I last saw her alive on Jan. 24 1931,

and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Uremia and chronic heart disease(Duration) _____ yrs. _____ mos. 7 ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J.B. Starnes M. D.Feb 29 1931 (Address) Reupert Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Catholic Cem Reupert Jan 27 1931

20. UNDERTAKER

W. G. Goodman Reupert Idaho

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 3 1931

DO NOT WRITE IN THIS SPACE

State File No. 74124

Local Registrar's No. 4

PLACE OF DEATH

County of Minidoka
City of Rupert

CERTIFICATE OF DEATH

Registration District No. 19

Primary Registration District No. 2015

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ada Wood

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced (write the word)

married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Henry Alfred Wood

6 DATE OF BIRTH (month, day and year) Dec. 27-1880

7 AGE

Years

Months

Days

50

1

9

If LESS than
1 day, _____ hrs.
or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Missouri
Cave County

10 NAME OF FATHER

Oliver Meador

11 BIRTHPLACE OF FATHER (city or town) (State or country)

do not know

12 MAIDEN NAME OF MOTHER

McFarland

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

do not know

14 Informant

(Address)

Jesse Wood
Griffin, Idaho

15 Filed 2-7, 1931

E. H. Ehnore
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb
(Month)

5
(Day)

1931
(Year)

I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931, to Feb 5, 1931.

that I last saw her alive on Feb 5, 1931.

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Louis gaster

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Louis myocarditis

(duration) 1 yrs. 5 mos. ds.

18 Where was disease contracted If not at place of death? home

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Agnes H. Kenagy, M. D.

2-20, 1931 (Address) Rupert, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

Orefino, Idaho Feb 9 1931

20. Undertaker

Address

H. A. Goodmon Rupert

RECEIVED MAR 1 1931
STATE OF IDAHODEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74125**

PLACE OF DEATH

County of Minidoka
City of Rupert

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leo Nelson Haskell **126**

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. Single Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 13, 1914

7. AGE

Years 16Months 6Days 11

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sublett, Ida10. NAME OF FATHER David E Haskell11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho12. MAIDEN NAME OF MOTHER Lara Nelson13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wyo.

14.

Informant (Address) D E Haskell
Burley Idaho

15.

Filed. 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 24 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 22, 1931, to Jan 24, 1931that I last saw him alive on Jan 24, 1931and that death occurred, on the date stated above, at 11 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Peritonitis(duration) yrs. mos. 3 ds.CONTRIBUTORY (Secondary) ruptured appendix(duration) yrs. mos. 2 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan 23Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) W E Haskell M. D.19. (Address) Burley

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley Jan 27 193120. Undertaker W E Johnson Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. **74126**
Registered No. **4**

1. PLACE OF DEATH. Registration District No. **26**
County of **Boise** Primary Registration District No. **2069**
City of **Malad** (No. _____, _____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Rudence Ann Huggins

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. **Widow**
(Write the word.)

6. DATE OF BIRTH **Jan - 4 - 1837**
(Month) (Day) (Year)

7. AGE **94 yrs. 1 mos. 12 ds.** IF LESS than 1 day how many _____ hrs. or _____ min?

8. OCCUPATION
(a) Trade, profession or particular kind of work. **House wife.**
(b) General nature of industry business or establishment in which employed (or employer) _____

9. BIRTHPLACE
(State or Country) **Marysville Ill.**

10. NAME OF FATHER **Osaa Brown**

11. BIRTHPLACE OF FATHER
(State or Country) **Tenn.**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER **"**
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Elizabeth B. M. Bangall**
(Address) **Malad Idaho**

15. **728** 1931 **J. M. Kern**
Filed Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **Feb 16 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **1925** to **Feb 16 1931**
that I last saw him alive on **Feb 14 1931**
and that death occurred on the date stated above, at **7:15 PM.**
The CAUSE OF DEATH* was as follows:

General debility
fractured femur
(Duration) _____ yrs. _____ mos. **18** ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) **E. M. D.**
2/17 1931 (Address) **Malad Idaho**

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted,
If not at place of death? _____
Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL **Malad Idaho** DATE OF BURIAL **Feb 18 1931**

20. UNDERTAKER **J. Guy Benson** ADDRESS **Malad Idaho**

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Oneida
City of StoneRegistration District No. 26
Primary Registration District No. 2069
(No. _____ St.)File No. 74127
Registered No. 3

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Reed C. Cannon

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the word.)6. DATE OF BIRTH January 13 1931
(Month) (Day) (Year)7. AGE 26 yrs. 26 mos. 26 ds.
IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).9. BIRTHPLACE Stone Idaho.
(State or Country)10. NAME OF FATHER Lewis Reed Cannon11. BIRTHPLACE OF FATHER St George, Utah
(State or Country)12. MAIDEN NAME OF MOTHER Georgia Opal Clark.13. BIRTHPLACE OF MOTHER Labrosse Wash.
(State or Country)14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Cannon
(Address) Stone Idaho.15. 5/28 31 J. M. Kiers
Filed _____ 1931 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 7 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1931, to Feb 7 1931,
that I last saw him alive on Feb 7 1931,
and that death occurred on the date stated above, at 2 P.M.
The CAUSE OF DEATH* was as follows:Influenza Pneumonia(Duration) _____ Yrs. _____ mos. 2 ds.Contributory
(Secondary)

(Duration) _____ Yrs. _____ mos. _____ ds.

(Signed) W. D. Wardleugh M. D.(Address) Snowville Utah

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL Snowville Utah DATE OF BURIAL 2/8 193120. UNDERTAKER Joe J. Larkin ADDRESS Snowville Utah

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of OwyheeCity of Silver City

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 43Primary Registration District No. 2120

(No. _____ St.)

State File No. 74129

Local Registrar's No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Philippa Hawes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCEDWhiteMarried

(Write the word)

6. DATE OF BIRTH

February 17, 1856

(Month)

(Day)

(Year)

7. AGE

IF LESS than 1
day how many_____ hrs. or
_____ min.?74 Yrs. 10 Mos. 4 ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) California

10. NAME OF

Father John Edwards11. BIRTHPLACE
OF FATHER(State or Country) England.12. MAIDEN NAME
OF MOTHERDont know13. BIRTHPLACE
OF MOTHER(State or Country) Dont know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Philippa Hawes(Address) Silver City, Idaho.

15.

Filed January 23, 1931 J. H. Leonard

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 13, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from January 12, 1931. to January 13, 1931.
that I last saw her alive on January 13, 1931,
and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Cardio-renal insufficiency

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(Secondary)Chronic Nephritis

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

Geo. D. Leonard, M. D.1-21-1931 (Address) Idaho, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.Where was disease contracted
if not at place of death?Former or
usual residence19. PLACE OF BURIAL OR REMOVAL
Silver City, IdahoDATE OF BURIAL
Jan. 16, 1931

20. UNDERTAKER

John Grete,

ADDRESS

Silver City, Ida

RECORD STATE OF IDAHO MAR 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74130

State File No.

PLACE OF DEATH

County of Latah
City of Sibbonsville

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

George Bauer(a) Residence. No. Sibbonsville Ida. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)widowed

5a. If married, widowed, or divorced

HUSBAND of Mrs. Theresa Bauer
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of worklaker(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town), Bavaria
(State or country) Germany

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Bavaria
(State or Country) Germany12. MAIDEN NAME OF MOTHER not known13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or County)14. Informant
(Address)Francis Bauer Plummer15. Filed March 1931

1931

Chris. Bauer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 5th

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at 2 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) Wm. C. Doebler, Coroner2/5/, 1931 (Address) Sibbonsville Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Sibbonsville2-8" 1931

20. Undertaker

Address

Wm. C. DoeblerSibbonsville
Ida.

RECEIVED ME 1931
STATE OF IDAHODEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74132**

PLACE OF DEATH

County of **Franklin**City of **Riverdale**

CERTIFICATE OF DEATH

Registration District No. **27**Primary Registration District No. **2119**

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Rebecca W. Barrington**(a) Residence. No. **Riverdale, Idaho** St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred **48** yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Widowed
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of **James Barrington**6. DATE OF BIRTH (month, day and year) **Aug. 9, 1856**

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **At Home**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Florence**
(State or country) **Nebraska**10. NAME OF FATHER **Joseph Stones**11. BIRTHPLACE OF FATHER (city or town) **England**
(State or Country)12. MAIDEN NAME OF MOTHER **Elizabeth Walker**13. BIRTHPLACE OF MOTHER (city or town) **England**
(State or Country)14. Informant (Address) **S. P. Horvath, Preston, Idaho**15. Filed **2/25/31** 19____ **R. C. Culey** Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 24, 1931

(Month)

(Day)

19____ (Year)

17. I HEREBY CERTIFY, That I attended deceased from

11-1-1930 to **2-24-1931**
that I last saw him alive on **2-20-1931**and that death occurred, on the date stated above, at **9 a** m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**General Arterio-sclerosis
Chronic Brights
Disease**
(duration) **10** yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted **at home**
if not at place of death?Did an operation precede death? **no** Date of _____Was there an autopsy? **no**What test confirmed diagnosis? **Chloride**(Signed) **R. C. Culey** M. D.
2-25-1931 (Address) **Preston, Idaho**

19. Place of Burial, Cremation, or Removal

Riverdale, Idaho

Date of Burial

2/26/31 19____

20. Undertaker

W. Lindquist

Address

Logan

RECEIVED MAR 1931
STATE OF IDAHODEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74133

PLACE OF DEATH

County of Franklin
City of Preston

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119
(No. _____)Local Registrar's No. 7-

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cathrine Field(a) Residence. No. Preston, Idaho St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE wh 5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJames Field6. DATE OF BIRTH (month, day and year) June 8 18447. AGE Years Months Days If LESS than 1 day.
86 7 28 _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wigan
(State or country) England10. NAME OF FATHER Richard D. Brown11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER Margaret Parkinson13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant Riley O. Field
(Address) Harmonville, Idaho15. Filed 2/10/31 19____Registrar. C. B. Little

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Febr. 6 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 8 31 Feb-6 31, 19____, to Feb-6 31, 19____.that I last saw her alive on Feb-6 31, 19____.and that death occurred, on the date stated above, at 30 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Interstitial NephritisCONTRIBUTORY (Secondary) Disease (duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date _____

Was there an autopsy? _____

What test confirmed death? _____

(Signed) Edward J. Hodge M. D.
Feb. 6 31 (Address) Preston, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Ogden, UtahFeb. 10/31 19

20. Undertaker

Address

Logan? Utah

20. Undertaker	Address
M. W. Stenback	Evans

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74135

State File No.

PLACE OF DEATH

County of Franklin

City of Clifton

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 9

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leland A. Gaily

(a) Residence. No. Clifton St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Baby

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sept. 24, 1930

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

4

25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Clifton

10. NAME OF FATHER

Vaughan Gaily

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Marsh Valley

12. MAIDEN NAME OF MOTHER

Stacy Ginderson

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Salt Lake

14. Informant

(Address)

Vaughan Gaily
Clifton

15. Filled

2/20/31, 1931

Registrar

16. DATE OF DEATH

Feb

19

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 17, 1931, to Feb 19, 1931

that I last saw him alive on Feb 19, 1931

and that death occurred, on the date stated above, at 5 P.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed)

Oswald R. Cutler

M. D.

Feb 20, 1931

(Address) Preston, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Clifton

2/21/ 1931

20. Undertaker

Address

none

RECEIVED STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74136**

PLACE OF DEATH

County of **Franklin**City of **Preston**

CERTIFICATE OF DEATH

Registration District No. **27**Primary Registration District No. **2119**

(No. _____)

Local Registrar's No. **10**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Orlyn Joel Chadwick**

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. Single. Married. Widowed. Divorced (write the word) **single**5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) **June 16 1915**7. AGE Years **15** Months **8** Days **24** If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

Schoolboy

(c) Name of employer _____

9. BIRTHPLACE (city or town) **Preston Idaho**
(State or country)

10. NAME OF FATHER

Joel Chadwick11. BIRTHPLACE OF FATHER (city or town)
(State or Country)**Franklin Idaho**

12. MAIDEN NAME OF MOTHER

Emma Nelson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) **Provo Utah**14. Informant **Mrs Emma Chadwick**
(Address) **Preston Idaho**15. Filed **2/25/31** 19____Registrar. **W. R. Cutler**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 1920 to **Feb 23 1931**
that I last saw him alive on **Feb 23 1931**and that death occurred, on the date stated above, at **2 P.m.***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Rheumatic Endocarditis**(duration) **1** yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **No** Date of _____Was there an autopsy? **No**What test confirmed diagnosis? **Physical Exam.**(Signed) **Wm. R. Cutler, M. D.**
Feb 25 1931 (Address) **Preston Idaho**19. Place of Burial, Cremation, or Removal
Preston IdahoDate of Burial
Feb 24 1931

20. Undertaker

Address

M. Hendricks Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74137

State File No.

PLACE OF DEATH

County of FranklinCity of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Beverley Allen Harmer

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>single</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 22 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>3</u>	<u>7</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workChild(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Bountiful Utah

10. NAME OF FATHER

Orris Harmer11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Springville Utah

12. MAIDEN NAME OF MOTHER

Ellen Bass Bountiful13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Bountiful Utah

14.

Informant
(Address)Orris Harmer
Preston

15.

Filed 2/28/31, 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 18 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Febr. 8, 1931, to Febr. 18, 1931that I last saw her alive on Feb. 18, 1931and that death occurred, on the date stated above, at 1140 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

EndocarditisCONTRIBUTORY
(Secondary)(duration) 4 yrs. 4 mos. 10 ds.Chorea(duration) 1 yrs. 1 mos. 1 ds.18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? No Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? Chloral(Signed) G. W. Stiles, M. D.Febr. 14, 1931 (Address) Preston Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Bountiful UtahFeb 21 1931

20. Undertaker

Address

Preston

CERTIFICATE OF DEATH

74138
State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 74138
Registered No. 5

1. PLACE OF DEATH

County of Idaho
City of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 105
Primary Registration District No. 2183
(No. _____, _____ St.)

2. FULL NAME

Emma Lou Baker

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

(Write the word.) ✓

6. DATE OF BIRTH

Jan. 24 1931
(Month) (Day) (Year)

7. AGE

✓ Yrs. 1 Mos. 3 ds.

IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work. ✓

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) Cottonwood, Idaho.

10. NAME OF FATHER

George Baker

11. BIRTHPLACE OF FATHER

(State or Country) Mo.

12. MAIDEN NAME OF MOTHER

Mabel Tiff

13. BIRTHPLACE OF MOTHER

(State or Country) Keuterville, Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Baker

(Address) Keuterville, Idaho.

15.

Filed Feb. 27 1931

H. F. Orr

H. F. Orr Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

2-26 1931 to 2-27 1931

that I last saw her alive on 2-27 1931

and that death occurred on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was, as follows:

Pneumonia with 8th month
lack of ability to assimilate food
unaided, Bronchial Pneumonia

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

Neely F. Orr

M. D.

2/27 1931 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Cottonwood, Ida.

DATE OF BURIAL

Feb. 28, 1931

20. UNDERTAKER

Rev. P. S. Clapp Cottonwood, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
74142
State File No.

PLACE OF DEATH
County of Power

City of American Falls, Idaho
Registration District No. 23
Primary Registration District No. 2072

Local Registrar's No. 7

(No. Bethony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Lucus Black Butler

(a) Residence. No. American Falls, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single
6. DATE OF BIRTH (month, day and year) April 23rd 24
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) American Falls, Idaho
(State or country)

PARENTS

10. NAME OF FATHER Geo S Butler
11. BIRTHPLACE OF FATHER (city or town) Kans
(State or Country)
12. MAIDEN NAME OF MOTHER Violet E. Black
13. BIRTHPLACE OF MOTHER (city or town) Penn.
(State or Country)

14. Informant Geo. S. Butler
(Address) American Falls, Idaho

15. Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Feb 20th 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 16, 1931 to February 20, 1931
that I last saw him alive on February 20, 1931
and that death occurred, on the date stated above, at 3:00 p.m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) V. S. Ryan M. D.
Feb 21st/31 (Address) American Falls
Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal I.O.O.F Cemetery Date of Burial Feb 22/31

20. Undertaker American Falls, Idaho

aw Davis

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO MAR 3 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74143

State File No.

PLACE OF DEATH

County of Power

City of Am. Falls, Idaho.

Registration District No. 25

Primary Registration District No. 2072

(No. Bethony Hospital)

Local Registrar's No. 55

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Darline Richardson

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day and year) Feb. 2. 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Am. Falls, Idaho. (State or country)

10. NAME OF FATHER Delmer Richardson

11. BIRTHPLACE OF FATHER (city or town) Fairview, Wyoming. (State or Country)

12. MAIDEN NAME OF MOTHER Ruth Cranney

13. BIRTHPLACE OF MOTHER (city or town) Auburn, Wyoming. (State or Country)

14. Informant Lucille Richardson (Address) American Falls, Idaho.

15. Filed Feb 7 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 2 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 2 1931, to Feb 5 1931 that I last saw her alive on Feb 5 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D. 2-7 1931 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

I.O.O.F. 2-7 1931

20. Undertaker Address

Am. Falls, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAR 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74144**

PLACE OF DEATH

County of Power
City of Am. Falls, Idaho

CERTIFICATE OF DEATH

Registration District No. 20
Primary Registration District No. 2072
(No. _____)

Local Registrar's No. 6

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sheila Joan Beatty

749

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Aug. 29, 1929

7 AGE Years 1 Months 5 Days 19 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) American Falls, Ida.
(State or country)

10 NAME OF FATHER Harvey C. Beatty

11 BIRTHPLACE OF FATHER (city or town) Newtonburg, Penn.
(State or country)

12 MAIDEN NAME OF MOTHER Candice Adams

13 BIRTHPLACE OF MOTHER (city or town) Mich.
(State or country)

14 Informant H.C. Beatty
(Address) American Falls, Idaho

15 Filled Feb. 18, 1931 Genevieve North
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 17 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1931, to Feb 17, 1931, that I last saw her alive on Feb 17, 1931, and that death occurred, on the date stated above, at 8:30 a m.

The CAUSE OF DEATH* was as follows:

Pertussis

CONTRIBUTORY (duration) _____ yrs. _____ mos. _____ ds. Cerebral Hemorrhage
(Secondary)

18 Where was disease contracted
If not at place of death? ✓

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? 2 yrs

(Signed) C. F. Helmer, M. D.

7/17, 1931 (Address) Am. Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal I.O.O.F. Cemetery Date of Burial 2-18 1931

20. Undertaker H. Davis Address Am. Falls, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO MAR 3 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74145

PLACE OF DEATH

County of Power

City of American Falls, Idaho

Registration District No. 235

Primary Registration District No. 2072

(No. Bethony Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 89

2. FULL NAME Rose Ethel Frodsham

(a) Residence. No. Rockland, Idaho. St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee E. Frodsham

6. DATE OF BIRTH (month, day and year) Oct 12th 1890

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 40 4 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Utah (State or country)

10. NAME OF FATHER Daniel Higley

11. BIRTHPLACE OF FATHER (city or town) Utah (State or Country)

12. MAIDEN NAME OF MOTHER Nancy Turpin

13. BIRTHPLACE OF MOTHER (city or town) Utah (State or Country)

14. Informant Lee E. Frodsham (Address) Amer Rockland, Idaho

15. Filed 2-27, 1931 Gunn Hald Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 28 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1931, to Feb 28, 1931, that I last saw him alive on Feb 28, 1931, and that death occurred, on the date stated above, at 11:45 a.m. The CAUSE OF DEATH* was as follows: Bronchi Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Hogan, M. D.

2-28, 1931 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Brigham, Utah Date of Burial 19

20. Undertaker Address American Falls, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAP 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74146**

PLACE OF DEATH

County of Power
City of Am Falls

Registration District No. 26

Primary Registration District No. 2072

Local Registrar's No. 8

(No. Bethany Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adolf Claassen Jr

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Single

16. DATE OF DEATH July 25 1931
(Month) (Day) (Year)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1931, to July 25, 1931, that I last saw him alive on July 25, 1931, and that death occurred, on the date stated above, at 11:10 a.m.

6. DATE OF BIRTH (month, day and year) Apr 3 - 1910

7. AGE Years 20 Months 10 Days 22 If LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:
Cerebro-spinal meningitis

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer Adolf Claassen Jr

(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (city or town) (State or country) Am Falls Ida

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? C. S. Fluid

(Signed) E. J. Schick, M. D.

7/26, 1931 (Address) Am Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal 2007 Endow Date of Burial 2-27 1931

20. Undertaker David Am Falls Ida Address _____

21. Filed 2-27, 1931 C. J. Nold Registrar

22. _____

1. Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74147

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1b.11

Local Registrar's No. 6

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Samuel Mushlitz

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ada C. Mushlitz

6. DATE OF BIRTH (month, day and year) June 7, 1861

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 7 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer

(b) General nature of industry, business, or establishment in which employed (or employer) and school teacher

(c) Name of employer _____

9. BIRTHPLACE (city or town) Near Bethel
(State or country) Pa.

10. NAME OF FATHER Munroe Mushlitz

11. BIRTHPLACE OF FATHER (city or town) Pa.
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Rogers

13. BIRTHPLACE OF MOTHER (city or town) Pa.
(State or Country)

14. Informant Mrs. Robt. Mushlitz
(Address) Moscow, Ida.

15. Filed 3-14-31 Phyllis E. Johnson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 5, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1930 to Feb. 5, 1931
that I last saw him alive on Aug. 14, 1930
and that death occurred, on the date stated above, at _____ P.m.
The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Chas. F. Ginter, M. D.

2/7, 31 (Address) Moscow

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Moscow Date of Burial 2/8/31 19

20. Undertaker H. P. Short Address Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74148

PLACE OF DEATH

County of Latah
City of Viola

Registration District No. 61

Primary Registration District No. 10 11

Local Registrar's No. 8

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Caroline E. Simms

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced, (write the word) Married

16. DATE OF DEATH

Feb. 16, 1930
(Month) (Day) (Year)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of M.H. Simms

17. I HEREBY CERTIFY, That I attended deceased from
Feb. 8, 1931 to Feb. 16, 1931

6. DATE OF BIRTH (month, day and year) May 19, 1856

that I last saw her alive on Feb. 15, 1931

7. AGE Years 74 Months 8 Days 27 If LESS than 1 day, hrs. or min.

and that death occurred, on the date stated above, at 8:45 A. m.

8. OCCUPATION OF DECEASED

The CAUSE OF DEATH* was as follows:

(a) Trade, profession, or particular kind of work Housewife

Acute myocarditis

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

9. BIRTHPLACE (city or town) Cedar county
(State or country) Iowa

18. Where was disease contracted if not at place of death?

10. NAME OF FATHER John Bowers

Did an operation precede death? No Date of _____

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Was there an autopsy? No

Not known

What test confirmed diagnosis? Clinical only

(Signed) D. Ammon, M. D.

12. MAIDEN NAME OF MOTHER Phoebe Bowers

2/17, 1930 (Address) Moscow

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not known

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. Informant Mrs. Ester Rothwell
(Address) Viola, Ida.

19. Place of Burial, Cremation, or Removal Viola Date of Burial 2-18 1931

15. Filed 3-14, 1931 J. R. Short Registrar

20. Undertaker J. R. Short Address Moscow

every new or information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74149

PLACE OF DEATH

County of Latah

City of MOSCOW

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 9

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William A. Pavel

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 25, 1925

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
5 7 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) MOSCOW
(State or country) Idaho

10. NAME OF FATHER
John F. Pavel

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Neb.

12. MAIDEN NAME OF MOTHER
Anna Pribyl

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Austria

14. Informant John F. Pavel
(Address) Moscow Ida

15. Filed 3-14 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 1, 1931, to Feb 24, 1931
that I last saw him alive on Feb. 23, 1931
and that death occurred, on the date stated above, at 1 6 m.

The CAUSE OF DEATH* was as follows:

flu and emphysema

(duration) _____ yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Adair, M. D.
Feb 24, 1931 (Address) Moscow Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Moscow

2/24/31 19

20. Undertaker

Address

H. R. Short

Moscow

Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74150**

PLACE OF DEATH

County of Latah

City of MOSCOW

Registration District No. 61

Primary Registration District No. 10.11

Local Registrar's No. 7

(No. Inland Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Williams

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 4, 1925

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
5 9 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Viola, Idaho
(State or country)

10. NAME OF FATHER Geo. W. Williams

11. BIRTHPLACE OF FATHER (city or town) Kansas
(State or Country)

12. MAIDEN NAME OF MOTHER Grace Newman

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Miss Sadie Guber
(Address) Viola, Ida.

15. Filed 3-14, 1931 P. R. Short
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 7, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

4th Feb, 1931, to 7th Feb, 1931

that I last saw her alive on Feb 8, 1931
and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Clothing caught fire and
more than 1/3 of body and
face was badly burned

(duration) _____ yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Eye witness

(Signed) H. M. Litch, M. D.
2/9, 1931 (Address) MOSCOW

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal MOSCOW Date of Burial 2/9/31 19

20. Undertaker H. R. Short Address MOSCOW

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74151**

PLACE OF DEATH

County of **Latah**

City of **Moscow**

Registration District No. **61**

Primary Registration District No. **1011**

Local Registrar's No. **4**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **LEORA H. FRYETTE**

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. **8** yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Widowed**

5a. If married, widowed, or divorced
HUSBAND of **S. J. Fryette**
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Sept 13, 1848**

7. AGE Years **82** Months **4** Days **13** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House wife**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Friendship**
(State or country) **New York**

10. NAME OF FATHER **Jerome Harrison**

11. BIRTHPLACE OF FATHER (city or town) **New York**
(State or Country)

12. MAIDEN NAME OF MOTHER **Sarah Stowell**

13. BIRTHPLACE OF MOTHER (city or town) **New York**
(State or Country)

14. Informant **Mrs Hugo Johnson**
(Address) **Moscow Idaho**

15. Filed **2-21, 1931** **Paul E. Johnson** Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **Jan 26 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Jan. 8, 1931**, to **Jan 26 1931**

that I last saw her alive on **Jan 26 1931**
and that death occurred, on the date stated above, at **8:30 P** m.

The CAUSE OF DEATH* was as follows:

Absorption-pressure necrosis.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY **Fracture of the femur.**
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) **Chas. L. Gritman**, M. D.
1/28, 19**31** (Address) **Moscow, Idaho.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Spokane Wn.** Date of Burial **1-28 1931**

20. Undertaker **F. R. Short** Address **Moscow**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74154**

PLACE OF DEATH

County of **Latah**City of **Kendrick**Registration District No. **63**

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME **Thomas Howard Jones**

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. **6** mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Single
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) **Feb. 24, 1927**

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	11	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work **none**(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Nez Perce, Idaho**
(State or country)

10. NAME OF FATHER

Thomas Jones11. BIRTHPLACE OF FATHER (city or town)
(State or Country)**Kansas**

12. MAIDEN NAME OF MOTHER

Mabel Painter13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)**Indiana**14. Informant **Thomas Jones**

(Address)

Kendrick, Idaho15. Filed **Feb 6**, 19**31****B. F. Nesbit**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 5

(Month)

(Day)

19**31**
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 15, 1931, to Feb. 4, 1931that I last saw him alive on **Feb. 4, 1931**and that death occurred, on the date stated above, at **1:30 A.m.**

The CAUSE OF DEATH* was as follows:

Measles(duration) yrs. mos. **20** ds.

CONTRIBUTORY

(Secondary)

Bronchopneumonia
Probably tuberculous(duration) yrs. mos. **18** ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? **NO** Date ofWas there an autopsy? **NO**

What test confirmed diagnosis?

(Signed)

Oliver J. Morehead**2-5-**, 19**31** (Address) **Kendrick, Ida.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Lewiston Idaho

Date of Burial

Feb 6 1931

20. Undertaker

John J. Pickard

Address

Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC-
CUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 2 1931

DO NOT WRITE IN THIS SPACE

State File No. 74155

PLACE OF DEATH

County of Latah

City of Troy

CERTIFICATE OF DEATH

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution give its name instead instead of street and number.)

2. FULL NAME Harry Eugene Morrell

(a) Residence. No. _____ St. _____

(If nonresident give city or town and State)

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) 8/4/30

7 AGE Years Months Days If LESS than
10 5 1 day, _____ hrs.
or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Wanatchee Wash

10 NAME OF FATHER

George L Morrell

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Grays Wash.

12 MAIDEN NAME OF MOTHER

Eva Charlotte Reese

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Deep Creek

14 Informant (Address)

George L Morrell
Avon Idaho

15 Filed

Feb 28 1931 Lucy M. Pickard Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 5th 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Feb. 20 1931 to Feb. 5th 1931

that I last saw him alive on Feb. 4th 1931

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough.

(duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Geo. J. Meyer, M. D. Feb. 5 1931 (Address) Troy Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIO-
LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Avon Id.

20. Undertaker

Address

Date of Burial

Feb 6 1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74156

State File No.

PLACE OF DEATH

County of Latah
City of Pattatah

Registration District No. 65
Primary Registration District No. 2145

Local Registrar's No. W1

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Allen Nagle

(a) Residence. No. Pattatah Hospital St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) Dec 15, 1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
One 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Latah Co.
(State or country)

10. NAME OF FATHER John Lawrence Nagle

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) North Dakota

12. MAIDEN NAME OF MOTHER Eunice Blanche Wolke

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Latah Co.

14. Informant John Nagle
(Address) Pattatah Wash.

15. Filed Feb 1st, 1931. D. J. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 1, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Feb 1, 1931, that I last saw him alive on Feb 1, 1931, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Empysemata

(duration) _____ yrs. mos. 8 ds.

CONTRIBUTORY Injury
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical ex + history

(Signed) J. C. Kibbey, M. D.
Feb 1, 1931 (Address) Pattatah 2nd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Pattatah Wash. Date of Burial Feb. 4th 1931

20. Undertaker E. Drwin. Address Pattatah Wash.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74157

PLACE OF DEATH

County of LatahCity of MoscowRegistration District No. 61Primary Registration District No. 1011Local Registrar's No. 3(No. Latah County Home)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John C. Benefield

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Divorced

5a. If married, widowed, or divorced

HUSBAND of Emma Hawkins6. DATE OF BIRTH (month, day and year) Sept. 30, 1873

7. AGE

57

Years

Months

3

Days

14

If LESS than 1 day,

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Common laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pa.
(State or country)

10. NAME OF FATHER

Not known11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Pa.12. MAIDEN NAME OF MOTHER XXXXXXXXXX13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) XXXXXXXXXX14. Informant Mrs. Geo. Toombs(Address) Rt 1 Ponderosa, Okla15. Filed 2-21, 1931 E. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 14, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 17, 1929, to Jan 14, 1931that I last saw him alive on Jan 11, 1931and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis2 out 12 years (duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical symptoms(Signed) F. M. Leitch, M. D.Jan 14, 1931 (Address) Moscow Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Moscow 1/19, 1931

20. Undertaker

Address

E. R. Short Moscow

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74158**

PLACE OF DEATH

County of Jatah
City of Siola

CERTIFICATE OF DEATH

Registration District No. 65
Primary Registration District No. 2140
(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Franklin Williams

(a) Residence, No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Ida Williams6. DATE OF BIRTH (month, day and year) July 18 - 18527. AGE Years 79 Months 4 Days 14 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) _____ (State or country) Illinois10. NAME OF FATHER Thomas Williams11. BIRTHPLACE OF FATHER (city or town) _____ (State or Country) Not known12. MAIDEN NAME OF MOTHER Not known13. BIRTHPLACE OF MOTHER (city or town) _____ (State or Country) Not known14. Informant Arthur Williams
(Address) Palouse Hall15. Filed Jan. 3, 1930 Dr. J. H. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 2, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from December 1 - 1930, to Jan 2 - 1931
that I last saw him alive on Dec 1 - 1931
and that death occurred, on the date stated above, at 9:15 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral hemorrhage
(duration) _____ yrs. _____ mos. 2 ds.CONTRIBUTORY Hypertension
(Secondary) (duration) 10 yrs. _____ mos. _____ ds.

18. Where was disease contracted _____ if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Physiol Exp + history(Signed) F. L. Roberts, M. D.Jan 3, 1931 (Address) Palouse19. Place of Burial, Cremation, or Removal Rock Creek Cemetery Date of Burial Dec 4 193120. Undertaker E. Anderson Address ClarkstonWash.

CERTIFICATE OF DEATH

Rev. 2-21-31
 State of Idaho
 BOARD OF HEALTH
 Bureau of Vital Statistics
 File No. 74160
 Registered No. 74160

1. PLACE OF DEATH

County of Latah
 City of Borville

Registration District No. 66
 Primary Registration District No. 2148
 (No. _____, St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

James North Holt

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
 (Write the word.)

6. DATE OF BIRTH

October 4 1862
 (Month) (Day) (Year)

7. AGE

68 Yrs. 3 Mos. 11 ds.

IF LESS than 1 day
 how many _____ hrs.
 or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
 (b) General nature of industry, business or establishment in which employed (or employer)

Lumberjack

9. BIRTHPLACE

(State or Country)

Indiana?

10. NAME OF FATHER

James Holt

11. BIRTHPLACE OF FATHER

(State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER

(State or Country)

Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. W. H. Galloway
 (Address) Borville, Idaho

15.

Filed Jan 15 1931 E. B. Flasher
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 15 1931
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 6 1930, to Jan. 15 1931,
 that I last saw him alive on Jan. 11 1931,
 and that death occurred on the date stated above, at 3:35 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Senile

(Duration) _____ Yrs. _____ mos. _____ ds.
 Contributory (Secondary) Cerebral Hemorrhage

(Duration) _____ yrs. 2 mos. 23 ds.
 (Signed) F. W. Porro M. D.

1/15 1931 (Address) Borville, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL Balause Wash DATE OF BURIAL Jan 15 1931

20. UNDERTAKER E. Anderson Clarkston ADDRESS Wash

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 19 1931
DO NOT WRITE IN THIS SPACE
74161
State File No.

PLACE OF DEATH

County of Latah

City of Pottatch

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donna Loraine Kellogg

(a) Residence. No. Pottatch St.

(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) Dec. 20th 1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (city or town) Pottatch
(State or country)

10. NAME OF FATHER Leland Kellogg

11. BIRTHPLACE OF FATHER (city or town) Minnesota
(State or Country)

12. MAIDEN NAME OF MOTHER Grace Irish

13. BIRTHPLACE OF MOTHER (city or town) Minnesota
(State or Country)

14. Informant Leland Kellogg
(Address) Pottatch

15. Filed Jan. 24th 1931 D. J. W. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 24th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ✓, 19 , to ✓, 19 , that I last saw h. ✓ alive on ✓, 19 , and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Accidental suffocation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. C. Gibson M. D.
Jan 24th 1931 (Address) Pottatch

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Pottatch Cemetery Date of Burial Jan 25th 1931

20. Undertaker Parents Address Pottatch

WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74162

PLACE OF DEATH

County of Cassia

City of Soda Springs

Registration District No. 82

Primary Registration District No. 2159

Local Registrar's No. 39

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Infant Hoffkins

(a) Residence. No. Soda Springs

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (Write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Feb 26 - 31

7. AGE

Years

Months

Days

If LESS than 1 day,

0

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Soda Springs

10. NAME OF FATHER

Harry Hoffkins

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Soda Springs

12. MAIDEN NAME OF MOTHER

Edna Woods

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Soda Springs

14.

Informant (Address)

Harry Hoffkins
Soda Springs

15.

Filed

2-26-31

Dr. Russell Sigurd

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 26

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, that I attended deceased from

Feb 26, 1931, to Feb 26, 1931

that I last saw h.w. alive on Feb 26, 1931

and that death occurred, on the date stated above, at 9:45 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Premature
(7 mos.) Birth
Probably caused by
maternal worry

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

none

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

same

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical ex

(Signed) Russell Sigurd, M. D.

2/28, 1931 (Address) Soda Springs

19. Place of Burial, Cremation, or Removal

Date of Burial

Soda Springs

2-26-31

20. Undertaker

Address

St. Whitman

Soda Springs

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74163
State File No.

PLACE OF DEATH

County of Caribou
City of Soda Springs

CERTIFICATE OF DEATH

Registration District No. 82
Primary Registration District No. 2159
(No.)

Local Registrar's No. 37

(If death occurred in a hospital or institution, give its name instead of street and number.) 2058

2. FULL NAME

(a) Residence. No. Five date Wyo.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W

6. DATE OF BIRTH (month, day and year) May 10 - 1878

7. AGE Years 52 Months 9 Days 16 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Auto Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) Coughlins.

(c) Name of employer Indiana

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER M. Gragg

11. BIRTHPLACE OF FATHER (city or town) (State or Country) California

12. MAIDEN NAME OF MOTHER Elizabeth Hendricks

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio

14. Informant (Address) Pinedale Wyo.

15. Filed 2-26-31 1931 Dr. Russell Zink Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July - 26 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, that I attended deceased from

....., 19....., to 19.....
that I last saw him alive on Feb. 25, 1931

and that death occurred, on the date stated above, at m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Found dead in his bed
No examination before
death

..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin K. Ryan, M. D.
3/1/31, 19..... (Address) Soda Springs Wyo.

19. Place of Burial, Interment, or Removal Soda Springs Date of Burial 2-27 1931

20. Undertaker E. Whitman Address Soda Springs

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 7 1931
DO NOT WRITE IN THIS SPACE
74164
State File No.

PLACE OF DEATH

County of Caribou
City of Soda Springs

CERTIFICATE OF DEATH

Registration District No. 82
Primary Registration District No. 2159
(No. Caribou Hospital)

Local Registrar's No. 36

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Abahulu Andersson Larsson

(a) Residence. No. Soda Springs Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single. Married. Widowed. or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Larsson

6. DATE OF BIRTH (month, day and year) Nov. 14-1877

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
53 2 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Soda Springs Idaho
(State or country) Niels Andersson

10. NAME OF FATHER Niels Andersson

11. BIRTHPLACE OF FATHER (city or town) Denmark
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Christofferson

13. BIRTHPLACE OF MOTHER (city or town) Denmark
(State or Country)

14. Informant (Address) Fred Larsson
Soda Springs Idaho

15. Filed 2-14-31 1931 Dr. Russell T. Light Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1931, to Feb. 11 1931, that I last saw her alive on Feb. 11 1931, and that death occurred, on the date stated above, at 11 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebro - Spinal Meningitis -
Contagious, acute

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. 0 ds.

18. Where was disease contracted same
if not at place of death?

Did an operation precede death? Spinal puncture Feb. 11, 1931

Was there an autopsy? No

What test confirmed diagnosis? Microscop. Ex. spinal fluid

(Signed) Russell T. Light M. D.

Feb. 13 1931 (Address) Soda Springs, Idaho

19. Place of Burial, Cremation, or Removal Soda Springs Ida Date of Burial 2-15-31

20. Undertaker S. Whitman Address Soda Springs Idaho

PLACE OF DEATH

County of CaribouCity of Ada SpringsSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8Primary Registration District No. 2159(No. Caribou Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 74165Local Registrar's No. 382. FULL NAME Arrow M. Foreman(a) Residence. No. _____ St. Cleveland, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Clara Annis Foreman
(or WIFE of)

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
42 7 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer(b) General nature of industry, business, or establishment in which employed (or employer) Farmer(c) Name of employer Self9. BIRTHPLACE (city or town) Detroit, Mich.
(State or country)10. NAME OF FATHER John Foreman11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER Ann Elizabeth Ada13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant Chas Foreman
(Address) Cleveland, Idaho15. Filed 2/27, 1931 Dr Russell T. Tipton
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

2/27/31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

February 15, 1931, to February 27, 1931that I last saw him alive on 2/27/31, 19and that death occurred, on the date stated above, at 2:45 p. m.

The CAUSE OF DEATH* was as follows:

Emphysema of Stomach(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of 2/24/27

Was there an autopsy?

What test confirmed diagnosis? X-Ray(Signed) Ellis R. K. L. L. M. D.
2/28/31, 1931 (Address) Ada Springs, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Cleveland, Ida

Date of Burial

19

20. Undertaker

Name

Address

-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Bannock
City of BannockRegistration District No. 83Primary Registration District No. 2160

(No. _____ St.)

File No. 74166Registered No. 8

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Boyd Leroy Andersen

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE MARRIED, WIDOWED OR DIVORCED

(Write the word.)

6. DATE OF BIRTH

July 17 1923
(Month) (Day) (Year)

7. AGE

7 Yrs. 7 Mos. 9 ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country)

Bannock, Idaho.

10. NAME OF FATHER

Lehi R. Andersen

11. BIRTHPLACE OF FATHER

(State or Country)

Bannock, Idaho

12. MAIDEN NAME OF MOTHER

Lorana Kendall

13. BIRTHPLACE OF MOTHER

(State or Country)

Mapleton, Idaho
Bannock, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Lehi R. Andersen

(Address)

Bannock, Idaho.

15.

Filed Mar. -1- 1931Mary C. Coffin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb - 26 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

life 1929 to Feb - 26 - 1931
that I last saw him alive on Feb - 10 - 1931
and that death occurred on the date stated above, at 9:30 A.M.
The CAUSE OF DEATH* was as follows:Chronic Mitral Insufficiency(Duration) 1 Yrs. 5 mos. ds.Contributory Acute Rheumatic Fever
(Secondary)(Duration) 1 Yrs. 5 mos. ds.(Signed) H. J. Hastings M. D.27-1931 (Address) Bannock, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Bannock (Grand) Idaho 2-28-1931

20. UNDERTAKER

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 6 1931
DO NOT WRITE IN THIS SPACE
74167
State File No. _____

PLACE OF DEATH
County of Bannock
City of Pocatello

CERTIFICATE OF DEATH
Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 27
(No. Pocatello General Hospital)

2. FULL NAME Clarence A. Rands
(a) Residence. No. 257 South Hayes St. Poca. St. 90
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Husband of Francis Ware
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 20, 1864.

7. AGE Years 66 Months 9 Days 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Iowa.
(State or country)

10. NAME OF FATHER Edward P. Rands

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth Campbell

13. BIRTHPLACE OF MOTHER (city or town) Scotland
(State or Country)

14. Informant Mrs. C. A. Rands
(Address) Pocatello, Idaho.

15. Filed 2/26/31, 19____
D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
February 25, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-24-31 to 2-25-31
that I last saw him alive on 2-25-31
and that death occurred, on the date stated above, at 5 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

acute dilatation of heart

(duration) ____ yrs. ____ mos. ____ ds.
CONTRIBUTORY Chr. myocarditis
(Secondary) (duration) 5 yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of _____

Was there an autopsy? no
What test confirmed diagnosis? Chemical findings

(Signed) Dr. C. A. Rands M. D.
2/26/31, 19____ (Address) Poca., Idaho.

19. Place of Burial, Cremation, or Removal Portland, Oregon. Date of Burial On Arrival

20. Undertaker Arthur W. Hall Address Pocatello, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74168**

PLACE OF DEATH
County of **Pannock**
City of **Grace**

Registration District No. **84**

Primary Registration District No. **2161**

Local Registrar's No. **206**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. **John Gibbs Jr**

(Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 Single, Married, Widowed, or Divorced (write the word) **Married**

5a If married, widowed, or divorced
HUSBAND or
(or) WIFE of **Mary Austin**

6 DATE OF BIRTH (month, day and year) **Feb 1, 1931**

7 AGE Years **75** Months **10** Days **5** If LESS than 1 day, hrs. min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Canal Inspector**
(b) General nature of industry, business, or establishment in which employed (or employer) **Irrigation**
(c) Name of employer **Last Chance Canal**

9 BIRTHPLACE (city or town) (State or country) **Honeyville Utah**

10 NAME OF FATHER **John Gibbs, Sr**

11 BIRTHPLACE OF FATHER (city or town) (State or country) **Lancashire England**

12 MAIDEN NAME OF MOTHER **Mary Langton**

13 BIRTHPLACE OF MOTHER (city or town) (State or country) **England**

14 Informant **Son, Don D Gibbs**
(Address) **Kimberly Idaho**

15 Filed **Feb 28, 1931** **Mr. E. J. Fay**
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **Feb 1, 1931**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **Mon Jan 26, 1931**, to **Feb 1, 1931**, that I last saw him alive on **Feb 1, 1931**, and that death occurred, on the date stated above, at **4 p. m.**
The CAUSE OF DEATH* was as follows: **Cardiac Failure**

CONTRIBUTORY (Secondary) **Carcinoma of the Stomach** (duration) **25** yrs. **—** mos. **—** ds.
(duration) **0** yrs. **3** mos. **—** ds.

18 Where was disease contracted If not at place of death? **—**

Did an operation precede death? **No** Date of **—**

Was there an autopsy? **No**

What test confirmed diagnosis? **Edgemonation**
(Signed) **Joseph E. Otto** M. D.
Feb 4, 1931 (Address) **Grace Ida**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Date of Burial **19**

20. Undertaker Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74169

State File No.

PLACE OF DEATH

County of Blaine
City of Bozartello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 165(No. Bozartello General Hospital)Local Registrar's No. 23

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kate Brown(a) Residence. No. 421 N. 4th St. 90

(Usual place of abode.)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCharlie Brown6. DATE OF BIRTH (month, day and year) Feb. 14, 1882

7. AGE Years Months Days If LESS than 1 day,
49 — 3 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Louisville
(State or country) Kentucky10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Unknown14. Informant Mr. Charlie Brown
(Address) Bozartello15. Filed 2-18, 1931 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 17, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 20, 1931, to Feb 17, 1931that I last saw her alive on Feb 17, 1931and that death occurred, on the date stated above, at 5 a m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Organic heart
disease; acute myo-
carditis (duration) yrs. mos. 30 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of —Was there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) W. G. Graham M. D.2-19, 1931 (Address) Bozartello

19. Place of Burial, Cremation, or Removal Date of Burial

McNew Cemetery 2/22 1931

20. Undertaker Address

H. H. McKen Bozartello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74170

PLACE OF DEATH

County of BannockCity of PocatelloRegistration District No. 28Primary Registration District No. 2161(No. Pocatello General Hospital)Local Registrar's No. 22

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Rogers(a) Residence No. Challis - Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

19 ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. Mary Rogers

6. DATE OF BIRTH (month, day and year)

Nov. 27 - 1853

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.78218

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Stack Man

(b) General nature of industry, business, or establishment in which employed (or employer)

Stack

(c) Name of employer

None

9. BIRTHPLACE (city or town)

(State or country)

England

10. NAME OF FATHER

Rogers11. BIRTHPLACE OF FATHER (city or town)
(State or Country)England

12. MAIDEN NAME OF MOTHER

Mary Larsen13. BIRTHPLACE OF MOTHER (city or town)
(State or County)England

14.

Informant
(Address)Mrs. Mary Rogers
Challis Idaho

15.

Filed

2-15-31J. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 141931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 14, 1931, to Feb 14, 1931
that I last saw him alive on Feb 14, 1931and that death occurred, on the date stated above, at 5 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

John J. Raaf M. D.
Feb 16, 1931 (Address) Pocatello Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Challis Idaho2/18 1931

20. Undertaker

Address

W. L. McManPoca. Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of BannockCity of PocatelloRegistration District No. 28Primary Registration District No. 2761(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Dean Lindsey(a) Residence. No. North of Pocatello City St. 1019

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 3, 1931.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

0121

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None (Infant)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Pocatello, Idaho.

10. NAME OF FATHER

E. N. Lindsey

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Idaho Falls, Idaho.

12. MAIDEN NAME OF MOTHER

Madeline Atkenson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Montana

14.

Informant (Address)

E. N. LindseyPocatello, Idaho.

15.

Filed 2/25/31. 19.....D. C. Ray
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 74172Local Registrar's No. 28

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February24.1931.

19.....

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

2/21 1931 to 2/24 1931that I last saw him alive on 2/24 1931and that death occurred, on the date stated above, at 7:30 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Lobar pneumonia

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 6 ds.

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

at homeDid an operation precede death? no Date of.....Was there an autopsy? no

What test confirmed diagnosis?

Physiologist

(Signed)

2/25/31.

19.....

(Address) Poca., Idaho.19. Place of Burial, Cremation, or Removal
Mountain View Cemetery
Pocatello, Idaho.

Date of Burial

2/25/31. 19.....

20. Undertaker

Arthur W. Hall

Address

Pocatello

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Bannock
City of PawneeRegistration District No. 23Primary Registration District No. 2160

(No. _____, _____ St.)

File No. 74173Registered No. 3

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Reed W. Sawe

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

(Write the word.)

6. DATE OF BIRTH

August 4 1919
(Month) (Day) (Year)

7. AGE

11 Yrs. 6 Mos. 15 ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business or establishment in which employed (or employer).

School Boy

9. BIRTHPLACE

(State or Country)

Pawnee, Idaho

10. NAME OF FATHER

James E. Sawe

11. BIRTHPLACE OF FATHER

(State or Country)

England

12. MAIDEN NAME OF MOTHER

May Neubold

13. BIRTHPLACE OF MOTHER

(State or Country)

Smithfield, Wt

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

James E. Sawe

(Address)

15.

Filed Mar - 1 - 1931Mary C. Coffin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb - 19 - 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan - 26 - 1931, to Feb - 19 - 1931 that I last saw him alive on Feb - 18 - 1931 and that death occurred on the date stated above, at 5:45 A.M.

The CAUSE OF DEATH* was as follows:

Empyema of both Right and Left pleural cavities following double pneumonia (bact.)

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory (Secondary) Scarlet Fever

(Duration) _____ Yrs. _____ mos. _____ ds.

(Signed) H. J. Pastrigian, M.D.2-19-1931 (Address) Pawnee, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Pawnee Idaho (Cemetery)

DATE OF BURIAL

Feb - 21 - 1931

20. UNDERTAKER

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74174

State File No.

Local Registrar's No. 202

PLACE OF DEATH

County of Bannock
City of Hatch

Registration District No. 84

Primary Registration District No. 2161

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nellie Grant

(a) Residence. No. Hatch Idaho St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced (write the word)

married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Leo Peter Johnson

6 DATE OF BIRTH (month, day and year)

7 AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

32

7

24

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Chesterfield Ida

10 NAME OF FATHER

Charles Albert Grant

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Salt Lake City Utah

12 MAIDEN NAME OF MOTHER

Elizabeth Ann Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Utah

14 Informant

Mr. C. C. Grant (brother)

(Address)

Bancroft Ida

15

Filed

Jul 28

1931

Mrs. E. J. Fitz

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan - 2 -

1931

17

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on death and that death occurred, on the date stated above, at 10:30 P.

The CAUSE OF DEATH* was as follows:

acute appendicitis

CONTRIBUTORY (Secondary)

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? examination & question

(Signed) E. J. Fitz M. D.

Jan 6, 1931 (Address) Bancroft Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

Chesterfield Ida

Jan 5 1931

20. Undertaker

Address

Had none

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74175**

PLACE OF DEATH

County of BannockCity of Paratello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Bagner(a) Residence. No. 169 Wilson Ave. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 6 mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mexican 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. ✓(b) General nature of industry, business, or establishment in which employed (or employer) ✓(c) Name of employer ✓9. BIRTHPLACE (city or town) (State or country) Paratello Idaho10. NAME OF FATHER Joe Bagner11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mexico12. MAIDEN NAME OF MOTHER Nellie Langley13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Mexico14. Informant (Address) Nellie Bagner15. Filed 2-24-31 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 13, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1931, to Feb. 13, 1931that I last saw him alive on Feb. 13, 1931and that death occurred, on the date stated above, at 12 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute intestinal Obstruction - Intussusception(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) F. P. Miller M. D.2-13, 1931 (Address) Pocatello Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Mt. View Cemetery 2/14/31

20. Undertaker Address

H. L. McLean Pocatello

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74176**

PLACE OF DEATH

County of **Bannock**
City of **Tocatello**

Registration District No. **28**

Primary Registration District No. **2161**

(No. **St Anthony Hospital**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. **31**

2. FULL NAME **Harry Murdock**

(a) Residence. No. **129** St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Divorced**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of **go**

6. DATE OF BIRTH (month, day and year) **April 29 1872**

7. AGE Years **58** Months **9** Days **24** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Retired Conductor**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Peoria Ill**
(State or country)

10. NAME OF FATHER **Mathew Murdock**

11. BIRTHPLACE OF FATHER (city or town) **Louisiana**
(State or Country)

12. MAIDEN NAME OF MOTHER **Ligia White**

13. BIRTHPLACE OF MOTHER (city or town) **Wyoming Ill**
(State or Country)

14. Informant **Mathew Murdock**

(Address) **Omaha Neb**

15. Filed **2-24**, 19**31**

D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **2** **23** 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **April 20 1930**, 19 **Feb 23**, 19 **31**
that I last saw him alive on **Feb 22**, 19 **31**
and that death occurred, on the date stated above, at **830 a.m.**

The CAUSE OF DEATH* was as follows:
Pneumonia
Chronic nephritis
Acting pneumonia
T.B.C. (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted **Post 10 yrs**
if not at place of death?

Did an operation precede death? **no** Date of

Was there an autopsy? **no**

What test confirmed diagnosis? **Sp. Exam**
(Signed) **2/25**, 19**31** (Address) **Bozelle**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Mt View** Date of Burial **Feb 27 1931**

20. Undertaker **Schumacher & Beasley** Address **Bozelle**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74177

PLACE OF DEATH

County of Bannock
City of PocatelloRegistration District No. 28Primary Registration District No. 2/61(No. H. Anthony Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 272. FULL NAME Lena L. Bluesner

(a) Residence. No. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

St. _____

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR, OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWm. L. Bluesner

6. DATE OF BIRTH (month, day and year)

Nov 21st 1901

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.2931

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Kansas

10. NAME OF FATHER

Chas. Killion11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Kenn.

12. MAIDEN NAME OF MOTHER

Elizabeth Burns13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)West. Knox Indiana

14.

Informant
(Address)William L. Bluesner
Blackfoot Idaho

15.

Filed

2-23 1931D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

22231

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

2-151931

to

2-221931that I last saw him alive on 2-22 1931and that death occurred, on the date stated above, at 8:30 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Paralytic ileusCONTRIBUTOR (duration) yrs. mos. ds.
Ruptured ectopic pregnancy
(Secondary) (duration) yrs. mos. ds.
818. Where was disease contracted Blackfoot
if not at place of death?Did an operation precede death? yes Date of 2/15/31Was there an autopsy? yesWhat test confirmed diagnosis? Findings of operation(Signed) Dr. J. C. Ray, M. D.2/22 1931 (Address) Blackfoot19. Place of Burial, Cremation, or Removal Date of Burial
Homebury Cemetery Blackfoot 22 193120. Undertaker Address
E. J. Pink Blackfoot

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DO NOT WRITE IN THIS SPACE
74178
State File No.

PLACE OF DEATH

County of Bannock
City of Downey

CERTIFICATE OF DEATH

Registration District No. 83
Primary Registration District No. 2160
(No. Residence)

Local Registrar's No. 9

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Christiansen

(a) Residence. No. Downey, Idaho. St.

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 53 Years 6 Months 4 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Hyrum, Utah.
(State or country)

10. NAME OF FATHER Sors Christiansen

11. BIRTHPLACE OF FATHER (city or town) Denmark
(State or Country)

12. MAIDEN NAME OF MOTHER Anna Jensen.

13. BIRTHPLACE OF MOTHER (city or town) Denmark.
(State or Country)

14. Informant Ellis Christiansen
(Address)

15. Filed Mar 2 - 1931 Mary C. Coffey
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
February 2, 1931, 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19 to 19
that I last saw h..... alive on.....

and that death occurred, on the date stated above, at 8:15 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Gun shot wound of head
(Accidental)

(duration) yrs. mos. ds.
CONTRIBUTORY none
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Arthur W. Stall Coroner
2/3/31. 19 (Address) Bozelle

19. Place of Burial, Cremation, or Removal Downey Date of Burial 2-5- 1931

20. Undertaker Wm. Beckner Address Downey, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74180

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161
(No. St Anthony's Mercy Hospital)
Local Registrar's No. 30

2. FULL NAME

(If death occurred in a hospital or institution, give its name instead of street and number.)
Jerry George Funk

(a) Residence. No.

St.

Abodeen Idaho

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. 1 hr How long in U. S. if of foreign birth? — yrs. — mos. — da.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

July 28 1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
— 6 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) American Falls Idaho
(State or country)

10. NAME OF FATHER

George Funk

11. BIRTHPLACE OF FATHER (city or town) Marion
(State or Country) Kansas

12. MAIDEN NAME OF MOTHER

Kathleen Koo P

13. BIRTHPLACE OF MOTHER (city or town) Born
(State or County) Oklahoma

14.

Informant
(Address)

George Funk

15.

Filed

2-26, 19 31

DC Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb.

25

31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY That I attended deceased from

Feb. 25, 1931, to Feb. 25, 1931

that I last saw him alive on Feb. 25, 1931

and that death occurred, on the date stated above, at 10p m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pulmonary
atelectasis

CONTRIBUTORY
(Secondary)

18. Where was disease contracted if not at place of death? Abodeen Idaho

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Howard
Feb. 25, 1931 (Address) Pocatello Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Abodeen Idaho Cemetery 2-27 1931

20. Undertaker

Address

W. Davis Am Falls
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161
(No. Residence)

RECEIVED MAR 6 1931
DO NOT WRITE IN THIS SPACE
State File No. 74182

Local Registrar's No. 32

2. FULL NAME Joseph William Marley (Infant)

(a) Residence. No. 1143 South Fourth Ave. Poca., Ida. st.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) February 3, 1931.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

10. NAME OF FATHER John E. Marley

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Robin, Idaho.

12. MAIDEN NAME OF MOTHER Olive Fife

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah.

14. Informant John E. Marley
(Address) Pocatello, Idaho.

15. Filed 2/28/31. 19.....

Registrar. J C Ray

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 27, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 2-27, 1931
that I last saw him alive on 2-27, 1931

and that death occurred, on the date stated above, at 5:45 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Influenza

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? J C Ray, M. D.
(Signed) 2/28/31., 19..... (Address) Poca., Idaho.

19. Place of Burial, Cremation, or Removal Mountain View Cemetery
Pocatello, Idaho.

Date of Burial 3/1/31. 19.....

20. Undertaker Arthur W. Hall

Address Pocatello, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74183**

PLACE OF DEATH

County of **Bannock**
City of **Pocatello**

Registration District No. **28**
Primary Registration District No. **2161**
(No. **318 N. Buchanan**)

Local Registrar's No. **19**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Frank Anthony**

(a) Residence. No. **318 N. Buchanan St.**

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR **White** 5. Single, Married, Widowed or Divorced (write the word) **Married**

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) **Jan 14 - 1848**

7. AGE **83** Years **0** Months **21** Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Retired**

(b) General nature of industry, business, or establishment in which employed (or employer) **Farmer**

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) **Ohio**

10. NAME OF FATHER **Jussiah Anthony**

11. BIRTHPLACE OF FATHER (city or town) (State or Country) **New York**

12. MAIDEN NAME OF MOTHER **Lydia**

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant **Mrs Frank Anthony** (Address) **Pocatello, Id.**

15. Filed **2-5**, 19**31** **D. C. Ray** Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **Feb 5th 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Feb 1**, 19**31**, to **Feb 4**, 19**31**, that I last saw him alive on **2-4**, 19**31**, and that death occurred, on the date stated above, at **3:00** m. The CAUSE OF DEATH was as follows: **Influenza**

CONTRIBUTORY (Secondary) **Senility** (duration) yrs. mos. **7** ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **D. C. Ray**, M. D. **2-7-31**, 19**31** (Address) **Pocatello**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Mountain View** Date of Burial **Feb 9 1931**

20. Undertaker **Chuncho Bendy** Address **Pocatello**

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. **74185**
Registered No. **209**

1. PLACE OF DEATH

County of **Bannock**
City of **Robin**

Registration District No. **84**
Primary Registration District No. **2161**
(No. _____, St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Eleanor Sarah Burton

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**
(Write last name)
6. DATE OF BIRTH **March 28 1864**
(Month) (Day) (Year)
7. AGE **66 Yrs. 10 Mos. 3 ds.** IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer)

Housewife

9. BIRTHPLACE

(State or Country)

Berkshire England

10. NAME OF FATHER

Charles Cottrell

11. BIRTHPLACE OF FATHER

(State or Country)

England

12. MAIDEN NAME OF MOTHER

Eleanor Whitman

13. BIRTHPLACE OF MOTHER

(State or Country)

England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Robin Idaho

15. Filed **Feb-28-1931**

Mrs. J. G. Fitz
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Jan 10 1931** to **Jan 31 1931**
that I last saw her alive on **Jan 30 1931**
and that death occurred on the date stated above, at **3:30 P.M.**

The CAUSE OF DEATH* was as follows:

(Cancer)
Carcinoma of
Salivary Gland
(Duration) **1** Yrs. **10** mos. **3** ds.
Contributory (Secondary) **None Known**
(Duration) **1** Yrs. **10** mos. **3** ds.
(Signed) **C. H. Rich** M. D.
8-3 1931 (Address) **Lava Hot Springs**

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death **_____** yrs. **_____** mos. **_____** days. In the State **_____** yrs. **_____** mos. **_____** days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAR 2 1931
DO NOT WRITE IN THIS SPACE
State File No. 74186

PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
(No. 417 North)

Local Registrar's No. 24

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Laver Lewis

(a) Residence. No. 417 North St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 2, 1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
11 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Child

9. BIRTHPLACE (city or town) (State or country) Pocatello

10. NAME OF FATHER Arch V Lewis

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pocatello Idaho

12. MAIDEN NAME OF MOTHER Bybee

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho

14. Informant Arch V Lewis
(Address) Pocatello Idaho

15. Filed 2-19, 1931

D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 18 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1931, to Feb 18, 1931
that I last saw him alive on Feb 18, 1931
and that death occurred, on the date stated above, at 9424

The CAUSE OF DEATH* was as follows:

Meningitis following
Bacterial pneumonia.
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? CPG
(Signed) 2/19/31, 1931 (Address) Pocatello M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Int View Date of Burial 2-20 1931

20. Undertaker Schunacker & Beatty Address Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 6 1931

DO NOT WRITE IN THIS SPACE

State File No. 74188

PLACE OF DEATH

County of Bunnock
City of Paratello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161
(No.)

Local Registrar's No. 17

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Frederick Simpson(a) Residence. No. Reaver of 705 So Arthur St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. D. F. Simpson6. DATE OF BIRTH (month, day and year) Feb. 22, 1860

7. AGE Years 71 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Penn.10. NAME OF FATHER David Simpson11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown12. MAIDEN NAME OF MOTHER unknown13. BIRTHPLACE OF MOTHER (city or town) (State or Country) unknown14. Informant son Frank Simpson
(Address) 705 So. Arthur Reaver15. Filed 2-3 19 31 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 31, 1930 to Feb 2, 1931
that I last saw him alive on Feb 2, 1931

and that death occurred, on the date stated above, at 8 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY primary stroke
(Secondary)(duration) 2 yrs. mos. ds.18. Where was disease contracted if not at place of death? yesDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? phys. exam(Signed) D. C. Ray, M. D.2-3, 1931 (Address) Paratello

19. Place of Burial, Cremation, or Removal Date of Burial

Mt. View Cemetery 2/4/31

20. Undertaker Address

H. L. McLean Paratello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74189

State File No.

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Lynn Brothers Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 182. FULL NAME Charles Sidlinger Lamb(a) Residence. No. South of Pocatello City St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 30 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)
Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHusband of Ella Sherbell6. DATE OF BIRTH (month, day and year) October 21, 1876.

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.54317

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Dairyman(b) General nature of industry,
business, or establishment in
which employed (or employer)Dairy Buisness

(c) Name of employer

Self9. BIRTHPLACE (city or town)
(State or country)Hutchinson, Kansas.

10. NAME OF FATHER

George W. Lamb11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Indiana

12. MAIDEN NAME OF MOTHER

Eliza Mary Combs13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Missouri

14.

Informant
(Address)Mrs. Charles S. LambPocatello, Idaho

15.

Filed 2/9/31., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February7.1931.

19.....

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 1

19.....

to

Feb 7

19.....

that I last saw him alive on

Feb 7

19.....

and that death occurred, on the date stated above, at 70 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:apoplexyCONTRIBUTORY (Secondary) high blood pressure
(duration) yrs. mos. 7 ds.(duration) 6 yrs. mos. ds.18. Where was disease contracted
if not at place of death? yesDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? phys. Ex. am(Signed) M. D.
2/9/31., 19..... (Address) Pocatello, Ida.19. Place of Burial, Cremation, or Removal
Mountain View Cemetery
Pocatello, Idaho.

Date of Burial

2/10/31. 19.....

20. Undertaker

Arthur W. Hall

Address

Pocatello

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Barnes
City of DowneyRegistration District No. 83
Primary Registration District No. 2160
(No. St.)File No. 74190
Registered No. 6

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Frederick W^m Fautsch Jr

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-OWED OR DIVORCED

Male white single
(Write the word.)

6. DATE OF BIRTH

Nov 10 1918
(Month) (Day) (Year)

7. AGE

17 Yrs. 7 Mos. 14 ds.IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Student

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF FATHER

Frederick W^m Fautsch Sr.

11. BIRTHPLACE OF FATHER

(State or Country)

Kansas

12. MAIDEN NAME OF MOTHER

Hilda Johnson

13. BIRTHPLACE OF MOTHER

(State or Country)

Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

F. W. Fautsch

(Address)

Downey Ida

15.

Filed

Mar. - 1 - 1931Mary C. Coffin

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19 to 19
that I last saw him alive on 19and that death occurred on the date stated above, at 1:00 P.M.

The CAUSE OF DEATH* was as follows:

Epileptic convulsion and probable suffocation from falling in snow.

(Duration) Yrs. mos. ds.

Contributory (Secondary)

Epilepsy(Duration) 6 yrs. mos. ds.

(Signed)

W. J. Hastings

M. D.

1-25 1931 (Address) Downey Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 12 yrs. 2 mos. 14 days. In the Idaho State 7 yrs. mos. daysWhere was disease contracted if not at place of death? DowneyFormer or usual residence Downey, Idaho

19. PLACE OF BURIAL OR REMOVAL

Downey Seminary

DATE OF BURIAL

1-25 1931

20. UNDERTAKER

Wm Buckmore

ADDRESS

Downey

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Dannoch*City of *Downey*Registration District No. *83*Primary Registration District No. *2160*

(No. _____)

St.)

File No. *74191*

Registered No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Cloe Velle J. Whitaker

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

*Female White**Single*
(Write the word.)

6. DATE OF BIRTH

March 30
(Month) (Day)*1929*
(Year)

7. AGE

1 Yrs. *21* Mos. *24* ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Downey Dannoch Idaho

10. NAME OF FATHER

Guy J. Whitaker

11. BIRTHPLACE OF FATHER

(State or Country)

Willard Utah

12. MAIDEN NAME OF MOTHER

Melva Ann Jensen

13. BIRTHPLACE OF MOTHER

(State or Country)

Hyrum Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Guy J. Whitaker

(Address)

Downey Idaho

15.

Filed

Mar. - 1 - 1931 Mary C. Coffin
Local Registrar

16. DATE OF DEATH

Jan - 24 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan - 24 - 1931 to *Jan - 24 - 1931*
that I last saw her alive on *Jan - 24 - 1931*
and that death occurred on the date stated above, at *11:45 P.M.*

The CAUSE OF DEATH was as follows:

Convulsions associated with Acute Purpura infection.(Duration) _____ Yrs. _____ mos. *2* ds.

Contributory (Secondary)

None known.

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

H. J. Harrison

M. D.

(Address)

Downey Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. *21* mos. *24* days. In the State *Idaho* _____ yrs. _____ mos. *21* days *24*Where was disease contracted if not at place of death? *Downey Idaho*

Former or usual residence

Downey Idaho

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Hyrum Utah**1 - 28 - 1931*

20. UNDERTAKER

ADDRESS

*Wm. Beckmoe**Downey*

Dr. Newton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74192

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 20(If death occurred in a hospital or institution, give its name instead of street and number.)
198 Wayne ave

2. FULL NAME

(a) Residence. No. Walter L. Rubert St. 89

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 1st 18817. AGE Years Months Days If LESS than 1 day, hrs. or min.
50 — 03

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Business(b) General nature of industry, business, or establishment in which employed (or employer) Man

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Missouri10. NAME OF FATHER Rubert11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio12. MAIDEN NAME OF MOTHER Elizabeth Evans13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Indiana14. Informant Mrs W. L. Rubert (Address) Pocatello15. Filed 2-3 1931Registrar D C Ray

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 1930, to Feb 4 1931
that I last saw him alive on Feb 4 1931and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows:

Angina pectoris(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? usual cardinal symptom(Signed) A. M. Newton M. D.Feb 11 1931 (Address) Pocatello, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Mauritani View Feb 7 1931

20. Undertaker

Address

Schumacher Bros Cuy

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74193

State File No. _____

PLACE OF DEATH

County of SegetteCity of New PlymouthRegistration District No. 5Primary Registration District No. 2009Local Registrar's No. 4

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melvan E. Boston(a) Residence. No. New Plymouth St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Jan 30 - 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)New Plymouth

10. NAME OF FATHER

Melvan Boston11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Mo.

12. MAIDEN NAME OF MOTHER

Consteel13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Mo.

14.

Informant
(Address)Melvan Boston
New Plymouth Id

15.

Filed

2-9

1931

Wm 280 / scales

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb.7

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 30, 1930, to Feb 7, 1931that I last saw him alive on Feb 6, 1931and that death occurred, on the date stated above, at 5 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:This was a
premature baby(duration) yrs. mos. 8 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of.Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. C. Paxton, M. D.
Feb 9, 1931. (Address) New Plymouth

19. Place of Burial, Cremation, or Removal

Date of Burial

New Plymouth7 1931

20. Undertaker

Address

H. C. PaxtonOntario

RECEIVED MAR 17 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74194**

PLACE OF DEATH

County of Layette

City of New Plymouth

CERTIFICATE OF DEATH

Registration District No. 5

Primary Registration District No. 1009

Local Registrar's No. 3

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mabelda G. Snyder

(a) Residence. No. New Plymouth, Ida.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of John C. Snyder deceased
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 9 1856

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
74 5 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ark.
(State or country)

10. NAME OF FATHER Wm. H. Snyder

11. BIRTHPLACE OF FATHER (city or town) Ida.
(State or Country)

12. MAIDEN NAME OF MOTHER ✓

13. BIRTHPLACE OF MOTHER (city or town) Ida.
(State or Country)

14. Informant (Address) J. C. Snyder, New Plymouth, Ida.

15. Filed 3-7, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb - 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930, to Feb 4, 1931.

that I last saw her alive on Feb 4, 1931.

and that death occurred, on the date stated above, at 1:43 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Influenza

(duration) yrs. mos. ds. 2 1/2

CONTRIBUTORY arteriosclerosis
(Secondary) (duration) yrs. mos. ds. many years

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B. C. Paxton, M. D.
Feb 7, 1931 (Address) New Plymouth, Ida.

19. Place of Burial, Cremation, or Removal Date of Burial

New Plymouth, Ida. Feb 6 1931

20. Undertaker J. H. Wideman Address

Anderson Turn G. Layette Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 25 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74196**

PLACE OF DEATH

County of Payette
City of Payette

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008
(No. _____)

Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert C. Smith(a) Residence No. 911 2nd South St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of Alice Perry Smith
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 12 - 1853

7. AGE Years 78 Months 6 Days 28 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Clothing Store
(b) General nature of industry, business, or establishment in which employed (or employer) merchant
(c) Name of employer

9. BIRTHPLACE (city or town) Wis.
(State or country)

10. NAME OF FATHER Summer M. Smith

11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (city or town) unknown
(State or Country)

14. Informant (Address) R. M. Smith
Payette, Idaho

15. File Feb 13 1931 J. B. Woodward
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 9, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1900, 19 , to Feb 9, 1931
that I last saw him alive on Feb 9, 1931
and that death occurred, on the date stated above, at 12 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) 3 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. M. Smith M. D.
2/11, 1931 (Address) Payette, Idaho

19. Place of Burial, Cremation, or Removal Payette, Idaho Date of Burial Feb 11 1931

20. Undertaker Glenn C. Landon Address Payette, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74197**County of PayetteCity of New PlymouthRegistration District No. 3

Primary Registration District No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 52. FULL NAME Jayhne R. Barnett

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofSarah Bell Barnett

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1862. Oct-24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Ohio

10. NAME OF FATHER

Myron Barnett

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

unknown

12. MAIDEN NAME OF MOTHER

Jane Morgan

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

unknown

14.

Informant (Address)

Edward D Barnett

15.

Filed Feb 17, 1931Wm D Dwydale
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 10 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19____, to____, 19____

that I last saw h_____ alive on____, 19____

and that death occurred, on the date stated above, at____m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Foudry dead. Probably apoplexy

(duration) ____yrs. ____mos. ____ds.

CONTRIBUTORY (Secondary)

(duration) ____yrs. ____mos. ____ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed)

Feb 12, 1931 (Address) New Plymouth Id

19. Place of Burial, Cremation, or Removal

Date of Burial

New Plymouth Id Feb 15 1932

20. Undertaker

Address

Glenn C Landon Payette Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 1931

DO NOT WRITE IN THIS SPACE

74199

State File No.

PLACE OF DEATH

County of Nez Perce.
City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009
(No. Whites Hospital.)

Local Registrar's No. 74199

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Howard L. Hill.

(a) Residence. No.

St. Geneseo, Illinois.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)
Married.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 18th, 1879.

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.51.11.25.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFlorist.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Illinois.

10. NAME OF FATHER

Phillip D. Hill.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Harpers Ferry,
Virginia.

12. MAIDEN NAME OF MOTHER

Florence M. Benton.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Illinois.

14.

Informant
(Address)L. B. Hill
Lewiston, Idaho.

15.

Filed

3-16-313J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 13th, 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 21, 1931, to March 13, 1931that I last saw him alive on March 13, 1931and that death occurred, on the date stated above, at 430 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Intestinal ObstructionCarcinoma of sigmoid &
descending Colon -

(duration)

yrs. 10

mos.

ds.

CONTRIBUTORY
(Secondary)Hypertrophied Left Kidney
which was removed 1 yrl before
(duration) yrs. 6 mos.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of 3-12-31Was there an autopsy? NoWhat was confirmed diagnosis? Carcinoid symptoms(Signed) E. C. White, M. D.3/14/31., 19..... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Geneseo, Illinois.

19

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

74201

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No.)

Local Registrar's No. 118

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosa Greyerbichl Murray(a) Residence. No. 2207 Ellis ave St.

(Usual place of abode.)

Length of residence in city or town where death occurred 21 yrs.mos. 8 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>married</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMichael Murray6. DATE OF BIRTH (month, day and year) Dec 27 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>61</u>	<u>8</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.House wife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Udly Michigan

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Alassee Lorraine

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Mary Bisch
Watersloo Canada14. Informant James O Murray
(Address) 220 1607-2915. Filed 4-11, 1931 W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April
(Month)9
(Day)31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

1926, to April 9, 1931that I last saw her alive on April 4, 1931and that death occurred, on the date stated above, at 8:30 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Tuberculosis(duration) yrs. 5 mos. ds.CONTRIBUTORY
(Secondary)Diabetes(duration) 6 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. V. Jennings, M. D.

19..... (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

St. John's Cemetery4/11 1931

20. Undertaker

Address

Schreiber & W. CoanBoise, Id.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74203

State File No.

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. 1419 E. Bannock St.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jesse Dykes Nott.(a) Residence. No. 1419 E. Bannock St. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)
Widower.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofDelilah Nott.6. DATE OF BIRTH (month, day and year) October 24-1846

7. AGE

84

Years

Months

4

Days

7If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ky.
(State or country)

10. NAME OF FATHER

John Nott.11. BIRTHPLACE OF FATHER (city or town).
(State or Country)Ky.

12. MAIDEN NAME OF MOTHER

Unknown.13. BIRTHPLACE OF MOTHER (city or town).
(State or County)W

14.

Informant
(Address)I.H. Friar.Boise, Idaho.

15.

Filed

3-431W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 1st 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 28th 1931 to March 1st 1931that I last saw him alive on Feb 28th 1931and that death occurred, on the date stated above, at 6:45 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:FluCONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Borch M. D.
2/2/31 19 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.3/4/31

19

20. Undertaker

Address

Wm. McBratney.Boise, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

74204

PLACE OF DEATH

County of FremontCity of Ashton

CERTIFICATE OF DEATH

Registration District No. 102Primary Registration District No. 6

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Keppner

(a) Residence No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.4. COLOR OR RACE white5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Mrs John Keppner 6. DATE OF BIRTH (month, day and year) Nov. 14th 1871

7. AGE

Years

Months

Days

If LESS than 1 day,

59

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Togus, Utah
(State or country)10. NAME OF FATHER Karl Keppner11. BIRTHPLACE OF FATHER (city or town) Baden
(State or Country) Baden, Germany12. MAIDEN NAME OF MOTHER Christine Nelson13. BIRTHPLACE OF MOTHER (city or town) Danmark
(State or County)

14.

Informant Alvin Keppner
Address Ashton, Id. Box - Orem

15.

Filed 3-20, 1931Registrar. O. Meacham

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3-20-31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3-20-311931, to1931that I last saw him alive on 3-20-31and that death occurred, on the date stated above, at 8:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Heart known. Probably Cancer of the stomach(duration) AK yrs.

mos.

ds.

CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds.

18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? noDate of ✓Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) O. Meacham

M. D.

3-20, 1931(Address) Ashton, Id.

19. Place of Burial, Cremation, or Removal

Date of Burial

Ashton, Id.

19

20. Undertaker

Address

Horn & Schuler, Gruberg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74205**

PLACE OF DEATH

County of AdaCity of BoiseRegistration District No. 8Primary Registration District No. 2004Local Registrar's No. 16(No. V.A., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME SWAN, John R.(a) Residence. No. St. Declo, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

RECEIVED APR 13 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced (write the word) Single
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	8	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work **Farmer**(b) General nature of industry,
business, or establishment in
which employed (or employer) **XX**(c) Name of employer **XX**9. BIRTHPLACE (city or town) **Utah**
(State or country)10. NAME OF FATHER **XX**11. BIRTHPLACE OF FATHER (city or town) **XX**
(State or Country) **m. W**12. MAIDEN NAME OF MOTHER **XX**13. BIRTHPLACE OF MOTHER (city or town) **XX**
(State or Country)14. Informant **L.H. Beaman**
(Address) **V.A., Boise, Idaho**15. Filed **3-11**, 19**31** **W.H. Rhodes**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 10, 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 22, 19**31**, to **March 10**, 19**31**that I last saw him alive on **March 10**, 19**31**and that death occurred, on the date stated above, at **6.00 p.** m.

The CAUSE OF DEATH* was as follows:

Tbc.pul.chr.act.far adv. C.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)**Meningitis, pneumococcic type.**

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **no** Date ofWas there an autopsy? **no**What test confirmed diagnosis? **Clinical**(Signed) **F.C. SMITH, Reg. Med. Off.**, M. D.**March 11**, 19**31** (Address) **V.A., Boise, Idaho***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Salt Lake City, Utah **3-11**, 19**31**20. Undertaker **Neil O'Donnell** Address **Boise****Corner 4th East & 1st So.****Salt Lake City, Utah**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of ValleyCity of McCall

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No. St.)

State File No.

Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ida Wilson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED
Divorced
(Write the word)

6. DATE OF BIRTH

June 19 1860
(Month) (Day) (Year)

7. AGE

70 9
Yrs. Mos. ds.IF LESS than 1
day how many
..... hrs. or
..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Findland10. NAME OF
FatherDont Know11. BIRTHPLACE
OF FATHER

(State or Country)

Findland12. MAIDEN NAME
OF MOTHERDont know13. BIRTHPLACE
OF MOTHER

(State or Country)

Findland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. U. S. Craft. & Mrs Lena McMurren

(Address)

15.

Filed March 25 31 McCall Idaho

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar. 24 1931

(Month)

(Day)

19

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 15 186 March 24 9 1931
Mar. 24 1931that I last saw her alive on Mar. 24 1931 19
and that death occurred on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis(Duration) 10 yrs. mos. ds.Contributory
(Secondary)Cardiac Insufficiency(Duration) 10 yrs. mos. ds.

(Signed)

Dr. U. S. Craft M. D.

1931/

(Address) McCall Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74208

State File No.

PLACE OF DEATH

County of Madison
City of Lymon

CERTIFICATE OF DEATH

Registration District No. 103
Primary Registration District No. 212
(No.)

Local Registrar's No. 10

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hyrum Bert Atkinson

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
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5a. If married, widowed, or divorced

HUSBAND ofLucinda Bohoana Atkinson6. DATE OF BIRTH (month, day and year) Jan 14th 1875

7. AGE 56	Years	Months 2	Days 1	If LESS than 1 day,hrs. ormin.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarming(b) General nature of industry,
business, or establishment in
which employed (or employer)Himself

(c) Name of employer

9. BIRTHPLACE (city or town) Vernal, Utah
(State or country)

10. NAME OF FATHER

Thomas Atkinson11. BIRTHPLACE OF FATHER (city or town) St Jons

(State or Country)

New Brunswick, Canada

12. MAIDEN NAME OF MOTHER

Ruth Elizabeth Simmons13. BIRTHPLACE OF MOTHER (city or town) Nauvoo, Ill.
(State or Country)

14.

Informant
(Address)

15.

Filed 3/16, 1931.

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March, 15th 1931

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. 14, 1931, to Mar. 15, 1931that I last saw him alive on Mar. 15, 1931and that death occurred, on the date stated above, at 9:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) yrs. mos. 3 ds.
CONTRIBUTORY Chronic endocarditis
(Secondary)

..... (duration) 5 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? emo

(Signed)

Ruth Atkinson, M. D.
3-15, 1931 (Address) Exburg, Idaho

19. Place of Burial, Cremation, or Removal

Sutton Cemetary

Date of Burial

Mar, 18 1931

20. Undertaker

Address

Wm. J. Keller Exburg, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74209**

PLACE OF DEATH

County of ValleyCity of Near Cascade, Ida

Registration District No. _____

Primary Registration District No. 15

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Marshall Montgomery

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE <u>72</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Humansville, Mo
(State or country)10. NAME OF FATHER L. B. Montgomery11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Mo12. MAIDEN NAME OF MOTHER Marion Martin13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Mo14. Informant Mrs. Cora Montgomery
(Address)15. Filed March 31 Western
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 7 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 1st, 1931, to March 7, 1931
that I last saw him alive on March 1st, 1931and that death occurred, on the date stated above, at 9:02 m.

The CAUSE OF DEATH* was as follows:

MyocarditisCONTRIBUTORY
(Secondary)(duration) yrs. 2 mos. 0 ds.

(duration) yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None(Signed) Josiah C. Ward, M. D.March 8, 1931 (Address) Cascade, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Cascade, Ida March 8 1931

20. Undertaker

Address

W. D. Robb Cascade, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED APR 4 1931
DO NOT WRITE IN THIS SPACE
74210
State File No.

PLACE OF DEATH

County of Valley
City of Cascade

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Merion Lowell Sells

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 21 - 1918

7. AGE Years 18 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Payson Idaho
(State or country)

10. NAME OF FATHER William Sells

11. BIRTHPLACE OF FATHER (city or town) Payson Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Evelyn Sells

13. BIRTHPLACE OF MOTHER (city or town) Payson Idaho
(State or Country)

14. Informant E R Sells

(Address) March 20 31 Montana Gardner

15. Filed March 20 31 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1931, to March 16, 1931
that I last saw him alive on March 15, 1931
and that death occurred, on the date stated above, at 2:30 a. m.

The CAUSE OF DEATH* was as follows:

influenza

(duration) yrs. mos. 5 ds.

CONTRIBUTORY Lobar pneumonia
(Secondary)

(duration) yrs. mos. 3 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? negative

(Signed) Rosemary Sells M. D.

3-20, 1931 (Address) Cascade Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Rosebury Idaho March 18 1931

20. Undertaker STH Address Cascade Idaho

(Delayed)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74212

PLACE OF DEATH

County of Brigham
City of ShelleyRegistration District No. 121
Primary Registration District No. 2194Local Registrar's No. 58

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Wallace Poole Hansen

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single
- 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No
6. DATE OF BIRTH (month, day and year) Oct 16, 1929
7. AGE Years 1 Months 5 Days 9 If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
- (a) Trade, profession, or particular kind of work None
- (b) General nature of industry, business, or establishment in which employed (or employer) "
- (c) Name of employer _____

9. BIRTHPLACE (city or town) _____ (State or country) Rehburg, Idaho

10. NAME OF FATHER

Wallace H. Hansen11. BIRTHPLACE OF FATHER (city or town) _____ (State or Country) Shelley

12. MAIDEN NAME OF MOTHER

Alice B. Poole13. BIRTHPLACE OF MOTHER (city or town) _____ (State or Country) Rehburg

14.

Informant Wallace H. Hansen
(Address) Shelley, Ida

15.

Filed Mar. 31, 1931 Wm. M. E. Patrick
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 23, 1931, to March 25, 1931that I last saw him alive on March 25, 1931and that death occurred, on the date stated above, at 5:30 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (Secondary)

Myocarditis(duration) _____ yrs. _____ mos. 2 ds.18. Where was disease contracted _____ if not at place of death? at place of deathDid an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Physical Examine(Signed) H. C. Patrick, M. D.3/26/31, 19 _____ (Address) Shelley

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Shelley, Idaho Mar 29, 1931

20. Undertaker

Address

Jack A. Wood Idaho Falls, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of MadisonCity of Sugar CityRegistration District No. 120Primary Registration District No. 2,78

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harold Henry Larsen

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single. Married. Widowed. or Divorced (write the word.) Infant.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
5 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sugar City
(State or country)10. NAME OF FATHER Charles M. Larsen11. BIRTHPLACE OF FATHER (city or town) Sugar City
(State or Country) Idaho.12. MAIDEN NAME OF MOTHER Elsie May Knappp13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Charles M. Larsen
(Address) Sugar City, O. F. O. 115. Filed 3/1, 1931 W. H. Young
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 74213Local Registrar's No. 7

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 2, 1931, to Mar 4, 1931that I last saw him alive on Mar 4, 1931and that death occurred, on the date stated above, at 2:40 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Erysipelas (Foot + neck)
Whooping cough.
Otitis Media.

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? HomeDid an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? W. H. Young

(Signed)

M. D.

Mar 5, 1931 (Address) Rebburg

19. Place of Burial, Cremation, or Removal

Date of Burial

Rebburg 3/6 1931

20. Undertaker

Address

Russel Klamm Rebburg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74214**

PLACE OF DEATH

County of Madison
City of Salem

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178
(No. _____)

Local Registrar's No. 8

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susie Winsley

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Mexican 5. Single, Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 2 Years 7 Months 7 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Butte, Montana
(State or country)

10. NAME OF FATHER J. L. Winsley

11. BIRTHPLACE OF FATHER (city or town) Arizona
(State or Country)

12. MAIDEN NAME OF MOTHER Janie Revula

13. BIRTHPLACE OF MOTHER (city or town) New Mexico
(State or County)

14. Informant J. L. Winsley
(Address) Salem, Idaho

15. Filed 4/2, 1931 J. P. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1931, to Mar. 2, 1931
that I last saw her alive on Mar. 2, 1931
and that death occurred, on the date stated above, at 8 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.
CONTRIBUTORY Pickets
(Secondary)

(duration) 1 yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) B. J. Butcherland, M.D.
3-7, 1931 (Address) Reynolds, Idaho

19. Place of Burial, Cremation, or Removal Sugar City Date of Burial 3/3, 1931

20. Undertaker Russell Tamm Address Reynolds

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74215**

PLACE OF DEATH

County of Myer
City of Levinston

Registration District No. 96Primary Registration District No. 1004Local Registrar's No. 151(No. Dr Joseph Hospital)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Dahmen(a) Residence. No. Uniontown Wash St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) not known

7. AGE Years 67 Months - Days - If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) W. H. Conser
(State or country)10. NAME OF FATHER Wm Grell11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Germany12. MAIDEN NAME OF MOTHER Mary Honey13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Germany14. Informant Mrs Dahmen
(Address) Uniontown Wash15. Filed 3-12-1931 J. M. Rye
Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 8 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to March 8, 1931
that I last saw her alive on March 7, 1931
and that death occurred, on the date stated above, at 1250 P. m.

The CAUSE OF DEATH* was as follows:

Obstruction Left Leg
(R Leg amputated for same)
about 2 yrs ago.

(duration) yrs. mos. ds. 18CONTRIBUTORY Obstructive Emarteritis
(Secondary)(duration) 3 yrs. mos. ds.18. Where was disease contracted
if not at place of death? Uniontown WashDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? home

(Signed) By B. B. B. B. B. M. D.
Feb 10, 1931 (Address) Levinston Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Uniontown Wash Date of Burial 1920. Undertaker Vassar Mortuary (Address) Levinston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74216

State File No.

PLACE OF DEATH

County of Nev. Perce.
City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No. 17
(No. St. Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME August Schroeder.(a) Residence. No. Clarkston, Washington.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 14th, 1866.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
64. 6. 23.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer and stockman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) New Holstein,
(State or country) Wisconsin.

10. NAME OF FATHER Nicholas Schroeder.

11. BIRTHPLACE OF FATHER (city or town) Germany.
(State or Country)

12. MAIDEN NAME OF MOTHER Platt.

13. BIRTHPLACE OF MOTHER (city or town) Germany.
(State or County)

14. Informant Mrs. August Schroeder.
(Address) Clarkston, Washington.

15. Filed 3-16, 1931 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 7th, 1931. 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 21, 1931, to March 7, 1931
that I last saw him alive on March 6, 1931

and that death occurred, on the date stated above, at 6 12 pm.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Brain Abscess

(duration) yrs. mos. ds. 12
CONTRIBUTORY Chronic Mastoid
(Secondary)

(duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) John A. Schless, M. D.3/9/31., 1931 (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal Lewiston, Idaho. Date of Burial 3/10/31. 1931

20. Undertaker Brower-Wann Company. Address Lewiston, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74217

State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. Clinic Bldg.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Eugene Decico.(a) Residence. No. North Lewiston.

St.

(Usual place of abode.)
Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Single.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) August 22nd, 1930.

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or

-----.

6.13.

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sacramento,
(State or country) California.

10. NAME OF FATHER

Bert Decico.11. BIRTHPLACE OF FATHER (city or town) Lewiston,
(State or Country) Idaho.12. MAIDEN NAME OF MOTHER Julia Brooks.13. BIRTHPLACE OF MOTHER (city or town) Silcott,
(State or County) Washington.

14.

Informant
(Address)Bert Decico.
Lewiston, Idaho.

15.

Filed

3-81931J. M. Kyle
By Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 5th, 1931.

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 5, 1931, to Mar 5, 1931

that I last saw him alive on

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Persistent Phlegm

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

Woclock

M. D.

3/7/31.

19

(Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Clarkston, Washington.3/7/31.

19

20. Undertaker

Address

Brower-Wann Company,Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74218

State File No.

PLACE OF DEATH
County of Lewiston
City of Lewiston

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lois Harper

(a) Residence. No. 612-26th St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year) <u>3/5/31</u>		
7. AGE	Years	Months Days
		If LESS than 1 day, <u>2</u> hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) (State or country)	<u>Lewiston Idaho</u>
10. NAME OF FATHER	<u>Wm Harper</u>
11. BIRTHPLACE OF FATHER (city or town) (State or Country)	<u>N.Y.</u>
12. MAIDEN NAME OF MOTHER	<u>Lillian Jones</u>
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)	<u>Idaho</u>

14. Informant	<u>Wm Harper</u>
(Address)	<u>Lewiston Idaho</u>

15. Filed	<u>3-10-31</u>
Registrar	<u>J. M. [Signature]</u>

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH	<u>3</u>	<u>5</u>	<u>31</u>
	(Month)	(Day)	(Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-5-31, 1931, to same, 1931, that I last saw her alive on same, 1931, and that death occurred, on the date stated above, at 2:05 A.M.

The CAUSE OF DEATH* was as follows:

Cause not known
Born weak at full time
lived 2 hours.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. McManahan, M. D.
, 1931 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
<u>Lewiston Idaho</u>	<u>3/6</u> 19 <u>31</u>

20. Undertaker
Cass Mortuary Inc Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74219

State File No.

PLACE OF DEATH
County of Lewiston
City of Lewiston

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Don't know

6. DATE OF BIRTH (month, day and year) 9/24/1845

7. AGE Years 85 Months 5 Days 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

10. NAME OF FATHER Nick Hillman

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't know

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) " "

14. Informant Mrs Frank Lehgers (Address) Lewiston Idaho

15. Filed 3-6 1931 J. M. Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4 1931 to March 4 1931 that I last saw him alive on March 3-1931 and that death occurred, on the date stated above, at 12 40 AM

The CAUSE OF DEATH* was as follows:
Chronic Nephritis

(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) 0 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of March 4

Was there an autopsy? No

What test confirmed diagnosis? Kaiserson

(Signed) J. M. Lyle M. D.
3/7 1931 (Address) Lewiston, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mountain View Date of Burial 3/5 1931

20. Undertaker Essar Mortuary Address Lewiston Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74220**

PLACE OF DEATH

County of **Nes Perce.**
City of **Lewiston.**

CERTIFICATE OF DEATH

Registration District No. **96**
Primary Registration District No. **1001**
(No. **Lewiston Orchards.**)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Jesse Hull.**

(a) Residence. No. **St.**

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male.** 4. COLOR OR RACE **White.** 5. Single, Married, Widowed, or Divorced (write the word.) **Married.**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **December 27th, 1865.**

7. AGE Years Months Days If LESS than 1 day.
65. **2.** **5.** hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Orchardist.**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) **Iowa.**

10. NAME OF FATHER **N. R. Hull.**

11. BIRTHPLACE OF FATHER (city or town) (State or Country) **Illinois.**

12. MAIDEN NAME OF MOTHER **Malinda Long.**

13. BIRTHPLACE OF MOTHER (city or town) (State or County) **Indiana.**

14. Informant **Mrs. Jesse D. Hull.**
(Address) **Lewiston, Idaho.**

15. Filed **3-5** 19**31** **J. M. Lyle** Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 2nd, 1931. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Aug 1st** 19**30**, to **Mar 2nd** 19**31**, that I last saw him alive on **Mar 2nd** 19**31**, and that death occurred, on the date stated above, at **2:20 p.m.**

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Hypertensive Nephritis

(duration) **7** yrs. mos. ds.

CONTRIBUTORY (Secondary)

Arteriosclerosis

(duration) **1** yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? **No** Date of **3/4/31**

Was there an autopsy? **No**

What test confirmed diagnosis? **Examination of tissues**

(Signed) **B. B. Leasson**, M. D.

3/4/31. 19 (Address) **Lewiston, Idaho.**

19. Place of Burial, Cremation, or Removal

Lewiston, Idaho.

Date of Burial

3/4/31. 19

20. Undertaker

Brower-Wann Company,

Address

Lewiston, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74221

State File No.

PLACE OF DEATH

County of Nez Perce
City of Leiston

Registration District No. 96
Primary Registration District No. 1009
(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen E. Stanton

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sam Stanton

6. DATE OF BIRTH (month, day and year) April 11, 1879

7. AGE Years 52 Months 10 Days 21 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. housewife

(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)

10. NAME OF FATHER Leffler Strahl

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or County)

14. Informant Sam Stanton
(Address) Idaho

15. Filed 3-3-1931 J. M. Ly
27-113 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 1st 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 3rd, 1931, to Mar 1st, 1931
that I last saw h. w. alive on Mar 1st, 1931
and that death occurred, on the date stated above, at m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral emboli

(duration) yrs. mos. ds.
CONTRIBUTORY Thrombo Phlebitis
(Secondary) Internal bleed
(duration) yrs. mos. 15 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Feb 6th
Was there an autopsy? no
What test confirmed diagnosis? Physical signs
(Signed) O. B. Garrison, M. D.
3/3, 1931 (Address) Leiston Idaho

19. Place of Burial, Cremation, or Removal Leiston Date of Burial March 4, 1931

20. Undertaker Arthur J. Pickard Address Idaho

RECEIVED APP 4 1931

RECEIVED APP 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74222

PLACE OF DEATH

County of Myer

City of Lewiston

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No. 124

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME P. C. Sherwin

(a) Residence. No. Grangerille Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 10 5 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Victimized Rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ill.

10. NAME OF FATHER Edward Sherwin

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Pert Sherwin (Address) Grangerille Idaho.

15. Filed 3-3 1931 J. M. Lyle Registr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1931, to Feb 28, 1931

that I last saw him alive on Feb 28, 1931

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

General peritonitis from ruptured gangrenous appendix

(duration) yrs. mos. 7 ds. CONTRIBUTORY (Secondary) appendicitis

(duration) yrs. mos. 8 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 22 1931

Was there an autopsy? no

What test confirmed diagnosis? Cordinal Symptoms

(Signed) E. H. White M. D. 3-4, 1931 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Grangerille Idaho Date of Burial 3/3 1931

20. Undertaker Packer Mortuary Inc. Lewiston Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PARENTS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74227**

PLACE OF DEATH

County of MadisonCity of Buhlberg

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2178

(No.)

Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth M. Allen

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 20th 18577. AGE Years Months Days If LESS than 1 day, hrs. or min.
74 1 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Barrow Utah
(State or country)10. NAME OF FATHER William C. Mitchell11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER Mary Moore13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant Mary A. Barber
(Address) Buhlberg15. Filed 3/21, 1931 J. R. Young
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 17th, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1931, to March 17, 1931,
that I last saw h. ev alive on Feb 17, 1931,
and that death occurred, on the date stated above, at 5 p^m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cardio-vascular renal diseaseCONTRIBUTORY (Secondary) Cerebral hemorrhage
(duration) 4 yrs. mos. ds.(duration) 1 yrs. mos. ds.18. Where was disease contracted Place of death
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? Symptoms & laboratory findings(Signed) John A. Rich, M. D.3/20, 1931 (Address) Buhlberg Idaho19. Place of Burial, Cremation, or Removal Lewisville Ida Date of Burial Mar 21 193120. Undertaker Wm J. Keller Address Buhlberg

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of MadisonCity of Reynoldsburg

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2178

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phineus Tempest

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 26 - 1846

7. AGE

85

Years

Months

3

Days

26

If LESS than 1 day,

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

When last working

(c) Name of employer

9. BIRTHPLACE (city or town) England
(State or country)

10. NAME OF FATHER

William Henry Tempest11. BIRTHPLACE OF FATHER (city or town)
(State or Country)England

12. MAIDEN NAME OF MOTHER

Mary Lambert13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)England14. Informant Willard Johnson
(Address) Reynoldsburg, Ohio15. Filed 3/29 1931 2178
Registrar

DO NOT WRITE IN THIS SPACE

74228

State File No. _____

Local Registrar's No. 12

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March271931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 24, 1931, to Mar 27, 1931that I last saw him alive on Mar 27, 1931and that death occurred, on the date stated above, at 7:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) both ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
2nd attack
19 yrs ago

(duration) yrs. mos. ds.

CONTRIBUTORY Arteriosclerosis with
(Secondary) Hypertension (duration) 19 yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Carley Nelson M. D.
Mar 28, 1931 (Address) Reynoldsburg, Ohio

19. Place of Burial, Cremation, or Removal

Date of Burial

Reynoldsburg3/301931

20. Undertaker

Address

Russel Klamm Reynoldsburg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74229

State File No.

Local Registrar's No.

PLACE OF DEATH
County of Bingham
City of Aberdeen, Idaho

Registration District No. 116
Primary Registration District No. 2195

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Allen

(a) Residence. No. Tree Miles South of Aberdeen
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Marry Allen
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 14th 1874

7. AGE Years 56 Months 6 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9. BIRTHPLACE (city or town) Utah
(State or country)

10. NAME OF FATHER EM. Allen

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Calif

12. MAIDEN NAME OF MOTHER Mary Graham

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Calif

14. Informant Mary Allen
(Address) Aberdeen, Idaho.

15. Filed 3 1931 M. C. Markinson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 7th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1931, to March 7, 1931, that I last saw him alive on March 7, 1931 and that death occurred, on the date stated above, at 4 P m. The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) M. C. Markinson, M. D.
3/7/31, 19 (Address) Aberdeen Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal I.O.O.F. Cemetary Date of Burial 3/11/31 19

20. Undertaker J. Davis Address American Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Blaine Lake</u>		CERTIFICATE OF DEATH		State File No. <u>74230</u>	
City of <u>Hauman</u>		Registration District No. <u>5-3</u>		Local Registrar's No. <u>166</u>	
		Primary Registration District No.			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Bobby Dean Skinner</u>					
(a) Residence No.		St.			
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>July 5, 1929</u>					
7. AGE <u>1</u> Years	<u>8</u> Months	<u>22</u> Days	If LESS than 1 day, hrs. or min.		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
MOTHER FATHER					
13. NAME <u>Karl Skinner</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Venus Wallentine</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT (Address) <u>Wallace Wallentine</u> <u>Paris Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 193					
19. UNDERTAKER (Address)					
20. FILED <u>Mar 31</u> , 1931 <u>Mrs. Arthur Hess</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 18</u> , 1931, to <u>Mar 27</u> , 1931.					
I last saw him alive on <u>Mar 27</u> , 1931; death is said to have occurred on the date stated above, at <u>10:30</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Whooping Cough</u>					
Date of onset <u>3/14/31</u>					
Other contributory causes of importance: <u>Acute Bronchitis</u> <u>10 days</u>					
Name of operation <u>None</u> Date of					
What test confirmed diagnosis? <u>chest</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify					
(Signed) <u>E. O. Moore</u> , M. D.					
(Address) <u>Paris Idaho</u>					

9

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74231

State File No.

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Bear Lake Registration District No. 53

City of Bloomington Primary Registration District No. _____

Local Registrar's No. 165

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earl Lynn Gillett

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of Harriet May Gillett (or) WIFE of _____

6 DATE OF BIRTH (month, day and year) July 4 1885

7 AGE Years 15 Months 7 Days 0 If LESS than 1. day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Timberman

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer Solar Development Co.

9 BIRTHPLACE (city or town) Utah (State or country)

10 NAME OF FATHER John Gillett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant G. M. Thompson (Address) Grace, Idaho.

15 Filed Mar 5, 1931 C. O. Moore Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 4 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 3, 1931, to Mar 4, 1931, that I last saw him alive on Mar 4, 1931, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* was as follows:

Pneumonia RLL Lobes
Lobar Pneumonia Right
Upper lobe

(duration) _____ yrs. mos. 3 ds.

CONTRIBUTORY Chronic Alcoholism (Secondary)

(duration) _____ yrs. 3 mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) C. O. Moore M. D.

3/5, 1931 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Date of Burial

Grace Idaho.

19

20. Undertaker Address

PLACE OF DEATH

County of Lewis
City of WinchesterSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 96
Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE

State File No. 74232Local Registrar's No. 188^e(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)② FULL NAME David Tillson(a) Residence. No. _____ St. Portland, Oregon
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 16, 19147. AGE Years Months Days If LESS than 1 day, hrs. or min.
16 9 7 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lynn, Mass.
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Lynn, Mass.
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) Nova Scotia
(State or Country)14. Informant Mrs. H. B. Tillson
(Address) Portland, Oregon15. Filed 3-24-31 J. M. Lyle
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 23 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1931, to Mar. 23, 1931,
that I last saw him alive on Mar. 23, 1931,
and that death occurred, on the date stated above, at 4:55 A. m.

The CAUSE OF DEATH* was as follows:

Auto accident resulting in fracture of right side of pelvis.(duration) yrs. mos. 1 ds.CONTRIBUTORY Severe shock
(Secondary)(duration) yrs. mos. 1 ds.18. Where was disease contracted
if not at place of death? yesDid an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? X-Ray, Phys. Exam.(Signed) A. B. Halliday, M. D.
Mar. 23, 1931 (Address) Winchester, Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Portland, Oregon. 19
20. Undertaker Address
Brower-Wann Company. Lewiston, Idaho.

RECEIVED APR 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74236

State File No.

PLACE OF DEATH

County of Lincoln
City of Shoshone

Registration District No. 16

Primary Registration District No. 2014
(No. Burdett Hospital)

Local Registrar's No. 7

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm Cortez Kershner

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 17 1855

7. AGE Years 75 Months 6 Days # If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Danville (State or country) NY

10. NAME OF FATHER Wm Kershner

11. BIRTHPLACE OF FATHER (city or town) New York (State or Country)

12. MAIDEN NAME OF MOTHER Permelia Southmayd

13. BIRTHPLACE OF MOTHER (city or town) New York (State or Country)

14. Informant Alfred C Kershner (Address)

15. Filed Dec 19 1931 J. L. Sauer Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1931, to Mar 17, 1931 that I last saw him alive on Mar 17, 1931 and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Fibrosis
of Bronchitis

(duration) yrs. mos. ds.

CONTRIBUTORY Chronic Myocarditis
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ---

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? 8 Day Exam

(Signed) J. E. J. Barrett, M. D.

3/18, 1931 (Address) Shoshone, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Shoshone Idaho Mar 19 1931

20. Undertaker Address

C. E. Hickok Shoshone Ida.

n. b.—every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED APR 11 1931

DO NOT WRITE IN THIS SPACE

State File No. **74237**

PLACE OF DEATH

County of Lincoln
City of Richfield

Registration District No. 10
Primary Registration District No. 2016

Local Registrar's No. 8

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John A Lemmon

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR/OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen B Lemmon

6. DATE OF BIRTH (month, day and year) Feby 6 1874

7. AGE Years 57 Months 1 Days 24 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Fox Lake Wis
(State or country)

10. NAME OF FATHER John Lemmon

11. BIRTHPLACE OF FATHER (city or town) Ireland
(State or Country)

12. MAIDEN NAME OF MOTHER Amelia King

13. BIRTHPLACE OF MOTHER (city or town) Canada
(State or Country)

14. Informant Mrs Helen B Lemmon
(Address) Appt 3

15. Filed 31 J. H. Fuller
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I did not attend deceased from _____, 19____, to _____, 19____

that I last saw h_____ alive on _____, 19____

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Diabetes (Gives history of treatment for 4 years)
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death? Michigan

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) T. E. Dwyer, M. D.

3/31, 1931 (Address) Shoshone Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Fox Lake Wisconsin Date of Burial 19

20. Undertaker W. E. Hickok Address Shoshone Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74238**PLACE OF DEATH
County of Linn
City of Linn FallsRegistration District No. 37Primary Registration District No. 1085(No. 253 9th No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 632. FULL NAME Robert P. Logan(a) Residence. No. 253 9th No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 16 18517. AGE Years 80 Months 2 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant(b) General nature of industry, business, or establishment in which employed (or employer) (Music store)

(c) Name of employer

9. BIRTHPLACE (city or town) Pa.
(State or country)10. NAME OF FATHER John Logan11. BIRTHPLACE OF FATHER (city or town) Scotland
(State or Country)12. MAIDEN NAME OF MOTHER Don't know13. BIRTHPLACE OF MOTHER (city or town) 1
(State or Country)14. Informant R. R. Logan
(Address) 253 9th Ave North city15. Filed April 4th 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 30 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to Mar 30, 1931
that I last saw him alive on Mar 30, 1931
and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Schismatic Carcinoma
Liver - Colon - Mesenteric
Glands
(duration) yrs. mos. 30 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? YesWhat test confirmed diagnosis? Phys. Findings & Autopsy(Signed) Dr. R. R. Morgan M. D.4/21, 1931 (Address) Linn Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Linn Falls Date of Burial April 2 193120. Undertaker W. J. Gorman Linn Falls

RECEIVED APR 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **74240**

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1086
(No. 222 Jackson St Home)

Local Registrar's No. 61

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Christopherson

143

(a) Residence. No. 222 Jackson St.

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, name of (or) WIFE of J. A. Christopherson

6. DATE OF BIRTH (month, day and year) Nov 18, 1884

7. AGE Years 46 Months 5 Days 20 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Home work
(c) Name of employer

9. BIRTHPLACE (city or town) Twin Utah
(State or country)

10. NAME OF FATHER N. S. Lorenson

11. BIRTHPLACE OF FATHER (city or town) Denmark
(State or Country)

12. MAIDEN NAME OF MOTHER Christina Thompson

13. BIRTHPLACE OF MOTHER (city or town) Denmark
(State or Country)

14. Informant J. A. Christopherson
(Address) 222 Jackson St Twin Falls

15. Filed April 4th 1931 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to March 28, 1931, that I last saw her alive on March 28, 1931, and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:
Rupture of gall bladder during performance.
Shock

(duration) yrs. mos. ds.
CONTRIBUTORY Cholecystitis Gall
stones (duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical
(Signed) H. E. Lamb, M. D.
4-2, 1931 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Ida Date of Burial 4-1-1931

20. Undertaker White Mortuary Inc Address Twin Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PARENTS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74242**

PLACE OF DEATH

County of Twin Falls
City of Twin Falls **RED**

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 57

(No. 7 miles East & So. of Twin Falls)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jesse S. Leardo Ball

(a) Residence. No. Twin Falls Idaho St.

(Usual place of abode)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 17, 1878

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
52 8 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) farm work

(c) Name of employer

9. BIRTHPLACE (city or town) Laticoy
(State or country) Calif

10. NAME OF FATHER Cassius Ball

11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)

12. MAIDEN NAME OF MOTHER Ana Walton

13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or Country)

14. Informant Mrs. Paul Suttmiller
(Address) Timberly Idaho

15. Filed April 2nd 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March - 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 27, 1931, seen only after death
that I last saw him alive on May 27, 1931,
and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

embolism of the Rt. coronary artery

(duration) 10 min yrs. mos. ds.

CONTRIBUTORY (Secondary)

obstruction of coronary arteries (duration) ? yrs. mos. ds.

18. Where was disease contracted ?
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Death and Autopsy

(Signed) J. D. Smith M. D.

3/27, 1931 (Address) Timberly, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation or Removal

Date of Burial

Twin Falls Idaho

19

20. Undertaken

Address

White Mortuary

Twin Falls Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74243**

PLACE OF DEATH

County of Twin FallsRegistration District No. 37City of Twin FallsPrimary Registration District No. 2085Local Registrar's No. 58(No. County Gen Hosp)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Mart Fear(a) Residence. No. Timberley Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

Male whiteSingle5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Mar 21 - 1931

7. AGE — Years — Months — Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Twin Falls Ida

10. NAME OF FATHER

Mart Fear11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho

12. MAIDEN NAME OF MOTHER

Nora Jones13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Idaho14. Informant
(Address)Mart Fear
Timberley Ida15. Filed March 26th 1931Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar 21 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Mar. 21st 1931 to Mar. 21st 1931that I last saw him alive on Mar. 21st 1931and that death occurred, on the date stated above, at 3¹⁵ m.

The CAUSE OF DEATH was as follows:

Premature birth.7 1/2 mos.Membranes rupturedone week ago. OtherwiseCONTRIBUTORY (Secondary) child's mother inmother's history to explain18. Where was disease contracted
if not at place of death? the very birth

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Campbell M.D.3-23 1931 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Rock Creek Mar 21 1931

20. Undertaker

Address

P. J. Loresman Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.
Exact statement of OCCUPATION is very important.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 11 1931
DO NOT WRITE IN THIS SPACE

74244

State File No.

PLACE OF DEATH

County of Shaw
City of Shaw Falls

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

Local Registrar's No. 57

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Ellen Dickerson(a) Residence. No. 143 Adams St. St.

(Usual place of abode.) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widow'd, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 5/1866

7. AGE 64 Years 4 Months 15 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. W

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Ill

10. NAME OF FATHER Henry Dickerson

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Germany

12. MAIDEN NAME OF MOTHER Lilah Lettman

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Ill.

14.

Informant
(Address)

15. Filed March 26th 1931

Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH 9-5516. DATE OF DEATH March 20 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from March 9 1931, to March 20 1931
that I last saw her alive on March 20 1931

and that death occurred, on the date stated above, at 4 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis - Chl.(duration) 5 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Cerebral(Signed) Charles E. ... M. D.3-20 1931 (Address) 111 Adams St.

19. Place of Burial, Cremation, or Removal

Date of Burial

Walla Walla Mar. 1931

20. Undertaker

Address

J. E. Drake Shaw Falls

RECEIVED 2 11 1931

RECEIVED 2 11 1931
DO NOT WRITE IN THIS SPACE
State File No. 74245

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Blaine
City of Triler

Registration District No. 37
Primary Registration District No. 2086
(No. at home)

Local Registrar's No. 56

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Finney

(a) Residence. No. Triler Ida. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Chas. A. Finney

6. DATE OF BIRTH (month, day and year) March 17 1869

7. AGE Years 61 Months 11 Days 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

(c) Name of employer

9. BIRTHPLACE (city or town) Michigan
(State or country)

10. NAME OF FATHER Henry Tyle

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER Elsie Gardner

13. BIRTHPLACE OF MOTHER (city or town) N.Y.
(State or Country)

14. Informant Chas. A. Finney
(Address) Triler Ida.

15. Filed March 18th 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931, to March 16, 1931, that I last saw him alive on March 16 - 1931, and that death occurred, on the date stated above, at 8:10 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? urine test

(Signed) Geo. Lauch

March 16, 1931, (Address) Triler Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Triler Date of Burial Mar. 18 1931

20. Undertaker P. J. Grossman Address Triler Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74247**

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 54

(No. Twin Falls County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert R. Farber

(a) Residence. No. 630 - 3rd Ave W. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 4 - 1855

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
76 6 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner - Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) New York City
(State or country) N.Y.

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Unknown

14. Informant Mrs. Alvi McNamee
(Address) 304 - 5th Ave West

15. Filed March 26, 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1931, to March 16th, 1931, that I last saw him alive on March 16th, 1931, and that death occurred on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) Eng yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio vascular
renal disease (duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Cholesterol
(Signed) H. E. Smith M. D.

Mar 18, 1931 (Address) Twin Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Date of Burial 3-19 1931

20. Undertaker White Mortuary Address Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74248**

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Twin Falls
City of Idaho FallsRegistration District No. 37Primary Registration District No. 2085Local Registrar's No. 53(No. Co Gen Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Anna Fern Hansen(a) Residence. No. Hazelton Ida R 7 D St.

(Usual place of abode)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 11th 19137. AGE 17 Years 10 Months 5 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Chesterfield Ida
(State or country)10. NAME OF FATHER Andrew E Hansen11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Emma J Grant13. BIRTHPLACE OF MOTHER (city or town) Ida
(State or Country)14. Informant Andrew E Hansen
(Address) Hazelton Ida R 7 D St.15. Filed March 18th 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 15 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 13, 1931, to March 15, 1931,
that I last saw him alive on March 15, 1931,
and that death occurred, on the date stated above, at 1030 A m.The CAUSE OF DEATH* was, as follows:
Endocarditis and myocarditis
following influenza - 2 wks of illness
quite(duration) ✓ yrs. ✓ mos. 10 ds.CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. J. J. Crossman M. D.
March 15, 1931 (Address) Twin Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Bancroft Ida Date of Burial 1920. Undertaker J. J. Crossman Address Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED APR 11 1931
DO NOT WRITE IN THIS SPACE
State File No. **74249**

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37

Primary Registration District No. 2086

(No. Twin Falls County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 62

2. FULL NAME Baby Lawhorn

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
✓ ✓ ✓

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER Orville Lawhorn

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER Alma Reynolds

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Orville Lawhorn (Address) Edna

15. Filed March 18th, 1931 Elihu J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3 15 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

2-15, 1931, to 3-15, 1931

that I last saw him alive on 3-15, 1931

and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Prematurity - 6 mo

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edna Reynolds, M. D.

3-16, 1931 (Address) Twin Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 19

20. Undertaker White Mortuary Inc Address Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74250**

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 57
(No. 216 main ave no)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nathure Hewitt(a) Residence. No. 216 Main ave no St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 14-1867

7. AGE 63 Years 2 Months 2 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town).....wis
(State or country)10. NAME OF FATHER Michael Healy11. BIRTHPLACE OF FATHER (city or town).....Ireland
(State or Country)12. MAIDEN NAME OF MOTHER Don't know13. BIRTHPLACE OF MOTHER (city or town).....Ireland
(State or Country)14. Informant Mrs Frank Wagner
(Address) 216 - main ave no15. Filed March 16th 1931 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 22 to March 12th 1931
that I last saw him alive on March 11th 1931

and that death occurred, on the date stated above, at 4 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows

Arterio sclerosis
Cerebral hemorrhage

(duration) 3 yrs. mos. ds.
CONTRIBUTORY Chronic myocarditis
(Secondary) (duration) 3 yrs. mos. ds.

18. Where was disease contracted Chicago, Ill
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical signs(Signed) John J. Engler M. D.(Address) 19. Place of Burial, Cremation, or Removal Twin Falls, Ida Date of Burial Mar 14 193120. Undertaker P. J. Grossman Address Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED 11 1931

DO NOT WRITE IN THIS SPACE

State File No. 74251

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 50

(No. Twin Falls R.F.D. #1)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Stute

(a) Residence. No. Twin Falls R.F.D. #1 St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) March 1st 1870

7. AGE Years 61 Months 10 Days 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wisc. (State or country)

10. NAME OF FATHER Antoine Stute

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER Agatha Von Prieden

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant (Address) J. Stute

15. Filed March 18th 1931 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 11 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-11-31, to March 11-31

that I last saw him alive on 3-11-31

and that death occurred, on the date stated above, at 11:30 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Gun shot wound in the neck Self-inflicted Suicide

(duration) yrs. mos. ds. none

CONTRIBUTORY (Secondary) Poor health, swelling was financial condition (duration) yrs. mos. days

18. Where was disease contracted at home if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) J. Stute, M. D.

3-16-31 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal Date of Burial

Twin Falls Mar 16 1931

20. Undertaker J. Grossman Address Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED APR 11 1931
DO NOT WRITE IN THIS SPACE
State File No. **74252**

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2081

Local Registrar's No. 49

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Squire

(a) Residence. No. Castledale Ida. St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Male 4. COLOR/OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 78 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address)

15. Filed March 16th 1931

Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. 7, 1931, to Mar. 11, 1931

that I last saw him alive on Mar. 10, 1931

and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Reps. of blood from self inflicted wounds - suicidal intent. Several cuts on both wrists - marks of lacerations at elbow on both arms and on right

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) J. H. Murphy M. D.

Mar. 11, 1931 (Address) Buhl Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Buhl, Ida. 3-13 1931

20. Undertaker

Address

White Mortuary Inc Twin Falls Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74253**

PLACE OF DEATH

County of Joan FallsCity of Joan FallsRegistration District No. 37Primary Registration District No. 2085Local Registrar's No. 47

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harold Fine Hughes(a) Residence. No. Hansen Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofMuriel Hughes

6. DATE OF BIRTH (month, day and year)

March 21-1898

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.321119

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Muthall Okla

10. NAME OF FATHER

William Hughes11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Sarah Whittaker13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown Iowa

14.

Informant

Mrs. Muriel Hughes

(Address)

Hansen Idaho. R.F.D. #2

15.

Filed

March 18th 1931Elizabeth J. Smith

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March101931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 10 - 1931, to March 10 - 1931that I last saw him alive on March 10 - 1931and that death occurred, on the date stated above, at 11:40 a.m.

The CAUSE OF DEATH* was as follows:

Shot gun wound in the heart deeply infected
Quincke

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)See Letter

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?on road south of town

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Physical Exam

(Signed)

W. H. Lutz, M. D.3-12-31(Address) Joan Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Joan Falls Cemetery3-14 1931

20. Undertaker

Address

White Mortuary IncJoan Falls Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74254**

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37Primary Registration District No. 1085Local Registrar's No. 46(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Elizabith Frances Driskell(a) Residence. No. 444 - 4th Ave E St.

(Usual place of abode)

Length of residence in city or town where death occurred, 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of.6. DATE OF BIRTH (month, day and year) Feb 25 - 1883

7. AGE Years Months Days If LESS than 1 day,
48 0 9 min. hrs. or

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Secretary & Bookkeeper(b) General nature of industry, business, or establishment in which employed (or employer) office work(c) Name of employer Twin Falls Bldg & Loan Co.9. BIRTHPLACE (city or town) Kentucky
(State or country)10. NAME OF FATHER Thomas J. Driskell11. BIRTHPLACE OF FATHER (city or town) Ky.
(State or Country)12. MAIDEN NAME OF MOTHER Lucinda Demaree13. BIRTHPLACE OF MOTHER (city or town) Ky.
(State or Country)14. Informant Ira Driskell
(Address) 444 - 4th Ave E.15. Filed March 12th 1931 Elizabith J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 7 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 9, 1931, to March 7th, 1931
that I last saw her alive on March 7th, 1931
and that death occurred, on the date stated above, at 4:15 P.M.

The CAUSE OF DEATH* was as follows:

Fibroid ovaries Left. Fibroid Right. Uterus 2. (3) Hypertension Chronic, non suppurative
(duration) yrs. ? mos. ds.
CONTRIBUTORY Embolism to Brain Post. Op.
(Secondary) (duration) yrs. mos. 1 ds.

18. Where was disease contracted ✓
if not at place of death? ✓
Did an operation precede death? yes Date of March 5th 1931
Was there an autopsy? yes

What test confirmed diagnosis? Laboratory
(Signed) Duncan Alexander M. D.
3/9-31, 1931 (Address) Twin Falls, Id.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 3-10 1931

20. Undertaker White Mortuary Inc Address Twin Falls, Id.

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74255

State File No.

PLACE OF DEATH

County of Twin Falls
 City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2083-(No. County General Hosp.)Local Registrar's No. 46

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Ora M. DeBoard(a) Residence. No. Filer R. F. D. #1 St.

(Usual place of abode)

Length of residence in city or town where death occurred. 15 yrs.

mos.

ds.

(If nonresident give city or town and State.)
 How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white5. Single. Married, Widowed,
or Divorced (write the word.)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofChester DeBoard

6. DATE OF BIRTH (month, day and year)

Mar 19-1897

7. AGE

33 Years11 Months12 Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

House wife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

No. C.

10. NAME OF FATHER

F. M. Sturfill

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

No. C.

12. MAIDEN NAME OF MOTHER

Mary Williams

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

No. C.14. Informant
(Address)Chester DeBoard
Filer R. F. D. #1

15. Filed

March 9th, 1931Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar7

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 11930to May 7th1931that last saw him alive on Mar 6th, 1931and that death occurred, on the date stated above, at 2 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
 CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
 whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 The CAUSE OF DEATH was as follows:

Myocarditis & EndocarditisCONTRIBUTORY
(Secondary)Nephritis(duration) 2 yrs. 1 mos. ds.(duration) 2 yrs. mos. ds.18. Where was disease contracted
if not at place of death?at home

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Clinical

(Signed)

H. C. Lamp

M. D.

Mar 7, 1931 (Address Twin Falls)

19. Place of Burial, Cremation, or Removal

Date of Burial

Filer IdahoMar 8 1931

20. Undertaker

Address

Crossman Mortuary

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74256

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2083
(No.)

Local Registrar's No. 44

(If death occurred in a hospital or institution, give its name instead of street and number)

County Hospital

2. FULL NAME

W M Southwood

Pocotello

(a) Residence, No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (State the word.) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 33 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

RR Brackman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

US L

9. BIRTHPLACE (city or town)
(State or country)

Idaho

10. NAME OF FATHER

Southwood

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

unknown

14.

Informant
(Address)

T L Reddy

Pocotello

15.

Filed

March 25, 1931

1931

Elizabeth J. Smith

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 7 / 31

1. 15

(Month)

(Day)

19

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3-6-1931, to 3-7-1931

that I last saw him alive on 3-6-1931

and that death occurred, on the date stated above, at 1:15 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Suicide by hanging from
a beam that was not.

(duration) yrs. mos. ds.
CONTRIBUTORY Self inflicted Gun
shot wound of 32 Automatic Pistol

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? Home Person

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical Exam

(Signed)

3-7-1931

(Address) Home, Fall

19. Place of Burial, Cremation, or Removal

Pocotello

Date of Burial

19

20. Undertaker

Address

Schumacher & Beasley Pocotello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74257
State File No.

PLACE OF DEATH

County of Twin Falls
City of Kimberly

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2081
(No. Kimberly)

Local Registrar's No. 43

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William F. Horn

(a) Residence. No. Kimbelry St.

(Usual place of abode.)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 23. 1848

7. AGE Years Months Days If LESS than 1 day,
82 3 11 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

10. NAME OF FATHER C. C. Horn

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ky.

12. MAIDEN NAME OF MOTHER Eliza Jones

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Iowa

14. Informant Mrs. C. A. Johnson
(Address) Kimberly

15. Filed April 4th, 1931. Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March, 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov - 30, 1930, to Mar 4, 1931
that I last saw him alive on Mar 4, 1931
and that death occurred, on the date stated above, at 10 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Cardio-vascular disease

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. M. Davis, M. D.
Mar 4, 1931 (Address) Kimberly, Ky.

19. Place of Burial, Cremation, or Removal Twin Falls Date of Burial Mar. 6th 1931

20. Undertaker Grossman Mortuary Address Twin Falls,

CERTIFICATE OF DEATH

RECEIVED APR 11 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

74258

1. PLACE OF DEATH

County of Jerome
City of EdenRegistration District No. 23
Primary Registration District No. 2017
(No. _____ St.)

File No. _____

Registered No. _____

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Lorin Leroy Ellsworth

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED _____
(Write the word.)

6. DATE OF BIRTH

Oct 31 1929
(Month) (Day) (Year)

7. AGE

Yrs. 28 Mos. _____ ds. _____
IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work nothing
(b) General nature of industry, business or establishment in which employed (or employer) _____

9. BIRTHPLACE

(State or Country) Idaho

10. NAME OF FATHER

Curtis Ellsworth

11. BIRTHPLACE OF FATHER

(State or Country) Idaho

12. MAIDEN NAME OF MOTHER

Lelesta Poulson

13. BIRTHPLACE OF MOTHER

(State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. M. Ellsworth
(Address) Eden

15.

Filed Apr 1 1930 S. Hopper
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar 5 1930
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 25 1930 to Mar 5 1930

that I last saw h. _____ alive on _____ 19 _____

and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) S. Hopper M. D.19 _____ (Address) Hazelton

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Twin Falls 3-6 1930

20. UNDERTAKER

ADDRESS

None

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Tremont
City of Ashton

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Registration District No. 182
Primary Registration District No. 6

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

74259

State File No.

RECEIVED APR 13 1931

Local Registrar's No.

2. FULL NAME GERALD OSBORNE

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 3rd 1931

7. AGE Years Months Days If LESS than 1 day,
9 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ashton Idaho
(State or country)

10. NAME OF FATHER Steve Osborne

11. BIRTHPLACE OF FATHER (city or town) Ashton Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Junita Olson

13. BIRTHPLACE OF MOTHER (city or town) Ashton Idaho
(State or Country)

14. Informant Steve Osborne
(Address) Ashton Idaho

15. Filed 4-10-, 1931 Cam Cushman
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 17/12/31

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

No Doctor

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed), M. D.

....., 19..... (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Ashton Idaho Date of Burial 2/13/3 19

20. Undertaker Lewis Kiser Address Ashton Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74261

State File No. _____

PLACE OF DEATH
Fremont

County of _____

City of **Ashton**

Registration District No. **102**

Primary Registration District No. **6**

RECEIVED APR 13 1931

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Chas Richard Merrick**

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **June 22th 1930**
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
6 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **At home**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) **Ashton**

10. NAME OF FATHER **Charles Merrick**

11. BIRTHPLACE OF FATHER (city or town) (State or Country) **Utah**

12. MAIDEN NAME OF MOTHER **Billie Peterson**

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) **N.D.**

14. Informant **Charles Merrick**
(Address) **Ashton Idaho**

15. Filed **4-10-** 19 **31** **CCM**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Jan. 6th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____
that I last saw h_____ alive on _____, 19____

and that death occurred, on the date stated above, at _____m.

The CAUSE OF DEATH* was as follows:
Died without Medical
Attention

_____(duration) _____yrs. _____mos. _____ds.

CONTRIBUTORY
(Secondary)

_____(duration) _____yrs. _____mos. _____ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) _____, M. D.

_____, 19____ (Address) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Ashton Idaho **1/2/31** 19
20. Undertaker Address
Lewis Kiser **Ashton Idaho**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74262

State File No.

RECEIVED APR 13 1931

Local Registrar's No.

7055

PLACE OF DEATH
Tremont
County of
City of **Ashton**

Registration District No. **102**
Primary Registration District No. **6**

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Label Osborne

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or **Married** (the word)

16. DATE OF DEATH

3/ 4 /31 19...
(Month) (Day) (Year)

5a. If married, widowed, or divorced
HUSBAND of **George Osborne.**
(or) WIFE of

17. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (month, day and year) **June 19.1903.**

....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred, on the date stated above, at.....m.

7. AGE Years Months Days If LESS than 1 day,
28 7 14 hrs. or min.

The CAUSE OF DEATH* was as follows:

Died without medical attention

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House wife.**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

9. BIRTHPLACE (city or town) **Ashton Idaho**
(State or country)

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed), M. D.

....., 19..... (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

10. NAME OF FATHER **Peter Oseson**

19. Place of Burial, Cremation, or Removal Date of Burial

Ashton Idaho 3/7/31 19

11. BIRTHPLACE OF FATHER (city or town) **Idaho**
(State or Country)

20. Undertaker Address

Lewis Kiser Ashton Idah

12. MAIDEN NAME OF MOTHER **Millie Rich.**

13. BIRTHPLACE OF MOTHER (city or town) **Idaho**
(State or Country)

14. Informant **George Osborne.**
(Address) **Ashton Idaho**

15. Filed **4-10-** 19**31** **CC McEacham**
Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74263**

PLACE OF DEATH

County of ~~Blaine~~ **Freemont**
City of **Ashton**

CERTIFICATE OF DEATH

Registration District No. **102**
Primary Registration District No. **1026**

Local Registrar's No. **90**

(If deceased in institution, give its name instead of street and number.)
ARVID ANDERSON

2. FULL NAME

ARVID ANDERSON

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. **Male** 4. **White** 5. **Single, Married, Widowed, or Divorced (write the word)**
Married

5a. If married, widowed, or divorced **Mrs Arvid Anderson**
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **July 17th 1876**

7. AGE **54** Years **8** Months **19** Days
If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Farmer**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Sweden**
(State or country)

10. NAME OF FATHER **Anders Anderson**

11. BIRTHPLACE OF FATHER (city or town) **Sweden**
(State or Country)

12. MAIDEN NAME OF MOTHER **Charlotte Anderson**

13. BIRTHPLACE OF MOTHER (city or town) **Sweden**
(State or Country)

14. Informant **Mrs Arvid Anderson**

(Address) **Ashton Idaho**

15. Filed **4-10-31**

Chas. Meacham
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 6th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1930 to April 6, 1931
that I last saw him alive on **April 6, 1931**

and that death occurred, on the date stated above, at **6.15** m.

The CAUSE OF DEATH* was as follows:

Indurated arteriosclerosis

(duration) **2** yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) **10** yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? **No** Date of **✓**

Was there an autopsy? **No**

What test confirmed diagnosis?

(Signed) **J. P. Hargis** M. D.

(Address) **Ashton Idaho**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Ashton Idaho **4.10** 19

20. Undertaker Address

Lewis Kiser **Ashton Idaho**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74264**

PLACE OF DEATH

County of **Freemont**
City of **Ashton**

Registration District No. **102-6**
Primary Registration District No. **102-6**

RECEIVED APR 13 1931
Local Registrar's No. **44**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Ethel Thomas**

(a) Residence. No. _____ St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

5a. If married, widowed, or divorced
HUSBAND of **H. Thomas.**
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **August, 29 1883**

7. AGE Years **47** Months **6** Days **16** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House wife**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Kansas.**
(State or country)

10. NAME OF FATHER **Gilbert Graham.**

11. BIRTHPLACE OF FATHER (city or town) **Ill.**
(State or Country)

12. MAIDEN NAME OF MOTHER **Margert Duff.**

13. BIRTHPLACE OF MOTHER (city or town) **Canada.**
(State or Country)

14. Informant **H. Thomas.**
(Address) **Ashton Idaho**

15. Filed **4-10-** 1931 **Chambers**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March, 15th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 1930, 19 **March 15**, 19 **31**
that I last saw him alive on **March 15**, 19 **31**
and that death occurred, on the date stated above, at **8:30 a.m.**

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) **1** yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? **No** Date of **Aug 1930**

Was there an autopsy? **No**

What test confirmed diagnosis?

(Signed) **P. H. Thomas** M. D.
March 15, 19 **31** (Address) **Ashton Idaho**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Ashton Idaho.** Date of Burial **3/18/ 19**

20. Undertaker **Lewis Kiser** Address **Ashton Idaho**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74265

State File No.

RECEIVED APR 13 1931

PLACE OF DEATH

County of MadisonCity of Boise

CERTIFICATE OF DEATH

Registration District No. 10Primary Registration District No. 6

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Hyrum Oberhauser

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 14-19207. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 1 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Redding, Idaho
(State or country)10. NAME OF FATHER Carl Hyrum Oberhauser11. BIRTHPLACE OF FATHER (city or town) Wayton, Neb.
(State or Country)12. MAIDEN NAME OF MOTHER Alta Gilbert13. BIRTHPLACE OF MOTHER (city or town) Chesley, Idaho
(State or Country)14. Informant (Address) Carl Hyrum Oberhauser
Diamond, Idaho15. Filed 3-5- 1931 C. Oberhauser
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 3 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Mar 3 1931, to Mar 3 1931
that I last saw him alive on Mar 3 1931
and that death occurred, on the date stated above, at 3:30 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Intestinal Toxemia
(Indigested Food)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted _____
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? H. B. Rigby(Signed) Mar 3 1931 (Address) Redding19. Place of Burial, Cremation, or Removal Bohston, Idaho Date of Burial 1920. Undertaker L. M. Kiser Address Bohston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED APR 13 1931

1. PLACE OF DEATH

County Canyon State ID IDAHO Registered No. 43
Township _____ or Village 1005 74266 or
City Caldwell No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Adaline C. Carter

(a) Residence: No. 206 Everett St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) July 10 - 1847

7. AGE Years 83 Months 8 Days 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) _____ (State or country) Perm

13. NAME Daniel Clark

14. BIRTHPLACE (city or town) _____ (State or country) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) _____ (State or country)

17. INFORMANT A. P. Carter (Address) Home Oregon

18. BURIAL, CREMATION, OR REMOVAL

Place Canyon, Ill. Date April, 1931

19. UNDERTAKER C. V. Leckhagen (Address) Caldwell, Idaho

20. FILED 4-8-, 1931 - John S. Innes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1931, to Apr. 6, 1931

I last saw her alive on April 6, 1931; death is said to have occurred on the date stated above, at 4:40 P. M.

The principal cause of death and related causes of importance were as follows:

Influenza.

Date of onset Apr 1, 1931

Other contributory causes of importance:

Myocarditis

Long standing

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) David E. Baird, M. D.

(Address) Caldwell, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74267
State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. 2005
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Dalzell

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 44 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stockman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Scotland
(State or country)

10. NAME OF FATHER
Alexander Dalzell

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Scotland

12. MAIDEN NAME OF MOTHER Fannie Wood

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Scotland

14. Informant Alexander Dalzell
(Address) Emmett Idaho

15. Filed 4-8-1931 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 3 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1930, to Death, 1931,
that I last saw him alive on April 3, 1931,
and that death occurred, on the date stated above, at 7:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY Complete paralysis
(Secondary) from myelitis with degenerative changes
(duration) 6 yrs. mos. ds.

18. Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) W. F. West, M. D.
4-6, 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Canyon Hill Cemetery Date of Burial Apr 4 1931

20. Undertaker Caldwell Ida Address Caldwell Idaho
Paul L. Case

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 RECEIVED APR 7 1931 41
Township _____ or Village 2005
City Caldwell No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Robert August Russell 90
(a) Residence: No. 716 Belmont St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Russell

6. DATE OF BIRTH (month, day, and year) Dec 10-1857
7. AGE Years 71 Months 3 Days 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Probate Judge
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Shelbyville, Ill
(State or country)

13. NAME Samuel Russell

14. BIRTHPLACE (city or town) _____
(State or country)

15. MAIDEN NAME Emily Arbuckle

16. BIRTHPLACE (city or town) Sidney, Ohio
(State or country)

17. INFORMANT Helene R. Fick
(Address) Parma

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon, Ind. Date 4-5-1931

19. UNDERTAKER C. V. Fickham
(Address) Caldwell, Ind.

20. FILED 4-8-1931 John P. Meyers
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 3, 1931

22. I HEREBY CERTIFY That I attended deceased from March 3, 1931 to April 3, 1931

I last saw him alive on April 3, 1931; death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:
Acute heart dilatation Date of onset _____

Other contributory causes of importance:
myocarditis

Name of operation none Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury _____, 19____

Where did injury occur? X

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Hospital

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Edw. D. Queller M. D.

(Address) _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State IDAHO Registered No. 40
Township _____ or Village 2005 74269 or
City Rampa No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

William M. Schafer
(a) Residence: No. Middleton St. _____ Ward. 90
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Jan 16 - 1897</u>		
7. AGE <u>60</u>	Years <u>2</u>	Months <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) (State or country) <u>Jefferson Co Iowa</u>		
13. NAME <u>John W.</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>		
15. MAIDEN NAME <u>Mary Fox</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Iowa</u>		
17. INFORMANT <u>Lawrence Roberts</u> (Address) <u>Caldwell Idaho</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Canyon</u> Date <u>3-2</u> , 1931		
19. UNDERTAKER <u>C. V. Peckham</u> (Address) <u>Caldwell Idaho</u>		
20. FILED <u>4-9-</u> , 19 <u>31</u> - <u>John S. Meyer</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) <u>3-26</u> , 19 <u>31</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar. 5</u> , 19 <u>31</u> , to <u>Mar. 26</u> , 19 <u>31</u> I last saw him alive on <u>Mar. 26</u> , 19 <u>31</u> ; death is said to have occurred on the date stated above, at <u>5 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Spinal Insufficiency</u> Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of Injury _____
Nature of Injury _____
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Thos. E. Manning</u> M. D. (Address) <u>Rampa Ida</u>

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74270

State File No.

PLACE OF DEATH

County of CanyonCity of Caldwell

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2005

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

RECEIVED APR 13 1931

Local Registrar's No. 392. FULL NAME Henry L. Williams(a) Residence. No. Payette Idaho St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of Mrs Elizabeth Williams
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mch 19 1860

7. AGE Years <u>71</u>	Months <u>-</u>	Days <u>6</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) West Virginia
(State or country)10. NAME OF FATHER Wm Williams11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Penn12. MAIDEN NAME OF MOTHER Laura Higgins13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Virginia14. Informant Mrs Henry L. Williams
(Address) Payette Idaho15. Filed 3-26- 1931 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mch 25 1931 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mch 25 1931 to Mch 25 1931

that I last saw him alive on 19

and that death occurred, on the date stated above, at 10 A m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic MyocarditisCONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) yrs. mos. ds.18. Where was disease contracted Auto - Car
if not at place of death ExhaustionDid an operation result in death? No Date of
Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) J. L. Meyer M. D.
3/26 1931 (Address) Caldwell19. Place of Burial, Cremation, or Removal Morris Hill Cemetery Date of Burial Mch 27-3120. Undertaker Boise Ida Address Caldwell Ida
Paul L. Case

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74271

State File No.

PLACE OF DEATH

County of CanyonCity of Wilder

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2003

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Wesley Peret(a) Residence No. Wilder, Idaho

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJune 21 - 1868

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.62829

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarming(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Abington
Ind.

10. NAME OF FATHER

Victor Peret11. BIRTHPLACE OF FATHER (city or town)
(State or Country)France

12. MAIDEN NAME OF MOTHER

Mary Shute13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)not known

14.

Informant
(Address)Mrs J. W. Peret
Wilder, Ida

15.

Filed

3-21-19311931John B. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March
(Month)20
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 20, 1931, to Week 20, 1931that I last saw him alive on March 20, 1931and that death occurred, on the date stated above, at 4 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Myocardial(duration) yrs. mos. ds.
CONTRIBUTORY Age
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? XDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Histology Exam(Signed) E. B. Caldwell M. D.3-21-1931 (Address) Caldwell, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Wetmore Kansas19

20. Undertaker

Address

C. V. PeckhamCaldwell
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74272**

PLACE OF DEATH

County of Canyon
City of Wilder

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 2 Local Registrar's No. 37

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmer Lewis Mattingly

(a) Residence. No. Wilder Ida IP#1 St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Almeda Mattingly

6. DATE OF BIRTH (month, day and year) April 15 1867

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
63 10 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Ranching

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Jefferson County
(State or country) Iowa

10. NAME OF FATHER

Not known

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Ohio

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

"

14. Informant (Address) J. E. Mattingly
Wilder Idaho

15. Filed 3-18- 1931 John H. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 1928, to Mar 13 1931

that I last saw him alive on Mar 10 1931

and that death occurred, on the date stated above, at 1:30 a. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis
chronic Valvular Heart Disease
(Mitral Regurg.)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) 5 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Robert E. Stahl M.D.

Mar 14 1931 (Address) Wilder Ida

19. Place of Burial, Cremation, or Removal Canyon Hill Date of Burial 3-15-1931

20. Undertaker C. H. Beckham Address Caldwell, Ida

Paul L. Case Caldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74274

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1005

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence, No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)Femalewhitesingle

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Feb 18 - 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Boise
Idaho

10. NAME OF FATHER

H H Lindblom11. BIRTHPLACE OF FATHER (city or town)
(State or Country)mont

12. MAIDEN NAME OF MOTHER

Bernice Morford13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Vica, Okla

14.

Informant
(Address)L B Lindblom
Caldwell, Idaho

15.

Filed

3-13-1931John B. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 7
(Month) (Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 8, 1931, to March 8, 1931that I last saw him alive on March 8, 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Congenital debility plus
premature birth.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)Maternal Rickets

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) E. M. D., 19 _____ (Address) Caldwell, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill3-10 1931

20. Undertaker

Address

J. BeckhamCaldwell, Idaho

RECEIVED APR 13 1931

Local Registrar's No. 35160

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74275
State File No.

PLACE OF DEATH

County of BlaineCity of Canyon

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

(If nonresident give city or town and State.)

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.69

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)not known

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)John Krezek
Caldwell Idaho

15.

Filed

3-14- 1931John L. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3 - 9 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

3-7 1931, to 3-9 1931
that I last saw him alive on 3-8 1931and that death occurred, on the date stated above, at 2 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Dilatation of the
heart.(duration) yrs. mos. 10 ds.CONTRIBUTORY
(Secondary)high blood pressure
(duration) 10 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of LWas there an autopsy? No

What test confirmed diagnosis?

(Signed) John L. Meyer M. D.
3-9 1931 (Address) Caldwell Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill3-13 1931

20. Undertaker

Address

C. V. BeckhamCaldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74276

State File No.

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. 2005

RECEIVED APR 13 1931
Local Registrar's No. 33

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Mary Judge
Odd Fellows Home

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 4 1855

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
75 8 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Jarvis Canada
(State or country)

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Mrs Viola Price
(Address) Caldwell Idaho

15. Filed 3-12-, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1931, to March 2, 1931
that I last saw him alive on Feb 28, 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apoplexy
(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) John L. Meyer, M. D.
3/3, 1931 (Address) Caldwell Idaho

19. Place of Burial, Cremation, or Removal Canyon Hill Cemetery Date of Burial 3-3-31 19

20. Undertaker Paul L. Case Address Caldwell Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74278

State File No.

PLACE OF DEATH

County of Bonnerville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 1 **RECEIVED APR 13 1931**
Primary Registration District No. 2 Local Registrar's No. 61
(No. L.D. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christ Nicholas Scholomiti
(a) Residence. No. St. Anaconda, Mont.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single. Married. Widowed.
or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Helen C. Scholomiti
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Not Known

7. AGE Years 55 Months Days If LESS than 1 day,
hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Resturant Owner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Greece
(State or country)

10. NAME OF FATHER Nicholas G. Scholomiti

11. BIRTHPLACE OF FATHER (city or town) Greece
(State or Country)

12. MAIDEN NAME OF MOTHER Maria Boris

13. BIRTHPLACE OF MOTHER (city or town) Greece
(State or County)

14. Informant Nicholas Christ Scholomiti
(Address) 482 Wells Ave. New York City, N.Y.

15. Filed April 31, 19 31 Certified
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 27, 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Mar 27, 19 31, to Mar 27, 19 31
that I last saw him alive on Mar 27, 19 31

and that death occurred, on the date stated above, at 9:45 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Mitral Insufficiency
Death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Shelley
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blue Blue

(Signed), M. D.

19 (Address)

19. Place of Burial, Cremation, or Removal Butte, Montana Date of Burial April 2, 19 31

20. Undertaker Jack A. Wood Address Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74279

State File No.

PLACE OF DEATH

County of Bonneville
City of St. Leon

CERTIFICATE OF DEATH

Registration District No. 23Primary Registration District No. 21 V-D

(No.)

Local Registrar's No. 60

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Metta Holm(a) Residence. No. St. Hyrum, Utah

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Holm

6. DATE OF BIRTH (month, day and year) July 8, 1843

7. AGE Years 87 Months 8 Days 30 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work clean

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Clenmark (State or country)10. NAME OF FATHER George Jensen11. BIRTHPLACE OF FATHER (city or town) Clenmark (State or Country)12. MAIDEN NAME OF MOTHER Anna Metta Christensen13. BIRTHPLACE OF MOTHER (city or town) Clenmark (State or Country)14. Informant (Address) John W. Holm
Clifton Montana15. Filed Mar 31, 1931. Clemm Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1931, to Mar 28, 1931

that I last saw her alive on Mar 28, 1931and that death occurred, on the date stated above, at 4 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. Dutton M. D.
3/28 1931 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal Hyrum, Utah Date of Burial April 1, 1931

20. Undertaker Jack A. Wood Address Idaho Falls

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74280

State File No.

PLACE OF DEATH

County of BonnevilleCity of ColtmanRegistration District No. 73Primary Registration District No. 2150

(No.)

Local Registrar's No. 1629

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single Married, Widowed, or Divorced, (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 5, 19307. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 0 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Coltman, Ida
(State or country)10. NAME OF FATHER Frank Ostergard11. BIRTHPLACE OF FATHER (city or town) Syracuse
(State or Country)12. MAIDEN NAME OF MOTHER Olivia Briggs13. BIRTHPLACE OF MOTHER (city or town) Prigga, Idaho
(State or Country)14. Informant (Address) Mr. Frank Ostergard15. Filed Mar 31, 1931 Continued
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 29, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 23, 1931, to March 29, 1931that I last saw him alive on March 23, 1931and that death occurred, on the date stated above, at 6 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

RecklessCONTRIBUTORY
(Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Sputum(Signed) W. H. [Signature]Mar 31, 1931 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal Date of Burial

Idaho Falls Idaho Mar 31, 1931

20. Undertaker Address

Jack G. Wood Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74281

State File No.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 2140(No. L. H. S. Hospital)Local Registrar's No. 99A

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Irene Kelley

(a) Residence. No.

(Usual place of abode.)

St. Woodville Ida.

Length of residence in city or town where death occurred.

yrs.

mos.

14

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 2, 1929

7. AGE Years Months Days If LESS than 1 day.
2 10 17 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

child

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Woodville
(State or country) Ida.

10. NAME OF FATHER Heber L. Kelley

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Lona, Idaho

12. MAIDEN NAME OF MOTHER Kate Mulliner

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Lona, Ida.

14. Informant Heber L. Kelley
(Address) Idaho Falls 1080 #4

15. Filed Apr 30, 1931 C. J. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 19, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
mch. 18, 1931, to mch 19, 1931
that I last saw her alive on mch 19, 1931
and that death occurred, on the date stated above, at 10:30 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Bronchitis
..... (duration) yrs. mos. ds. 5

CONTRIBUTORY
(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? 7 PRC kept

(Signed) M. D. Shelly
Mch 21, 1931 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal Rose Hill, Idaho Falls Date of Burial March 22, 1931

20. Undertaker Jack A. Wood Address Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74282**

PLACE OF DEATH

County of BonnevilleCity of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 24-0

(No. _____)

Local Registrar's No. V-7

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Edward E. Shepard

(a) Residence. No. _____

(Usual place of abode.)

St. _____

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced* (write the word.)Divorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec 22 1860

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

7034

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workLife Insurance agent(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Shangri-La Town
Ind.

10. NAME OF FATHER

Don't know11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Don't know

12. MAIDEN NAME OF MOTHER

Don't know13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)?

14.

Informant
(Address)R. W. D. Kegan
Blackfoot, Ida

15.

Filed

May 2019 31W. J. Quinn
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March2619 31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 20, 1929 19 31 to March 26 19 31that I last saw him alive on October 24 19 30

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

apoplexy - Chronic Intentional
Uephiles

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Clinical

(Signed)

W. L. Wilkerson M. D.3/2619 31

(Address)

Idaho Falls, Ida

19. Place of Burial, Cremation, or Removal

Idaho Falls

Date of Burial

3-1 19 31

20. Undertaker

E. F. Beck

Address

Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Bonanza Idaho Falls Registration District No. 3
City of Idaho Falls Primary Registration District No. 2150

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74283

State File No.

Local Registrar's No. 1-6

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emrys W. Davis(a) Residence. No. North Idaho Falls St.

(Usual place of abode)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Anna Ellis Davis (or) WIFE of6. DATE OF BIRTH (month, day and year) Sept 10, 18597. AGE Years 71 Months 6 Day 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lawyerman(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9. BIRTHPLACE (city or town) So Wales (State or country)10. NAME OF FATHER Emrys J. Davis11. BIRTHPLACE OF FATHER (city or town) So Wales (State or Country)12. MAIDEN NAME OF MOTHER Marguerite Jones13. BIRTHPLACE OF MOTHER (city or town) So Wales (State or Country)14. Mrs Anna Ellis Davis (Address) Idaho Falls15. Filed Apr 23, 1931 W. J. M. Han Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 6, 1930, to March, 1931
that I last saw him live on April, 1930and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* was as follows:

Cardio vascular renal disease(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Nephritis(duration) yrs. 3 mos. ds.18. Where was disease contracted Place of death if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? Symptoms & Laboratory findings(Signed) Forin S. Rich, M. D.March 22, 1931 (Address) Reeburg Idaho

*State the DISEASE CAUSING DEATH, or in death, from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida Date of Burial 3/23 193120. Undertaker D. F. M Han Address Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74286

State File No.

PLACE OF DEATH

County of Bonanza
City of Idaho Falls

Registration District No. 73Primary Registration District No. 71-22Local Registrar's No. 161a

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Edna May Morden

RECEIVED APR 13 1931

(a) Residence. No. River Road by Stewart's Ferry

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

March 15-1931

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. ornonono

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Idaho Falls, Ida.

10. NAME OF FATHER

Lyman Morden11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Spearfish, So Dakota

12. MAIDEN NAME OF MOTHER

Florence Benson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Valley Springs, Ark.

14.

Informant

(Address)

Lyman Morden, Idaho Falls, Ida.

15.

Filed 4-16, 1931C. J. Mendenhall

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 15

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. 151931

to

19

that I last saw him alive on Mar. 15, 5 A.M. 1931
and that death occurred, on the date stated above, at 4:40 A.M.

The CAUSE OF DEATH* was as follows: -

Premature birth

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(Secondary)Mother fell daybefore

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Geo. A. Apperle

M. D.

19

(Address)

Idaho Falls, Ida.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls, Ida 3/16 1931

20. Undertaker

Address

V. F. M. Nam Idaho Falls, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74288**

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 2147

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Henry Oscar Wareham**RECEIVED APR 13 1931**

(a) Residence. No. _____

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMary B. Wareham

6. DATE OF BIRTH (month, day and year)

April 24, 1854

7. AGE

Years
76Months
10Days
15If LESS than 1 day,
_____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Retired Rancher(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Lynn Co.
Iowa

10. NAME OF FATHER

George Wareham11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Pennsylvania

12. MAIDEN NAME OF MOTHER

Mary Jane Robins13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Iowa

14.

Informant
(Address)Geo. B. Wareham
Idaho Falls, Ida.

15.

Filed

Mar 13, 1931Unrecorded

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar.91931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Rupture Aortic
Aneurysm into
Pericardium.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)Arteriosclerosis

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed)

Dr. J. H. Allen, Coroner
Mar. 12, 1931 (Address) Idaho Falls, Ida.

19. Place of Burial, Cremation, or Removal

Idaho Falls

Date of Burial

Mar. 13 1931

20. Undertaker

Jack A. Wood

Address

Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74289
State File No.

PLACE OF DEATH

County of Bonanza
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 2120

Local Registrar's No. V-0

(If death occurred in a hospital or institution, give its name instead of street and number.)

RECEIVED APR 13 1931

2. FULL NAME Christian E. Keller

(a) Residence. No. 1260 So Blvd. St.

(Usual place of abode)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elma Keller

6. DATE OF BIRTH (month, day and year) Jan 6 - 1870

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
61 2 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Pres of Keller Imp Co.
(c) Name of employer Collector for his firm

9. BIRTHPLACE (city or town) Berne (State or country) Switzerland

10. NAME OF FATHER John Keller

11. BIRTHPLACE OF FATHER (city or town) Berne (State or Country) Switzerland

12. MAIDEN NAME OF MOTHER Rosetta Fucker

13. BIRTHPLACE OF MOTHER (city or town) Berne (State or Country) Switzerland

14. Informant Mrs Elma Keller (Address) Idaho Falls Ida

15. Filed Mar 11, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 9 1931, to March 9 1931, that I last saw him alive on March 9 1931, and that death occurred, on the date stated above, at 10 15 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 20 yrs. mos. ds.
CONTRIBUTORY Diabetic Coma (Secondary)
(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chemical Laboratory

(Signed) Harry L. Willman M. D. 3/11, 1931 (Address) Idaho Falls, Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida Date of Burial 3/12 1931

20. Undertaker V. F. McHann Address Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, if possible. If not, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instruction on back of certificate.

City of Idaho Falls Registration District No. 2 Primary Registration District No. 2 Local Registrar's No. 1

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of address and number.)

2. FULL NAME Arthur Elmo Graham

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred, 19 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day and year) <u>Sept 27-1871</u>		
7. AGE <u>59</u> Years <u>5</u> Months <u>12</u> Days	If LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired P. R. Cond-actor</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer <u>O. S. & P. R. Co.</u>		
9. BIRTHPLACE (city or town) (State or country) <u>Kentucky</u>		
10. NAME OF FATHER <u>Louis W Graham</u>		
11. BIRTHPLACE OF FATHER (city or town) (State or Country) <u>Oklahoma</u>		
12. MAIDEN NAME OF MOTHER <u>Unknown</u>		
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) <u>Unknown</u>		
14. Informant <u>Mrs. Pearl Thompson</u> (Address) <u>Idaho Falls Idaho</u>		
15. Filed <u>Mar 11</u> , 19 <u>31</u> <u>C. J. ...</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 10
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to March 10
that I last saw him alive on March 10
and that death occurred, on the date stated above, at 3:10 pm.
The CAUSE OF DEATH* was as follows:
Cerebral Embolism
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? ✓
What test confirmed diagnosis? _____
(Signed) H. J. ... M. D.
Mar 11, 1931 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from unknown CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Idaho Date of Burial 3/12
20. Undertaker V. F. M. Han Idaho Address _____

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74291**

PLACE OF DEATH

County of Bonerville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 244

(No. H. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 46

2. FULL NAME Ellen Holmer

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas F Holmer

6. DATE OF BIRTH (month, day and year) July 4-1878

7. AGE Years 53 Months 7 Days 6 If LESS than 1 day, min. hrs. or

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Smaland (State or country) Sweden

10. NAME OF FATHER Eskelson

11. BIRTHPLACE OF FATHER (city or town) Smaland (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Smaland (State or Country) Sweden

14. Informant Chas. F. Holmer (Address) Idaho Falls Ida

15. Filed Mar 11, 19 31 C. J. Carpenter Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 10 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 10, 19 31, to March 10, 19 31, that I last saw her alive on

and that death occurred, on the date stated above, at 3:36 m.

The CAUSE OF DEATH* was as follows:

apoplexy

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. P. Sadegh 3/11 19 31 (Address) Idaho Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida Date of Burial 3/14 19 31

20. Undertaker V. F. M. Han Address Idaho Falls Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74292**

PLACE OF DEATH

County of Bennett
City of Idaho Falls

Registration District No. 3

Primary Registration District No. 214-0

Local Registrar's No. 47

(No. _____)

(If death occurred in a hospital or institution, give its name and street and number.)

RECEIVED APR 13 1931

2. FULL NAME Katherine P. Martin

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant's

(Address)

15. Filed

6

1931

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended, deceased from

March, 1931, to March 5, 1931
that I last saw him alive on March 5, 1931
and that death occurred, on the date stated above, at 10:45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Hypertension

(duration) 3 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death? ☒

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) W. F. M. Han, M. D.

19. (Address) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls Ida. 3/8 1931

20. Undertaker

Address

W. F. M. Han Idaho Falls
Idaho

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74293

State File No.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 2 Local Registrar's No. 46

(No. L. O. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Max Barnes Seldford

(a) Residence. No.

(Usual place of abode.)

St. Idaho Falls Rt #5

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single Married, Widowed, or Divorced* (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 13, 1925

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
5 9 19 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)

10. NAME OF FATHER Byron C. Seldford

11. BIRTHPLACE OF FATHER (city or town) Levensville, Utah
(State or Country)

12. MAIDEN NAME OF MOTHER Wilma Barnes

13. BIRTHPLACE OF MOTHER (city or town) Cardston, Canada
(State or Country)

14. Informant Mrs. Byron Seldford
(Address) Idaho Falls Rt #5

15. Filed Mar 14, 1931 Cellinman
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1931, to March 2, 1931
that I last saw him alive on March 1, 1931
and that death occurred, on the date stated above, at 9:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY acute colitis
(Secondary)

(duration) yrs. mos. 7 ds.

18. Where was disease contracted Home
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & X-ray

(Signed) Edmund Crowley M. D.
Mar 4, 1931 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal Idaho Falls, Idaho Date of Burial Mar 4 1931

20. Undertaker Jack & Wood Address Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74294**

PLACE OF DEATH

County of Bonneville

City of Rigby R.T.D. 2

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 215-2

(No. _____)

Local Registrar's No. 41-1

(If death occurred in a hospital or institution, give its name instead of street and number.)

RECEIVED APR 13 1931

2. FULL NAME

(a) Residence No. Rigby R.T.D. 2

(Usual place of abode.)

St. _____

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 1, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0 13 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer _____

9. BIRTHPLACE (city or town) Rigby R.T.D. 2
(State or country)

10. NAME OF FATHER

Charles Ira Avery

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Huntington Wt.

12. MAIDEN NAME OF MOTHER Bertha Eames

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Teton Ida.

14.

Informant
(Address)

C. J. Avery

15.

Filed

Mar 3, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March
(Month)

1
(Day)

31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 1, 1931, to March 1, 1931

that I last saw him alive on Mar 1, 1931

and that death occurred, on the date stated above, at 11:50 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Prematurity

7 mo gestation

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed)

Mar 3, 1931 (Address) Rigby Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Presbyterian

Mar 3 1931

20. Undertaker

Address

None

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74295**

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 2140(No. W.D.S. Hospital)Local Registrar's No. 44

(If death occurred in a hospital or institution, give its name instead of street and number.)

RECEIVED APR 13 1931 16102. FULL NAME Rupert Weaver(a) Residence. No. Route #6, Idaho Falls, Ida St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 3-1-31

7. AGE Years Months Days 0 LESS than 1 day, hrs. and 19 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls, Idaho.
(State or country)

10. NAME OF FATHER

Elmer Weaver11. BIRTHPLACE OF FATHER (city or town) Bennington
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Pearl Minna Snyder13. BIRTHPLACE OF MOTHER (city or town) Thayne, Wyo.
(State or Country)14. Informant D. J. McLean - Sister
(Address)15. Filed Apr 2, 1931 C. J. McLean
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3 - 1 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

3/1/31, 1931, to 3/1/31, 1931that I last saw him alive on 3/1/31, 1931and that death occurred, on the date stated above, at 9 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature, 5 months
(2 lbs. baby).

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. J. Sutton M. D.
3/1/31, 1931 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Bennington, Idaho Mar. 1931

20. Undertaker

Address

D. J. McLean Idaho Falls, Idaho

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74296

State File No.

PLACE OF DEATH

County of Connerville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 2150

(No.)

Local Registrar's No. 43

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hyrum S. Mulliner

RECEIVED APR 13 1931

(a) Residence. No. Idaho Falls RT #1 St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (Write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMargaret A. Mulliner6. DATE OF BIRTH (month, day and year) February 18, 18647. AGE Years 67 Months 9 Days 9 LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lahi, Utah
(State or country)10. NAME OF FATHER Samuel Mulliner11. BIRTHPLACE OF FATHER (city or town) Scotland
(State or Country)12. MAIDEN NAME OF MOTHER Mary Richardson13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant Hebra S. Mulliner
(Address) Idaho Falls, Ida.15. Filed Feb 18, 1931C. J. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 26, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19,

that I last saw him alive on , 19,

and that death occurred, on the date stated above, at 9 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:No medical attendanceCerebrum face

(duration) ? yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. J. ..., M. D.
2/24/31, 19 (Address) Idaho Falls, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lincoln, Ida.March 1, 1931

20. Undertaker

Address

Jack A. WoodIdaho Falls

MARGIN RESERVED FOR BINDING

WRITE PROMPTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

EXACTLY.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74297

State File No.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 211-0

(No. Spencer Hospital)

Local Registrar's No. 749

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillian Ferney

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 23, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls
(State or country) Ida.

10. NAME OF FATHER Clifford L. Ferney

11. BIRTHPLACE OF FATHER (city or town) Iowa
(State or Country)

12. MAIDEN NAME OF MOTHER Ira Hackworth

13. BIRTHPLACE OF MOTHER (city or town) Virginia
(State or Country)

14. Informant Clifford Ferney
(Address) Idaho Falls, Ida.

15. Filed Feb 28, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 27, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1931, to Feb 27, 1931
that I last saw him alive on Feb 26, 1931

and that death occurred, on the date stated above, at 5:30 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Hemorrhage of the Brain
due to difficult labor. Small
pelvis. Primipara breech
presentation (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A. D. ..., M. D.
Feb 28, 1931 (Address) Idaho Falls, Ida.

19. Place of Burial, Cremation, or Removal Idaho Falls, Ida Date of Burial Feb. 28 1931

20. Undertaker Jack A. Wood Address Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74298**

PLACE OF DEATH

County of **Ada.**

CERTIFICATE OF DEATH

City of **Boise.**Registration District No. **8**Primary Registration District No. **2**(No. **Boise, Idaho. Route #1.**)Local Registrar's No. **21**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **D. F. Vaughan**(a) Residence. No. **Boise, Idaho. Route #1 St.**

(Usual place of abode.)

Length of residence in city or town where death occurred. **12** yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

**HUSBAND of
(or) WIFE of**6. DATE OF BIRTH (month, day and year) **June 26th 1855**

7. AGE

75

Years

Months

8

Days

24

If LESS than 1 day,

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Iowa.**
(State or country)

10. NAME OF FATHER

Mead Vaughan.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)**Unknown.**

12. MAIDEN NAME OF MOTHER

"13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)**"**14. Informant **Mrs. D. F. Vaughan.**

(Address)

Boise, Idaho.15. Filed **3-23-31** 19**31**

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 20th 1931

(Month)

(Day)

19**31**
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 18, 19**31**, to **Mar 21**, 19**31**that I last saw him alive on **Mar 21**, 19**31**and that death occurred, on the date stated above, at **11:30** a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myocarditis (Chronic)CONTRIBUTORY (duration) **5** yrs. mos. ds.
(Secondary) **Lupus**

(duration) yrs. mos. ds.

18. Where was disease contracted **Place of death.**
if not at place of death?Did an operation precede death? **No** Date ofWas there an autopsy? **No**

What test confirmed diagnosis?

(Signed) **J. H. Brittan**, M. D.
3/20/31, 19**31** (Address) **Boise, Idaho.**19. Place of Burial, Cremation, or Removal
Morris Hill Cemetery.

Date of Burial

3/22/31 19**31**

20. Undertaker

Wm. McBratney.

Address

Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74299**

PLACE OF DEATH

County of Ida.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 20
(No. Tucker Station, Boise, Idaho.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

RECEIVED APR 13 1931

2. FULL NAME Clark McClelland

(a) Residence. No. Tucker Station, Boise, Idaho. St.

(Usual place of abode.)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of Ellen R. McClelland.
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 6th 1851

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
79 8 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Penn.
(State or country)

10. NAME OF FATHER Unknown.

11. BIRTHPLACE OF FATHER (city or town) Penn.
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (city or town) "
(State or Country)

14. Informant Mrs. E. R. McClelland.
(Address) Boise, Idaho.

15. Filed 3-20-31 1931 W. M. McBratney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
March 17th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1931, to 3/17, 1931,
that I last saw him alive on Mar 17, 1931,
and that death occurred, on the date stated above, at 7 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Coronary Embolism

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) W. M. McBratney, M. D.
3/18/31, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Morris Will Cemetery Date of Burial 3/20/31
19

20. Undertaker Wm. McBratney. Address Boise, Idaho.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74300**

PLACE OF DEATH

County of Bonne
City of Idaho City

CERTIFICATE OF DEATH

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 205-19

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Idaho City St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

August 9 - 1930

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.74

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Idaho City

10. NAME OF FATHER

Samuel Proffitt11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho

12. MAIDEN NAME OF MOTHER

Lillian Francis13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Idaho

14.

Informant
(Address)Sam Proffitt
Idaho City, Idaho

15.

Filed

3-18-1931W. H. D. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March
(Month)18
(Day)1931
(Year)17. I HEREBY CERTIFY, That I examined deceased from dead
March 13 - 1931that I last saw him alive on 13
and that death occurred, on the date stated above, at m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:No Doctor available and
called after death caused
of death unknown.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Shanahan Corcoran
March 16, 1931 (Address) Idaho City

19. Place of Burial, Cremation or Removal

Date of Burial

Monis Hill Cemetery3/14 1931

20. Undertaker

Address

Schreiber & Mc CannBonne Z

Brayton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74301

State File No.

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 8Primary Registration District No. 2004(No. Ada County Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert W. Countryman.(a) Residence. No. Boise, Idaho. St. Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

da.

RECEIVED APR 13 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Don't Know.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

67

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Furniture Business.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Wis.

10. NAME OF FATHER

Unknown.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

"

12. MAIDEN NAME OF MOTHER

"

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

"

14.

Informant
(Address)O. W. Zurcher.Boise, Idaho.

15.

Filed

3-18

19

31W. V. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 15th 1931

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1925, to Mar 5th, 1931that I last saw him alive on Mar 14th, 1931and that death occurred, on the date stated above, at 3:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic MyocarditisCONTRIBUTORY
(Secondary)(duration) 5 yrs. 2 mos. 15 ds.Angina Pectoris
(duration) _____ yrs. _____ mos. 3 ds.18. Where was disease contracted
if not at place of death?Ada CoDid an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. M. Brayton M. D.3/16/31, 19____ (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.3/16/31 19____

20. Undertaker

Wm. McBratney.

Address

Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74302**

PLACE OF DEATH

County of AdaCity of BoiseRegistration District No. 2Primary Registration District No. 2(No. V.A., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 17**RECEIVED APR 13 1931**2. FULL NAME SULLIVAN, Florrie J.(a) Residence. No. Eureka, Utah 31

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced (write the word) married
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5a. If married, widowed, or divorced
HUSBAND of Mrs. Elva Sullivan
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1-29-1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant(b) General nature of industry, business, or establishment in which employed (or employer) XX(c) Name of employer XX9. BIRTHPLACE (city or town) Ireland
(State or country)10. NAME OF FATHER XX11. BIRTHPLACE OF FATHER (city or town) XX
(State or Country)12. MAIDEN NAME OF MOTHER XX13. BIRTHPLACE OF MOTHER (city or town) XX
(State or Country)14. Informant L. H. Beaman
(Address) V.A., Boise, Idaho15. Filed 3-17-31 W. H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 16 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
June 24, 1930, to March 16, 1931
that I last saw him alive on March 16, 1931
and that death occurred, on the date stated above, at 4.40 p.m.The CAUSE OF DEATH* was as follows:
Tuberculosis, pulmonary, chronic, active.

(duration) yrs. mos. ds.

CONTRIBUTORY same
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) F. C. Smith, Reg. Med. Officer, M. D.
March 17, 1931 (Address) V.A., Boise, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Eureka, Utah
Date of Burial 3-17-3120. Undertaker G. A. Franke
Address Eureka, Utah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSDO NOT WRITE IN THIS SPACE
State File No. **74304**

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hosp.)Local Registrar's No. 106

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Miller(a) Residence No. 402 South 11th

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 24 31

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

PARENTS

14.

Informant
(Address)

15.

Filed

2-21-31W.H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3-
(Month)24
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Birth on 3-24, 1931
that I last saw him alive on 3-24, 1931and that death occurred, on the date stated above, at 8:30 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Signs + symptoms
(Signed) Dr. West M. D.3-26, 1931. (Address) 715 East Broadway

19. Place of Burial, Cremation, or Removal

Date of Burial

Mountain Hill Cemetery 3/25-1931

20. Undertaker

Address

Schreiber & W. Gage BoiseDr. West

RECEIVED APR 13 1931

161a

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSDO NOT WRITE IN THIS SPACE
State File No. **74305**

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Alphonsus)Local Registrar's No. **105**

2. FULL NAME

(a) Residence No. 210 Broadway St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 7 mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)FemaleWhiteDivorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of=

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or
.....min.about 26--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousekeeper(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Germany

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Germany

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Germany

14.

Informant
(Address)J. F. Hodge
208 E. Idaho St.

15.

Filed

2-28-31W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar
(Month)17
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 4, 1931, to Deaththat I last saw h. 2 alive on March 7, 1931and that death occurred, on the date stated above, at 2:50 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Intestinal Adhesions
and obstructions.(duration) yrs. mos. ds.
CONTRIBUTORY Post operative shock.
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of 3-16-31Was there an autopsy? noWhat test confirmed diagnosis? Operation - signs & symp.(Signed) R. F. West M. D.
3-26, 1931 (Address) 415 Eastman

19. Place of Burial, Cremation, or Removal

Date of Burial

St. John's Cemetery3/28 1931

20. Undertaker

Address

Schubert & W. B. BaneBoiseWest

RECEIVED APR 13 1931

118

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74306
State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. Died on 18 th Street Bus)

Local Registrar's No. 104

(If death occurred in a hospital or institution, give its name instead of street and number.)

RECEIVED APR 13 1931

2. FULL NAME Samuel. B. Kennedy.(a) Residence. No. 1516. N. 21. Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
------------------------	-----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mattie. M. Kennedy.6. DATE OF BIRTH (month, day and year) November. 14. 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>81.</u>		<u>4</u>	<u>11.</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Washington Courthouse.
(State or country) Ohio.

10. NAME OF FATHER

Thomas Kennedy.11. BIRTHPLACE OF FATHER (city or town).
(State or Country) Ohio.

12. MAIDEN NAME OF MOTHER

Nancy Proud.13. BIRTHPLACE OF MOTHER (city or town).
(State or Country) Ohio.14. Informant Mrs. S. B. Kennedy.
(Address) 1516. N. 21. Street, Boise, Idaho.15. Filed 3-27 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March. 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. 25 1931 to March 25 1931
that I last saw him dead on March 25 1931and that death occurred, on the date stated above, at 6:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Congestive Pectoris.Dead on Bus on North 18th Street. (duration) yrs. mos. ds.CONTRIBUTORY High blood pressure
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Clyde E. Summers Coroner.
3/25 1931 (Address) Boise Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Meridian Idaho.March. 27. 31

20. Undertaker

Address

Summers & Krebs. Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74307**

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1004(No. 1415 Bannock Street.)Local Registrar's No. 103

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Eliza Chapman.(a) Residence. No. 1415 Bannock St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 67 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widow</u>
--------------------------	-----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGeorge A. Chapman.6. DATE OF BIRTH (month, day and year) February 9th 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>87</u>	<u>1</u>	<u>13</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Quincy, Ill.
(State or country)

10. NAME OF FATHER

-----Clark11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown.

12. MAIDEN NAME OF MOTHER

"13. BIRTHPLACE OF MOTHER (city or town)
(State or County)"14. Informant Newton Chapman.
(Address) Boise, Idaho.15. Filed 3-25-31 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 22nd 1931, 19____
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

3/22, 1931, to 3/22/31, 19____that I last saw her alive on 3/22/31, 19____and that death occurred, on the date stated above, at 10 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

SenilityCONTRIBUTORY fractured femur (ununion)
(Secondary) (duration) ____ yrs. ____ mos. ____ ds.(duration) 5 yrs. ____ mos. ____ ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of ____Was there an autopsy? noWhat test confirmed diagnosis? Physical findings(Signed) Reynolds Sr. M. D.
3/23/31, 19____ (Address) Boise, Idaho.19. Place of Burial, Cremation, or Removal Date of Burial
Portland, Oregon. Shipped
3-25-31 19____20. Undertaker Wm. McBratney. Address Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 74308

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Lukes Hospital.)
Local Registrar's No. 102

(If death occurred in a hospital or institution, give its name instead of place and number.)

2. FULL NAME Wanda Ruth Cook.

(a) Residence, No. Robie Creek. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

RECEIVED APR 13 1931
73

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 16th 1928

7. AGE Years Months Days If LESS than 1 day, min.
2 10 5 ----- min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER Hugh Cook.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mont.

12. MAIDEN NAME OF MOTHER Bessie Clemons.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Minn.

14. Informant Hugh Cook.
(Address) Robie Creek.

15. Filed 3-24-31 W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
March 21st 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Mar 20, 1931, to Mar 21, 1931
that I last saw h. er alive on Mar 21, 1931
and that death occurred, on the date stated above, at 9 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Encephalitis

----- (duration) ----- yrs. ----- mos. 2 ds.

CONTRIBUTORY
(Secondary)

----- (duration) ----- yrs. ----- mos. ----- ds.

18. Where was disease contracted at home
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) J.E. Hedman, M. D.
3/21/31, 19. (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 3/22/31 19

20. Undertaker Wm. McBratney. Address Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74309

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1012. FULL NAME Ruben Cronk Sr.

RECEIVED APR 13 1931

(a) Residence. No. Beacon & Divison. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAnna Cronk.6. DATE OF BIRTH (month, day and year) April 14th 1861

7. AGE <u>69</u>	Years <u>11</u>	Months <u>8</u>	Days <u></u>	If LESS than 1 day, hrs. or min. <u></u>
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) New York.
(State or country)

10. NAME OF FATHER

Abram Cronk.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)New York.12. MAIDEN NAME OF MOTHER Rowe.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)New York.14. Informant Harry Cronk.
(Address) Boise, Idaho.15. Filed 3-24-31 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 22nd 1931

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 19 1931, to Mar 22 1931
that I last saw him alive on Mar 19 1931
and that death occurred, on the date stated above, at 2:30 A.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Aortic Regurgitation

(duration) 5 yrs. mos. ds.
CONTRIBUTORY Pulmonary Edema
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Boise Idaho
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None(Signed) J. M. Bratney M. D.
3/23/31 1931 (Address) Boise, Idaho.19. Place of Burial, Cremation, or Removal Morris Will Cemetery. Date of Burial 3/24/31 193120. Undertaker Wm. McBratney. Address Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74310**

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital.)Local Registrar's No. 100

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clark Granville Stiles.(a) Residence. No. 1315 W. Jefferson St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 3 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

RECEIVED APR 13 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Orinda Stiles.

6. DATE OF BIRTH (month, day and year) June 25th 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>81</u>	<u>8</u>	<u>27</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farmer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Beloit, Wis.
(State or country)

10. NAME OF FATHER

George A. Stiles.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Wis.

12. MAIDEN NAME OF MOTHER

Zilpha Clark.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Wis.14. Informant Mrs. Hattie S. Brown.
(Address) Boise, Idaho.15. Filed 3-24-31 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 21st 1931, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

3/7, 1931, to 3/21, 1931
that I last saw him alive on 3/21, 1931and that death occurred, on the date stated above, 11:40 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

apoplexy.(duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY

(Secondary)

(duration) 15 yrs. 15 mos. 15 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) Dr. Coats, M. D.
3/23/31, 1931 (Address) Boise, Idaho19. Place of Burial, Cremation, or Removal
Caldwell Cemetery.

Date of Burial

3/24/31 1931

20. Undertaker

Wm. McBratney.

Address

Boise, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74311

State File No.

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marguerete Joreene Hoeye.(a) Residence No. 1718-n-9th Street, Boise Idaho. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

30 ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

RECEIVED APR 13 1931

PERSONAL AND STATISTICAL PARTICULARS

8. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE <u>2</u>	Years	Months <u>7</u>	Days <u>21</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Infant.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Salem, Oregon.
(State or country)10. NAME OF FATHER Ralph E. Hoeye.11. BIRTHPLACE OF FATHER (city or town) The Falls
(State or Country) Oregon.12. MAIDEN NAME OF MOTHER Viola, Gray.13. BIRTHPLACE OF MOTHER (city or town) Atlantic,
(State or County) Oowa.14. Informant Ralph E. Hoeye.
(Address) 1718-n-9th street Boise, Idaho.15. Filed 3-24-31 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 16 1931, to Mar 23 1931
that I last saw her alive on Mar 20 1931and that death occurred, on the date stated above, at 2 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Influenza(duration) yrs. mos. 7 ds.
CONTRIBUTORY Broncho Pneumonia
(Secondary)(duration) yrs. mos. 5 ds.18. Where was disease contracted Boise Idaho
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None(Signed) H. H. Braxton, M. D.March, 23 1931 (Address) Boise Idaho.

19. Place of Burial, Cremation, or Removal

Morris Hill Cemetery

Date of Burial

Mar. 24 1931

20. Undertaker

Summers & Krebs.

Address

Boise Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74312

State File No. _____

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
(No. St. Luke's Hospital)

Local Registrar's No. 96

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Burton Clark Kersey

(a) Residence. No. _____

St. Emmett Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

RECEIVED APR 13 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

Child

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Mar 19 - 1922

7. AGE

9

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Emmett Idaho

10. NAME OF FATHER

Joseph Kersey

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Kansas

12. MAIDEN NAME OF MOTHER

Elizabeth Tucker

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Illinois

14.

Informant (Address)

Joseph Neil Kersey
Emmett Idaho

15.

Filed

2 1931

W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

MAR 19

(Month)

19

(Day)

31

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3/13

1931

to 3/19

1931

that I last saw h. l. m. alive on 3/19

and that death occurred, on the date stated above, at 12 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

meningitis, thru blood stream infection from mastoid

(duration) _____ yrs. _____ mos. 12 ds.

CONTRIBUTORY (Secondary)

Mastoid

(duration) _____ yrs. _____ mos. 1 ds.

18. Where was disease contracted if not at place of death?

Emmett

Did an operation precede death? yes Date of 3/13/31

Was there an autopsy? yes Partial

What test confirmed diagnosis? Spinal fluid

(Signed) Arthur J. Rogers M. D.

3/19, 1931 (Address) Emmett Idaho

19. Place of Burial, Cremation, or Removal

Emmett Idaho

Date of Burial

Mar 22 1931

20. Undertaker

C. Buckner

Address

Emmett Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74313
State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 87

2. FULL NAME

(a) Residence No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

RECEIVED APR 23 1931
County

St.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 79 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

PARENTS

14. Informant
(Address)

15.

Filed

3-22-31

1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar

(Month)

20

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 15 1931, to Mar 20 1931that I last saw him alive on Mar 19 1931and that death occurred, on the date stated above, at 6:30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 6 yrs. mos. ds.
CONTRIBUTORY Influenza
(Secondary) (duration) yrs. mos. 6 ds.

18. Where was disease contracted Ada County
if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None(Signed) J. H. Bryan, M. D.Mar 21 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal

Morris Hill Cemetery

20. Undertaker

Summers & Krebs

Address

Boise Ida.

Date of Burial

3-26-31

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74314
State File No.

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004
(No. Salvation Army Rescue Home.)Local Registrar's No. 98

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Howard Bruce Keele(a) Residence. No. Boise, Idaho.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 14th 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>0</u>	<u>0</u>	<u>0</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. None.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER

Walter Willms.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Id.12. MAIDEN NAME OF MOTHER Vera Keele.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Payette, Idaho.

14.

Informant Mrs. Charles Keele.
(Address) Payette, Idaho.

15.

Filed 3-23-31 W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 22nd 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 15, 1931, to Mar 22, 1931that I last saw him alive on Mar 21, 1931

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Congenital Heart Lesion

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of.....Was there an autopsy? YesWhat test confirmed diagnosis? usual(Signed) W. W. Rhodes, M. D.
3/23/31, 19..... (Address) Boise, Idaho.19. Place of Burial, Cremation, or Removal
Morris Hill Cemetery.Date of Burial
3/23/31 19.....20. Undertaker
Wm. McBratney.Address
Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74315

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 95
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hanna M. Spackman
(a) Residence No. 2506 Woodlawn Ave. St. Alpha Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. 15 How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) December 2, 18397. AGE Years Months Days If LESS than 1 day, hrs. or min.
91 3 17 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Clearfield
(State or country) Penn.

10. NAME OF FATHER

Benjamin Spackman11. BIRTHPLACE OF FATHER (city or town) Penn.
(State or Country)12. MAIDEN NAME OF MOTHER Jane Moore13. BIRTHPLACE OF MOTHER (city or town) Penn.
(State or County)14. Informant Mrs. Blanche Templeton
(Address) 217 West State Street, Boise, Ida.15. Filed 3-19-31 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 19, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1931 to Mar. 19, 1931
that I last saw him alive on Mar. 19, 1931and that death occurred, on the date stated above, at 6 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:SenilityCONTRIBUTORY (Secondary) Old age
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
(Signed) Clyde E. Summers Coroner
3/20 1931 (Address) Boise 24th County19. Place of Burial, Cremation, or Removal Morris Hill Semetery Date of Burial Mar. 21, 193120. Undertaker Summers & Krebs Address Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74316

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Mabel Elizabeth Lunstrum(a) Residence. No. 1215. N. 15 Street.

(Usual place of abode.)

Length of residence in city or town where death occurred. 10 yrs. mos. ds.

St.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofForest. W. Lunstrum.

6. DATE OF BIRTH (month, day and year)

April 23, 1892.

7. AGE

Years

Months

Days

If LESS than 1 day,

38.1024hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.At Home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho.
(State or country)

10. NAME OF FATHER

William Douglas.11. BIRTHPLACE OF FATHER (city or town) Missouri.
(State or Country)

12. MAIDEN NAME OF MOTHER

Annie Wylie13. BIRTHPLACE OF MOTHER (city or town) Idaho.
(State or County)

14.

Informant
(Address)Forest. W. Lunstrum.
1215. N. 15. St. Boise, Idaho.

15.

Filed

3-181931W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3/101931, to3/171931

that I last saw her alive on

3/171931and that death occurred, on the date stated above, at 1 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Diffuse peritonitis(duration) yrs. mos. 8 ds.CONTRIBUTORY
(Secondary)hypertension - 3 feet 1(duration) yrs. mos. 1 1/2 ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of 3/10-31

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

3/18

19

31

(Address)

Boise

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery,Mar. 19, 1931.

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74317

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Alphonsus)

Local Registrar's No. 93

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adeline Tyler

(a) Residence. No. 1111 Euclid Ave. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

RECEIVED APR 13 1931 90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 14 - 1854

7. AGE Years 76 Months 7 Days — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Haysville Mo.
(State or country)

10. NAME OF FATHER Austin Mallory

11. BIRTHPLACE OF FATHER (city or town) N. Ky.
(State or Country)

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (city or town) N. Ky.
(State or Country)14. Informant CC Tyler
(Address) Boise

15. Filed 3-18-31 1931

W. H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/12 1931, to 3/14 1931.

that I last saw her alive on 3/4 1931.
and that death occurred, on the date stated above, at 1 A. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cardiovascular failure
Hypertensive pneumonia

(duration) yrs. mos. ds. 1
CONTRIBUTORY Toxic glandular
(Secondary) disease
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of 3/12

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical
(Signed) 3/16 1931 (Address) Boise

19. Place of Burial, Cremation, or Removal Morris Hill
Date of Burial 3-16 1931

20. Undertaker Schreiber McClann
Address Boise Ida.

Tall

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74318

State File No.

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 92
(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of place of death.)

RECEIVED APR 13 1931

2. FULL NAME Mrs. Mary Richey(a) Residence. No. Tribune, Kansas. St. 90

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

L. H. Richey6. DATE OF BIRTH (month, day and year) October 22-1861

7. AGE Years Months Days IF LESS than 1 day,
69 4 24 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ill.
(State or country)

10. NAME OF FATHER

Emanuel Wagner.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Md.12. MAIDEN NAME OF MOTHER Elizabeth Fridley.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Md.14. Informant Mrs. E. E. Chase.(Address) Boise, Idaho.15. Filed 3-18-31 1931W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 16th 1931 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 14 1931 to March 16 1931
that I last saw h. or alive on March 15 1931

and that death occurred, on the date stated above, at 4 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Transient accompanied with dropsy.

(duration) yrs. mos. ds.
CONTRIBUTORY arteriosclerosis & hypertension
(Secondary) secondary
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John B. Borch M. D.
3/16/31 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal Denver, Colorado Date of Burial 3/19/31 1931
Shipped

20. Undertaker Wm. McBratney. Address Boise, Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74319

State File No. _____

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Lukes Hospital.)Local Registrar's No. 91

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Emily . McKaig.(a) Residence. No. 1922 W. 21st St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofRay McKaig.6. DATE OF BIRTH (month, day and year) September 4th 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>48</u>	<u></u>	<u>6</u>	<u>11</u>	<u></u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Blue Earth, Minn.
(State or country)10. NAME OF FATHER Arthur Bonwell.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ohio.12. MAIDEN NAME OF MOTHER Exceena Gano.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Wis.14. Informant Mrs. Silliman.
(Address) Atwater, Calif.15. Filed 3-18-31 1931W. F. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 15th 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1931 to March 14, 1931
that I last saw her alive on March 14, 1931and that death occurred, on the date stated above, at 11 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma Colon(duration) 2 yrs. 15 mos. ds.CONTRIBUTORY Arteriosclerosis
(Secondary)(duration) 2 yrs. 15 mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of 11/1/31

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Rhodes Boise, Idaho. M. D.
3/16/31, 1931 (Address)19. Place of Burial, Cremation, or Removal
Morris Hill Cemetery.

Date of Burial

3/17/31

19

20. Undertaker
Wm. McBratney.

Boise, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74320**

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004 Local Registrar's No. 90(No. St. Lukes Hospital. **RECEIVED APR 13 1931**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Kendall(a) Residence. No. 1903 N. 16th Street St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 6 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 11th 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>6</u>	<u>8</u>	<u>4</u>	<u>4</u>	<u>0</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. In school.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER

J. W. Kendall.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Texas.

12. MAIDEN NAME OF MOTHER

Leota A. Moreland.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Id.14. Informant J. W. Kendall.
(Address) Boise, Idaho.15. Filed 5-18-31 W. H. H. H.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 15th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. 11 1931, to Mar 15 1931
that I last saw him alive on Mar 15 1931and that death occurred, on the date stated above, at 6:30 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

General septicemia
+ peritonitisCONTRIBUTORY (Secondary) phlebitis of stleg
(duration) yrs. mos. 2 ds.(duration) yrs. mos. 5 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of Mar 14, 31Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. H. H. M. D.
3/16/31 1931 (Address) Boise, Idaho.19. Place of Burial, Cremation, or Removal Morris Will Cemetery. Date of Burial 3/17/31 193120. Undertaker Wm. McBratney. Address Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74321

State File No.

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Louise Popke

(a) Residence. No.

517 N. 5th

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs. 6 mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWilliam Popke.6. DATE OF BIRTH (month, day and year) January 13-1878

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.5323

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Housewife.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Michigan.

10. NAME OF FATHER

Austin Mason.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ohio.

12. MAIDEN NAME OF MOTHER

Mary E. Smith.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Michigan.

14.

Informant
(Address)Mrs. J. W. Rigney.Boise, Idaho.

15.

Filed

3-18

19

31W. T. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 16th 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

only seen one day,

that I last saw her alive on

3/16and that death occurred, on the date stated above, at 12:45 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:Probably Cancer of
liver or pancreas.
Tumor in right side.CONTRIBUTORY
(Secondary) Chloroform
treatments may
have ruptured18. Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

3/18

1931

(Address)

Boise

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.3/18/31

19

20. Undertaker

Address

Wm. McBratney.Boise, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74322

State File No.

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. 15
(No. 1803 N. 19th Street.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Alice Baker.(a) Residence. No. 1803 N. 19th Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of D. F. Baker
(or) WIFE of

6. DATE OF BIRTH (month, day and year) February 21-1898

7. AGE Years Months Days If LESS than 1 day,
33 0 23 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) St. Peter, Minn.
(State or country)

10. NAME OF FATHER

Dan Danielson.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Norway.

12. MAIDEN NAME OF MOTHER

Mary Anderson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Sweden.

14. Informant D. F. Baker.
(Address) Boise, Idaho.

15. Filed 3-18-31 1931
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 14th 1931 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 1 - 1930, to March 14 1931
that I last saw her alive on March 14 1931
and that death occurred, on the date stated above, at 10:20 P.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Carcinoma of Cervix

CONTRIBUTORY (Secondary) Old laceration of Cervix
about (duration) 12 yrs. mos. ds.

18. Where was disease contracted if not at place of death? HomeDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Trueman

(Signed) W. C. ... M. D.
3/16/31 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 3/16/31 1931

20. Undertaker Wm. McBratney. Address Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74323**

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 3

Primary Registration District No. 1

(No. St. Luke's)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

St. Emmett Idaho

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

married

6a. If married, widowed, or divorced

HUSBAND or (or) WIFE of

L. R. Lawson

6. DATE OF BIRTH (month, day and year)

June 10 - 1892

7. AGE

Years

38

Months

9

Days

3

If LESS than 1 day,

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

Decatur

(State or country)

Illinois

10. NAME OF FATHER

Newcomer

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Penn

12. MAIDEN NAME OF MOTHER

Cochrane

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Illinois

14.

Informant (Address)

L. R. Lawson

15.

Filed

3-17-31

1931

W. H. R. R. R.

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar

13

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 12

1931

Mar 13

1931

that I last saw him alive on

Mar 13

1931

and that death occurred, on the date stated above, at 12 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

THE CAUSE OF DEATH* was as follows:

Strangulated Umbilical Hernia - C Gangrene of loop of bowel

(duration) yrs. mos. 2 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Emmett Idaho

Did an operation precede death?

Yes

Date of 3-12-31

Was there an autopsy?

No

What test confirmed diagnosis?

Pathological findings

(Signed)

James H. Brown

M. D.

File, 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Emmett Idaho

3/16

1931

20. Undertaker

Address

C. D. Buckner

Emmett Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74324

State File No.

86

PLACE OF DEATH

County of AdaCity of BoiseRegistration District No. 2Primary Registration District No. 100(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

RECEIVED APR 18 1931

2. FULL NAME Frank H. Laird(a) Residence. No. King Hill Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hella Laird

6. DATE OF BIRTH (month, day and year)

7. AGE <u>57</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.
---------------------	-------	--------	------	--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Ind.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant Rev. W.D. Reese
(Address) King Hill Idaho15. Filed 3-16, 1931 W.H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
March 10, 1931, to March 15, 1931
that I last saw him alive on March 15, 1931
and that death occurred, on the date stated above, at 9 8 m.

The CAUSE OF DEATH* was as follows:

Brain tumor - left
parietal lobe.(duration) 4 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? HomeDid an operation precede death? yes Date of March 14Was there an autopsy? yesWhat test confirmed diagnosis? operation(Signed) Averald T. Horka M. D.March 16, 1931 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Glenns Ferry, Ida Date of Burial 3-18 193120. Undertaker J. C. Zacher Address mt Home, Ida

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74325

State File No. _____

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. _____
Primary Registration District No. 1004 Local Registrar's No. _____
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Parent(a) Residence. No. 313 South 4th St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed5a. If married, widowed, or divorced
HUSBAND of Mary Parent
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec. 5-18547. AGE Years 71 Months 3 Days 7 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired(b) General nature of industry, business, or establishment in which employed (or employer) Labman

(c) Name of employer

9. BIRTHPLACE (city or town) Montreal, Canada
(State or country)10. NAME OF FATHER Not obtainable11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) " "12. MAIDEN NAME OF MOTHER " "13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country) " "14. Informant Frank J. Parent
(Address) 313 S. 4th St. Boise, Ida15. Filed 3-16, 1931 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 12, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 10, 1931 to Mar 12, 1931
that I last saw him alive on Mar 12, 1931
and that death occurred, on the date stated above, at 4 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Cerebral hemorrhage

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted if not at place of death? IdDid an operation precede death? Id Date of _____Was there an autopsy? IdWhat test confirmed diagnosis? Analysed(Signed) [Signature] M. D.
Mar. 14, 1931 (Address) Boise, Ida19. Place of Burial, Cremation, or Removal Mountain Hill Cemetery Date of Burial 3/15, 193120. Undertaker Schreibler & W. Baum Address Boise, La

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74326

State File No. _____

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis M. Hammer.(a) Residence. No. 304. Warmsprings Ave.

(Usual place of abode.)

Length of residence in city or town where death occurred. 52 yrs. mos. ds.

St.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Widowed.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Mar-10-1844.

7. AGE

87

Years

Months

0

Days

5

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Retired Farmer.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Urbana.

Ill.

10. NAME OF FATHER

John Hammer.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

unknown.

14.

Informant
(Address)

Jess. W. Hammer.

304 E. Idaho St. Boise Idaho.

15.

Filed

3-16-31

19

W. H. Rhoads

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 15th. 1931.

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 9, 1931 to March 15, 1931

that I last saw him alive on March 15, 1931

and that death occurred, on the date stated above, at 9:00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pleurisy right pleura and
endocarditis.

(duration) yrs. mos. ds. 6

CONTRIBUTORY
(Secondary)

Flu

(duration) yrs. mos. ds. 6

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

O. P. Hamilton

M. D.

19 (Address)

19. Place of Burial, Cremation, or Removal

Morris Hill Cemetery.

Date of Burial

Mar. 17. 1931

20. Undertaker

Summers & Krebs.

Address

Boise Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74327

State File No. *X/8*

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. 1004(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Velma Nettie Stevens(a) Residence. No. East Highland Street, South Boise

(Usual place of abode.)

Length of residence in city or town where death occurred. 1 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.

5. Single, Married, Widowed,
or Divorced (write the word.)

Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March. 6. 1924.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.708.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workStudent.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER

Frederick. A. Stevens.11. BIRTHPLACE OF FATHER (city or town) Minn.
(State or Country)

12. MAIDEN NAME OF MOTHER

Nettie. E. Johnson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Washington,

14.

Informant
(Address)Frederick. A. Stevens.
P.O. Box. 456. Boise, Idaho.

15.

Filed

3-16-311931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3-10-31 to 3-14-31 1931that I last saw him alive on 3-14-31 1931and that death occurred, on the date stated above, at 11:30 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Gangrene
AppendicitisCONTRIBUTORY (Secondary) Shistosomiasis
(duration) yrs. mos. ds. 4(duration) yrs. mos. ds. 1018. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of 3-11-31Was there an autopsy? yesWhat test confirmed diagnosis? Tuberculin(Signed) Emmett E. Smith M. D.3-16-31 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery. March. 17¹⁹³¹

20. Undertaker

Address

Summers & Krebs. Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74328

State File No. _____

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. 1004(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie Marie Lowe.

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) March 16th 1931

7. AGE

0

Years

Months

0

Days

0

IF LESS than 1 day,

_____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER

R. A. Lowe.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Neb.

12. MAIDEN NAME OF MOTHER

Esther Leonard.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Hanna, Wyo.

14.

Informant
(Address)R. A. Lowe.Emmett, Idaho

15.

Filed

3-16-31W. W. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 16th 1931

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 16, 1931, to _____, 19____that I last saw him alive on March 16, 1931and that death occurred, on the date stated above, at 12:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Premature Birth - 7 months
(Mother had a placenta
praevia)(duration) _____ yrs. _____ mos. 5 hoursCONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

W. W. Rhodes, M. D.
3/16/31, 19____ (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Emmett, Idaho.

Date of Burial

3/17/31

19____

20. Undertaker

Wm. McBratney.

Address

Boise, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74330

State File No.

PLACE OF DEATH

County of Idaho Registration District No. 2City of Boise Primary Registration District No. 10(No. St. Lukes)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Leland Pope(a) Residence. No. Emmett St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of Elva Davis Pope6. DATE OF BIRTH (month, day and year) May 6 - 18907. AGE Years 40 Months 8 Days 4 If LESS than 1 day, hrs. or min.8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Mill-Hand(b) General nature of industry, business, or establishment in which employed (or employer) Common Labor(c) Name of employer Oscar Staff9. BIRTHPLACE (city or town) Idaho (State or country) Idaho10. NAME OF FATHER Daniel LeGrand Pope11. BIRTHPLACE OF FATHER (city or town) Grantville (State or Country) Idaho12. MAIDEN NAME OF MOTHER Mary Jane Mc Murry13. BIRTHPLACE OF MOTHER (city or town) Grantville (State or Country) Idaho14. Informant (Address) Emmett Idaho15. Filed 3-14 1931 Registrar. W. H. K.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 10 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Mar 6th 1931, to Mar 10th 1931that I last saw him alive on Mar 10th 1931and that death occurred, on the date stated above, at 10:30 am.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Peritonitis resulting from a ruptured appendix

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓Did an operation precede death? Yes Date of Mar 6thWas there an autopsy? noWhat test confirmed diagnosis? surgical(Signed) J. Springer, M. D.Mar 13th 1931 (Address) Boise, Idaho19. Place of Burial, Cremation, or Removal Emmett Idaho Date of Burial 3/12 193120. Undertaker W. H. K. Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74331

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. 79)

RECEIVED APR 13 1931

Local Registrar's No. 79

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Alice Elbina McLaughlin(a) Residence. No. 1155 River St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 58 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. ~~Single, Married, Widowed, or Divorced (write the word)~~ widowed

5a. If married, widowed, or divorced HUSBAND of Willis B. McLaughlin
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 3 - 1861

7. AGE Years 70 Months 1 Days 7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ohio
(State or country)10. NAME OF FATHER Edwards11. BIRTHPLACE OF FATHER (city or town) U.S.A.
(State or Country)12. MAIDEN NAME OF MOTHER Don't know13. BIRTHPLACE OF MOTHER (city or town) U.S.A.
(State or Country)14. Informant Katherine McLaughlin Dring
(Address) Boise15. Filed 3-13, 1931 L.H. K...
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 5 10¹⁵ 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from death occurred before 19...
that I last saw h... alive on... 19...
and that death occurred, on the date stated above, at 10P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of...Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Arthur J. ... M. D.Mar. 12, 1931 (Address) 1201 N. ...19. Place of Burial, Cremation, or Removal St. John's Cemetery Date of Burial 3/13 193120. Undertaker Schuch & W. Gamm Address Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74332
State File No.

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 2
(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

RECEIVED APR 13 1931
Local Registrar's No. 78

2. FULL NAME Frank Curtis
(a) Residence. No. 2001 N. 17th St. 90
(Usual place of abode.)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of Enzie Curtis
(or) WIFE of

6. DATE OF BIRTH (month, day and year) November 27-1854

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
76 3 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Cabinet Maker.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Rockford, Ill.
(State or country)

10. NAME OF FATHER Barber Curtis.

11. BIRTHPLACE OF FATHER (city or town) Ind.
(State or Country)

12. MAIDEN NAME OF MOTHER Barbara Kain.

13. BIRTHPLACE OF MOTHER (city or town) Unknown.
(State or Country)

14. Informant Mrs. Enzie Curtis.
(Address) Boise, Idaho

15. Filed 3-12-31 1931 W. H. P. Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 11th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-6-31, 1931, to 3-11-, 1931
that I last saw him alive on 3-10-31, 1931

and that death occurred, on the date stated above, at 90 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Arteriosclerosis, Embolism

CONTRIBUTORY (duration) yrs. 3 mos. ds. Route Cardiac Rhythm
(Secondary) H. L. Jones (duration) yrs. mos. ds. 5

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. H. P. Jones, M. D.
3/11/31, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Shipped
Evanston, Wyo. 3/12/31 1931

20. Undertaker Wm. McBratney. Address Boise, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74333

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1000

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Bunnell(a) Residence. No. 1604 Grant Street

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 24 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn. C. Bunnell

6. DATE OF BIRTH (month, day and year)

March. 30. 1871

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

591111

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Michigan.

10. NAME OF FATHER

Cornelius. J. Buchley.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Michigan.

12. MAIDEN NAME OF MOTHER

Lenore Slanker.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Michigan.

14.

Informant John. C. Bunnell.(Address) R.D. # 5. Boise, Idaho.

15.

Filed 3-11, 1931W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 11
(Month) (Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 11, 1931 to March 11, 1931that I last saw her alive on dead Mar. 11and that death occurred, on the date stated above, at 49 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Diabetes
She had been sick for
several years. No physician
had attended her for
the past three years
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

3/11 (Signed) Chas. E. Summers
(Address) Boise Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery. March. 13. 1931

20. Undertaker

Address

Summers & Krebs. Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74334

State File No. _____

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2 RECEIVED APR 13 1931 76
Primary Registration District No. 72
(No. St. Alphonsus) Local Registrar's No. _____

If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME John Rush Glasscock
(a) Residence No. _____ St. Cambridge Ida
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Melissa Glasscock
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 23-1873

7. AGE Years 57 Months 7 Days 17 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Derby Ohio
(State or country)

10. NAME OF FATHER Tharnton Glasscock

11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)

12. MAIDEN NAME OF MOTHER Francis Rush

13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or County)

14. Informant Melissa E. Glasscock
(Address) Cambridge Ida

15. Filed 3-10, 19____ W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 10, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1930, to Mar 10, 1931
that I last saw him alive on March 8, 1931
and that death occurred, on the date stated above, at 12:15 A. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) W. H. Rhodes, M. D.

_____, 19____ (Address) _____

19. Place of Burial, Cremation, or Removal Cambridge Ida Date of Burial 3-12 1931

20. Undertaker Schreiber McClann Boise Ida Address _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74335

State File No.

PLACE OF DEATH

County of Ada
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1000
(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Erma Carrol Bader.(a) Residence. No. 320 Resseguie St. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 18th 1915

7. AGE Years Months Days If LESS than 1 day,
15 4 20 ----- hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. In School.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Nampa, Idaho.
(State or country)

10. NAME OF FATHER

Fredrick L. Bader.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Nevada.12. MAIDEN NAME OF MOTHER Julda Mauritz.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Unknown.14. Informant Herald Bader.Informant
(Address)1111-3rd St. N. Nampa, Ida.15. Filed 3-9 1931 W H O Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 9th 1931

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 6, 1931, to March 9, 1931that I last saw her alive on March 9, 1931and that death occurred, on the date stated above, at 7 A.M. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
(Streptococcus)

A. B. hours

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Influenza(duration) yrs. mos. 3 ds.18. Where was disease contracted Home
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? noWhat test confirmed diagnosis? Physical Exam(Signed) STEARNS J. NICHOLS M. D.3/9/31, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlawn Cemetery.3-11-31 19

20. Undertaker

Address

Wm. McBratney.Boise, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74336

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Abraham Kirklen.(a) Residence. No. 419. Thatcher

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 34 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed,
or Divorced (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mrs. Emma Kirklen.6. DATE OF BIRTH (month, day and year) April. 27. 1863.

7. AGE Years Months Days If LESS than 1 day,
..... hrs. or
67. 10. 11. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Retired.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Chattanooga, Tenn.
(State or country)

10. NAME OF FATHER

Elisha. Kirklen.

11. BIRTHPLACE OF FATHER (city or town) Chattanooga.
(State or Country) Tenn.

12. MAIDEN NAME OF MOTHER Nancy Stockton.

13. BIRTHPLACE OF MOTHER (city or town) Chattanooga.
(State or Country) Tenn.

14. Informant Mrs. R.A. Kirklen.
(Address) 419. Thatcher Street, Boise, Idaho.

15. Filed 3-9, 1931 W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March. 8. 1931. 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 8, 1931, to March 8, 1931

that I last saw him alive dead Mar 8, 1931
and that death occurred, on the date stated above, at 530 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Suicide. Shot himself
with 12 gauge Winchester
pump gun in neck.

(duration) yrs. mos. ds.
CONTRIBUTORY Been sick 2 years
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. E. Summers Coroner

3/8, 1931 (Address) Boise 249.

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery. March 11. 31.

20. Undertaker Address

Summers & Krebs, Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of AdaCity of Boise.Registration District No. 2Primary Registration District No. 1000(No. 916. State Street.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Romaine Edwin Lamb.(a) Residence. No. 916. State Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 11 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLouise Lamb.6. DATE OF BIRTH (month, day and year) September. 24. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>73.</u>		<u>5</u>	<u>15.</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workRetired Farmer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Illinois.
(State or country)

10. NAME OF FATHER

Ezekial Lamb.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown.

12. MAIDEN NAME OF MOTHER

Parcilla Sawyer.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown.14. Informant Mrs. R.E. Lamb.
(Address) 916. State Street, Boise, Idaho.15. Filed 3-9, 1931 W.H. Rhodes
Registrar.

DO NOT WRITE IN THIS SPACE

74337

State File No. _____

RECEIVED APR 13 1931 73

Local Registrar's No. _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May1928, todeath1931

that I last saw him alive on

March 31931and that death occurred, on the date stated above, at 4:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pericious anemia.

CONTRIBUTORY

(Secondary)

spinal sclerosis

(duration)

5 yrs.

mos.

ds.

(duration)

1 yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

L. F. West3-91931

(Address)

Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Fairview Cemetery.Mar. 10. 31

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74338 ✓

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 8Primary Registration District No. 1004

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Fasshender(a) Residence. No. 613 Franklin St.

(Usual place of abode.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced Theresa Fasshender
HUSBAND of6. DATE OF BIRTH (month, day and year) July 3, 18637. AGE Years 67 Months 07 Days 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wefeld
(State or country) Germany10. NAME OF FATHER Peter Fasshender11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)12. MAIDEN NAME OF MOTHER Elizabeth Bayhne13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)14. Informant Henry L. Fasshender Jr.
(Address) 613 Franklin15. Filed 3-6, 1931 W. N. Rhodes
Registrar.

RECEIVED APR 13 1931 72

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Died while asleep at night
March 2, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July, 1990 to March 2nd, 1931
that I last saw him alive on March 1, 1931
and that death occurred, on the date stated above, at see above m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Died while asleepCerebral hemorrhage
Hypertension
(duration) 3 yrs. mos. ds.CONTRIBUTORY arteriosclerosis
(Secondary) myocardial degeneration
asthma (duration) 3 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical course(Signed) S. H. White M. D., 19 (Address) Boise Idaho19. Place of Burial, Cremation, or Removal St. John's Cemetery Date of Burial 3/5 193120. Undertaker Schubert & W. G. Gamm Address Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74339

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1094
(No. St Lukes Hospital)

Local Registrar's No.

71

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Infant Noker

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed,
or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Feb-28-1931

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Boise Idaho

10. NAME OF FATHER

Jack Noker11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Unknown

14.

Informant
(Address)Chad E Summers
906 Barnock St Boise Id

15.

Filed

3-5-31W H Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb
(Month)28
(Day)31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 281931Feb 281931that I last saw him alive on Feb 28and that death occurred, on the date stated above, at 3 a m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Prematurity
Cause unknownCONTRIBUTORY
(Secondary)

(duration) yrs.

mos.

ds.

Don't know

(duration) yrs.

mos.

ds.

18. Where was disease contracted No
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None

(Signed)

Chad E Summers M. D.
Feb 28, 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill CemeteryMay 6 1931

20. Undertaker

Address

Summers & ThibBoise Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74340

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2 RECEIVED APR 13 1931 69
Primary Registration District No. 1000 Local Registrar's No.
(No. Died at the Post Office in Boise.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond Sabin Hoover

(a) Residence. No. 1510 N. 11 Th Street.

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of Christie. B. Hoover
(or) WIFE of

6. DATE OF BIRTH (month, day and year) January. 3. 1874

7. AGE Years 57 Months 2 Days 0 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Real Estate and Loans

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Muscatine, Iowa
(State or country)

10. NAME OF FATHER

Henry Hoover

11. BIRTHPLACE OF FATHER (city or town) Harrisburg
(State or Country) Penn.

12. MAIDEN NAME OF MOTHER

Sarah Hubbard

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

Vermont

14. Informant Mrs. Christie Hoover
(Address) 1510 N. 11. th Street, Boise, Idaho

15. Filed 3-5-31 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March. 3 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~certified~~ saw deceased Mar 3 1931, to 99 m.

that I ~~was~~ saw him dead Mar 3 1931
and that death occurred, on the date stated above, at 99 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Congrua Pectoris

Dropped dead in Post Office
at Boise Idaho yrs. mos. ds.

CONTRIBUTORY He had been ill
(Secondary) for several months with yrs. mos. ds.

18. Where was disease contracted heart trouble
if not at place of death?

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Clyde C. Summers 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Pioneer Cemetery Date of Burial March. 7. 31

20. Undertaker Summers & Krebs Address Boise, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74341

State File No.

PLACE OF DEATH

County of AdaCity of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Blair Mickle.(a) Residence. No. 1614. N. 9 th Street. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
------------------------	-----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofClara Mickle.6. DATE OF BIRTH (month, day and year) March. 11. 1870.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>60.</u>	<u>11</u>	<u>22</u>	<u></u>	<u></u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Laborer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Illinois.10. NAME OF FATHER
Jerry Mickle.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown.12. MAIDEN NAME OF MOTHER
Unknown.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Unknown.14. Informant Mrs. Clara Mickle.
(Address) 1614. N. 9 th Street, Boise, Ida.15. Filed 3-5, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar. 3, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 15, 1930, to Mar. 3, 1931
that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Myocarditis(duration) 5 yrs. mos. ds.CONTRIBUTORY
(Secondary)Influenza
(duration) 2 yrs. 17 ds.18. Where was disease contracted
if not at place of death? Boise, IdahoDid an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? None(Signed) W. H. Rhodes, M. D.Mar 4, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery. Mar. 5. 31.

20. Undertaker Address

Summers & Krebs, Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74342

State File No.

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 2(No. 743 E. Jefferson St.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

RECEIVED APR 13 1931

Local Registrar's No. 672. FULL NAME Mrs. Julia Ann Cooper(a) Residence, No. 743 E. Jefferson St. 31

(Usual place of abode.)

Length of residence in city or town where death occurred. 31 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) February 16th 1852

7. AGE

Years

Months

Days

If LESS than 1 day,

79017hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Salt Lake City, Utah.
(State or country)

10. NAME OF FATHER

Lyman Hawkins.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

New York.

12. MAIDEN NAME OF MOTHER

Abigail Henderson

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Unknown.

14.

Informant
(Address)Mrs. M. K. Howard.Boise, Idaho.

15.

Filed

3-41931W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 3rd 1931

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 3rd 1929, to March 3rd 1931that I last saw her alive on Feb. 24th 1931and that death occurred, on the date stated above, at 7 P.M.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as followsDiabetic Coma

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Diabetes Mellitus

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Rhodes M. D.3/4/31, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.3/5/31

19

20. Undertaker

Wm. McBratney.

Address

Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74343

State File No.

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1245(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Eric Nyblom.

(a) Residence. No.

2104 N. 20th

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 12 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)
Widower5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) October 27th 1863

7. AGE

Years

Months

Days

If LESS than 1 day,

6746

----- min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workBlacksmith.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Finland.

10. NAME OF FATHER

----- Jacobs.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Finland.

12. MAIDEN NAME OF MOTHER

Unknown.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Finland.

14.

Informant
(Address)Mrs. Carrie Brassey.Placerville, Idaho.

15.

Filed

3-431W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 3rd 1931

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 3rd 1931 to March 3rd 1931that I last saw him alive on March 3rd 1931and that death occurred, on the date stated above, at 11 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Tuberculosis of lungs.

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

3/4/31

19____

(Address)

Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.3/5/31

19____

20. Undertaker

Wm. McBratney.

Address

Boise, Ida.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74344
State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No.)

RECEIVED APR 13 1931 63
Local Registrar's Office

(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Alice Amanda Slater
(a) Residence. No. 612, S. 13 St.
(Usual place of abode.)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 7, 1852

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
78 2 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Potts County
(State or country) Penn

10. NAME OF FATHER Jacob Palmer

11. BIRTHPLACE OF FATHER (city or town) Penn
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Jane Smith

13. BIRTHPLACE OF MOTHER (city or town) Penn
(State or Country)

14. Informant Mrs Hazel Seale
(Address) 612 S-13 St Boise Id

15. Filed 3-3, 1931 W. A. Roden
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 1, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1931, to Death, 1931,
that I last saw him alive on March 1, 1931,
and that death occurred, on the date stated above, at 1 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows;
Pneumonia

(duration) yrs. mos. ds.
CONTRIBUTORY Senility
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physician findings
(Signed) L. J. West, M. D.
3-3, 1931 (Address) 4156 actually

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery Date of Burial Mar 4 1931
20. Undertaker Summers & Kups Address Boise Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74345**

PLACE OF DEATH

County of Ada
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 355
(No. St Alphonsus Hospital.)

RECEIVED APR 13 1931
Local Registrar's No. 62

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lester. A. Shoe.

(a) Residence. No. Idaho Soldiers Home.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs mos. ds.

Length of residence in city or town where death occurred. 5 yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widower.</u>
------------------------	-----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April. 8. 1847.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>83.</u>	<u>10</u>	<u>23.</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Veteran of the Civil

(b) General nature of industry, business, or establishment in which employed (or employer) War.

(c) Name of employer

9. BIRTHPLACE (city or town) Edgerton.
(State or country) Ohio.

10. NAME OF FATHER

David Shoe.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Penn.

12. MAIDEN NAME OF MOTHER Elizabeth Becker.

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Penn.

14. Informant Elizabeth. E. Silkwood.
(Address) Kuna, Idaho.

15. Filed 3-31, 1931
Registrar. W H P K

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar. 3 - 1, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
1/26, 1931, to 3/1, 1931

that I last saw him alive on 2/28, 1931
and that death occurred, on the date stated above, at 8 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Valvular Heart with
Cardio-Vascular
Senility

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical finding

(Signed) Fred A. Peterson, M. D.

3/1, 1931 (Address) Boise

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery, Mar. 3. 31.

20. Undertaker Address

Summers & Krebs, Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
74346
State File No.

PLACE OF DEATH

County of Latah
City of MOSCOW

Registration District No. 61
Primary Registration District No. 1511

Local Registrar's No. 11

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patrick C. Wilson

168

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eliza Wilson

6. DATE OF BIRTH (month, day and year) Feb. 14, 1847

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
84 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroad flagman

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer ##### N.P.

9. BIRTHPLACE (city or town) (State or country) Iowa

10. NAME OF FATHER Daniel Wilson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Vir.

12. MAIDEN NAME OF MOTHER Lula Caroway

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Vir.

14. Informant Dan Wilson
(Address) Moscow, 201

15. Filed 4-6, 1931 Barry Johnson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
March 13, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred, on the date stated above, at..... m.
The CAUSE OF DEATH* was as follows:

Suicidal
Hanging

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) H. R. Short M. D.
3/13, 1931 (Address) MOSCOW

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal MOSCOW Date of Burial 3/16/31 19

20. Undertaker H. R. Short Address Moscow

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
74347
State File No.

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
(No. Latah County Home)

Local Registrar's No. 12

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Flynn

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Not known

7. AGE Years 77 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (city or town) (State or Country) " "

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) " "

14. Informant County Home
(Address) Moscow Idaho

15. Filed 4-6, 1931 John F. Henshaw Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 13, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July, 1928, to March 13, 1931
that I last saw him alive on March 8, 1931
and that death occurred, on the date stated above, at 1:45 P. M.
The CAUSE OF DEATH* was as follows:

Myocarditis

Several (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthma
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical evidence

(Signed) J. M. Leitch, M. D.
3/16, 1931 (Address) Moscow

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Moscow Date of Burial 3/30 1931

20. Undertaker J. R. Short Address Moscow

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74348

State File No.

PLACE OF DEATH

County of LatahCity of MOSCOWRegistration District No. 61Primary Registration District No. 1011Local Registrar's No. 13

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida A. Campbell

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fred Campbell

6. DATE OF BIRTH (month, day and year) June 18, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>54</u>	<u>8</u>	<u>5</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kansas10. NAME OF FATHER Mathew Miller11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pa.12. MAIDEN NAME OF MOTHER Mary E. Gordy13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ohio14. Informant Fred Campbell
(Address) Moscow, Idaho15. Filed 4-6, 1931 James E. Enbom
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 23, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 5, 1931 to March 23, 1931
that I last saw h.w. alive on March 5, 1931and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY Cardiac asthma
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical only(Signed) Dr. J. E. Enbom, M. D.3/25, 1931 (Address) Moscow

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Moscow Date of Burial 3/29/31 1920. Undertaker W. R. Short Address Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74350**

PLACE OF DEATH

County of **Latah**
City of **Moscow**

Registration District No. **61**
Primary Registration District No. **10.11**

Local Registrar's No. **15**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Isabelle Burke**

(a) Residence. No. **Home** St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. **20** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**
5a. If married, widowed, or divorced
HUSBAND of **Edmond L. Burke**
(or) WIFE of
6. DATE OF BIRTH (month, day and year) **August 21, 1855**
7. AGE Years **75** Months **7** Days **4** If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) **Iowa**
(State or country)

10. NAME OF FATHER **Stull**

11. BIRTHPLACE OF FATHER (city or town) **Iowa**
(State or Country)

12. MAIDEN NAME OF MOTHER **Ferrell**

13. BIRTHPLACE OF MOTHER (city or town) **Iowa**
(State or Country)

14. Informant **Mrs. Chas Nelson**
(Address) **Moscow, Idaho**

15. Filed **4-6**, 19**31**
Registrar **Chas Nelson**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **March, 25, 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **March 25**, 19**31**, to **March 25**, 19**31**
that I last saw her alive on **March 25**, 19**31**
and that death occurred, on the date stated above, at **7** **00** m.
The CAUSE OF DEATH* was as follows:
Acute degeneration of heart and lower limbs

(duration) yrs. mos. **25** ds.
CONTRIBUTORY **Heart disease**
(Secondary) **several**
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? **No** Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) **W. C. Adair** M. D.
March 28, 19**31** (Address) **Moscow, Idaho**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Moscow, Idaho** Date of Burial **March 28** 19**31**

20. Undertaker **H. R. Short** Address **Moscow**

State File No. 74351

20. Undertaker	Address
<i>J. P. Short</i>	MOSCOW

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Magn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED APR 17 1931

DO NOT WRITE IN THIS SPACE

State File No. **74352**

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011

Local Registrar's No. 17

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary L. Rodner

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Domnick Rodner

6. DATE OF BIRTH (month, day and year) March 8, 1854

7. AGE Years 67 Months 21 Days 21 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Alsace loraine
(State or country) Germany

10. NAME OF FATHER Joseph Eresch

11. BIRTHPLACE OF FATHER (city or town) Alsace Loraine
(State or Country)

12. MAIDEN NAME OF MOTHER Matteanue

13. BIRTHPLACE OF MOTHER (city or town) Alsace Loraine
(State or Country)

14. Informant Mrs. W.E. Cahill
(Address) Moscow, Idaho

15. Filed 4-6, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 29, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That, I attended deceased from Feb 10, 1931, to Mar 29, 1931, that I last saw her alive on Mar 29, 1931, and that death occurred, on the date stated above, at, m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

CONTRIBUTORY (Secondary) Cerebral Softening
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physiologic

(Signed) H. R. Short, M. D.

3/31, 1931 (Address) Moscow

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Moscow Date of Burial 4/1/31 19

20. Undertaker H. R. Short Address Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74353**

PLACE OF DEATH

County of CassiaCity of Burley

Registration District No. _____

Primary Registration District No. _____

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geo Cook

(a) Residence No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) W

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 22, 18447. AGE 86 Years 10 Months 28 Days 1 LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) England
(State or country)10. NAME OF FATHER Robert Cook11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER Mary Ann Long13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant Mrs A Severe
(Address) Burley Idaho15. Filed 1 _____, 1923 _____
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 25, 1923
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 10 to Feb 25, 1923
that I last saw him alive on Feb 23, 1923
and that death occurred, on the date stated above, at 6:30 A. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Nephritis
Senility
(duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY (Secondary) Senility
(duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted if not at place of death? noDid an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? no(Signed) Dr. J. H. Campbell M. D.March 4, 1923 (Address) Burley Idaho19. Place of Burial, Cremation, or Removal Burley Idaho Date of Burial Feb 27 192320. Undertaker R. E. Johnson Address Burley

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74354

State File No.

PLACE OF DEATH

County of CassiaCity of Burley

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alonso M. Pittet

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widowed.</u>
--------------------	------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec. 28, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>47</u>	<u>1</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Book keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Forest Springs
(State or country) Iowa10. NAME OF FATHER Alonso M. Pittet11. BIRTHPLACE OF FATHER (city or town) New York
(State or Country)12. MAIDEN NAME OF MOTHER Ella Williams13. BIRTHPLACE OF MOTHER (city or town) New York
(State or Country)14. Informant (Address) S. Pittet
Wheatland, N. D.

15. Filed 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 27, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1931, to Mar 27, 1931that I last saw him alive on Mar 27, 1931and that death occurred, on the date stated above, at 4: P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Broncho. Pneumonia(duration) yrs. mos. 6 ds.CONTRIBUTORY Acute Alcoholism
(Secondary)(duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Smear(Signed) Diagh & Wain, M. D., 19..... (Address) Burley, Id.19. Place of Burial, Cremation, or Removal Burley, Ida. Date of Burial Mar. 4, 193120. Undertaker D. E. Johnson Address Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74355**

PLACE OF DEATH

County of CassiaCity of Jackson

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)
Norton Orr.

2. FULL NAME _____

(a) Residence No. _____

(Usual place of abode.)

St. _____

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar. 13, 1901

7. AGE

Years

Months

Days

If LESS than 1 day,
_____ hrs. or
_____ min.291122

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Grantsville
(State or country) Utah.

10. NAME OF FATHER

Robert B. Orr.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Scotland.12. MAIDEN NAME OF MOTHER Ella Judd.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Grantsville.Utah.

14.

Informant
(Address)R. B. Orr.Rupert Ida.

15.

Filed

19____

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar. 5, 1931.

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. 5, 1931

19____

to Mar. 51931

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 10:30 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Alcoholism

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed)

R. E. Johnson

(Address)

19____

19. Place of Burial, Cremation, or Removal

Date of Burial

Grantsville, Ut.Mar. 8, 1931

20. Undertaker

Address

R. E. JohnsonBurley

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74356**

PLACE OF DEATH

County of CassiaCity of Duck

Registration District No. _____

Primary Registration District No. _____

Local Registrar's No. _____

(No _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm. Willie Osterhout

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single Married, Widowed, or Divorced (write the word.) S

5a. If married, widowed, or divorced

HUSBAND of Mar. 17, 1928
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
2 11 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Duck Idaho
(State or country)10. NAME OF FATHER Carl Osterhout11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Carl Osterhout13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant (Address) Wm. Willie Osterhout
Oregon

15. Filed _____, 19____ Registrar. _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 5, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1931, to Mar 5, 1931,
that I last saw him alive on Mar 5, 1931,
and that death occurred, on the date stated above, at 2:20 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Fracture of Skull(duration) _____ yrs. _____ mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Examination(Signed) Wm. E. Dean, M. D.Mar 20, 1931 (Address) Burley, Id.

19. Place of Burial, Cremation, or Removal Date of Burial

Duck Idaho Mar 7, 1931

20. Undertaker Address

D. E. Johnson Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **74357**

PLACE OF DEATH
County of **Cassia**
City of **Burley.**

Registration District No. _____
Primary Registration District No. _____ Local Registrar's No. _____
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Ethelyne E Johnson.**

(a) Residence. No. _____ St. _____
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (Write the word.) **Single**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Jan. 16 1912**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Syudent.**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Burley.**
(State or country) **Idaho.**

10. NAME OF FATHER

August Johnson.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) **Sweden.**

12. MAIDEN NAME OF MOTHER **Amelia Lindquist,**

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) **Ill**

14. Informant (Address) **August Johnson**

15. Filed **7**, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **Feb. 18 1931/**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Feb. 14 -**, 19**31**, to **Feb. 18**, 19**31**

that I last saw her alive on **Feb. 16**, 19**31**

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chorio Amnion Suppuration
Right

(duration) _____ yrs. _____ mos. **10** ds.
CONTRIBUTORY (Secondary) **Mastoiditis, Suppuration**
Right (duration) _____ yrs. _____ mos. **4** ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? **no** Date of _____

Was there an autopsy? **no**

What test confirmed diagnosis?

(Signed) **Richard T. Quinn**, M. D.
(Address) **Burley, Idaho**

19. Place of Burial, Cremation, or Removal **Burley Ida** Date of Burial **Feb. 20 1931**

20. Undertaker **D. E. Johnson** Address **Burley**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of CarissaCity of Burley

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ted Kidd

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar. 21-19317. AGE Years Months Days If LESS than 1 day, hrs. or min. 32

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Burley Ida
(State or country)10. NAME OF FATHER Garnet Kidd11. BIRTHPLACE OF FATHER (city or town) Oakley Ida
(State or Country)12. MAIDEN NAME OF MOTHER Alice Slater13. BIRTHPLACE OF MOTHER (city or town) Ogden
(State or Country)14. Informant (Address) Garnet W Kidd
Burley Ida

15. Filed 19..... Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 74358

Local Registrar's No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 23, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1931, to Mar 23, 1931that I last saw him alive on Mar 23, 1931
and that death occurred, on the date stated above, at 3:30 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Diagnosis Cardiac embolus
either from core or
circumcision (over)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? circumcisionDid an operation precede death? yes Date of 3-23-31Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dean Frazier, M. D., 19 (Address) Burley19. Place of Burial, Cremation, or Removal Burley Ida Date of Burial Mar. 24 193120. Undertaker H.E. Johnson Address Burley

Ft. Hall Jurisdiction Current Complete

Jan. 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74361

PLACE OF DEATH

County of Ft. Hall Reservation Registration District No. 121
Idaho.City of _____ Primary Registration District No. 2194

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leona Newman

(a) Residence. No. _____ St. _____

(Usual place of abode.)
Length of residence in city or town where death occurred. 8 yrs. 0 mos. 11 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Female 4. COLOR OR RACE Shoshone Ind. 4/4 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
8 0 III III hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work None(b) General nature of industry,
business, or establishment in
which employed (or employer) ---

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Ft. Hall Reservation10. NAME OF FATHER
Fastner Newman11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Washakiw, Utah12. MAIDEN NAME OF MOTHER Flora Poengerah13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Ft. Hall Reservation14. Informant Fastner Newman,
(Address) Ft. Hall, Idaho.15. Filed March 29, 1931 Mon Walter E. Purdie
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 8, 31 Jan. 2 1931that I last saw her alive on Dec. 30 1930and that death occurred, on the date stated above, at 6: P m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Tuberculosis of the lungsOnset 5/8/ 28

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No. Date of _____Was there an autopsy? No.What test confirmed diagnosis? Microscope(Signed) Nancy R. Wheeler M. D.-----, 1931 (Address) Ft. Hall, Idaho19. Place of Burial, Cremation, or Removal
Garfield Cemetery,
Ft. Hall Reservation, Date of Burial 1/4/31 193120. Undertaker
Fastner Newman,
Ft. Hall, Idaho Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

Ft. Hall Jurisdiction

Current

Complete

Jan. 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74362

State File No.

PLACE OF DEATH

County of Ft. Hall Reservation Registration District No. 121City of Idaho. Primary Registration District No. 2194

(No.)

Local Registrar's No. 40

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Teddy Martin.

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. / yrs. // mos. / 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male	4. COLOR OR RACE Shoshone Ind. 15/16	5. Single, Married, Widowed, or Divorced (write the word.) Single
-----------------------	--	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>11</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work None(b) General nature of industry,
business, or establishment in
which employed (or employer) ---

(c) Name of employer

9. BIRTHPLACE (city or town).
(State or country) Ft. Hall Reservation10. NAME OF FATHER
James Martin11. BIRTHPLACE OF FATHER (city or town).
(State or Country) Lemhi Reservation12. MAIDEN NAME OF MOTHER Phoebe Burton13. BIRTHPLACE OF MOTHER (city or town).
(State or County) Birch Creek, Idaho.14. Informant William Burton,
(Address) Ft. Hall, Idaho.15. Filed Mar. 29, 1931 Mon Walter E. Patrice
Registrar.

16. DATE OF DEATH

Jan. 7, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 7, 30 Jan. 7, 1931
19..... to 19.....that I last saw him alive on Jan. 5, 1931 19.....and that death occurred, on the date stated above, at 10:A m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Tuberculosis of the LungsOnset 7/7/ 30

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Microscope
(Signed) Nemey R. Mueller, M.D.
19..... (Address) Ft. Hall, Idaho19. Place of Burial, Cremation, or Removal
James Martin (Butte Cem.)
Ft. Hall, Idaho.Date of Burial
1/9/193120. Undertaker
James Martin
Butte Cemetery, Ft. Hall Res'vn.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.
Exact statement of OCCUPATION is very important.

PARENTS

Ft. Hall Jurisdiction

Current Complete

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JAN 4 1931

DO NOT WRITE IN THIS SPACE

74363

State File No.

PLACE OF DEATH

County of Ft. Hall Reservation Registration District No. 121

City of Idaho

Primary Registration District No. 2194

Local Registrar's No. 41

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Toesahnee Jimmie

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Shoshone Ind. 4/4 5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Big Jimmie

6. DATE OF BIRTH (month, day and year) ----- 1859

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
72 -- --- -----

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Unknown

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Te-my-yeah

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Unknown

14. Informant Jennie Baker
(Address) Ft. Hall, Idaho.

15. Filed March 29, 1931

Mr. Walter E. Patrick
Registrar.

16. DATE OF DEATH

Jan. 17, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 11, 1928 to Jan. 17, 1931

that I last saw her alive on Jan. 17, 1931

and that death occurred, on the date stated above, at 11:30 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Tuberculosis of the Lungs

Onset 7/1/28

.....(duration)yrs.mos.ds.

CONTRIBUTORY (Secondary)

.....(duration)yrs.mos.ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Microscope
(Signed) Henry D. Wheeler

....., 19..... (Address) Ft. Hall, Idaho.

19. Place of Burial, Cremation, or Removal
Butte Cemetery,
Ft. Hall Reservation

Date of Burial

Jan. 20, 1931

20. Undertaker

Address

Mc.Han & Co., Pocatello, Idaho.

Ft. Hall Jurisdiction

Current

Complete

Jan. 1931 ID 4 104

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74364

State File No.

PLACE OF DEATH

County of Ft. Hall Reservation Registration District No. I21City of Idaho Primary Registration District No. 2194(No. Fort Hall Agency Hospital)Local Registrar's No. 42

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louise Papse(a) Residence. No. ---- St. ----(Usual place of abode.)
Length of residence in city or town where death occurred. 2 yrs. 3 mos. 23 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Shoshone Ind. 4/4 5. Single, Married, Widowed, or Divorced (write the word.) Single

16. DATE OF DEATH

Jan. 23, 1931
(Month) (Day) (Year)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----17. I HEREBY CERTIFY, That I attended deceased from
Jan. 10, 31 Jan. 23, 1931
19. to 19.6. DATE OF BIRTH (month, day and year) Sept. 30, 1928that I last saw h er alive on Jan 23, 1931
19. and that death occurred, on the date stated above, at 12:30A.7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 3 23

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Flu

Onset Jan. 10, 1931

9. BIRTHPLACE (city or town). (State or country) Ft. Hall Reservation

(duration) yrs. mos. ds.

CONTRIBUTORY Pneumonia, bronchial
(Secondary)(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Phys. Signs(Signed) Henry R. Wheeler D.-----, 19. (Address) Ft. Hall, Ida.

10. NAME OF FATHER

James Papse

PARENTS

11. BIRTHPLACE OF FATHER (city or town). (State or Country) Ft. Hall Reservation12. MAIDEN NAME OF MOTHER Josie Dan13. BIRTHPLACE OF MOTHER (city or town). (State or County) Nevada14. Informant James Papse
(Address) Ft. Hall, Idaho19. Place of Burial, Cremation, or Removal- Date of Burial
Mc. Han & Co
Pocatello, Idaho 1/25/3115. Filed March 29 1931 Mr. Walter E. Patrick
Registrar.20. Undertaker
Portneuf Cem.
Ft. Hall Reservation, Idaho.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

Ft. Hall Jurisdiction

Current Complete

Jan. 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74365

PLACE OF DEATH

County of Ft. Hall Reservation Registration District No. I21

City of Idaho. Primary Registration District No. 2194

(No. Ft. Hall Agency Hospital)

Local Registrar's No. 43

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patricia LaVatta

(a) Residence. No. - - - - - St. - - - - -

(Usual place of abode.)

Length of residence in city or town where death occurred. 3 yrs. 7 mos. 3 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Shoshone Ind. 7/8 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 22, 1927

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
3 7 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

10. NAME OF FATHER Phillip LaVatta

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ft. Hall Reservation

12. MAIDEN NAME OF MOTHER Bessie Crow

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Lemhi Reservation

14. Informant Phillip LaVatta,
(Address) Ft. Hall Idaho

15. Filed March 29, 1931 Mrs. Walter E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1931 to Jan 25, 1931

that I last saw her alive on Jan. 25, 1931

and that death occurred, on the date stated above, at 2:15 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

E flu.

(duration) yrs. mos. II ds.
CONTRIBUTORY Pneumonia, Bron.
(Secondary)

(duration) yrs. mos. 5 ds.

18. Where was disease contracted At Home
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. signs

(Signed) Henry R. Wheeler, M. D.

--, 1931 (Address) Ft. Hall, Ida

19. Place of Burial, Cremation, or Removal Episcopal Mission
Ft. Hall, Idaho Date of Burial 1/26/31 19

20. Undertaker Mc. Han & Co.
Pocatello, Idaho Address

Ft. Hall Jurisdiction

Current

Complete

Feb. 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74366

State File No.

PLACE OF DEATH

County of Ft. Hall Reserv'n Registration District No. 121
Idaho.City of Primary Registration District No. 2194Local Registrar's No. 44

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Angatseah Smith Yupe

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 07 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE Shoshone
Ind. 4/4 5. Single. Married, Widowed,
or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJim Yupe6. DATE OF BIRTH (month, day and year) * ----- 18617. AGE Years Months Days If LESS than 1 day,
70 hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work At Home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Nevada10. NAME OF FATHER
Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown12. MAIDEN NAME OF MOTHER Pashwap13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Nevada14. Informant Jack Ramsey,
(Address) Ft. Hall, Idaho.15. Filed March 22 1931 Wm Walter E. Patie
Registrar.

16. DATE OF DEATH

Feb. 18, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 29 1925, to Feb. 18 1931that I last saw her alive on Feb. 8, 1931and that death occurred, on the date stated above, at 11:30P m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Syphalitic paralysisOnset 5/1/29

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Unknown
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Wasserman test(Signed) Henry R. Melin M. D......, 19..... (Address) Ft. Hall, Ida.19. Place of Burial, Cremation, or Removal
Bannock Cemetery
Ft. Hall ReservationDate of Burial
2/22/31 19.....20. Undertaker
Mc. Han & Co.,
Pocatello, Idaho.

Address

Information should be carefully supplied. AGE should be stated EXACTLY.
state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

Ft. Hall Jurisdiction

Current

Complete

February 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74367

State File No.

PLACE OF DEATH

County of Ft. Hall Reservation Registration District No. 121
Idaho.

City of Primary Registration District No. 2194

Local Registrar's No. 45

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jasper Bear

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. 4 mos. 26 ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Bannock Ind. 4/4 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 22, 1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 4 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ft. Hall Reservation
(State or country)

10. NAME OF FATHER Little White Bear

11. BIRTHPLACE OF FATHER (city or town) Virginia City, Montana
(State or Country)

12. MAIDEN NAME OF MOTHER Ella Eagle

13. BIRTHPLACE OF MOTHER (city or town) Lemhi Reservation
(State or Country)

14. Informant Little White Bear,
(Address) Ft. Hall, Idaho

15. Filed March 29, 1931 Mr. Walter E. Pattee
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 18, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 3, 1931, to Feb. 18, 1931

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at 1:30P.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Whoopingcough

..... (duration) yrs. mos. 18 ds.

CONTRIBUTORY Pneumonia, bron.
(Secondary)

..... (duration) yrs. mos. 4 ds.

18. Where was disease contracted At home
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? phys. signs

(Signed) Henry R. Miller, M. D.

....., 19..... (Address) Ft. Hall, Idaho

19. Place of Burial, Cremation, or Removal Lincoln Creek,
Ft. Hall Reservation 2/21/31 19

20. Undertaker Little White Bear,
Ft. Hall, Idaho. Address

rt. Hall Jurisdiction

Current

Complete

February 1931.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74368

State File No.

PLACE OF DEATH

County of rt. Hall Reserv'n Registration District No. 121
Idaho.

City of Primary Registration District No. 2194

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosilia George.

(a) Residence. No. At Ranch St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 3 yrs. 4 mos. 18 ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE Shoshone 5. Single, Married, Widowed,
Ind. 4/4 or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 30, 1927

7. AGE Years Months Days If LESS than 1 day,
3 4 18 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) rt. Hall Reservation

PARENTS

10. NAME OF FATHER Willie George

11. BIRTHPLACE OF FATHER (city or town) (State or Country) rt Hall Reservation

12. MAIDEN NAME OF MOTHER Lemma Tendoy

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Lemhi Reservation

14. Informant Addie Crow
(Address) rt. Hall, Idaho

15. Filed March 29, 31 Mr. Walter E. Patie
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 18, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

No Doctor attending

that I last saw h..... alive on..... 19.....

and that death occurred, on the date stated above, at 12:01A.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Flu

..... (duration) yrs. mos. 5 ds.

CONTRIBUTORY Pneumonia, Bron.
(Secondary)

..... (duration) yrs. mos. 3 ds.

18. Where was disease contracted At Home
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirms diagnosis? Phys signs

(Signed) Henry R. Miller M.D.

..... 19..... (Address) Ft. Hall, Ida.

19. Place of Burial, Cremation, or Removal
Episcopal Mission
Ft. Hall, Idaho

Date of Burial
2/20/31 19

20. Undertaker
Brown & Eldredge

Address
Blackfoot, Idaho.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

Ft. Hall Jurisdiction

Current Complete
STATE OF IDAHO

February 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74369

PLACE OF DEATH

County of Ft. Hall Reservation, CERTIFICATE OF DEATHCity of IdahoRegistration District No. 121Primary Registration District No. 2194Local Registrar's No. 47

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bruce Kaiyou

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 2 yrs. 8 mos. 4 ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Shoshone Ind. 7/8	5. Single. Married. Widowed. or Divorced (write the word.) Single
-----------------------	--	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb. 22, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>2</u>	<u>0</u>	<u>4</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Ft. Hall Reservation

10. NAME OF FATHER

Kaiyou11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Boise, Idaho12. MAIDEN NAME OF MOTHER Nettie Smart13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Ft. Hall Reservation14. Informant Kaiyou.
(Address) Ft. Hall, Idaho15. Filed March 29, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 26, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY That I attended deceased from
No Doctor attending

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, 9: P m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Whoopingcough(duration) yrs. mos. 16 ds.CONTRIBUTORY Pneumonia, Bron.
(Secondary)(duration) yrs. mos. 6 ds.18. Where was disease contracted At home
if not at place of death?Did an operation precede death? No Date of.....Was there an autopsy? NoWhat test confirmed diagnosis? Phys. Signs(Signed) Harry R. Wheeler M. D.-----, 19..... (Address) Ft. Hall, Ida19. Place of Burial, Cremation, or Removal Presbyterian Mission
Ft. Hall, Reservation Date of Burial 3/1/31 19.....20. Undertaker Brown & Eldredge
Blackfoot, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County of BinghamCity of BlackfootSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane Olive Scofield(a) Residence. No. Blackfoot RFD 3 St.

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHyrum P. Scofield6. DATE OF BIRTH (month, day and year) July 15, 18667. AGE Years Months Days If LESS than 1 day, hrs. or min.
64 7 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Oxford, Idaho
(State or country)

PARENTS

10. NAME OF FATHER R. J. M. Bee11. BIRTHPLACE OF FATHER (city or town) Scotland
(State or Country)12. MAIDEN NAME OF MOTHER Georgian Machena13. BIRTHPLACE OF MOTHER (city or town) Scotland
(State or Country)14. Informant Hyrum P. Scofield
(Address) Blackfoot, Ida15. Filed Mar 4, 1931 J. M. Patton E. Patric
Registrar

DO NOT WRITE IN THIS SPACE

State File No. 74370Local Registrar's No. 48

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar-1- 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 29, 1930, to Mar 1, 1931,
that I last saw her alive on Mar 1, 1931,
and that death occurred, on the date stated above, at 6:50 P. M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis &
myocarditis with
hypertension
(duration) 3 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? Physically finding(Signed) J. M. Patton
3-2-31 1931 (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Grove City Cemetary Date of Burial Mar 4-3120. Undertaker Modern Mortuary Address Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74371

State File No.

PLACE OF DEATH

County of BINGHAMCity of BLACKFOOT

CERTIFICATE OF DEATH

Registration District No. 131Primary Registration District No. 2174(No. IDAHO INSANE ASYLUM)Local Registrar's No. 49

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Ulch(a) Residence. No. Idaho Falls, Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>German</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-----------------------	-----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Never been married
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>65</u>			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Ordinary Laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Pennsylvania10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Unknown14. Informant Mr. Thomas Carson
(Address) Blackfoot, Idaho Box 33815. Filed Mar. 3, 1931 Wm. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 1, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

February 25, 1931, to March 1, 1931that I last saw him alive on March 1, A.M., 1931
and that death occurred, on the date stated above, at 11 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:General Paralysis of Insane

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? NO Date ofWas there an autopsy? NO

What test confirmed diagnosis?

(Signed) Geo. Williams, M. D.
March 27, 1931 (Address) Blackfoot, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Asylum Cemetery Mar 3, 193120. Undertaker Ading AddressMarion Clark Blackfoot

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Brigham

City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 131

Primary Registration District No. 2194

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 74372

Local Registrar's No. 50

2. FULL NAME Ronald Phillips

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Deceased</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Deceased</u>		
6. DATE OF BIRTH (month, day and year) <u>Mar. 31 '91</u>		
7. AGE	Years	Months
	Days	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Deceased</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Deceased</u> (c) Name of employer <u>Deceased</u>		

9. BIRTHPLACE (city or town) (State or country) <u>Shelley, Idaho</u>	10. NAME OF FATHER <u>Virgil Phillips</u>
11. BIRTHPLACE OF FATHER (city or town) (State or Country) <u>Albany, Cal.</u>	12. MAIDEN NAME OF MOTHER <u>Angela Emma</u>
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) <u>Woodville, Ida.</u>	

14. Informant (Address) <u>Virgil Phillips</u> <u>127 St. 1, Shelley, Idaho</u>	15. File <u>March 3, 1931</u> <u>Mr. W. A. E. Abrie</u> Registrar
--	--

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Mar. 21 '31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 12 '31 to Mar. 21 '31, that I last saw him alive on Mar. 21 '31 and that death occurred, on the date stated above, at 30 m.

18. CAUSE OF DEATH was as follows:
3 day had a very small enlarged liver. He died of heart failure from the first.
(duration) yrs. mos. ds.
CONTRIBUTORY Cause not known.
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of Mar. 21 '31
Was there an autopsy?
What test confirmed diagnosis?
Signed Dr. J. P. Coyle, M. D.
Mar. 21 '31 (Address) Shelley, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal <u>Shelley, Idaho</u>	Date of Burial <u>Mar. 21 '31</u>
20. Undertaker <u>None</u>	Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74373

State File No.

PLACE OF DEATH

County of BinghamCity of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194

(No.)

Local Registrar's No. 57

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nannah Marie Jorgensen(a) Residence. No. North Idaho Route 1 St.(Usual place of abode.) (If non-resident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mo. ds. How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Peter Jorgensen6. DATE OF BIRTH (month, day and year) Sept 26 18587. AGE
Years 72 Months 5 Days 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Herrmann
(State or country)

10. NAME OF FATHER

Dr. Knorr11. BIRTHPLACE OF FATHER (city or town) Herrmann
(State or Country)

12. MAIDEN NAME OF MOTHER

D13. BIRTHPLACE OF MOTHER (city or town) D
(State or County)14. Informant (Address) George Jorgensen
114 1/2 North Idaho Route 215. Filed Mar 6 1931 Mrs. Walter E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 5, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 5, 1931, tothat I last saw her alive on March 5, 1931
and that death occurred, on the date stated above, at 8:45 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Hemorrhage
(Left side)(duration) yrs. mos. ds. 1CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? Physical findings
(Signed) J. O. [Signature] M. D.3-6, 1931 (Address) Blackfoot Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Buried in cemeteryMarch 8 1931

20. Undertaker

Address

none

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Payette

City of Payette

CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 1008

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patricia Alice Killebrew

(a) Residence. No. 726 N. 7th St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

LEGAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct-29-30

7. AGE

Years

Months

Days

If LESS than 1 day,
_____ hrs. or
_____ min.

3

23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Payette, Idaho
(State or country)

10. NAME OF FATHER

Lamson C. Killebrew

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Ill.

12. MAIDEN NAME OF MOTHER

Stathern May

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Ill.

14.

Informant
(Address)

H.C. Killebrew
Payette, Idaho

15.

Filed

Feb-28 1931

Registrar

J.B. Woodward

DO NOT WRITE IN THIS SPACE

74374

State File No. _____

Local Registrar's No. 6

1008

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb
(Month)

21
(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

✓ _____, 19____, to ✓ _____, 19____

that I last saw him alive on ✓ _____, 19____

and that death occurred, on the date stated above, at 1 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Unable to state. Probably
Broncho pneumonia. Baby
was dead when I arrived.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed)

J.B. Woodward M.D.
2/23, 1931 (Address) Payette, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Payette, Idaho

Feb 23 1931

20. Undertaker

Address

Glenn C. Sanden - Payette, Idaho

RECEIVED MAR 25 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74375

PLACE OF DEATH

County of ClarkCity of Libby
Small PORegistration District No. 125Primary Registration District No. 2203Local Registrar's No. 101A(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME John De Witt Colson(a) Residence. No. _____ St. Crofton Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov 27, 18677. AGE Years 63 Months 3 Days 10 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self9. BIRTHPLACE (city or town) Kansas
(State or country)10. NAME OF FATHER Allen Deloss Colson11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)12. MAIDEN NAME OF MOTHER Mary Graham13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)14. Informant E D Colson
(Address) American Falls Idaho15. Filed March 8, 1931 CE Jones M &
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 7, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1931 to March 7, 1931
that I last saw him alive on March 6, 1931
and that death occurred, on the date stated above, at 2 a m.
The CAUSE OF DEATH* was as follows:Lobar PneumoniaCONTRIBUTORY (Secondary) "Miner" Pulmonary tuberculosis
bronchitis (duration) yrs. 5 mos. ds.
6 mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis?

(Signed) CE Jones M. D.
March 8, 1931 (Address) Dubois Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Dubois Idaho Date of Burial March 8, 193120. Undertaker None Address _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74376

State File No.

PLACE OF DEATH

County of Ada
City of Meridian

CERTIFICATE OF DEATH

Registration District No. 11
Primary Registration District No. 2003
(No.)

Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number.)

8813

2. FULL NAME Jacob Anderson Bingman.(a) Residence. No. 2 Miles South $\frac{1}{2}$ Mile West of Eagle.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofArrissa Bingman.6. DATE OF BIRTH (month, day and year) April 20 1855.

7. AGE Years Months Days If LESS than 1 day.
75. 9 23. hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)10. NAME OF FATHER David Bingman.11. BIRTHPLACE OF FATHER (city or town) Kentucky.
(State or Country)12. MAIDEN NAME OF MOTHER Mary Lamb.13. BIRTHPLACE OF MOTHER (city or town) Illinois.
(State or County)14. Informant Mrs. Arrissa Bingman.
(Address) Eagle, Idaho.15. Filed 2-14 1931
Registrar J. F. Neal

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

2/5 1931 to 2/13 1931that I last saw him alive on 2/12 1931and that death occurred, on the date stated above, at 49 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY chronic nephritis
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) J. F. Neal, M. D.2/14 1931 (Address) Meridian, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Joplin Cemetery.Feb. 15 1931

20. Undertaker

Address

Summers & Krebs, Boise, Idaho

RECEIVED MAR 18 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74377**

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 13

Primary Registration District No. 2110

Local Registrar's No. 2 A

(No. Spencer Hospital)

If death occurred in a hospital or institution, give its name instead of street and number.

74B

2. FULL NAME George R. Spencer

(a) Residence, No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 16 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Feb. 1850

7. AGE Years 81 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Utica, N. Y. (State or country)

10. NAME OF FATHER Eco Spencer

11. BIRTHPLACE OF FATHER (city or town) New York (State or Country)

12. MAIDEN NAME OF MOTHER Perfield

13. BIRTHPLACE OF MOTHER (city or town) New York (State or Country)

14. Informant Mr H. R. Spencer (Address) Idaho Falls Ida.

15. Filed Feb 1 - 1931 Registrar C. J. Finn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1931, to Feb 4, 1931

that I last saw him alive on Feb 4, 1931

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. R. Spencer M. D. Feb 5, 1931 (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida. Date of Burial 2/6 1931

20. Undertaker F. F. M. Van Address Idaho Falls Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 18 1931

DO NOT WRITE IN THIS SPACE

74378

State File No.

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Bonnyville
City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2-15-0

Local Registrar's No. 30

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leona McKee

(a) Residence, No. 360 Basalt St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) March 15-1862

7. AGE Years 78 Months 10 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9. BIRTHPLACE (city or town) Blaine Co. Wisconsin (State or country)

10. NAME OF FATHER S. R. Goodenough

11. BIRTHPLACE OF FATHER (city or town) Unknown (State or Country)

12. MAIDEN NAME OF MOTHER Polly Ann Palmer

13. BIRTHPLACE OF MOTHER (city or town) Unknown (State or Country)

14. Informant Mrs. C. F. Anderson (Address) Idaho Falls Ida.

15. Filed 2/12, 1931 G. F. M. Han Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 11 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended, deceased from Feb. 1, 1931, to Feb. 11, 1931

that I last saw her alive on Feb. 8, 1931

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical only

(Signed) Mary L. Willson M. D. Feb. 12, 1931 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Humboldt Iowa Date of Burial 2/1 1931

20. Undertaker G. F. M. Han Address Idaho Falls Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

CERTIFICATE OF DEATH

RECEIVED MAR 18 1931
DO NOT WRITE IN THIS SPACE
74379
State File No.County of Bonnieville Registration District No. 73
City of Idaho Falls Primary Registration District No. 240-10 Local Registrar's No. 31(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Crover Wilson(a) Residence. No. Shelly Idaho St.(Usual place of abode)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 46 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) West Virginia
(State or country)10. NAME OF FATHER Lincoln Wilson11. BIRTHPLACE OF FATHER (city or town) West Virginia
(State or Country)12. MAIDEN NAME OF MOTHER unknown13. BIRTHPLACE OF MOTHER (city or town) West Virginia
(State or Country)14. Informant J. J. Parrar
(Address) Shelly Idaho15. Filed 2/12, 1931 C. C. C. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 11 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931, to Feb 11, 1931,
that I last saw him live on Feb 11, 1931,
and that death occurred, on the date stated above, at 845 A m.

The CAUSE OF DEATH* was as follows:

carcinoma of bowels

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of Feb 10 31

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. J. J. M. D. Feb 12, 1931 (Address) Idaho Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Pennsboro W. V. Date of Burial 2/12 193120. Undertaker W. F. McMan Address Idaho Falls, Idaho

Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

RECEIVED MAR 18 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonneville

City of Shelton

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 73

Primary Registration District No. 212-0

(No. _____ St.)

State File No. 74380

Local Registrar's No. 82

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Albert W. Brown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

(Write the word)

6. DATE OF BIRTH

Oct. 18

1871

(Month)

(Day)

(Year)

7. AGE

59 Yrs. 3 Mos. 22 ds.

IF LESS than 1 day how many
_____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

Farmer

(b) General nature of industry, business or establishment in which employed (or employer)

Self

9. BIRTHPLACE

(State or Country)

Salt Lake City, Utah

10. NAME OF

Father

William Brown

11. BIRTHPLACE

OF FATHER

(State or Country)

New York

12. MAIDEN NAME

OF MOTHER

Ellen Burnett

13. BIRTHPLACE

OF MOTHER

(State or Country)

England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

F. L. Brown

(Address)

Ridge St #2

15.

Filed

Feb 17

1931

[Signature]

Local Registrar

MEDICAL CERTIFICATE OF DEATH

168

16. DATE OF DEATH

Feb.

10

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19

to

19

that I last saw him alive on 19

and that death occurred on the date stated above, at 7: A.M.

The CAUSE OF DEATH* was as follows:

Suicide, by hanging with a rope

(Duration)

yrs.

mos.

ds.

Contributory

(Secondary)

(Duration)

yrs.

mos.

ds.

(Signed)

[Signature]

2/11 1931

(Address) Idaho Falls, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place

In the

of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Shelton, Ida.

Feb. 12 1931

20. UNDERTAKER

Jack A. Wood

ADDRESS

Idaho Falls

Information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

1. PLACE OF DEATH

County of Commonwealth
City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 2 1470
(No. _____ St.)

STATE OF IDAHO 2 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 74381
Local Registrar's No. 33

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Eliza Doray Rynghorn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

white

married
(Write the word)

6. DATE OF BIRTH

September 18 1867
(Month) (Day) (Year)

7. AGE

63 Yrs. 5 Mos. 23 ds.

IF LESS than 1 day how many
_____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

Housewife

9. BIRTHPLACE

(State or Country) East Millenck, Utah

10. NAME OF Father

Samuel G. Brian

11. BIRTHPLACE OF FATHER

(State or Country) Pennsylvania

12. MAIDEN NAME OF MOTHER

Martha E. Ashworth

13. BIRTHPLACE OF MOTHER

(State or Country) England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Eliza Rynghorn

(Address)

Idaho Falls, Idaho

15. Filed

Feb 17

1931

Leopold
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____,

that I last saw h_____ alive on _____ 19____, and that death occurred on the date stated above, at 11:28 P.

The CAUSE OF DEATH* was as follows:

Myocardial Disease

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary)

Arteriosclerosis

(Duration) 3 yrs. _____ mos. _____ ds.

(Signed)

Leopold

M. D.

19

(Address)

Idaho Falls, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Idaho Falls, Idaho Feb 15 1931

20. UNDERTAKER

Jack A. Wood

ADDRESS

Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

1. PLACE OF DEATH

County of Bonneville,
City of Idaho Falls, Id.

If death occurs away from
usual residence, give facts
called for under special in-
formation.

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 214-0
(No. St.)

RECEIVED MAR 16 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 74382
Local Registrar's No. 34

If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

2. FULL NAME Sussanna West Borrowman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Widowed

(Write the word)

6. DATE OF BIRTH

March 31 1860
(Month) (Day) (Year)

7. AGE

70 Yrs. 10 Mos. 8 ds.

IF LESS than 1
day how many
.....hrs. or
.....min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work. At home

(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer)

9. BIRTHPLACE

(State or Country) Pleasant Grove, Utah.

10. NAME OF

Father John Wheeler

11. BIRTHPLACE
OF FATHER

(State or Country) England

12. MAIDEN NAME

OF MOTHER Harriet West

13. BIRTHPLACE

OF MOTHER England
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) BW W. Borrowman, (son)
(Address) 335 East 19th, Idaho Falls,

15. 19 31
Filed Local Registrar

MEDICAL CERTIFICATE OF DEATH 90

16. DATE OF DEATH

February, 8 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Feb. 1 1931 to Feb. 8 1931,

that I last saw her alive on Feb. 7 1931

and that death occurred on the date stated above, at 5:10 PM

The CAUSE OF DEATH* was as follows:

Cardio-vascular disease

(Duration) 3 yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Edmund Crowley M. D.

2/11 1931 (Address) Idaho Falls Idaho

*State the Disease Causing Death; or in deaths from Violent
Causes, state (1) Means of Injury; and (2) whether Accidental,
Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....ds.

Where was disease contracted
if not at place of death?

Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL Idaho Falls, Ida. DATE OF BURIAL Feb. 11 1931

20. UNDERTAKER Jack A. Wood, ADDRESS Idaho Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Bonanza
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 21470

DO NOT WRITE IN THIS SPACE

74383

State File No.

Local Registrar's No. 31

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Helen Mary Hershey.(a) Residence. No. 165-167th St. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

Female white widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb. 16-18687. AGE Years Months Days If LESS than 1 day,
62 11 29 min. hrs. or

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Housewife9. BIRTHPLACE (city or town) New York
(State or country)10. NAME OF FATHER Peter B George11. BIRTHPLACE OF FATHER (city or town)
(State or Country)12. MAIDEN NAME OF MOTHER Catherine Davis13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant William Hershey
(Address) Idaho Falls, Ida.15. Filed 2/16, 1931
C. J. Quinn
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 10, 1930, to Feb 15, 1931that I last saw her alive on Feb 12, 1931and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of Nov 4-30Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. D. Quinn M. D.
Feb 16, 1931 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Idaho Falls, Ida. 2/19 193120. Undertaker Address
V. F. M. Han Idaho Falls
Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

RECEIVED
STATE OF IOWA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
1931

1. PLACE OF DEATH

County of Bonnerville
City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 73

Primary Registration District No. 2140
(No. _____ St.)

State File No. 74384

Local Registrar's No. 36

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Albert Hanny

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Male White

Married
(Write the word)

6. DATE OF BIRTH

April 4 1856
(Month) (Day) (Year)

7. AGE

IF LESS than 1 day how many
_____ hrs. or
_____ min.?

74 Yrs. 10 Mos. 9 ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

Farmer

9. BIRTHPLACE

(State or Country) Switzerland

10. NAME OF

Father

Christian Hanny

11. BIRTHPLACE OF FATHER

(State or Country) Switzerland

12. MAIDEN NAME OF MOTHER

Annie Foust

13. BIRTHPLACE OF MOTHER

(State or Country) Switzerland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Alice F. Hanny

(Address)

15.

Filed 7-1-31

1931

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____ 19____, to _____ 19____,

that I last saw him alive on _____ 19____,

and that death occurred on the date stated above, at 8:40 P.M.

The CAUSE OF DEATH* was as follows:

Following Operations for Carcinoma of the stomach

(Duration) _____ yrs. _____ mos. 2 ds.

Contributory

(Secondary)

Age

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

W. Ray Hatch M. D.

21. 1931 (Address) Idaho Falls

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Shiley Lda.

DATE OF BURIAL

Feb. 17 1931

20. UNDERTAKER

Jack A. Wood

ADDRESS

Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

RECEIVED MAR 18 1931
STATE OF IOWA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonnerville
City of Idaho Falls

Registration District No. 13
Primary Registration District No. 214-2
(No. 462 N. Eastern St.)

State File No. 74385
Local Registrar's No. 34

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Susan Harmonston Adams

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Married

6. DATE OF BIRTH

Dec 9 1850
(Month) (Day) (Year)

7. AGE

80 Yrs. 2 Mos. 4 ds.
IF LESS than 1 day how many
.....hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) Lincolnshire, England

10. NAME OF Father

John Harmonston

11. BIRTHPLACE OF FATHER

(State or Country) Not Known

12. MAIDEN NAME OF MOTHER

Charlotte Copeland

13. BIRTHPLACE OF MOTHER

(State or Country) Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Adams
(Address) 462 N. Eastern An Idaho Falls

15. Filed Feb 12 1931 C. Harmonston
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 9 1931, to Feb 13 1931,
that I last saw her alive on Feb 12 - 1931,
and that death occurred on the date stated above, at 5:30 A. M.

The CAUSE OF DEATH* was as follows:

Cardiovascular Punct. disease
Ch. cerebral heart lesion

(Duration) ? yrs. mos. ds.

Contributory
(Secondary)

(Duration) ? yrs. mos. ds.

(Signed) C. Harmonston M. D.

27 1931 (Address) Idaho Falls, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. State.....yrs.....mos.....ds.
Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Idaho Falls, Ida. Feb 16 1931

20. UNDERTAKER ADDRESS

Jack A. Wood Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 10 1931
DO NOT WRITE IN THIS SPACE
74386
State File No.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 23Primary Registration District No. 2140(No. LDS Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 292. FULL NAME Myrtle Elizabeth Hunt(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

infant (New Born)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofnewborn6. DATE OF BIRTH (month, day and year) Feb 9, 1931

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. orX--20mins.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of worknewborn(b) General nature of industry,
business, or establishment in
which employed (or employer)✓

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)LDS Hospital Idaho Falls Idaho
Idaho

10. NAME OF FATHER

Wilford Elders Hunt11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Wilson Utah

12. MAIDEN NAME OF MOTHER

Virgil Tyler13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Idaho Falls Idaho

14.

Informant
(Address)J. D. Hunt - Idaho Falls Ida.

15.

Filed

Feb 101931Idaho Falls

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb91931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 91931Feb 91931that I last saw her alive on Feb 9, 1931and that death occurred, on the date stated above, at 7:55 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Premature baby 7 mo

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Miscarriage Mother

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of —Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. D. Hunt, M. D.Idaho Falls (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho FallsFeb 9 1931

20. Undertaker

Address

none

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
RECEIVED MAR 18 1931
State File No. **74389**

PLACE OF DEATH

County of Bonneville
City of Idaho Falls, Idaho

CERTIFICATE OF DEATH

Registration District No. 23
Primary Registration District No. 2156
(No. _____)

Local Registrar's No. 37

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Beverly Rose Blake(a) Residence. No. L.O.S. Hospital St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Feb. 15, 1931

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)10. NAME OF FATHER Reed Blake11. BIRTHPLACE OF FATHER (city or town) Sugar City, Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Alice Marie Ewing13. BIRTHPLACE OF MOTHER (city or town) Smithfield, Utah
(State or Country)14. Informant Reed Blake
(Address) Idaho Falls15. Filed Feb 17, 1931 C. E. Ewing Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 15, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1931, to Feb 15, 1931

that I last saw him alive on Feb 15 and that death occurred, on the date stated above, at 3:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Collapsed Pt. Lung.

CONTRIBUTORY (Secondary) Pneumonia 3 weeks
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. E. Ewing, M. D.

(Address) Idaho Falls

19. Place of Burial, Cremation, or Removal Sugar City Idaho Date of Burial 7/16 1931

20. Undertaker Jack A. Wood Address Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74388

State File No.

PLACE OF DEATH

County of Bonanza
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 23
Primary Registration District No. 210-0

Local Registrar's No. 100A

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bernice Nelson
(a) Residence. No. 879 Memorial Drive St.
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? 2 yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) December 20 1936
7. AGE Years 0 Months 2 Days 1 If LESS than 1 day, min. hrs. or
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls
(State or country) Ida.

10. NAME OF FATHER Daniel Nelson

11. BIRTHPLACE OF FATHER (city or town) Idaho Falls Ida
(State or Country)

12. MAIDEN NAME OF MOTHER Pearl Rhoades

13. BIRTHPLACE OF MOTHER (city or town) Idaho Falls
(State or Country) Ida.

14. Informant Daniel Nelson
(Address) Idaho Falls Ida

15. Filed 2/24 1937 W. F. M. Har
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 21 1937
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 17 1937 to death
that I last saw him alive on Feb 17 1937
and that death occurred, on the date stated above, at 10:10 P. m.
The CAUSE OF DEATH* was as follows:
Broncho Pneumonia

CONTRIBUTORY (Secondary)
(duration) 0 yrs. 0 mos. 0 ds.

18. Where was disease contracted
if not at place of death?
Did an operation precede death? 0 Date of 0
Was there an autopsy? 0
What test confirmed diagnosis? 0

(Signed) W. F. M. Har M. D.
2/24/37 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida Date of Burial 2/24 1937

20. Undertaker W. F. M. Har Address Idaho Falls Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonneville
City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 73
Primary Registration District No. 2 150
(No. _____ St.)

State File No. _____
Local Registrar's No. 41

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Edward C. Barnes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

Male White Married
(Write the word)

6. DATE OF BIRTH

June 13 1873
(Month) (Day) (Year)

7. AGE

37 Yrs. 8 Mos. 9 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Banker & Stockman
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Payville, Utah

10. NAME OF Father

Charles Barnes

11. BIRTHPLACE OF FATHER

(State or Country) England

12. MAIDEN NAME OF MOTHER

Rebecca Phillips

13. BIRTHPLACE OF MOTHER

(State or Country) Payville, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mae Barnes
(Address) Idaho Falls, Idaho

15.

Filed 7-2-31 19 31
Local Registrar John A. Wood

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 22 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19____ to 19____,
that I last saw him alive on 19____,

and that death occurred on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. mos. ds.

Contributory (Secondary) Ch. hepatitis - Cholelithiasis - Pancreatitis - Duodenitis

(Duration) yrs. mos. ds.

(Signed) Edw. C. Barnes M. D.

19____ (Address) Idaho Falls, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted
if not at place of death?

Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Idaho Falls, Idaho Feb 26 19 31

20. UNDERTAKER ADDRESS

Jack A. Wood Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74390
State File No.

PLACE OF DEATH
County of Boundary
City of Bonnors Ferry

CERTIFICATE OF DEATH
Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John J. Dicus,

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 12, 1848.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
83 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio.

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant M. Dicus,
(Address) Bonnors Ferry, Ida.

15. Filed Jan. 28, 1931.

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Jan. 27, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20 - 1931, to Jan. 27 - 1931
that I last saw him alive on Jan. 27 - 1931
and that death occurred, on the date stated above, at 5:20 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic myocardial Degeneration

(duration) yrs. 6 mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed)

Jan. 28 - 1931 (Address) Bonnors Ferry, Ida.

19. Place of Burial, Cremation, or Removal Bonnors Ferry, Ida. Date of Burial Jan. 30, 1931

20. Undertaker H.R. Crouch, Bonnors Ferry, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74391

State File No.

PLACE OF DEATH

County of BoundaryCity of Bonnerr's Ferry

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156(No. Bonnerr's Ferry Hospital)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lars Boije,

St.

Nelson, B.C. Canada.

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

2 ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)
Widowed.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec. 2, 1869.

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or61123

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Day laborer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Sweden

10. NAME OF FATHER

John Boije11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Sweden

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Sweden

14.

Informant
(Address)Mrs. W. Bostrom,Meadow Creek, Idaho.

15.

Filed

Jan. 27, 1931.

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 25, 1931.

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 22nd, 1931, to Jan. 25th, 1931.that I last saw him alive on Jan. 25th, 1931.and that death occurred, on the date stated above, at 4 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Robert Pneumonia.(duration) yrs. mos. 7 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Sweden, Bruce, Ida.
if not at place of death?Did an operation precede death? no. Date ofWas there an autopsy? no.What test confirmed diagnosis? Physical examination.

(Signed)

Jan. 26th, 1931. (Address) Bonnerr's Ferry, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonnerr's Ferry, Ida. Jan. 28, 1931.

20. Undertaker

Address

H.R. Crouch, Bonnerr's Ferry, Ida.

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74392

State File No.

PLACE OF DEATH

County of BoundaryCity of Bonnerr's Ferry,

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156(No. Bonnerr's Ferry Hospital)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gus Kallman,

(a) Residence. No. St.

(Usual place of abode.) Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S. if of foreign birth? 41 yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec. 10, 1872.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>58</u>	<u>1</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner and mining prospector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden14. Informant Otto Richter,
(Address) Spokane, Wash.15. Filed Jan. 10 - 1931.

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 9, 1931. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 20th 1930, to Jan. 4th 1931.
that I last saw him alive on Jan. 4th 1931.
and that death occurred, on the date stated above, at 6:30 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Carcinoma of the pancreas(duration) yrs. 3 (?) mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 2 mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? YesWhat test confirmed diagnosis? autopsy(Signed) Dr. H. R. Crouch, M. D.Jan. 10 - 1931 (Address) Bonnerr's Ferry, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonnerr's Ferry, Ida. Jan. 12, 1931.20. Undertaker H.R. Crouch, Bonnerr's Ferry, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

PHYSICIAN

EXACTLY.

See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74393
State File No.

PLACE OF DEATH

County of Boundary
City of Bonnors Ferry,

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.
(No. Bonnors Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Harvey East,

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 25, 1883.

7. AGE Years Months Days If LESS than 1 day,
47 10 10 hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Princeton
(State or country) Kentucky

10. NAME OF FATHER Joseph East.

11. BIRTHPLACE OF FATHER (city or town) Kentucky
(State or Country)

12. MAIDEN NAME OF MOTHER Cressey

13. BIRTHPLACE OF MOTHER (city or town) Kentucky
(State or County)

14. Informant (Address)

15. Filed Jan. 5 - 1931 5:53 pm
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 4, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Dec 19, 1930, to Jan 4, 1931
that I last saw him alive on Jan 3, 1931
and that death occurred, on the date stated above, at 5:30 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Ruptured Duodenal Ulcer
Peritonitis

(duration) yrs. mos. ds.
CONTRIBUTORY Duodenal fistula
(Secondary)

(duration) yrs. mos. 9 ds.

18. Where was disease contracted if not at place of death? Yes Date of Dec 19 1930

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? operation

(Signed) R. B. Bowell, M. D.
Jan, 1931 (Address) Bonnors Ferry, Ida.

19. Place of Burial, Cremation, or Removal Bonnors Ferry, Ida. Date of Burial Jan. 6, 1931

20. Undertaker H. R. Crouch, Bonnors Ferry, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74394**

PLACE OF DEATH

County of BoundaryCity of Meadow Creek,

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156 Local Registrar's No. 74A

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Alice Bartlett,

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Widowed
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct. 1, 1866.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>64</u>	<u>4</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work At home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Illinois

10. NAME OF FATHER

Wm. Brown11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ohio12. MAIDEN NAME OF MOTHER Sussana Janney13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Illinois14. Informant Don Bartlett
(Address) Meadow Creek, Ida.15. Filed Feb. 23, 1931 Registrar. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 23, 1931. 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 21, 1931, to Feb. 23, 1931
that I last saw him alive on 19.....and that death occurred, on the date stated above, at 8:30 A.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Fracture Right HipMedical Examination(duration) yrs. mos. 2.30 ds.
CONTRIBUTORY Pneumonia
(Secondary)(duration) yrs. mos. 3 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical Examination(Signed) [Signature] M. D.
Feb. 23, 1931 (Address) Bonnors Ferry, Ida.19. Place of Burial, Cremation, or Removal Date of Burial
Bonnors Ferry, Ida. Feb. 24, 193120. Undertaker Address
H.R. Crouch, Bonnors Ferry, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74395
State File No.

PLACE OF DEATH

County of BoundaryCity of Bonnors Ferry

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry McDonald,

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Widowed
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar. 19, 1866.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>64</u>	<u>10</u>	<u>14</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Nova Scotia.10. NAME OF FATHER Simon McDonald11. BIRTHPLACE OF FATHER (city or town) (State or Country) Nova Scotia.12. MAIDEN NAME OF MOTHER Elizabeth Kennedy,13. BIRTHPLACE OF MOTHER (city or town) (State or County) Nova Scotia.14. Informant Simon McDonald,
(Address) Bonnors Ferry, Idaho.15. Filed Feb. 3- 1931.
Registrar. SS

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 2, 1931. 19.....
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw h..... alive on 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Accidental death
Bullet wound of chest & abdomen
(Stomach & Heart)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? yesWhat test confirmed diagnosis? Autopsy(Signed) Em Bonnell C. M. D.Feb 3 1931 (Address) Bonnors Ferry, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Bonnors Ferry, Idaho. Feb. 4, 1931 19.....

20. Undertaker Address

H.R. Crouch, Bonnors Ferry, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74396

State File No.

PLACE OF DEATH

County of Boundary
City of Bonnors Ferry

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME H. Benjamin Dennis,

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White,</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Unknown</u>
-----------------------	-----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar. 20, 1856.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>74</u>	<u>10</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Day laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Unknown

10. NAME OF FATHER

Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown

14.

Informant
(Address)

15.

Filed

Feb. 3. 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 1, 1931.

(Month)

(Day)

19...
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 29, 1931 to Feb. 1st, 1931
that I last saw him alive on Jan. 30, 1931

and that death occurred, on the date stated above, at 6:15 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia (lobar)(duration) yrs. mos. 6 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no. Date ofWas there an autopsy? no.What test confirmed diagnosis? Physical Examination

(Signed)

Feb. 3, 1931 (Address) Bonnors Ferry, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonnors Ferry, Idaho. Feb. 5, 1931

20. Undertaker

Address

H.R. Crouch, Bonnors Ferry, Idaho

RECEIVED MAR 2 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74397**

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
(No. 1628 8th. Street.)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rufus R. Bubb.(a) Residence. No. 1828 8th. Street. St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced
HUSBAND of Florence A. Bubb
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 1st, 1864.

7. AGE Years Months Days If LESS than 1 day,
66. 3. 1. hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired R. R. Brakeman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Northern Pacific R. R. Co.9. BIRTHPLACE (city or town) Williamsport, Penn.
(State or country)10. NAME OF FATHER John R. Bubb.11. BIRTHPLACE OF FATHER (city or town) Penna.
(State or Country)12. MAIDEN NAME OF MOTHER Rachel Campbell.13. BIRTHPLACE OF MOTHER (city or town) Penna.
(State or Country)14. Informant Mrs. R. R. Bubb.
(Address) Lewiston, Idaho.15. Filed 2-13, 1931 J. M. Lyle
By N. B. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 2nd, 1931.

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 16, 1930, to Jan 2, 1931

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis(duration) + yrs. mos. ds.CONTRIBUTORY
(Secondary)Arteriosclerosis(duration) + yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Physician & Laboratory(Signed) R. B. Carson, M. D.1/3/31., 19____ (Address) Lewiston, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.1/4/31. 19____

20. Undertaker

Address

Prower-Jann Company.Lewiston, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74398**

PLACE OF DEATH

County of Bonne
City of Idaho

CERTIFICATE OF DEATH

Registration District No. 12

Primary Registration District No. _____

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Perry Grane(a) Residence. No. Idaho City St. _____

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
78

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work no

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) _____ (State or country)

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (city or town) _____ (State or Country)

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (city or town) _____ (State or Country)

14. Informant (Address) J E Handley
Idaho City15. Filed March 17 1931 Wm E S Robson
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 3 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to March 3, 1931,
that I last saw her alive on March 1, 1931

and that death occurred, on the date stated above, at 3 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH was as follows:

Acute Bronchitis

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 5 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) J. N. Beck, M. D.March 4 1931 (Address) Quincyburg19. Place of Burial, Cremation, or Removal Idaho City Idaho Date of Burial Mar 5 1931

20. Undertaker _____ Address _____

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
74399
State File No.....

✓ PLACE OF DEATH
County of Franklin
City of Treasureton

Registration District No.....
Primary Registration District No.....

Local Registrar's No.....

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Merrill Leelos Huntman

(a) Residence. No. Idaho Falls, R# 4 St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 11-23-1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
43

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work babe

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Woodville, Idaho
(State or country)

10. NAME OF FATHER Elmer Leelos Huntman

11. BIRTHPLACE OF FATHER (city or town) Annabell, Utah
(State or Country)

12. MAIDEN NAME OF MOTHER Alona Shumway

13. BIRTHPLACE OF MOTHER (city or town) Treasureton, Id.
(State or Country)

14. Informant Elmer Leelos Huntman
(Address) Idaho Falls, R# 4

15. Filed _____, 19____

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from birth, 1930, to 1-5, 1931,
that I last saw him alive on 1-1, 1931,
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Brocho pneumonia

(duration) _____ yrs. mos. 5 ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical
(Signed) Edwin C. Cyster, M. D.
1-6-, 1930 (Address) Shelley

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Shelley Cemetery Date of Burial 1-7-1931

20. Undertaker None Address _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74400

State File No.

PLACE OF DEATH

County of Bingham
City of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 214K
(No.)

Local Registrar's No. 52

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Alfred Warthen(a) Residence. No. Blackfoot, R.F.D.#1

St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruth Bowen

6. DATE OF BIRTH (month, day and year) Feb. 23, 1876

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
55 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Springville
(State or country) Utah

10. NAME OF FATHER

Brigham Heber Warthen

11. BIRTHPLACE OF FATHER (city or town) Hancock, Co.
(State or Country) Illinois

12. MAIDEN NAME OF MOTHER Elizabeth Chadwick

13. BIRTHPLACE OF MOTHER (city or town) St. Joseph
(State or Country) Mo.

14. Informant (Address) Mr. Paul Warthen
Blackfoot, Idaho

15. Filed Mar. 12, 1931 Mrs. Walter E. Patis
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

3-8, 1931, to 3-11, 1931
that I last saw him alive on 3-11, 1931

and that death occurred, on the date stated above, at 6:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Right side)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? physically finding(Signed) J. O. H. Chapman, M.D.3-12, 1931 (Address) Blackfoot, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Groveland Cem.Mar. 13, 1931

20. Undertaker

Address

E. F. PeckBlackfoot, Ida

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74401

State File No.

PLACE OF DEATH

County of BinghamCity of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194Local Registrar's No. 53(No. South Idaho Insane Asylum)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

EARL P GARNER

(a) Residence. No.

St.

Idaho Falls, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

10 ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

WHITE5. Single, Married, Widowed,
or Divorced (write the word.)MARRIED

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofInene Garner

6. DATE OF BIRTH (month, day and year)

Aug 2 - 1900

7. AGE

30

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

Roy, Idaho

(State or country)

10. NAME OF FATHER

John E Garner

11. BIRTHPLACE OF FATHER (city or town)

Utah

(State or Country)

12. MAIDEN NAME OF MOTHER

Maude Garner

13. BIRTHPLACE OF MOTHER (city or town)

Utah

(State or County)

14. Informant Joseph Moore, Attendant

(Address)

Blackfoot, Idaho.15. Filed Mar 17, 1931 by Mr. Walter E. Patrice

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 17, 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 7th 1931 to March 17, 1931that I last saw him alive on March 17, 1931, 19and that death occurred, on the date stated above, at 7 A m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:General Paralysis of InsaneCONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None

(Signed)

Geo. Williams

M. D.

Mar 17, 1931 19 (Address) Blackfoot, Ida19. Place of Burial, Cremation, or Removal

Date of Burial

Grant, IdahoMar. 24, 1931

20. Undertaker

Jack A. Wood

Address

Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74402

State File No.

PLACE OF DEATH

County of BinghamCity of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 221007

(No.)

Local Registrar's No. 54

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adelbert Corey(a) Residence. No. 44 North Pine

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 11 yrs. 2 mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAnnettie Corey

6. DATE OF BIRTH (month, day and year)

Mar. 10, 1860

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or7113

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Minnesota

10. NAME OF FATHER

Alonzo Corey11. BIRTHPLACE OF FATHER (city or town)
(State or Country)New York State

12. MAIDEN NAME OF MOTHER

Betsy Howe13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Michigan

14.

Informant
(Address)Gra Corey
Blackfoot, Idaho

15.

Filed

Mar 24 19 31 Mr. Walter E. Patric

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3 - 23

(Month)

(Day)

19 31
(Year)

17. I HEREBY CERTIFY, That I attended decease d from

3 - 2319 31, to19 31

that I last saw h. alive on

3 - 2319 31and that death occurred, on the date stated above, at 5 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Hemorrhage(duration) in 2 days yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ☒Did an operation precede death? no Date of ☒Was there an autopsy? noWhat test confirmed diagnosis? physical findings

(Signed)

J. O. Hakes M. D.3 - 24 19 31 (Address) Blackfoot, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Grove City Cem.Mar. 26, 31 19

20. Undertaker

Address

E. J. ParkBlackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED 1931
DO NOT WRITE IN THIS SPACE
74403
State File No.

PLACE OF DEATH
County of **Blaghamot**
City of **Blackfoot.**

Registration District No. **127**

Primary Registration District No. **1007**

Local Registrar's No. **55**

(No. **Miss Anna Frame Hospital West Junction Mo.**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Geneve P. Hatch**

(a) Residence. No. **Moreland** St.

Length of residence in city or town where death occurred. **20** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

5a. If married, widowed, or divorced
HUSBAND of **Wm. M. Hatch**
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Nov. 19, 1905**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
25 4 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housewife**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Utah.**
(State or country)

10. NAME OF FATHER **Wm. Pixton**

11. BIRTHPLACE OF FATHER (city or town) **Utah**
(State or Country)

12. MAIDEN NAME OF MOTHER **Matilda Noaks**

13. BIRTHPLACE OF MOTHER (city or town) **Utah.**
(State or Country)

14. Informant **Wm. Pixton**
(Address) **Blackfoot, Ida.**

15. Filed **Mar. 29, 1931** **Miss Walter E. Patrick**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

3-25, 1931, to **1931**

that I last saw him alive on **3-25, 1931**
and that death occurred, on the date stated above, at **10:15 p.m.**

The CAUSE OF DEATH* was as follows:

**Cerebral Embolism
10 hrs. after removal
carpus amputation.**
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? **no** Date of **✓**

Was there an autopsy? **no**

What test confirmed diagnosis? **Physical findings**

(Signed) **J. O. Druey, M. D.**

3-26, 1931 (Address) **Blackfoot, Ida.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Moreland Cem.** Date of Burial **3-29-31** 19

20. Undertaker **Modern Mortuary, Blackfoot.** Address

RECEIVED APR 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74404

State File No.

PLACE OF DEATH

County of Franklin

CERTIFICATE OF DEATH

City of Whitney

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 18

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gilbert E. Weaver

(a) Residence. No. Whitney Ida.

St.

(Usual place of abode.) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Weaver

6. DATE OF BIRTH (month, day and year) Apr 24 1857

7. AGE Years 73 Months 10 Days 25 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Farmer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Provo Utah

10. NAME OF FATHER Gilbert E. Weaver

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER Sarah Conover

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant Bald G. Weaver

(Address) Preston

15. Filed 3/21, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 19, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 24, 1930, to March 19, 1931
that I last saw him alive on March 18, 1931

and that death occurred, on the date stated above, at 8 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Primary Carcinoma of Rectum

(duration) 1 yrs. - mos. - ds.

CONTRIBUTORY (Secondary) Prostatitis

(duration) 3 yrs. 4 mos. - ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) G. W. Stiles, M. D.

Mar 20, 1931 (Address)

19. Place of Burial, Cremation, or Removal Date of Burial

Whitney Idaho Mar 21 31 1931

20. Undertaker M. W. Hendricks Address Preston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74405

State File No.

PLACE OF DEATH

County of Franklin
City of Preston

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119
(No.)

Local Registrar's No. 14

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Franklin Nathan Foss

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or married (write the word.)

5a. If married, widowed, or divorced Emily Foss
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1875

7. AGE Years Months Days If LESS than 1 day,
56 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Furniture

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Preston
(State or country)

10. NAME OF FATHER
Ezra Foss

11. BIRTHPLACE OF FATHER (city or town) Maine
(State or Country)

12. MAIDEN NAME OF MOTHER Emily Cherry

13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or Country)

14. Informant Calvon Foss
(Address) Preston

15. Filed....., 19.....
Registrar. G. P. Cullen

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3/5/31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/26/31, 1931, to 3/5/31, 1931.
that I last saw him alive on 3-5-31, 1931.

and that death occurred, on the date stated above, at 1: A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Coronary Thrombosis

(duration) yrs. mos. ds.
CONTRIBUTORY Branches Running
(Secondary)

(duration) yrs. mos. ds. 10

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yesWhat test confirmed diagnosis? Microscopic(Signed) G. P. Cullen, M. D.

, 19..... (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Preston IdahoMar 8

19

20. Undertaker

M. W. Hendricks

Address

Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 3 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74406

State File No.

PLACE OF DEATH

County of Shoshone
City of Wardner

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201
(No.)

Local Registrar's No. 7

2. FULL NAME Robert Lee Reynolds

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

Yrs.

mos.

ds.

How long in U. S. if of foreign birth?
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced, (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 23, 1935

7. AGE Years Months Days If LESS than 1 day.
5 1 27 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wardner
(State or country) Idaho

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Wardner
(State or Country) N.C.

12. MAIDEN NAME OF MOTHER Zelda, nee Reynolds

13. BIRTHPLACE OF MOTHER (city or town) Liberty
(State or Country) Mo.

14.

Informant
(Address)

15.

Filed

R. G. Reynolds
Wardner, Idaho
Mar. 28, 1931 Mrs. Helen M. Brice
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 21st, 1931, to Feb 21st, 1931
that I last saw him alive on Feb 21st, 1931

and that death occurred, on the date stated above, at 1 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Abscess.

Bruise on head two months before
death. Contracted while coasting.

CONTRIBUTORY
(Secondary)

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatology

(Signed) H. B. Lindberg M. D.

3/2, 1931. (Address) Kellogg, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Kellogg, Idaho

Feb 24 1931

20. Undertaker

Address

M. C. Thornhill Kellogg, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74407

State File No.

Local Registrar's No. 207

PLACE OF DEATH

County of Bannock

City of Bancroft (Twp)

Registration District No. 84

Primary Registration District No. 2161

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Lee Roberts

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced (write the word)

single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

Dec-18-31

7 AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

2

5

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Bancroft (Twp) Ida

10 NAME OF FATHER

Samuel Lee Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Alabama

12 MAIDEN NAME OF MOTHER

Ella Fanny Call

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Chesterfield Ida

14

Informant (Address)

Mrs. James E. Corley
Chesterfield Ida

15

Filed

Mar-31, 1931

Wm J. Fitz
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb-23-1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb-9, 1931, to Feb-23, 1931, that I last saw him alive on Feb-23, 1931, and that death occurred, on the date stated above, at 10 PM m.

The CAUSE OF DEATH* was as follows:

pneumonia caused from flu

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

at place of death

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) Mrs. James E. Corley Nurse, M. D.
Mar-1, 1931 (Address) Chesterfield Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

Funeral Home, Chesterfield Feb-24-31 19
207 Undertaker Address

Had none

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing, the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a mid-wife.

2

6

Exact statement of OCCUPATION is very important. See instructions on back. Some cases of death in plain terms, so that it may be properly classified.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74408

PLACE OF DEATH

County of Madison

City of Baltimore

CERTIFICATE OF DEATH

Registration District No. 120

Primary Registration District No. 2175

(No. _____)

Local Registrar's No. 76

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carrett Simmons

(a) Residence. No. St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U S if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. Single, Married, Widowed, or Divorced (write the word)
-------------	-----------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 7/1/1960

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin
	9	2	22	

8. OCCUPATION OF DECEASED.

(a) Trade, profession, or particular kind of work *Police Officer*

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (city or town) Barton
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Springfield
(State or Country)

12. MAIDEN NAME OF MOTHER *L* *++* *21 11*

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or County) _____

14. Informant (Address) Mrs. Robert Hill

15. Filed 4/2, 1921 H. B. Quinn Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 1st 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Mar. 19, 19*31*, to *Apr. 1*, 19*31*,
 that I last saw *her* alive on *Apr. 1*, 19*31*,
 and that death occurred on the date stated above at *1:32 P. M.*

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

The CAUSE OF DEATH* was as follows:

Acute diffuse peritonitis

(duration) yrs. mos. *10* ds.

CONTRIBUTORY (Secondary) *Offender - perforated*
(duration) yrs mos *14* da

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? Yes Date of 3-21-36

Was there an autopsy? no
What test confirmed diagnosis? yes
(Signed) W. H. Hetherland M. D.
4-2, 19 31 (Address) Peabody, Cal.

19. Place of Burial, Cremation, or Removal	Date of Burial
Burton, Ida	April 13 1932

20. Undertaker	Address
John J. Keller	Greenburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19

1. PLACE OF DEATH

County of *Bear Lake*

City of *Fish Haven*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Registration District No. *55*

Primary Registration District No.

(No. *Shirley* St.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No.

Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

Female *White*

Widowed

(Write the word)

6. DATE OF BIRTH

Aug. *15* *1891*
(Month) (Day) (Year)

7. AGE

IF LESS than 1
day how many
hrs. or
min.?

99 Yrs. Mos. ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work *house wife*

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) *Sandfontain Africa*

10. NAME OF

Father *Geo. Bubb.*

11. BIRTHPLACE
OF FATHER

(State or Country) *England*

12. MAIDEN NAME
OF MOTHER

Esther Schuttz

13. BIRTHPLACE
OF MOTHER

(State or Country) *Not known*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs Rose Shirley*

(Address) *Fish Haven*

15.

Filed *Mar. 6 - 1931* *Kannah Jackson*

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March *3* *1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19. to 19.

that I last saw h. alive on 19.

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

General Debility

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) *C. C. Moore* M. D.

19. (Address) *Paris Ida.*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted
if not at place of death?

Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

Fish Haven

DATE OF BURIAL

Mar. 7 1931

20. UNDERTAKER

C. Shirley.

ADDRESS

Fish Haven

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
74410
State File No. _____

PLACE OF DEATH
County of Latah
City of Princeton

Registration District No. 65
Primary Registration District No. 2145

Local Registrar's No. _____

RECEIVED APR 8 1931

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mariam Engle

(a) Residence. No. Princeton St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of Geo. Engle
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 4th 1868
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
62 4 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Greeng - Switz
(State or country)

10. NAME OF FATHER David Michel

11. BIRTHPLACE OF FATHER (city or town) Switz
(State or Country)

12. MAIDEN NAME OF MOTHER Anna Maria Huacher

13. BIRTHPLACE OF MOTHER (city or town) Switz
(State or Country)

14. Informant Dora Engle
(Address) Princeton

15. Filed March 21st 1931 J. H. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 20th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec., 1930, to March 20th, 1931
that I last saw her alive on Dec., 1930
and that death occurred, on the date stated above, at 5:48 m.
The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) J. H. Thompson, M. D.
3/21, 1931 (Address) Booth

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Latah. Hillfellow Cemetery Date of Burial March 22nd 1931

20. Undertaker Shuler Address Tekoa. Wash

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74412

State File No.

PLACE OF DEATH

County of

City of

Registration District No.

Primary Registration District No.

(No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred.

3 yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

Mch 31, 1931

Mrs. J. C. Fitz

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 26, 1931, to March 27, 1931

that I last saw him alive on March 26, 1931

and that death occurred, on the date stated above, at 12:10 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Examination only.

(Signed) J. C. Fitz M. D.

3-27, 1931 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Daniel Wyoming Mos 29, 1931

20. Undertaker

Address

H. L. McMan Doole

RECEIVED APR 2 1931
CERTIFICATE OF DEATHState of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of

City of

Registration District No.

Primary Registration District No.

St.)

File No.

Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

6. DATE OF BIRTH

7. AGE

IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

17. I HEREBY CERTIFY, That I attended deceased from
Dec 1, 1930, to Mar 16, 1931that I last saw him alive on March 15, 1931
and that death occurred on the date stated above, at 12:10 AM

The CAUSE OF DEATH was as follows:

Chronic Cardiac Valvular
Heart disease(Duration) 5 Yrs. mos. ds.
Contributory (Secondary) Interstitial nephritis(Duration) 3 yrs. mos. ds.
(Signed) C. F. Rich M. D.

3-16-1931 (Address) Lava Hot Springs

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. 2 mos. 15 In the days State yrs. mos. days

Where was disease contracted if not at place of death? Unknown

Former or usual residence Yost Utah

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74414
State File No.

PLACE OF DEATH

County of Shoshone
City of Wallace

CERTIFICATE OF DEATH

Registration District No. 70Primary Registration District No. 1011(No. Residence)Local Registrar's No. 30

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Ortenter Ferraris(a) Residence. No. 701 Olive St. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of John Ferraris
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 14 - 18817. AGE 49 Years 9 Months 15 Days If LESS than 1 day, hrs. or min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Italy
(State or country)10. NAME OF FATHER Batista Targhetta11. BIRTHPLACE OF FATHER (city or town) Italy
(State or Country)12. MAIDEN NAME OF MOTHER Carolina Sandrine13. BIRTHPLACE OF MOTHER (city or town) Italy
(State or Country)14. Informant (Address) John Ferraris
Wallace, Ida.15. Filed Mar 31, 1931 F. L. Drigley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 29 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
March 26 1930, to March 29 1931
that I last saw him alive on March 29 1931
and that death occurred, on the date stated above, at 12:30 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pulmonary Tuberculosis(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. S. Smith M. D.3-30-31, 1931 (Address) Wallace, Ida.19. Place of Burial, Cremation, or Removal Wallace, Ida. Date of Burial March 31, 193120. Undertaker Ward and Co. Address Wallace, Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74415

State File No.

PLACE OF DEATH

County of ShoshoneCity of WallaceRegistration District No. 70Primary Registration District No. 1011Local Registrar's No. 31

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Flora Franklin Rowland

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 1, 1879

7. AGE

Years

Months

Days

If LESS than 1 day,

..... hrs. or
..... min.51

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workhousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Arkansas

10. NAME OF FATHER

Marion Williams

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Arkansas

12. MAIDEN NAME OF MOTHER

no info

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Arkansas

14.

Informant
(Address)Archie L Rowland
Kellogg, Idaho

15.

Filed

Apr. 1, 1931F. L. Zwigley
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March301931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 2331March 3031that I last saw her alive onMarch 3031and that death occurred, on the date stated above, at 109 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Thrombosis Cerebral(duration) yrs. four mos. ds.

CONTRIBUTOR (Secondary)

Pterioceleptosis
Septic

18. Where was disease contracted if not at place of death?

Did an operation precede death? no

Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Archie L Rowland

Date

3/31

1931

(Address)

Wallace, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Kellogg, IdahoApril 1, 1931

20. Undertaker

Address

M. B. ThornhillKellogg, Idaho

RECEIVED APR 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSDO NOT WRITE IN THIS SPACE
State File No. 74416

PLACE OF DEATH

County of Shoshone
City of Kellogg

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201
(No.)Local Registrar's No. 102. FULL NAME Clinton Harndon Butler 31
(If death occurred in a hospital or institution, give its name instead of street and number.)
(a) Residence. No. 813^W Portland St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married5a. If married, widowed, or divorced
HUSBAND of Marilla Butler
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 57 Months 6 Days 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. A. S & M & C. Co9. BIRTHPLACE (city or town) (State or country) Krington Co. Kentucky10. NAME OF FATHER Jessie I. Butler

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER Mary E. Pen13. BIRTHPLACE OF MOTHER (city or town) (State or Country) no inf.14. Informant Mrs. C. N. Butler
(Address) Kellogg, Idaho15. Filed Mar. 7, 1931 Mrs. Helen M. Briden
Registrar. M. C. Thornhill

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 6, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March, 1930, to April 10, 1930
that I last saw him alive on April 10, 1930
and that death occurred, on the date stated above, at 9:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pulmonary Tuberculosis(duration) 1 yrs. 6 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? X Ray of Chest(Signed) Scott K. Enck M.D.March 8, 1931 (Address) Kellogg, Idaho19. Place of Burial, Cremation, or Removal Kellogg, Ida. Date of Burial Mar 8, 193120. Undertaker M. C. Thornhill Address Kellogg, Ida.

RECEIVED APR 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74417

State File No.

PLACE OF DEATH

County of *Shoshone*City of *Kellogg*

CERTIFICATE OF DEATH

Registration District No. *123*Primary Registration District No. *2201*

(No.)

Local Registrar's No. *9*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Frank Vergard*

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days *9* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Kellogg, Ida*
(State or country)10. NAME OF FATHER *Charles Vergard*11. BIRTHPLACE OF FATHER (city or town)
(State or Country) *Harrison, Ida*12. MAIDEN NAME OF MOTHER *May Reed*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) *England*14. Informant (Address) *Charles Vergard*15. Filed *Mar 28* 19*31* *Mrs. Helen M. Brice*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *2* *25th* 19*31*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *Feb 25th* 19*31*, to *Feb 25th* 19*31*,
that I last saw him alive on *Feb 25th* 19*31*,
and that death occurred, on the date stated above, at *100* m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Congenital heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Symptoms only*(Signed) *H. L. Linder* M. D.
3/9 19*31* (Address) *Kellogg, Ida*19. Place of Burial, Cremation, or Removal *Kellogg, Ida* Date of Burial *2/26* 19*31*20. Undertaker *L. Stout* Address *Kellogg, Ida*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of ShoshoneCity of Kellogg

CERTIFICATE OF DEATH

Registration District No. 123Primary Registration District No. 2201

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Kirkham

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 18, 18747. AGE Years 57 Months 1 Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Port Lemhi
(State or country)

10. NAME OF FATHER

Frank R. Shakey

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)
Don't know

12. MAIDEN NAME OF MOTHER

Rebekah Cady

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)
Don't know14. Informant Margaret Kirkham, daughter.
(Address)15. Filed Mar 28, 1931 Mrs. Helen McBride
Registrar.

DO NOT WRITE IN THIS SPACE

74418

State File No.

Local Registrar's No. 8

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

2 24 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 20, 1931, to Feb 24, 1931
that I last saw her alive on Feb 24, 1931and that death occurred, on the date stated above, at 1:30 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma of uterus
with metastasis.(duration) yrs. 6 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Tendoy IdaDid an operation precede death? no Date ofWas there an autopsy? yesWhat test confirmed diagnosis? Autopsy(Signed) W. C. Lindsey, M. D.2/24, 1931 (Address) Kellogg, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kellogg Ida 2/28 1931

20. Undertaker

Address

W. C. Lindsey Kellogg Ida

RECEIVED APR 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74419

State File No.

PLACE OF DEATH

County of ShoshoneCity of KelloggRegistration District No. 123Primary Registration District No. 2201Local Registrar's No. 6

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Buby Johnson

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb 4, 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kellogg, Ida
(State or country)10. NAME OF FATHER Ben Johnson11. BIRTHPLACE OF FATHER (city or town) Illinois
(State or Country)12. MAIDEN NAME OF MOTHER Victoria Lebert13. BIRTHPLACE OF MOTHER (city or town) Montana
(State or Country)14. Informant Ben H Johnson
(Address) Kellogg, Ida15. Filed Mar. 28, 1931 Mrs. Helen M. Brice
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 5, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 4th, 1931, to Feb 4th, 1931

that I last saw him alive on

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Prematurely, albumin-
uria in mother.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No. Date ofWas there an autopsy? No.What test confirmed diagnosis? Symptomatic(Signed) M. C. Thornhill, M. D.March 19, 1931, (Address) Kellogg, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Kellogg, Ida Date of Burial Feb 6, 193120. Undertaker M. C. Thornhill Address Kellogg, Ida

WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

Exact statement of OCCUPATION is very important.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74423

State File No.

PLACE OF DEATH
County of Latah
City of Avon

Registration District No. 64

Primary Registration District No. 2177

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Chas H Alber

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W

5. Single, Married, Widowed, or Divorced (write the word.)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

MO-

10. NAME OF FATHER

Adam Alber

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Germany

12. MAIDEN NAME OF MOTHER

Augusta Alber

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Swiss

14.

Informant (Address)

Jacob Alber

15.

Filed

April 4, 1931

Lucy M Pickard
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 8

1931

17. I HEREBY CERTIFY, That I attended deceased from

March 9, 1930, to March 9, 1931

that I last saw him alive on Dec 1st, 1930

and that death occurred, on the date stated above, at 14 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Coronary disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date Mar 9

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. H. Meyer, M. D.
Mar. 9, 1931 (Address) Troy, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Wild Rose cem Mar. 12 1931

20. Undertaker

Address

John J. Pickard Troy Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of CassiaCity of Burley

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Cobb

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb. 15, 18887. AGE Years 43 Months 27 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ohio
(State or country)10. NAME OF FATHER Leo Cobb11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER Lula Jane Johnson13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant (Address) E. Cobb
Salt Lake City15. Filed Mar. 24, 1931 F. B. Butler
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 74424

Local Registrar's No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar., 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1931, to Mar. 12, 1931.

that I last saw him alive on, 19....

and that death occurred, on the date stated above, at 10:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Fractured Skull
Received in auto accident

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. E. Johnson Coroner M.D.Mar. 14, 1931 (Address) Burley, Ida.19. Place of Burial, Cremation, or Removal Toledo Ohio Date of Burial 3-18 193120. Undertaker H. E. Johnson Address Burley

RECEIVED APR 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74426

State File No.

PLACE OF DEATH

County of Latah

City of Moscow, Rural

Registration District No. 61

Primary Registration District No. 1511

Local Registrar's No. 10

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ole Selland

(a) Residence, No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Selland

6. DATE OF BIRTH (month, day and year) May. 3, 1849

7. AGE Years 81 Months 10 Days 7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Norway (State or country)

10. NAME OF FATHER Osmondson

11. BIRTHPLACE OF FATHER (city or town) Norway (State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Carl Selland

(Address) Moscow, Idaho

15. Filed 4-6, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. 10, 1931 to Mar 10, 1931

that I last saw him alive on Mar 10, 1931

and that death occurred, on the date stated above, at 7:57 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Stomach only.

(Signed) Osmondson, M. D.

Mar 10, 1931 (Address) Moscow, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Moscow, Idaho

Mar 13 1931

20. Undertaker

Address

Moscow, Ida.

RESERVED FOR DIVISION

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 20 1931
DO NOT WRITE IN THIS SPACE
74427
State File No.

PLACE OF DEATH

County of BonnerCity of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 78Primary Registration District No. 2155(No. N Forest Ave)Local Registrar's No. 29

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur C Johnson(a) Residence. No. N Forest Ave St.

(Usual place of abode.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Genera Johnson
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 18 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>39</u>	<u>9</u>	<u>5</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Sandpoint Motor Co.

(c) Name of employer

9. BIRTHPLACE (city or town) WISCONSIN
(State or country)10. NAME OF FATHER Carl Johnson11. BIRTHPLACE OF FATHER (city or town) Norway
(State or Country)12. MAIDEN NAME OF MOTHER Marie Finseth13. BIRTHPLACE OF MOTHER (city or town) Norway
(State or County)14. Informant Genera Johnson
(Address) N Forest Ave15. Filed March 25 1931 Viola Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
March 23 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Terminal Illness to Mar 23 1931that I last saw him alive on Mar 23 1931and that death occurred, on the date stated above, at 1050 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral hemorrhage - left.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G.V. Staehle, M. D.
3/25 1931 (Address) Sandpoint19. Place of Burial, Cremation, or Removal Lakeview Cemetery 3/26 1931
Date of Burial20. Undertaker Turnbull Co. Sandpoint.
Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of DonnerstagCity of Idaho FallsRegistration District No. 73Primary Registration District No. 2470

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grant Jerome Murdock

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) _____5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) Nov. 19th 19247. AGE Years Months Days If LESS than 1 day,
1 2 27 _____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Sugar City
(State or country) Idaho10. NAME OF FATHER Herling J. Murdock11. BIRTHPLACE OF FATHER (city or town) Charleston
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Lorena Ellsworth13. BIRTHPLACE OF MOTHER (city or town) Moran
(State or County) Idaho14. Informant (Address) Herling J. Murdock
Idaho Falls, Idaho15. Filed Feb 21, 1931 W. J. Murdock
Registrar.

DO NOT WRITE IN THIS SPACE

74428

State File No. _____

Local Registrar's No. 39

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 16, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1931, to Feb 16, 1931that I last saw him alive on Feb 15, 1931
and that death occurred, on the date stated above, at 1:35 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Gen Septicemia
(duration) _____ yrs. _____ mos. 7 ds.
CONTRIBUTORY (Secondary) Acute Sup. Stitis media
(duration) _____ yrs. _____ mos. 12 ds.18. Where was disease contracted Sugar City, Ida
if not at place of death?Did an operation precede death? yes Date of 7/20/31Was there an autopsy? No Parsons & CoWhat test confirmed diagnosis? Blood test done
(Signed) W. J. Murdock, M. D.720, 1931 (Address) Idaho Falls19. Place of Burial, Cremation, or Removal Sugar City, Ida Date of Burial Feb 16, 193120. Undertaker Idaho Falls Address Idaho Falls

CERTIFICATE OF DEATH

RECEIVED
State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
74430
File No. _____
Registered No. 19

1. PLACE OF DEATH

County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
(No. _____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Happanaty Joe

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

6. DATE OF BIRTH

2 (Month) 10 (Day) 1859 (Year)

7. AGE

72 Yrs. 1 Mos. 1 ds.

IF LESS than 1 day
how many hrs. or
..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)

Labor

9. BIRTHPLACE

(State or Country)

Germany

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER

(State or Country)

Germany

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER

(State or Country)

Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

J. D. Zwider
County of Shoshone

15.

Filled

3/12

1931

J. D. Zwider
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3 (Month) 11 (Day) 1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-5-1931 to 3-11-1931

that I last saw him alive on 3-10-1931 and that death occurred on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart

(Duration) 4 mos. Yrs. _____ mos. _____ ds. _____
Contributory (Secondary) Shock from fall

(Duration) _____ Yrs. _____ mos. _____ ds. _____
(Signed) James R. Beau M. D.
(Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death. 0 yrs. 0 mos. 6 days In the State 7 yrs. 0 mos. 0 days

Where was disease contracted if not at place of death? unknown

Former or usual residence Wallace Idaho

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Hellogg, Ida March 12, 1931

20. UNDERTAKER

ADDRESS

M. C. Thornhill Hellogg, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74431**

PLACE OF DEATH

County of Shoshone
City of Mullan

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 17

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Virian Turk

(a) Residence. No. 320 - Oregon St. Mullan

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced, (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 28 - 1915
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
16 8 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work H. I. Stuart
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Beggs, Minn.
(State or country)

10. NAME OF FATHER Joseph R. Turk

11. BIRTHPLACE OF FATHER (city or town) Shamoakin, Penn
(State or Country)

12. MAIDEN NAME OF MOTHER Ruthie Estella

13. BIRTHPLACE OF MOTHER (city or town) Amundale
(State or Country)

14. Informant Joseph R. Turk
(Address) Mullan

15. Filed 5/17, 1931 J. H. Quigley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1931 to Mar 5, 1931
that I last saw her alive on Mar 5, 1931
and that death occurred, on the date stated above, at 8:45 a.m.
The CAUSE OF DEATH* was as follows:

Peritonium general inflammation of (Peritonitis) or Sepsis.

(duration) yrs. mos. 9 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. W. Rolf, M. D.
Mar 5, 1931 (Address) Mullan Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Wallace Ida Date of Burial Mar 7 1931

20. Undertaker Marstell, B. G. Address Wallace Ida

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74432

State File No.

PLACE OF DEATH

County of ShoshoneCity of WallaceRegistration District No. 70Primary Registration District No. 1000(No. Providence Hosp)Local Registrar's No. 20

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mr Grace Florin(a) Residence. No. Wallace, Ida St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAlbert Florin6. DATE OF BIRTH (month, day and year) Oct 10 - 19007. AGE Years Months Days If LESS than 1 day, hrs. or min.
30 5 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Center Point
(State or country) Iowa10. NAME OF FATHER Chas A Wylie11. BIRTHPLACE OF FATHER (city or town) Mo.
(State or Country)12. MAIDEN NAME OF MOTHER Lula May Fitzsimmons13. BIRTHPLACE OF MOTHER (city or town) Ill.
(State or Country)14. Informant S. A. Herrington
(Address) Wallace, Ida.15. Filed 3/15, 1931 E. R. Zwigley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 13 31
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Mar 9 31 to Mar 13 31, 1931, that I last saw him alive on Mar 13 31, and that death occurred, on the date stated above, at 1145A

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows

Gravely ill
Chills ParalyticCONTRIBUTORS Salmonella Typh
(Secondary) purulent sepsis
(duration) yrs. mos. ds. (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Mar 9Was there an autopsy? yesWhat test confirmed diagnosis? 3/15(Signed) E. R. Zwigley
1931 (Address) Wallace19. Place of Burial, Cremation, or Removal Wallace, Idaho Date of Burial Mar 15 193120. Undertaker G. A. Brewer Address Wallace Ida.
Woodward Co.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 8 1931
DO NOT WRITE IN THIS SPACE
State File No. 74433

PLACE OF DEATH

County of Shoshone
City of Mullan

CERTIFICATE OF DEATH

Registration District No. 90
Primary Registration District No. 1011
(No. Residence)
Local Registrar's No. 21

2. FULL NAME

(a) Residence No. Mullan, Ida St. Mullan, Ida
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Francis F. McAvoin
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 9-1893

7. AGE 47 Years 8 Months 5 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Federal Mng. Co.

9. BIRTHPLACE (city or town) Idaho
(State or country) Idaho

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (city or town) Not Known
(State or Country)

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (city or town) Not Known
(State or Country)

14. Informant Mrs. Francis F. McAvoin
(Address) Mullan, Ida.

15. Filed Mar 11 1931 J. R. Drigley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 14 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 14, 1931 to Mar 14, 1931
that I last saw him alive on Mar 14, 1931 at 6:30 P.

and that death occurred, on the date stated above, at 6:30 P.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Calvin F. R. R. M. D.

Mar 14, 1931 (Address) Mullan, Ida.

19. Place of Burial, Cremation, or Removal Spokane, Wash. Date of Burial Mar 14

20. Undertaker Ward and Co. Address Wallace, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74434
State File No.

PLACE OF DEATH

County of Bozshone
City of Wallace

CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 121
(No. Rougeville Hospital)

Local Registrar's No. 22

2. FULL NAME Chas. Higginson Waldron

(a) Residence. No. Wallace, Ida. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. COLOR OR RACE White 5. Single, -Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 19 - 1887

7. AGE 43 years 10 Months 26 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Leadville
(State or country) Colorado

10. NAME OF FATHER John P. Waldron

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER Mary A. Higginson

13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)

14. Informant (Address) Robert N. Waldron
Wallace Ida.

15. Filed Mar 18, 1931. L. P. Drigley
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 19 to Mar 15
that I last saw him alive on Mar 15 and that death occurred, on the date stated above, at 4 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Embolism Brain

CONTRIBUTOR (Secondary) Peritonitis & Appendicitis

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 19

Was there an autopsy? No

What test confirmed diagnosis? None
(Signed) W. M. Wray M.
3/16 1931 (Address) Wallace Ida.

19. Place of Burial, Cremation, or Removal Wallace Ida. Date of Burial Mar 18 1931

20. Undertaker W. A. Bower Address Wallace, Ida.
Ward and Co.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74435

State File No.

PLACE OF DEATH

County of *Threshon*City of *Nileas**Infirmary*Registration District No. *70*Primary Registration District No. *011*

(No.)

Local Registrar's No. *23*

2. FULL NAME

Doc. Loherty

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m.

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

mch 17, 1886

7. AGE

Years
*45*Months
*—*Days
*1*If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.*miner*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)*Ireland*

10. NAME OF FATHER

*no inf.*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)*Ireland*

12. MAIDEN NAME OF MOTHER

*no inf.*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)*Ireland*14. Informant
(Address)*M. C. Thorpe
Kellogg, Idaho*

15.

Filed *3/19*, 19*31**J. L. Quigley*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

mch 18
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended *deceased* from*3/16/31*, 19*31*, to *3/18/31*, 19*31*that I last saw *him* alive on *3/8*, 19*31*and that death occurred, on the date stated above, at *3:30 p. m.**State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Pulmonary tuberculosis*CONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *James R. Bean*, M. D.*3/20/31*, 19 (Address) *Kellogg*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Kellogg, Idaho**mch 19, 1931*

20. Undertaker

Address

*M. P. Thornhill**Kellogg, Idaho*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74436

State File No.

PLACE OF DEATH

County of ShoshoneCity of Wallace

CERTIFICATE OF DEATH

Registration District No. 70Primary Registration District No. 1011(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 242. FULL NAME Infant Boy(a) Residence. No. Wallace, Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Wallace
Idaho

10. NAME OF FATHER

Edwin Box11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Mont.

12. MAIDEN NAME OF MOTHER

Elizabeth
Appelburg13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Idaho

14.

Informant
(Address)Edwin Box
Wallace Ida.

15.

Filed

3-191931J. L. Zwigley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March
(Month)18
(Day)31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 11, 1931, to March 18, 1931that I last saw him alive on March 31, 1931and that death occurred, on the date stated above, at 3:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Heart failureCONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. L. ..., M. D.19..... (Address) Wallace, Idaho

19. Place of Burial, Cremation, or Removal

Wallace Idaho

Date of Burial

March 19 1931

20. Undertaker

J. A. Bever
Ward and Co.

Address

Wallace Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74437

State File No.

PLACE OF DEATH

County of ShoshoneCity of MurrayRegistration District No. 70Primary Registration District No. 1011

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Manayla(a) Residence. No. Murray, Idaho St. Murray

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 2 - 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>49</u>	<u>11</u>	<u>17</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Lensing9. BIRTHPLACE (city or town) (State or country) Italy10. NAME OF FATHER Not Known11. BIRTHPLACE OF FATHER (city or town) (State or Country) Italy12. MAIDEN NAME OF MOTHER Not Known13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Italy14. Informant Sam Turnbull
(Address) Wallace, Ida.15. Filed 3-24, 1931, F. L. Ziegler
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19, that I last saw him alive on, 19, and that death occurred, on the date stated above, at, 5:30 pm.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Nephritis Chv
Tuberculosis

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) W. J. Walcott (Address) Wallace, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Wallace IdahoMarch 24 193120. Undertaker J. G. Bower

Address

Ward and Co.Wallace, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74438

State File No.

PLACE OF DEATH

County of Thompson

City of Mullan

Registration District No. 70

Primary Registration District No. 10.11

Local Registrar's No. 26

(No. 89)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Hargen

(a) Residence. No. 2d St. Mullan Idaho

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Hargen

6. DATE OF BIRTH (month, day and year)

7. AGE 55 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wiper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Finland (State or country)

10. NAME OF FATHER Olo Ruakangas

11. BIRTHPLACE OF FATHER (city or town) Finland (State or Country)

12. MAIDEN NAME OF MOTHER not Finland

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Johel Hargen (Address) Mullan Idaho

15. Filed Mar 26 1931 J. L. Quigley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 24 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 24 1931 to Mar 24 1931

that I last saw her alive on Mar 23 1931

and that death occurred, on the date stated above, at 2:40 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial infarction (Heart disease)

(duration), yrs. mos. ds.

CONTRIBUTORY Paracarditis (Secondary) about

(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. W. Ralph M. D. Mar 24 1931 (Address) Mullan Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mullan Date of Burial 3-26 1931

20. Undertaker Bruce G. Morrell Address Nallace

PHYSICIAN

EXACTLY.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74439

State File No.

PLACE OF DEATH

County of *Shoshone*City of *Wallace**Co. Infirmary*Registration District No. *70*Primary Registration District No. *1011*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. *27*

2. FULL NAME

Frank Johnson

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mo. ds. How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *— — 1861*7. AGE Years *74* Months *—* Days *—* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

mines

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Colorado*
(State or country)

10. NAME OF FATHER

*No inf.*11. BIRTHPLACE OF FATHER (city or town) *u*
(State or Country)12. MAIDEN NAME OF MOTHER *u*13. BIRTHPLACE OF MOTHER (city or town) *u*
(State or Country)

14.

Informant
(Address)*M. C. Thompson*
2 Sellogg, Idaho

15.

Filed *Mar 15, 1931**F. L. Quigley*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 24, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased *3/24/31*
19 *23* 19 *31*that I last saw him alive on *3/24/31* 19 *31*and that death occurred, on the date stated above, at *8 P. m.**State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Cerebral Apoplexy*(duration) yrs. *10* mos. ds.
CONTRIBUTORY *Arteriosclerosis*
(Secondary)(duration) yrs. *4* mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? *Yes*What test confirmed diagnosis? *James R. Mann*(Signed) *James R. Mann*, M. D.19. (Address) *2 Sellogg, Idaho*

19. Place of Burial, Cremation, or Removal Date of Burial

2 Sellogg, Idaho *Mar 25, 1931*

20. Undertaker Address

M. C. Thompson *2 Sellogg, Idaho*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74440

State File No.

PLACE OF DEATH

County of Shoshone
City of Wallace

CERTIFICATE OF DEATH

Registration District No. 70Primary Registration District No. 1011Local Registrar's No. 28(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. Delta Idos.

(Usual place of abode.)

St. Delta Idos.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Alice Smith

6. DATE OF BIRTH (month, day and year)

Sept 12 - 1856

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or

74616

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Granville Mo.

10. NAME OF FATHER

Zevos Smith

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

N. Y.

12. MAIDEN NAME OF MOTHER

Mary Well

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Mo.

14.

Informant (Address)

Ralph Smith
Wallace, Idos.

15.

Filed

Mar 30 1931F. L. Quigley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 28

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 24 31 to Mar 28 31that I last saw him alive on Mar 28 1931and that death occurred, on the date stated above, at 5:05 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Thrombosis Cerebri

CONTRIBUTORY (Secondary)

Arteriosclerosis
Hypertension

18. Where was disease contracted if not at place of death?

Did an operation precede death? NO Date ofWas there an autopsy? NO

What test confirmed diagnosis?

(Signed) R. L. Quigley379 (Address) Wallace, Idos.

19. Place of Burial, Cremation, or Removal Date of Burial

Spokane Wash March 30 3120. Undertaker J. A. Bower Address Wallace, Idos.Ward and Co.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74441

State File No.

PLACE OF DEATH

County of Shoshone
City of Wallace

CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 1011
(No. Wallace Hospital)

Local Registrar's No. 29

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 100 a

(Usual place of abode.)

St. Below Kellogg, Ida.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElizabeth McBride

6. DATE OF BIRTH (month, day and year)

Nov 17 - 1892

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.38212

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workElectrician(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Shoshone Mining Co.9. BIRTHPLACE (city or town)
(State or country)Blanchester Idaho

10. NAME OF FATHER

Wm McBride11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Lansing Mich.

12. MAIDEN NAME OF MOTHER

Christina Olson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Christiania Norway

14.

Informant
(Address)Mrs Myrtle Grummer
Shoshone Mine.

15.

Filed

Mar 31 1931J. L. Lurgley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March2931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 26, 1931, to Mar 29, 1931that I last saw him alive on Mar 29and that death occurred, on the date stated above, at 8:30 A.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

1. Broncho-pneumonia2. Influenza(duration) yrs. mos. 10 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? Shoshone MineDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical examination(Signed) Pauline Bell, M. D.Mar 30, 1931 (Address) Wallace, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Wallace, IdahoMarch 31, 193120. Undertaker J. A. Bower

Address

Ward and Co.Wallace

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74442
State File No.

PLACE OF DEATH

County of CampanCity of Naupa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. Pamartan Hospital)Local Registrar's No. 32

2. FULL NAME

(If death occurred in a hospital or institution, give its name instead of street and number.)
Charles Williams

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word)Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Jan 31 - 1840

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or9114

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Ohio

10. NAME OF FATHER

Richard Williams11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Wales

12. MAIDEN NAME OF MOTHER

Cockran13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14.

Informant
(Address)Chas C. Williams
Naupa, Ida

15.

Filed

3-11, 1931Detha Conway
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar.231

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. 2, 1931, to Mar. 5, 1931that I last saw him alive on Mar. 4, 1931and that death occurred, on the date stated above, at 11:00 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Breast Cancer

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of —Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. C. Wells, M. D.Mar. 6, 1931 (Address) Naupa, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Naupa Idaho3-7 1931

20. Undertaker

Address

J. K. RobinsonNaupa
Ida

STATE OF IDAHO

RECEIVED APR 9 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74443

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 1006

(No. 9th Ave. + 2nd St. No.)

Local Registrar's No. 3/

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Morgan Brookshier Brookshier

(a) Residence. No. 9th Ave. + 2nd St. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 35 yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr. 3, 1858

7. AGE Years 72 Months 11 Days 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mo.

10. NAME OF FATHER Riley Brookshier

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tenn.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Betty Thacker

14.

Informant (Address) Mrs. Joe Alcorn Nampa Idaho

15.

Filed 3/10 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 8th 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1931, to March 8, 1931, that I last saw him alive on March 5, 1931, and that death occurred, on the date stated above, at 7:30 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

H. C.

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

Chronic Heart Disease (duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed)

3-10-1931 (Address) Nampa, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlawn-Nampa, Ida. 3-11 1931

20. Undertaker

Address

Wm D. Talley Nampa, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161

RECEIVED APR 9 1931

DO NOT WRITE IN THIS SPACE

74444

State File No.

Local Registrar's No. 39

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Marilyn Hale
(Usual place of abode) R. 7 D. 1, Pocatello, St.
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)
yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____
6. DATE OF BIRTH (month, day and year) Mar 14, 1931
7. AGE Years Months Days If LESS than 1 day, hrs. or min. no min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country)

Pocatello, Ida

PARENTS

10. NAME OF FATHER Arden D Hale
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Perry Idaho
12. MAIDEN NAME OF MOTHER Rachel Dye
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho

14. Informant Arden D Hale
(Address) Pocatello

15. Filed 2-16, 1931 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

3/14, 1931, to 3/14, 1931
that I last saw her alive on 3/14, 1931
and that death occurred, on the date stated above, at 5:20 P. M.
The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum(duration) yrs. mos. 20 min.

CONTRIBUTORY (Secondary)

Prolapsed cord

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Heart was beating but could not succitate(Signed) W W Beck M. D.

3/14, 1931 (Address) Blackfoot, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, AND OR HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Mountain View Mar 15 1931

20. Undertaker

Address

None _____

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED APR 9 1931
DO NOT WRITE IN THIS SPACE

State File No. 74445

PLACE OF DEATH

County of Bannock
City of PocatelloRegistration District No. 28Primary Registration District No. 2161(No. 267 Washington Ave)Local Registrar's No. 41

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Orgill(a) Residence. No. 267 Washington Ave St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed5a. If married, widowed, or divorced
HUSBAND of Almira Hall
(or) WIFE of6. DATE OF BIRTH (month, day and year) January 27, 18677. AGE Years Months Days If LESS than 1 day, hrs. or min.
64 1 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) London
(State or country) England10. NAME OF FATHER William Orgill11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER Rebecca Ball13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant Nephi Orgill
(Address) Pocatello Idaho15. Filed 3-16, 1931 D. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 15th, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 1 - 31, 1931, to Mar 13, 1931
that I last saw him alive on Mar 13, 1931and that death occurred, on the date stated above, Mar 13, 1931*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cancer of Stomach(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Mar 13Was there an autopsy? noWhat test confirmed diagnosis? Physician's Exam(Signed) J. H. M. D.19. Place of Burial, Cremation, or Removal (Address) Pocatello

19. Place of Burial, Cremation, or Removal

Date of Burial

McCammon IdahoMar 17 19

20. Undertaker

Address

Hall MortuaryPocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated in full. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74447

State File No.

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2, 6, 1(No. 924 North Grant St.)Local Registrar's No. 42

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Afton S. Hinckley(a) Residence. No. 924 North Grant Ave. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 2 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHusband of Leone Bizier6. DATE OF BIRTH (month, day and year) Jan. 4, 1902.

7. AGE

Years

Months

Days

If LESS than 1 day,

29213hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Truck Driver(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Idaho Oil Company

9. BIRTHPLACE (city or town)

(State or country)

Rexburg, Idaho.

10. NAME OF FATHER

Arthur S. Hinckley11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Utah

12. MAIDEN NAME OF MOTHER

Clara Mason13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Utah.

14.

Informant
(Address)Mrs. Afton S. HinckleyPocatello, Idaho.

15.

Filed 3/18/31. 19.....D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March17,1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-2931,to 3-1831that I last saw him alive on 3/17and that death occurred, on the date stated above, at 8:15 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:UremiaCONTRIBUTORY
(Secondary)Cardiac Renal Disease
duration yrs. mos. ds.

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of —Was there an autopsy? yesWhat test confirmed diagnosis? Glucose(Signed) James, M. D.3/18/31. 19..... (Address) Poca. Ida,

19. Place of Burial, Cremation, or Removal

Rexburg, Idaho.

Date of Burial

3/19/31.

20. Undertaker

Arthur W. Hall

Address

Pocatello

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74448**

PLACE OF DEATH

County of **Bannock**
City of **Pocatello**

CERTIFICATE OF DEATH

Registration District No. **28**
Primary Registration District No. **2161**
(No. **Lynn Brothers Hospital**)Local Registrar's No. **44**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Anola Beth Lott**(a) Residence. No. **524 South Arthur Ave.** St.(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word.) **Single**5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) **August 4, 1912**7. AGE Years **18** Months **7** Days **13** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **At Home**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) **Utah**10. NAME OF FATHER **Chas. W. Lott**11. BIRTHPLACE OF FATHER (city or town) (State or Country) **Utah**12. MAIDEN NAME OF MOTHER **Myrtle Mower**13. BIRTHPLACE OF MOTHER (city or town) (State or Country) **Utah**14. Informant **Mrs. Chas. W. Lott**
(Address) **Pocatello, Idaho.**15. Filed **3/19/31.**, 19 **DC Ray**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **March 17, 1931.**
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from **Feb 17** to **Mar 17**, 19**31**
that I last saw him alive on **Mar 17**, 19**31**
and that death occurred, on the date stated above, at **10:45** a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:**Infectious
rickettsiosis**CONTRIBUTORY **Fractured skull**
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted if not at place of death? **Pocatello, Idaho**Did an operation precede death? **yes** Date of **Feb 2-3**Was there an autopsy? **no**What test confirmed diagnosis? **spinal fluid**(Signed) **J. W. Lynn**, M. D.
3/18/31., 19 (Address) **Poca... Ida.**19. Place of Burial, Cremation, or Removal **Mountain View Cemetery**
Pocatello, Idaho. Date of Burial **3/19/31.**20. Undertaker **Arthur W. Hall** Address **Pocatello, Idaho.**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74449
State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 47
(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jonah Edgar Evans
(a) Residence. No. Arbon, Idaho. St. Idaho.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Husband of Ina Lusk

6. DATE OF BIRTH (month, day and year) April 23, 1888.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
42 10 26

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ogden, Utah.

10. NAME OF FATHER T. B. Evans

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wales

12. MAIDEN NAME OF MOTHER Sussanan Smith

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Brigham City, Utah.

14. Informant T. B. Evans
(Address) Arbon, Idaho.

15. Filed 3/20/31. 19 31 Registrar D. C. Ray

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 19, 1931. 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1931, to Mar 19, 1931
that I last saw him alive on Mar 19, 1931
and that death occurred, on the date stated above, at 40 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Fracture of femur
Fracture of humerus

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 210

Was there an autopsy? No

What test confirmed diagnosis? CT Scan M. D.

(Signed) 3/20/31. 19 31 (Address) Poca., Ida.

19. Place of Burial, Cremation, or Removal Mountain View Cemetery
Pocatello, Idaho. Date of Burial 3/21/31. 19 31

20. Undertaker Arthur W. Hall Address Pocatello Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74451

State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. no)Local Registrar's No. 48

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Lucinda Brown(a) Residence. No. 1625 W. Greely St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S. if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Brown

6. DATE OF BIRTH (month, day and year) Aug. 12-1850

7. AGE Years 80 Months 6 Days 21 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House Keeper.

(b) General nature of industry, business, or establishment in which employed (or employer) X

(c) Name of employer

9. BIRTHPLACE (city or town) North Carolina
(State or country)

10. NAME OF FATHER Aquilla Day

11. BIRTHPLACE OF FATHER (city or town) North Carolina
(State or Country)

12. MAIDEN NAME OF MOTHER Alissa Bradley

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)

14. Informant (Address) Lowell W. Brown.

15. Filed 3-23-31 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 20, 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1- 1910, to Mar 20, 1931
that I last saw him alive on Mar 20, 1931

and that death occurred, on the date stated above, at 8 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myocardial
Dysrhythmia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of Was there an autopsy? noWhat test confirmed diagnosis?

(Signed) E. J. Groom, M. D.
3/24/31, 1931 (Address) Pocatello

19. Place of Burial, Cremation, or Removal Robert L. Idaho Date of Burial 3/23 1931

20. Undertaker B. L. McMan Address Poca. Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74452

State File No.

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161

(No.)

Local Registrar's No. 50

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christina Hansen(a) Residence. No. 746 North Johnson St.

(Usual place of abode.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widowed</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHan Hansen6. DATE OF BIRTH (month, day and year) April 10, 1866

7. AGE <u>65</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Denmark
(State or country)

10. NAME OF FATHER

Jacabsen11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country) Denmark

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County) Denmark14. Informant Pete Hansen(Address) 746 North Johnson15. Filed 3/22/31 19.....Registrar. D C Ray

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 22 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 1 - 1931 to Nov 22 1931that I last saw him alive on Nov 22 1931and that death occurred, on the date stated above, at 22 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic
Liver

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? liver(Signed) Pete Hansen M. D.3/24 1931 (Address) Pocatello

19. Place of Burial, Cremation, or Removal

Date of Burial

Pocatello, Idaho. 3/24/31 19

20. Undertaker

Address

H. L. MChanPoca. Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74453**

PLACE OF DEATH

County of **Bannock**
City of **Pocatello**

Registration District No. **28**

Primary Registration District No. **216**

Local Registrar's No. **52**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Florence M. Norman**

(a) Residence No. **537 W. Whitman St.**

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. SEX **Female**
4. COLOR OR RACE **White**
5. Single, Married, Widowed, or Divorced (write the word) **Married**

5a. If married, widowed, or divorced
~~HUSBAND~~ of **E. O. Norman**
~~WIFE~~ of

6. DATE OF BIRTH (month, day and year) **Sept 20-1884**

7. AGE **45** Years **6** Months **5** Days
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Housewife**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) **Cheyenne Wyo**

10. NAME OF FATHER **William H. Laibae**

11. BIRTHPLACE OF FATHER (city or town) (State or Country) **Virginia**

12. MAIDEN NAME OF MOTHER **Margaret Burger**

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) **Ohio**

14. Informant **E. O. Norman**
(Address) **Pocatello Idaho**

15. Filed **3-28**, 19**31**
D C Ray Registrar

16. DATE OF DEATH
March 18, 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
March 13, 19**31**, to **March 25**, 19**31**
that I last saw her alive on **March 24**, 19**31**
and that death occurred, on the date stated above, at **3 A.** m.

The CAUSE OF DEATH* was as follows:
Acute Septic Meningitis

(duration) yrs. mos. **6** ds.

CONTRIBUTORY **Acute Frontal Sinusitis**
(Secondary)

(duration) yrs. mos. **21** ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? **yes** Date of **March 14, 1931**

Was there an autopsy? **no**

What test confirmed diagnosis? **Symptoms + Lab. Findings**

(Signed) **C. B. Ray** M. D.
March 28, 19**31** (Address) **1000 Bldg. Pocatello**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Mountain View** Date of Burial **Mar 27 1931**

20. Undertaker **Schumacher & Peaslee** Address **Cory**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 8 1931

DO NOT WRITE IN THIS SPACE

State File No. **74454**

PLACE OF DEATH

County of **Bannock**
City of **Pocatello**

CERTIFICATE OF DEATH

Registration District No. **28**
Primary Registration District No. **2161** Local Registrar's No. **51**
(No. **Highway 7 Miles South of Pocatello**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Ruby Swensen Hopper**

(a) Residence. No. **844 East Center** St.

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word.) **Married**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Paul Hopper

6. DATE OF BIRTH (month, day and year) **January 11th, 1921**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
20 2 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

Fargo, Wilson, Wells.

(c) Name of employer

9. BIRTHPLACE (city or town) **St Anthony**
(State or country) **Idaho**

10. NAME OF FATHER

S. Swensen

11. BIRTHPLACE OF FATHER (city or town) **Utah**
(State or Country)

12. MAIDEN NAME OF MOTHER **Ingeborg Olsen**

13. BIRTHPLACE OF MOTHER (city or town) **Norway**
(State or Country)

14. Informant **S Swensen**
(Address) **St Anthony Idaho**

15. Filed **3-24-31** 19 **31** **DC Ray**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 21st

(Month) (Day) (Year) **31**

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

*Brushed face, Broken neck
car driven by Paul Hopper
ran into wagon load of Peter
(accidental)*

CONTRIBUTORY

(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) *Arthur W. Hall* *Coroner*
M.D.

....., 19..... (Address) **Pocatello**

19. Place of Burial, Cremation, or Removal

Date of Burial

Mountain View Cemetery

Mar 24 1931

20. Undertaker

Address

Hall Mortuary

Pocatello

RECEIVED APR 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74455

State File No.

PLACE OF DEATH

County of Lemhi

City of Tendoy

CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Inez Warren

(a) Residence. No. Tendoy Idaho St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 2 yrs. 11 mos. 20 ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced 5 (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 24, 1928

7. AGE Years 2 Months 11 Days 20 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lemhi Idaho
(State or country)

10. NAME OF FATHER Chris A. Warren

11. BIRTHPLACE OF FATHER (city or town) Custer County Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Amy Lucieneth Ellis

13. BIRTHPLACE OF MOTHER (city or town) Challis
(State or Country) Custer County Idaho

14. Informant Mary S. Barnett
(Address) Baker Idaho

15. Filed April 6, 1931 Oliver C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 4, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1931, to March 4, 1931
that I last saw him alive on March 4, 1931

and that death occurred, on the date stated above, at 7:45 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia
about 3 weeks

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Charles F. Hansen, M. D.

March 25, 1931 (Address) Salmon

19. Place of Burial, Cremation, or Removal Hill Cemetery Date of Burial 3-6" 1931

20. Undertaker W. C. Toebel Address Salmon

Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2106
(No. Saint Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul Dillon Ritzman(a) Residence. No. Pocatello, Idaho. St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 23, 1931.7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 7 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.10. NAME OF FATHER Paul J. A. Ritzman11. BIRTHPLACE OF FATHER (city or town) (State or Country) Cheyene, Wyoming.12. MAIDEN NAME OF MOTHER Mary Elizabeth Dillon13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Pocatello, Idaho.14. Informant (Address) Paul J. A. Ritzman
739 South Arthur Ave. Poca, Ida.15. Filed 3/30/31. 19____ D. C. Ray Registrar.

RECEIVED APR 9 1931

DO NOT WRITE IN THIS SPACE

74456

State File No. _____

Local Registrar's No. 53

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 30, 1931. 19____
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 2/28 19____, to 3/30 19____, that I last saw him alive on 3/30 19____, and that death occurred, on the date stated above, at 39 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Jaundice Neo-natalum
Pneumonia baby(duration) since birth yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Physician(Signed) C. C. Ray _____, M. D.3/30/31. 19____ (Address) Poca., Ida.19. Place of Burial, Cremation, or Removal Mountain View Cemetery
Pocatello, Idaho. Date of Burial 3/30/31. 19____20. Undertaker Arthur W. Hall Address Pocatello,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74457**

PLACE OF DEATH

County of Lewell
City of Salmon

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Northfork Idaho

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAlice Westfall

6. DATE OF BIRTH (month, day and year)

August 10th 1876

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

54yrs

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Panther

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Missouri

10. NAME OF FATHER

James Franklin Westfall

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Missouri

12. MAIDEN NAME OF MOTHER

Amy Ware

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Not known

14.

Informant
(Address)Alice Westfall
Northfork Idaho

15.

Filed

April 6, 1931Clis E. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March - 5th

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 4, 1931, to March 5, 1931that I last saw him alive on March 5, 1931and that death occurred, on the date stated above, at 10:30 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Acute degeneration
renal of years

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Asbestos(duration) yrs. 5 mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? clinical(Signed) Chas F. Hume, M. D.March 25, 1931 (Address) Salmon

19. Place of Burial, Cremation, or Removal

Date of Burial

Hibbensville Cemetery3-7th 1931

20. Undertaker

Address

Mrs. E. D. DyerSalmon
Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
74458
State File No.

PLACE OF DEATH,
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
(No.)
Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME James Murray
(a) Residence No. Salmon Idaho St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 7 - 1852

7. AGE <u>79</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.
			<u>24</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or
particular kind of work. Quartz Miner
(b) General nature of industry,
business, or establishment in
which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Hygiene Wis
(State or country)

10. NAME OF FATHER Samuel Murray
11. BIRTHPLACE OF FATHER (city or town) England
(State or Country) Scotland
12. MAIDEN NAME OF MOTHER Margaret Edgar
13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country) Scotland

14. Informant (Address) Alice Murray Thomas Poyette
Wia

15. Filed April 6 1931 Cliff E. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 1st 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
July 24, 1931, to July 28, 1931
that I last saw him alive on July 28, 1931
and that death occurred, on the date stated above, 4-40 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds. 2
CONTRIBUTORY partly due to exposure &
(Secondary) hard work (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? no
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? P.O. Wright
(Signed) P.O. Wright M. D.
15 17, 1931 (Address) Salmon Idaho

19. Place of Burial, Cremation, or Removal Salmon Cemetery Date of Burial 3-3rd 1931

20. Undertaker Wm C. Daehler Address Salmon Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74459
State File No.

PLACE OF DEATH,

County of Lemhi
City of Salmon

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Percy Arnett Anderson

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 59 Years Months Days If LESS than 1 day, hrs. or min. 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Leithburgh Idaho

10. NAME OF FATHER

George David Anderson

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Scotland

12. MOTHER'S NAME

Mary Nellie Anderson

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Chicago Ill

14. Informant (Address) Gregor Anderson
Salmon

15. Filed April 6, 1931

Clie C Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 8th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 6th 1931, to March 6th 1931
that I last saw him alive on March 6 1931

and that death occurred, on the date stated above, at 3-0 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) Don't know yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) Don't know yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) FB Wright M. D.
March 17, 1931 (Address) Salmon

19. Place of Burial, Cremation, or Removal

Date of Burial

Hibbensville Cemetery 3-10th 1931

20. Undertaker

Address

Wm C Doehle Salmon
Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74460

State File No.

PLACE OF DEATH

County of BannockCity of BascoRegistration District No. 2Primary Registration District No. 2161Local Registrar's No. 46(No. 143)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Prochety A. Beno(a) Residence. No. Sanq St

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female4. COLOR OR RACE Greek5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Unknown6. DATE OF BIRTH (month, day and year) Unknown7. AGE 30 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Greece10. NAME OF FATHER Arasthes Hosonig11. BIRTHPLACE OF FATHER (city or town) (State or Country) Greece12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

PARENTS

14. Informant Wick Beno (Address) R. F. D. #1, Basco, Idaho15. Filed 3-19, 1931 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 17 31

(Month)

(Day)

(Year)

I HEREBY CERTIFY that I attended deceased from Mar 12 to Mar 17that I last saw her alive on Mar 17and that death occurred on the date stated above, at 3:10 p. m.The CAUSE OF DEATH was as follows: Meas. ParvovirusCONTRIBUTORY (Secondary) No18. Where was disease contracted? if not at place of death Basco, IdahoDid an operation precede death? No Date of Mar 17Was there an autopsy? NoWhat test confirmed diagnosis? Clinical & Lab.(Signed) William Howard M. D.3/19, 1931 (Address) Basco, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal New York Date of Burial Mar 2820. Undertaker Schunacher & Beasley Address Basco, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74461

State File No.

PLACE OF DEATH

County of BannockCity of McCammonRegistration District No. 28Primary Registration District No. 216(No. McCammon, Idaho.)Local Registrar's No. 45

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Van O. Fuller(a) Residence. No. Pocatello, Idaho. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widowed</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHusband of Caroline Van Leaven6. DATE OF BIRTH (month, day and year) May 26, 1858.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>9</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workRetired(b) General nature of industry,
business, or establishment in
which employed (or employer)Farmer

(c) Name of employer

9. BIRTHPLACE (city or town).....
(State or country) Utah.

10. NAME OF FATHER

John S. Fullmer11. BIRTHPLACE OF FATHER (city or town).....
(State or Country)Pennsylvania12. MAIDEN NAME OF MOTHER Alive A. Smith13. BIRTHPLACE OF MOTHER (city or town).....
(State or County) New York14. Informant Kenneth Fullmer
(Address) Pocatello, Idaho15. Filled 3/18/31. 19.....
Registrar D C Ray

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 16, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

3/14/31 to 3/17/31
by phone & mail only. 1931
that I last saw him alive on 3/18/31, 1931

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Hypertrophy of prostate gland
(Uremia)(duration) several (3) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of.....Was there an autopsy? noWhat test confirmed diagnosis? C. T. test(Signed) C. T. test, M. D.
3/18/31., 19..... (Address) Poca., Ida.19. Place of Burial, Cremation, or Removal
Mountain View Cemetery
Pocatello, Idaho. Date of Burial 3/18/31. 19.....20. Undertaker
Arthur W. Hall Address Pocatello

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Lannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161
(No. Lynn Hospital)Local Registrar's No. 40

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adeline F. Cleverly(a) Residence, No. Iona Idaho St. (Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Howard Cleverly6. DATE OF BIRTH (month, day and year) Dec 12, 19117. AGE Years Months Days If LESS than 1 day, hrs. or min.
19 3 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Iona
(State or country) Idaho10. NAME OF FATHER Peter M. Frandsen11. BIRTHPLACE OF FATHER (city or town) Denmark
(State or Country)12. MAIDEN NAME OF MOTHER Annie R. Cooper13. BIRTHPLACE OF MOTHER (city or town) Lehi
(State or County) Utah14. Informant Peter M. Frandsen
(Address) Iona Idaho.15. Filed 3-16, 1931 D C Ray
Registrar

RECEIVED APR 9 1931

DO NOT WRITE IN THIS SPACE

74462

State File No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 15t h 1931

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 14 1931, to Mar 15 ~ 31
that I last saw her alive on Mar 15 ~ 31and that death occurred, on the date stated above, at 1030 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Surgical ShockCONTRIBUTORY
(Secondary)(duration) 7 hours mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of Mar 15 31Was there an autopsy? noWhat test confirmed diagnosis? cytology(Signed) D. C. Ray M. D.3/16/31 1931 (Address) Pocatello

19. Place of Burial, Cremation, or Removal

Iona Cemetery

Date of Burial

Mar 18 1931

20. Undertaker

Dinwoody Undertaker

Address

Edwh J. Allen

RECEIVED APR 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74463

State File No.

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. 815 Sunset Ave.)Local Registrar's No. 48

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha E. Plemmons(a) Residence. No. 815 Sunset Ave. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 7 yrs. mo. ds. How long in U. S. if of foreign birth? 47 yrs. mo. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn George Plemmons6. DATE OF BIRTH (month, day and year) June 9th 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>37</u>	<u>9</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Geneva
(State or country) Nebraska

10. NAME OF FATHER

David C. Morrey11. BIRTHPLACE OF FATHER (city or town) Wyanette
(State or Country) Illinois12. MAIDEN NAME OF MOTHER Lucy Brown13. BIRTHPLACE OF MOTHER (city or town) Laura
(State or County)14. Informant Mr. Geo. Plemmons
(Address) Nampa, Idaho15. Filed 3/5 1931 J. E. C. May
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3 - 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1-11-1930, to 3-30-1931that I last saw her alive on 3-27-1931and that death occurred, on the date stated above, at 4:50 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma of the
breast.(duration) 3 yrs. mo. ds.CONTRIBUTORY
(Secondary)(duration) 3 yrs. mo. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of 3-27-1931Was there an autopsy? YesWhat test confirmed diagnosis? Microscopic of tissue(Signed) J. E. C. May, M. D.
3-30-1931 (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlawn-Nampa 4-1 1931

20. Undertaker

Address

Mrs. William M. Talley Nampa, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74464

State File No.

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. Mercy Hospital)Local Registrar's No. 45

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phillip Elmer Garn(a) Residence. No. R.F.D. #1St. Meridian, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos. 2 ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

August 15th - 1909

7. AGE

Years

21

Months

7

Days

10If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarming(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Father
Kayville
Utah9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

G. E. Garn11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Centerville
Utah

12. MAIDEN NAME OF MOTHER

Eliza G. Bacon13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Kayville
Utah

14.

Informant
(Address)G. E. Garn
R.F.D. #1 Meridian, Ida.

15.

Filed

3/28

1931

Edith Conroy

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 20 1931 to March 25 1931
that I last saw him alive on March 25 1931
and that death occurred, on the date stated above, at 42 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Influenza pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Myocarditis

(duration) 2 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Chinap

(Signed)

3/26 1931

(Address)

Nampa, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls, Idaho3-29 1931

20. Undertaker

Address

Wm D. TalleyNampa, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74465

PLACE OF DEATH

County of Campan
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 2006

(No. _____)

Local Registrar's No. 44

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Swank(a) Residence. No. Near Melba Idaho St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? yrs. ____ mos. ____ ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofB. O. Swank

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
75 10 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Ohio

10. NAME OF FATHER

Sam. Short

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant (Address)

B. O. Swank
Melba Idaho

15.

Filed

3/25, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3

(Month)

20

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 12, 1931, to Mar. 20, 1931that I last saw her alive on Mar. 20, 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Aortic Regurgitation

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.
High Blood Pressure
(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? None

(Signed) Thos. E. Mangum M. D.
3-24, 1931 (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Melba Idaho3-23, 1931

20. Undertaker

Address

J. K. RobinsonNampa
Idaho

STATE OF IDAHO

RECEIVED APR 9 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74466

State File No.

PLACE OF DEATH

County of CanyahCity of Nampa.

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006

(No.)

Local Registrar's No. 43

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Newton Largent.(a) Residence. No. 203 Diamond St.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

71

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Farmer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bell Plains.
(State or country) Iowa.10. NAME OF FATHER J.F.Largent.11. BIRTHPLACE OF FATHER (city or town) Ohio.
(State or Country)12. MAIDEN NAME OF MOTHER Ann Crouch13. BIRTHPLACE OF MOTHER (city or town) Iowa.
(State or Country)

14.

Informant
(Address)

15.

Filed 3/25, 1931Registrar. Bertha Conner

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar. 17, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 14, 1931, to March, 1931that I last saw him alive on March 17, 1931and that death occurred, on the date stated above, at 9 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:apoplexy(duration) yrs. mos. ds. 4CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds. usual18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? clinical

(Signed)

P-24, 1931 (Address) Nampa, Ida.

19. Place of Burial, Crémation, or Removal

Kohlerlawn Cem.

Date of Burial

3-22-31

19

20. Undertaker

F.K. Robinson.

Address

Nampa,
Ida.

V.C.B.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

RECEIVED APR 9 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74467

State File No.

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. 120 Nectarine St.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thelma Estella Arnold(a) Residence. No. 120 Nectarine St. St. 9

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 1 mos. 12 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) December 27th 19307. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho10. NAME OF FATHER Wlen T. Arnold11. BIRTHPLACE OF FATHER (city or town) Illinois
(State or Country)12. MAIDEN NAME OF MOTHER Lula Jameson13. BIRTHPLACE OF MOTHER (city or town) Salt Lake
(State or Country) Utah14. Informant Mrs Wlen T. Arnold
(Address) Nampa, Idaho15. Filed 3-23-31 Patricia May
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 19 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
3-5 1931 to 3-19 1931
that I last saw him alive on 3-19 1931
and that death occurred, on the date stated above, at 2:45 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Whooping Cough.
(duration) yrs. 1 mos. ds.CONTRIBUTORY Broncho Pneumonia
(Secondary) (duration) yrs. mos. 3 ds.18. Where was disease contracted if not at place of death? ✓Did an operation precede death? ✓ Date of ✓Was there an autopsy? ✓What test confirmed diagnosis? ✓(Signed) J. C. Foster M. D.
3-23 1931 (Address) Nampa, Idaho19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial 3-22 193120. Undertaker Mrs. Nina M. Talley Address Nampa, Idaho

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of CanyonCity of Hailey

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2006Primary Registration District No. 2006

(No. _____ St.)

File No. 74468Registered No. 41

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Alta Richardson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7 M.

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Married
(Write the word.)

6. DATE OF BIRTH

Unknown
(Month) (Day) (Year)

7. AGE

41 Yrs.

Mos.

ds.

IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

House Wife

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country)

Washington

10. NAME OF FATHER

W F Hopkins

11. BIRTHPLACE OF FATHER

(State or Country)

California

12. MAIDEN NAME OF MOTHER

Sara Baker

13. BIRTHPLACE OF MOTHER

(State or Country)

Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Don Byers

(Address)

Hailey

15.

Filed

3/21

19

3193131931

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar
(Month)14
(Day)31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3-30-1930 to 3-14-1931that I last saw him alive on 3-14-1931and that death occurred on the date stated above, at 8:05 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Apoplexy)

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Don Byers M. D.19 _____ (Address) Hailey, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. 11 mos. 14 days. In the State _____ yrs. _____ mos. _____ daysWhere was disease contracted if not at place of death? Washington (State)Former or usual residence Washington (State)

19. PLACE OF BURIAL OR REMOVAL

Gravestone in

DATE OF BURIAL

Mar 21 1931

20. UNDERTAKER

F. R. Robinson

ADDRESS

Hailey

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74469

State File No.

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 1Primary Registration District No. 1006(No. Mercy Hospital)Local Registrar's No. 40

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Wm Sparks(a) Residence. No. 3 miles west Nampa St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 12 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martha Ann Sparks6. DATE OF BIRTH (month, day and year) Jan. 2nd, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>2</u>	<u>13</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lehi
(State or country) Utah10. NAME OF FATHER George Sparks11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER Anna Davis13. BIRTHPLACE OF MOTHER (city or town) Wales
(State or Country)14. Informant George Sparks
(Address) R. F. D. #1 Nampa, Ida.15. Filed 3-18, 1931 Leith Conway
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 15, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to March 15, 1931that I last saw him alive on March 15, 1931and that death occurred, on the date stated above, at 6 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:
Acute Lobar Pneumonia(duration) yrs. mos. ds. 6CONTRIBUTORY (Secondary) hypertension(duration) yrs. mos. ds. usual18. Where was disease contracted if not at place of death? noDid an operation precede death? no Date of noWas there an autopsy? noWhat test confirmed diagnosis? no(Signed) W. E. Talley M. D.Mar. 17, 1931 (Address) Nampa, Ida.19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial 3-18 193120. Undertaker Wm D. Talley Address Nampa, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 9 1931
DO NOT WRITE IN THIS SPACE
74470
State File No.

PLACE OF DEATH

County of Canyon.City of Nampa.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 106(No. Samariton Hosp't.)Local Registrar's No. 25

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edythe Marie Holman.

(a) Residence No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1906-Nov. 24.

7. AGE <u>24</u>	Years	Months <u>3</u>	Days <u>24</u>	If LESS than 1 day,hrs. ormin.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Baker Ore.
(State or country)10. NAME OF FATHER D.W. Holman11. BIRTHPLACE OF FATHER (city or town) Tenn.
(State or Country)12. MAIDEN NAME OF MOTHER Mary Shockelard.13. BIRTHPLACE OF MOTHER (city or town) Ill.
(State or Country)

14.

Informant
(Address) D.W. Holman
Nampa, Idaho

15.

Filed Mar 17, 1931Registrar Edythe Conway

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar. 16 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. 10, 1931, to Mar 16, 1931that I last saw her alive on Mar 16, 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? W.C. Bull(Signed) W.C. Bull, M. D.Mar 17, 1931 (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal

Boise Cem.

Date of Burial

3-19-31

19

20. Undertaker

F.L. Robinson

Address

NampaIda.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 5 1931
DO NOT WRITE IN THIS SPACE
74471
State File No.

PLACE OF DEATH

County of Canyon
City of Nauffa

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1004(No. Murray Hospital)Local Registrar's No. 38

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hans J. Hoff(a) Residence. No. Mc Call Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sep 5-1850

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

80610

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer(b) General nature of industry, business, or establishment in which employed (or employer) (retired)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Norway10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) (State or County) Norway

14.

Informant (Address) Martin Hoff
Mc Call Idaho

15.

Filed 3-16 19313-161931Registrar W. K. Robinson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March151931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3/8/311931to 3/15/311931that I last saw him alive on 3/14/31 1931and that death occurred, on the date stated above, at 4 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pneumonia(duration) 0 yrs. 0 mos. 3 ds.CONTRIBUTORY (Secondary) Carcinoma2 wks.(duration) 1 yrs. + mos. ds.18. Where was disease contracted if not at place of death? Not KnownDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Phys. Exam.(Signed) Dr. R. A. Kueppel M. D.3-16 1931 (Address) Nauffa, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Mc Call Idaho

19

20. Undertaker

Address

W. K. RobinsonNauffaIda

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74473

State File No.

PLACE OF DEATH

County of CanyonCity of Tampa

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 7006

(No.)

Local Registrar's No. 36

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah E. Taylor(a) Residence. No. 403-14th ave S St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mo. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single. Married. Widowed.
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec. 19, 1837

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.78223

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.at Home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Racine Mo.
(State or country)

10. NAME OF FATHER

John J. Buzzard11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)

12. MAIDEN NAME OF MOTHER

Gelstrap13. BIRTHPLACE OF MOTHER (city or town) unknown
(State or County)

14.

Informant
(Address)

15.

Filed

2-141931Dr. H. Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar121931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 28, 1931, to Mar. 12, 1931that I last saw him alive on Mar 12, 1931and that death occurred, on the date stated above, at 634 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Hemorrhage(duration) yrs. 2 1/2 mos. ds.CONTRIBUTORY
(Secondary)Myocarditis

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical Signs(Signed) Samuel A. Buzzard, M. D.Mar. 14, 1931 (Address) Tampa, Fla.

19. Place of Burial, Cremation, or Removal

Date of Burial

Hokulaua Cem.3/15/31 19

20. Undertaker

Address

F. R. RobinsonTampa

S.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74474**

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1006

(No. 1312-12th Ave. So.)

Local Registrar's No. 25

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edgar Eugene Sherman

(a) Residence. No. 1312-12th Ave. So. St.

(Usual place of abode.)

(If nonresident give city or town and State.)
yrs. mos. ds.

Length of residence in city or town where death occurred. 11 yrs. 03 mos. 05 ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Margaret Ann

6. DATE OF BIRTH (month, day and year) Nov. 22nd 1852

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
77 3 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

Anson Sherman

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

unknown

12. MAIDEN NAME OF MOTHER

Laura Goram

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

unknown

14.

Informant Mrs. Margaret A. Sherman
(Address) Nampa, Idaho

15.

Filed 3-13 1934 Arthur Conway
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 13 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 22 1934, to March 13 1934,
that I last saw him alive on March 10 1934

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Hemorrhage brain

(duration) _____ yrs. _____ mos. 2 ds.
CONTRIBUTORY Myocarditis et arteriosclerosis
(Secondary) (duration) 2 yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Horace B. Bump, M. D.

3/13 1934 (Address) Nampa

19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial 3-14 1934

20. Undertaker Wm. D. Talley Address Nampa, Ida

RECEIVED APR 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74475

State File No.

PLACE OF DEATH

County of CanyonCity of Trampa

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2006Local Registrar's No. 34

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Shie Fujikawa(a) Residence. No. Trampa #1

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

gap5. Single, Married, Widowed,
or Divorced (write the word.)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofKunitzuchi

6. DATE OF BIRTH (month, day and year)

Dec 22-1895

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

35221

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Japan

10. NAME OF FATHER

H. Sakamoto11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Japan

12. MAIDEN NAME OF MOTHER

Hami13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Japan

14.

Informant
(Address)H. Fujii
R. Yamaguchi

15.

Filed 3-13, 1931Dr. H. Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 13

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at 10-15 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Suicide by
hanging.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Insanity
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Dr. H. Conway
March 13, 1931 (Address) Trampa

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohler Lumber

20. Undertaker

Address

Wm. Valley Trampa

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DO NOT WRITE IN THIS SPACE

74476

State File No.

PLACE OF DEATH

County of Canyon

City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 2006

(No.)

Local Registrar's No. 1019

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilhelmina Krause.

(a) Residence. No. 1 1/2 Miles east of Nampa. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single. Married. Widowed.
or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 8 1864.

7. AGE

66

Years

Months

3

Days

1

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

House Wife

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Romania.

10. NAME OF FATHER Sam Woenberg

11. BIRTHPLACE OF FATHER (city or town) Romania
(State or Country)

12. MAIDEN NAME OF MOTHER Metz.

13. BIRTHPLACE OF MOTHER (city or town) Romania.
(State or Country)

14.

Informant
(Address)

Sam Krause
Nampa

15.

Filed

3-11, 1931

Birth
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 9, 1931.

(Month)

(Day)

19....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. 8, 1931, to Mar. 9, 1931

that I last saw her alive on Mar 10, 1931

and that death occurred, on the date stated above, at 11 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Sobahar's pneumonia

(duration) yrs.

mos. 10

ds.

CONTRIBUTORY
(Secondary)

Acute Cardiac

Debilitation (duration) yrs.

mos. 1

ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed)

Samuel D. Swaine p.
Mar 11, 1931 (Address) Nampa, Id.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kaderlauer Cem

19....

20. Undertaker

F.K. Robinson.

Address

Nampa

Ida.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of IdahoCity of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 105Primary Registration District No. 2183(No. Our Lady of Consolation St.)File No. 74477Registered No. 9

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Telephus Wheelhart

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Single
(Write the word.)

6. DATE OF BIRTH

March 9 1919
(Month) (Day) (Year)

7. AGE

12 Yrs. 3 Mos. ds.IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

School boy

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF FATHER

August Wheelhart

11. BIRTHPLACE OF FATHER

(State or Country)

Minnesota

12. MAIDEN NAME OF MOTHER

Anna S. Scheiber

13. BIRTHPLACE OF MOTHER

(State or Country)

Wisconsin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) August Wheelhart(Address) Cottonwood Idaho

15.

Filed Mar. 17 1931A. J. Orr per A. J. Orr
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 8th 1931, to Mar 12 1931that I last saw him alive on Mar 12 1931and that death occurred on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Peritonitis(Duration) Yrs. 4 mos. ds.Contributory Ruptured appendix
(Secondary)(Duration) yrs. 4 mos. ds.(Signed) E. A. Woodcock M. D.3.11.31 (Address) Cottonwood Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. 4 mos. days. In the State yrs. mos. daysWhere was disease contracted if not at place of death? at homeFormer or usual residence Centerville Idaho

19. PLACE OF BURIAL OR REMOVAL

Centerville

DATE OF BURIAL

3-14-1931

20. UNDERTAKER

Father Martin Centerville Idaho

ADDRESS

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

RECEIVED APR 3 1931
CERTIFICATE OF DEATHState of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Idaho
City of CottonwoodRegistration District No. 105
Primary Registration District No. 2183
(No. _____ St.)File No. 74478
Registered No. 8

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Ellen Elizabeth Peterson

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Married
(Write the word.)

6. DATE OF BIRTH.

Nov. 15 1876
(Month) (Day) (Year)

7. AGE

54 Yrs. 3 Mos. 10 ds.IF LESS than 1 day
how many 11 hrs. or
15 min.

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer).Housewife

9. BIRTHPLACE

(State or Country)

Sweden

10. NAME OF FATHER

Franc Gustav Carlson

11. BIRTHPLACE OF FATHER

(State or Country)

Sweden

12. MAIDEN NAME OF MOTHER

Carolina Pearson

13. BIRTHPLACE OF MOTHER

(State or Country)

Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

Anne Denny

(Address)

Cottonwood Idaho

15.

Filed Mar. 14 1931A. F. Orr 2. B.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 12 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 11 1931 to March 12 1931, that I last saw her alive on March 12 1931, and that death occurred on the date stated above, at 11¹⁵ A.M.

The CAUSE OF DEATH* was as follows:

Burns (accidents)(25 hours)

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

G. A. Macdonald

M. D.

3/14/1931 (Address) Cottonwood, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Cottonwood

DATE OF BURIAL

3-14-1931

20. UNDERTAKER

A. H. Han

ADDRESS

Cottonwood.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74479

State File No.

PLACE OF DEATH

County of Idaho

City of Cottonwood

CERTIFICATE OF DEATH

Registration District No. 105

Primary Registration District No. 2183

Local Registrar's No. 7

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Daughter of Chas. R. Ridgeman

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.

5. Single, Married, Widowed, or Divorced (write the word.)

✓

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

✓

6. DATE OF BIRTH (month, day and year)

March 1 - 1931

7. AGE

Years

Months

Days

7 hrs. If LESS than 1 day.
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Cottonwood, Idaho
(State or country)

10. NAME OF FATHER

Charles R. Ridgeman

11. BIRTHPLACE OF FATHER (city or town) Salem
(State or Country) Iowa

12. MAIDEN NAME OF MOTHER

Eunice Arnold

13. BIRTHPLACE OF MOTHER (city or town) Jacksonville
(State or County) Oregon

14.

Informant
(Address)

Charles R. Ridgeman
Brangerville, Idaho

15.

Filed

3/2

1931

H. F. Orr

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March

2

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him on Mar 2, 1931

and that death occurred, on the date stated above, at 5 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:

Cephalic infection due to
breach presentation and
no medical attendance.

..... (duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Shealy Orr

M. D.

Mar. 2, 1931 (Address) Cottonwood, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Denver, Idaho

March 3 1931

20. Undertaker

Address

Chas. R. Ridgeman, Cottonwood
Brangerville

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74480

State File No.

PLACE OF DEATH

County of Idaho

City of Cottonwood

CERTIFICATE OF DEATH

Registration District No. 105

Primary Registration District No. 2183

Local Registrar's No. 6

(No Our Lady of Consolation)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorothy Gilbert

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, divorced, or separated, state name of spouse (or) WIFE of

Michael Gilbert

6. DATE OF BIRTH (month, day and year) Oct. 17-1906

7. AGE

Years 24

Months 4

Days 15

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kennerly, Idaho
(State or country)

10. NAME OF FATHER Gerhard Gehring

11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)

12. MAIDEN NAME OF MOTHER Bernadine Herzog

13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or County)

14. Informant Michael Gilbert
(Address) Kennerly, Idaho

15. Filed 3-3, 1931

H. F. Orr

R.A. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 1, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 22, 1931, to March 1, 1931

that I last saw her alive on March 1, 1931

and that death occurred, on the date stated above, at 7 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

..... (duration) yrs. mos. 8 ds.

CONTRIBUTORY Chronic Cholecystitis
(Secondary)

David Swanson (duration) yrs. mos. ds.

18. Where was disease contracted at home
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? No test made

(Signed) Hecky Orr, M. D.

Mar 2, 1931 (Address) Cottonwood, Idaho

19. Place of Burial, Cremation, or Removal Kennerly, Idaho Date of Burial 3-3 1931

20. Undertaker Rev. Father Martin Kennerly, Idaho Address

Rev. Father Martin Kennerly, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74481

State File No.

PLACE OF DEATH

County of CaribouCity of Three Creek

CERTIFICATE OF DEATH

Registration District No. 43Primary Registration District No. 2120

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur E. Estes(a) Residence, No. Three Creek St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofnone

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
48 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer + Ranch hand(b) General nature of industry, business, or establishment in which employed (or employer) Ranch General work around(c) Name of employer Cally Ross9. BIRTHPLACE (city or town) (State or country) Indian Territory10. NAME OF FATHER Marcus Estes11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indian Territory12. MAIDEN NAME OF MOTHER Jane Walton13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Pennsylvania14. Informant (Address) Dr. P. C. Estes
Three Creek, Idaho15. Filed March 16, 1931 T. A. Leonard
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 12 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from May 26 1927, to March 17 1931that I last saw him alive on 90 days ago 7 pm
and that death occurred, on the date stated above, at

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Nephritis Chronic Interstitial
Bilateral -(duration) 3 yrs. 6 mos. ds.
CONTRIBUTORY Myocarditis Chronic -
(Secondary) Acute edema
(duration) 2 yrs. mos. ds.18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? ✓ Date of 4-10Was there an autopsy? YESWhat test confirmed diagnosis? ✓(Signature) Dr. P. C. Estes (Address) Three Creek, Idaho3-14-31 Dr. P. C. Estes (Address) Three Creek, Idaho19. Place of Burial, Cremation, or Disposal Trinity Falls, Idaho Date of Burial March 16 193120. Undertaker Drake Address Trinity Falls, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of CassiaCity of AlmoRegistration District No. 119Primary Registration District No. 2198

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Malinda Durfee

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

St.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 11 1840

7. AGE

90 Years10 Months28 DaysIf LESS than 1 day,
.....hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.....House wife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town).....
(State or country)New York

10. NAME OF FATHER

Orin Butts11. BIRTHPLACE OF FATHER (city or town).....
(State or Country)New York

12. MAIDEN NAME OF MOTHER

Not Known13. BIRTHPLACE OF MOTHER (city or town).....
(State or County)Not Known

14.

Informant
(Address)J.W.Durfee.Hazelton Ida.

15.

Filed

April 1, 1931

Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 74482

Local Registrar's No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar. 9 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 6, 1931, to Mar 9, 1931that I last saw her alive on Mar 6, 1931and that death occurred, on the date stated above, at 6:15 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)None

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? at place of deathDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? usual

(Signed)

G. L. SaterApr 1, 1931 (Address) Malta Idaho

19. Place of Burial, Cremation, or Removal

Almo Idaho.

Date of Burial

Mar 11 1931

20. Undertaker

D.E. Johnson

Address

Burley

REC STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74483

State File No.

PLACE OF DEATH

County of CassiaCity of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 119Primary Registration District No. 2198

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nathan Edward Lapray

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar. 3 - 317. AGE Years Months Days If LESS than 1 day, hrs. or min.
13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls
(State or country)

10. NAME OF FATHER

Chester David Lapray11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho Falls

12. MAIDEN NAME OF MOTHER

Bessie May Lamerhill13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Walker mo.

14.

Informant
(Address)C. W. Lapray
Idaho Falls

15.

Filed

April 1, 1931C. W. Sitter
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 3 1931 to Mar 16 1931
that I last saw him alive on Mar 14 1931and that death occurred, on the date stated above, at 6 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Premature(duration) yrs. mos. ds.
CONTRIBUTORY None
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. W. Sitter M. D.
Apr 1, 1931 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls Mar 18 1931

20. Undertaker

Address

W. E. Johnson Idaho Falls

RECEIVED MAR 3 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
71184

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

1. PLACE OF DEATH
County of Shoshone
City of Coaler
Registration District No. 127
Primary Registration District No. 2400
(No. _____ St.)

File No. _____
Registered No. 12

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Franklin Crawford Boone

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Married
(Write the word)

6. DATE OF BIRTH. March 5 1856
(Month) (Day) (Year)

7. AGE 75 Yrs. 18 Mos. 1 ds.
IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION Carpenter
(a) Trade, profession or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE Lack Co. Oregon
(State or Country)

10. NAME OF FATHER Daniel Boone

11. BIRTHPLACE OF FATHER Kentucky
(State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth Lewis

13. BIRTHPLACE OF MOTHER Kentucky
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. N. J. Boone
(Address) Coaler, Ida

15. Filed March 25 1931 C. B. Berry
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~am a~~ member of the ~~family of deceased~~ family of deceased ~~on 3/21 1931~~ on 3/21 1931, ~~that he~~ that he ~~was deceased~~ was deceased ~~on~~ on ~~the date stated above, at 5:45 P.M.~~ the date stated above, at 5:45 P.M.

The CAUSE OF DEATH* was as follows: Carcinoma of Liver

(Duration) 2 1/2 yrs. 1 mos. 1 ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) C. A. Collins M. D.
3/24/31 (Address) Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ in the _____
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL Spokane, Wash DATE OF BURIAL 1931

20. UNDERTAKER Geo. E. Mitchell ADDRESS Idaho
St. Francis

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74485**

PLACE OF DEATH

County of ShoshoneCity of ArveyRegistration District No. 127Primary Registration District No. 2400Local Registrar's No. 11

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Guss Miller(a) Residence. No. Arvey Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofNo information

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.64

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

U.S. Forestry Employee

(b) General nature of industry, business, or establishment in which employed (or employer)

Govt

(c) Name of employer

U.S. Forestry Service9. BIRTHPLACE (city or town)
(State or country)Cincinnati, Ohio

10. NAME OF FATHER

No information11. BIRTHPLACE OF FATHER (city or town)
(State or Country)No information

12. MAIDEN NAME OF MOTHER

No information13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)No information14. Informant
(Address)Various Sources

15. Filed

Mar. 5, 1931CB Buser
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March51931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 2d, 1931, to March 5, 1931that I last saw him alive on March 4, 1931and that death occurred, on the date March 5th 1931, at 1:30 A. M.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of —Was there an autopsy? NoWhat test confirmed diagnosis? No test

(Signed)

Mar 5, 1931 (Address) Arvey Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

St. Mary's, Idaho

19

20. Undertaker

Geo. E. Mitchell

Address

Arvey Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74486

State File No.

PLACE OF DEATH

County of Power

City of Am Falls, Idaho

Registration District No. 25

Primary Registration District No. 2072

(No. Bathony Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 10

2. FULL NAME Wilson Welch

(a) Residence. No. Am Falls St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Notknown

6. DATE OF BIRTH (month, day and year) 1857

7. AGE Years 64 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) not known (State or country)

10. NAME OF FATHER notknown

11. BIRTHPLACE OF FATHER (city or town) not known (State or Country)

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (city or town) not known (State or Country)

14. Informant Am Falls, Idaho (Address)

15. Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 4th 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1926 to March 4th 1931 that I last saw him alive on March 3rd 1931 and that death occurred, on the date stated above, at 1309 m. The CAUSE OF DEATH* was as follows: Uremia

(duration) yrs. mos. ds. CONTRIBUTORY Chronic Interstitial Nephritis (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? no Date of Did an operation precede death? no Was there an autopsy? no What test confirmed diagnosis? 1/4 Logan (Signed) 3-4 1931 (Address Am Falls) M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal I.O.O.F. Date of Burial 3/5/31

20. Undertaker American Falls, Ida

RECEIVED 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74487**

PLACE OF DEATH

County of PowerCity of American Falls, IdahoRegistration District No. 23Primary Registration District No. 2072Local Registrar's No. 11

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Everette Clark Bernhisel(a) Residence. No. American Falls, Idaho St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJennie C Bernhisel

6. DATE OF BIRTH (month, day and year)

Mar 29 1889

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.41 11 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Dentist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Self9. BIRTHPLACE (city or town) Utah
(State or country)

10. NAME OF FATHER

J. MBernhisel11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Iowa

12. MAIDEN NAME OF MOTHER

Henritta Harris13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Utah

14. Informant

(Address)

MB Bernhisel
Lewis Utah

15. Filed

Mar 12 1931Genevieve Nash

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar.
(Month)9
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Suicide by Drowning

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) Dr. Davis - Crem.
Mar. 11, 1931 (Address) American Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Pocatello

Date of Burial

3/12/31

20. Undertaker

Dr. DavisAddress American Falls,Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74489**

PLACE OF DEATH

County of Idaho
City of GrangevilleRegistration District No. 103
Primary Registration District No. 1001Local Registrar's No. 7(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Donald Lindbrook Carpenter

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kelam. Carpenter

6. DATE OF BIRTH (month, day and year) 1898 Aug 12

7. AGE Years 31 Months 8 Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Manton Michigan
(c) Name of employer

9. BIRTHPLACE (city or town) Manton Michigan
(State or country)10. NAME OF FATHER Elmer A Carpenter11. BIRTHPLACE OF FATHER (city or town) Michigan
(State or Country)12. MAIDEN NAME OF MOTHER Nettie B McDonald13. BIRTHPLACE OF MOTHER (city or town) Michigan
(State or Country)14. Informant Nettie B McDonald
(Address) Grangeville Idaho15. Filed 4-1, 1931 B Chipman
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Febr 18 1931
(Month) (Day) (Year)17. HEREBY CERTIFY, That I attended deceased from Sept 15, 1930, to 2-18, 1931,
that I last saw him alive on 2-18, 1931,
and that death occurred, on the date stated above, at 5 a m.
The CAUSE OF DEATH* was as follows:Carcinoma Lung

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? May Spokane(Signed) J. B. W. M. D.2-18, 1931 (Address) Grangeville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Grangeville Ida. Date of Burial 3-2-193120. Undertaker Hancock Mtd. Co. Address Grangeville

RECEIVED APR 3 1931
STATE OF IDAHODEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74490

State File No.

PLACE OF DEATH

County of IdahoCity of White BirdRegistration District No. 103Primary Registration District No. 2181Local Registrar's No. 9

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Letha Elizabeth Lowther

(a) Residence. No. _____ St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 26, 19197. AGE Years Months Days If LESS than 1 day, hrs. or min.
12 1 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) White Bird
(State or country)10. NAME OF FATHER E. T. Lowther11. BIRTHPLACE OF FATHER (city or town) Linneus
(State or Country) Miss.12. MAIDEN NAME OF MOTHER Effie Thompson13. BIRTHPLACE OF MOTHER (city or town) Moorehead
(State or Country)14. Informant E. T. Lowther
(Address) Whitebird Ida.15. Filed 4-1-, 1931 B. Chipman
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 20 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Dec. 21-, 1930, to March 18, 1931
that I last saw her alive on March 18-, 1931
and that death occurred, on the date stated above, at 1.4. m.The CAUSE OF DEATH* was as follows:
Malignant EndocarditisCONTRIBUTORY Acute Pneumonia
(Secondary) duration yrs. mos. ds.(duration) yrs. 3 mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Change - heart sounds(Signed) B. Chipman M. I.
3-21-, 1931 (Address) Granville Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLEN CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Whitebird Ida. Date of Burial 3-23- 193120. Undertaker Hamcock Mnd. Co Address Granville Ida.

RECEIVED APR 5

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74491

Local Registrar's No. 9

PLACE OF DEATH
County of Idaho
City of WhitebirdRegistration District No. 103
Primary Registration District No. 2181

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John L. Wellman

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Hester Wellman</u> (or) WIFE of		
6. DATE OF BIRTH (month, day and year) <u>Mar 28 1861</u>		
7. AGE Years <u>64</u>	Months <u>6</u>	Days <u>15</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant J. J. Wellman
(Address) Whitebird Ida.15. Filed 4-1- 1931 B. Chipman
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 7 1930 to Nov. 3 1930
that I last saw him alive on Nov. 3 1930and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH was, as follows:

Angina PectorisCONTRIBUTORY Enlargement of the Heart
(Secondary) (duration) 11 yrs. 11 mos. 11 ds.
(duration) 3 yrs. 3 mos. 3 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Exam - Region of Heart(Signed) B. Chipman M. D.3-20- 1931 (Address) Drumquille Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Whitebird Ida. Date of Burial 3-22- 193120. Undertaker Hancock Mnd Co. Address Drumquille Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74492

State File No.

PLACE OF DEATH

County of IdahoCity of GrangevilleRegistration District No. 103Primary Registration District No. 1001Local Registrar's No. 10

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

889

2. FULL NAME Winifred Marion Staley

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofCecil Staley6. DATE OF BIRTH (month, day and year) May 18, 19037. AGE Years Months Days If LESS than 1 day, hrs. or min.
27 10 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Riggins
(State or country)10. NAME OF FATHER R. L. Riggins11. BIRTHPLACE OF FATHER (city or town) Grangeville
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Ethel James13. BIRTHPLACE OF MOTHER (city or town) Oregon
(State or Country)14. Informant R. L. Riggins
(Address) Leuviston15. Filed 4-1-, 1931 B. Clippman
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 27, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 3-25, 1931, to 3-27, 1931,
that I last saw her alive on 3-26, 1931,
and that death occurred, on the date stated above, at 7:30 P.M.
The CAUSE OF DEATH* was as follows:Septic EndocarditisCONTRIBUTORY (duration) yrs. mos. ds.
(Secondary) Pneumonia, & chronic sore throat.
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Sputum, X-rays
(Signed) J. H. Heber, M. D.3-27, 1931 (Address) Grangeville, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Grangeville, Ida Date of Burial 3-29, 193120. Undertaker Humcrook Mfg. Co. Address Grangeville, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74493

State File No.

PLACE OF DEATH

County of SandpointCity of Bonner

CERTIFICATE OF DEATH

Registration District No. 76Primary Registration District No. 2155(No. 110 N Second ave)Local Registrar's No. 25

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard B Himes(a) Residence. No. 110 N Second Ave

St.

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married5a. If married, widowed, or divorced
HUSBAND of Nell Himes
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan II 18707. AGE 60 Years 2 Months 2 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Photographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self9. BIRTHPLACE (city or town) Bryan
(State or country) Ohio10. NAME OF FATHER Timothy Himes11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER unobtainable13. BIRTHPLACE OF MOTHER (city or town) unobtainable
(State or County)14. Informant Mrs. Nell Himes
(Address) Sandpoint Idaho15. Filed March 14, 1931 Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 13 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended decess.d from
Mar 10, 1931, to Mar 13, 1931
that I last saw h. in alive on Mar 13, 1931and that death occurred, on the date stated above, at 4 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Septic throatCONTRIBUTORY
(Secondary)(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis? (Signed) E. P. Staehaus, M. D.
3/14, 1931 (Address) Sandpoint Idaho19. Place of Burial, Cremation, or Removal
Lakeview CemeteryDate of Burial
3/17/31 1920. Undertaker
Turnbull CoAddress
Sandpoint

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74494

RECEIVED

PLACE OF DEATH

County of Latah

City of Potlatch

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertel Asplund

(a) Residence, No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 24 - 1903

7. AGE Years 28 Months 0 Days 7 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Lumber Piles
Potlatch Lumber Co

9. BIRTHPLACE (city or town) Sweden
(State or country)

10. NAME OF FATHER Carl L. Asplund

11. BIRTHPLACE OF FATHER (city or town) Sweden
(State or Country)

12. MAIDEN NAME OF MOTHER Lundstern

13. BIRTHPLACE OF MOTHER (city or town) Sweden
(State or Country)

14. Informant B. W. Asplund
(Address) Potlatch Ida

15. Filed April 4, 1931 J. W. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 31, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Fell into lumber piling machine. Throat cut by drum. Accidental

_____, (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

_____, (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) B. R. Short, M. D.
3/31, 1931 (Address) MOSCOW

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Potlatch Idaho Date of Burial Apr 4 1931

20. Undertaker Mortuary Address Potlatch
J. R. Short

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74495

State File No.

PLACE OF DEATH

County of Idaho
City of PrincetonRegistration District No. 66 RECEIVED APR 8 1931Primary Registration District No. 2145 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jesse Benton Moore

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Infant5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar 28-19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. ✓(b) General nature of industry, business, or establishment in which employed (or employer) ✓(c) Name of employer ✓9. BIRTHPLACE (city or town) Princeton Idaho RFD
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Oklahoma
(State or Country)12. MAIDEN NAME OF MOTHER Ethel Marie Young13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant N. T. Moore - Princeton Idaho
(Address)15. Filed April 12, 1931 D. J. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....
that I last saw him alive on Mar 31 1931and that death occurred, on the date stated above, at 11:55 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:"Blues" babyCONTRIBUTORY
(Secondary)..... (duration) yrs. mos. 3 ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. S. Dunt M. D.
Apr 1 1931 (Address) Idaho19. Place of Burial, Cremation, or Removal Bollach Date of Burial April 12 193120. Undertaker Parents Address Princeton

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74496

State File No.

PLACE OF DEATH

County of Latah
City of Pathtah

CERTIFICATE OF DEATH

Registration District No. 68
Primary Registration District No. 2165
(No.)

RECEIVED APR 8 1931
Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mabel B. Conradine Howell

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. COLOR OR RACE White 5. Single. Married. Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 10 - 1890

7. AGE Years 11 Months 2 Days 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Latah Co Ida
(State or country)

10. NAME OF FATHER Howard Howell

11. BIRTHPLACE OF FATHER (city or town) Kassai
(State or Country)

12. MAIDEN NAME OF MOTHER Steeny Leeper

13. BIRTHPLACE OF MOTHER (city or town) Latah Co Ida
(State or Country)

14. Informant (Address) Howard Howell
Pathtah

15. Filed March 21 1931 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 18 1931, to March 19 1931,
that I last saw her alive on March 18 1931
and that death occurred, on the date stated above, at 12:30 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic nephritis
Pyelonephritis

(duration) yrs. mos. ds.
CONTRIBUTORY Chronic nephritis
(Secondary)

(duration) 2 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Gibson, M. D.
(Address)

19. Place of Burial, Cremation, or Removal Greene Cemetery Date of Burial Mar 22 1931

20. Undertaker E. Anderson Address Clarkston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74497**

PLACE OF DEATH

County of Latah

City of Pottatch

Registration District No. 65

Primary Registration District No. 2145

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. _____

RECEIVED APR 8 1931

2. FULL NAME Ivan Eugene Whitted

(a) Residence. No. Pottatch St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
✓ ✓ ✓ 12 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (city or town) Pottatch
(State or country)

10. NAME OF FATHER Theodore Whitted

11. BIRTHPLACE OF FATHER (city or town) Pottatch
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Mildred Triplet

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Theodore Whitted
(Address) Pottatch

15. Filed march 4th 1931 J.W. Thompson M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH march 3rd 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from march 3rd 1931, to march 5th 1931
that I last saw him alive on march 3rd 1931
and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Injury at Birth

(duration) yrs. mos. ds.

CONTRIBUTORY ✓
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) F.C. Gibson, M. D.

3/3/31, 1931 (Address) Pottatch

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Southwick Idaho Date of Burial march 6th 1931

20. Undertaker Parents Address Pottatch

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 8 1931
DO NOT WRITE IN THIS SPACE
State File No. **74498**

PLACE OF DEATH

County of Shoshone
City of Moe

CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 1011
(No. Residence)

Local Registrar's No. 15
886

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 7 Moe, Idaho St. Moe Ida.
(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
WIFE of

John M. Pruitt

6. DATE OF BIRTH (month, day and year) Aug - 8 - 1874

7. AGE Years 56 Months 6 Days 20 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ida.
(State or country)

10. NAME OF FATHER Jacob Newton

11. BIRTHPLACE OF FATHER (city or town) Not Known
(State or Country)

12. MAIDEN NAME OF MOTHER Warner

13. BIRTHPLACE OF MOTHER (city or town) Ida.
(State or Country)

14. Informant (Address) John M. Pruitt
Moe, Ida.

15. Filed 3/3, 1931 L. R. Zwigley
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 28 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1930, to Feb 28, 1931
that I last saw her alive on Feb 28 2 P.
and that death occurred, on the date stated above, at 2 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) 1 yrs. mos. ds.
CONTRIBUTORY Arteriosclerosis
(Secondary)

(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physically examined

(Signed) R. R. Black M. D.
March 2, 1931 (Address) Wallace, Ida.

19. Place of Burial, Cremation, or Removal Wallace, Idaho Date of Burial March 3 31

20. Undertaker J. G. Bever Address Wallace, Ida.
Ward and Co.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74499

State File No.

PLACE OF DEATH

County of Shoshone

City of Wallace

CERTIFICATE OF DEATH

Registration District No. 70

Primary Registration District No. 10.11

(No. Wallace Hospital)

Local Registrar's No. 16

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cora Virginia Williams

(a) Residence. No. Mullan Idaho St. Mullan, Ida.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 25 - 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wallace, Ida.
(State or country)

10. NAME OF FATHER George E Williams

11. BIRTHPLACE OF FATHER (city or town) Bellevue
(State or Country) Mont.

12. MAIDEN NAME OF MOTHER Elena Mann

13. BIRTHPLACE OF MOTHER (city or town) Belt
(State or Country) Mont.

14. Informant (Address) George E Williams
Mullan, Ida.

15. Filed 3/4, 1931 J. L. Ziegler
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1931, to March 2, 1931,
that I last saw her alive on March 2, 1931,
and that death occurred, on the date stated above, at 5 A.-m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Hemophilia neonatorum

CONTRIBUTORY
(Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Physiologic Examination

(Signed) T. C. W. C. C., M. D.
March 2, 1931 (Address) Wallace Idaho

19. Place of Burial, Cremation, or Removal Wallace, Ida. Date of Burial March 3, 1931

20. Undertaker G. A. Brier Address Wallace, Ida.
Ward and Co.

RECEIVED APR 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74500

State File No.

PLACE OF DEATH

County of BonnerCity of Nordman

CERTIFICATE OF DEATH

Registration District No. 85Primary Registration District No. 2185

(No.)

Local Registrar's No. 6

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Settergren

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec. 25, 1878

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

5227

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workTeamster(b) General nature of industry,
business, or establishment in
which employed (or employer)Lumber Camp

(c) Name of employer

Dalkena Lumber Co.9. BIRTHPLACE (city or town)
(State or country)FjarosSweden

10. NAME OF FATHER

Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown

14.

Informant
(Address)United States Naturalization
Paper.

15.

Filed

Mar 25 1931R. E. Wessa
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 22, 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19.....

to.....

19.....

that I last saw him alive on.....

19.....

and that death occurred, on the date stated above, at.....

8:30 A
m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Accidental Traumatism:-
Crushed skull. Hit by
Falling Tree.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

L. A. Moon
Mar. 23, 1931 (Address) Sandpoint, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Woodmen Cemetery Mar 26 1931

20. Undertaker

Address

Moon Mortuary First River

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED APR 2 1931

DO NOT WRITE IN THIS SPACE

74501

State File No.

PLACE OF DEATH

County of Franklin
City of Bull

Registration District No. 39
Primary Registration District No. 2087

Local Registrar's No.

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. D. Fitcher

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 10 1881

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
49 3 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hardware Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Iowa
(State or country)

10. NAME OF FATHER D. Fitcher

11. BIRTHPLACE OF FATHER (city or town) Iowa
(State or Country)

12. MAIDEN NAME OF MOTHER Clark

13. BIRTHPLACE OF MOTHER (city or town) Minnesota
(State or Country)

14. Informant Samuel F. Fitcher
(Address) Bull

15. Filed Mar. 30, 1931 J. J. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 29 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1931, to Mar. 29, 1931
that I last saw him alive on Mar. 28, 1931
and that death occurred, on the date stated above, at 7 a.m.
The CAUSE OF DEATH* was as follows:

Dysentery

(duration) yrs. mos. ds. 7
CONTRIBUTORY septic sore throat
(Secondary) (duration) yrs. mos. ds. 1

18. Where was disease contracted at home
if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no

What test confirmed diagnosis? laboratory
(Signed) J. J. Murphy, M. D.
Mar. 30, 1931 (Address) Bull

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Bull Cemetery Date of Burial 3/30 1931

20. Undertaker J. J. Johnson Address Bull

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of BonnevilleCity of IdahoRegistration District No. 39Primary Registration District No. 2087

DO NOT WRITE IN THIS SPACE

State File No. 74502Local Registrar's No. 90(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Henry Clay Demaree

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 5 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? 5 yrs. 5 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND
(or) WIFE Edith Demaree6. DATE OF BIRTH (month, day and year) March 2, 19317. AGE 81 Years 4 Months 7 Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired(b) General nature of industry, business, or establishment in which employed (or employer) [Redacted](c) Name of employer Ind.9. BIRTHPLACE (city or town) Ind.
(State or country)10. NAME OF FATHER Demaree11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Scotland12. MAIDEN NAME OF MOTHER Irwin13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Scotland14. Informant E. M. Demaree
(Address) Buhl, Idaho15. Filed Apr. 1, 1931
J. H. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 27, 1931, to March 28, 1931that I last saw him alive on March 27, 1931and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease(duration) 10 yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary) Appendicitis(duration) _____ yrs. _____ mos. 2 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) A. A. Morrison, M. D.April 1, 1931 (Address) Buhl, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery Date of Burial 3/31 193120. Undertaker McNeill, Buhl Address Buhl, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74503

PLACE OF DEATH

County of LincolnCity of BuhlRegistration District No. 39Primary Registration District No. 2087Local Registrar's No. 90

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Altus Orlando Nancy

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Divorced5a. If married, widowed, or divorced HUSBAND of Mina R. Nancy (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 67 Months 4 Days 12 If LESS than 1 day, _____ hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ohio (State or country)10. NAME OF FATHER E. J. Nancy11. BIRTHPLACE OF FATHER (city or town) Don't know (State or Country)12. MAIDEN NAME OF MOTHER Don't know13. BIRTHPLACE OF MOTHER (city or town) Don't know (State or Country)14. Informant Mina R. Nancy (Address) Buhl15. Filed Apr. 3, 1931 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 - 23 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 3-23-1931 to 3-23-1931
that I last saw him alive on 3-23-1931and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Voluntary lesion of the heartCONTRIBUTORY (Secondary) Old age
(duration) 5 yrs. 5 mos. ds.18. Where was disease contracted at home
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Physical findings(Signed) J. H. Murphy M. D.3/25/31 (Address) Lincoln Buhl

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Date of Burial 3/25/3120. Undertaker L. J. Chusau Address Buhl

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. **74504**

1. PLACE OF DEATH

Registration District No. **39**
County of **Twain Falls** Primary Registration District No. **2087**
City of **Twain Falls Co.** (No. **1** St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Howard Stanford Smith

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Single**
(Write the word.)

6. DATE OF BIRTH

Aug 11 1927
(Month) (Day) (Year)

7. AGE

3 Yrs. **7** Mos. **10** ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

at Home

9. BIRTHPLACE

(State or Country)

Hagerman Ida

10. NAME OF FATHER

Oscar S. Smith

11. BIRTHPLACE OF FATHER

(State or Country)

Hagerman Ida

12. MAIDEN NAME OF MOTHER

Ethel C. Smith

13. BIRTHPLACE OF MOTHER

(State or Country)

Hagerman

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Oscar S. Smith

(Address)

Hagerman

15.

Filed

Mar. 28 1931

Local Registrar

MEDICAL CERTIFICATE OF DEATH **100A**

16. DATE OF DEATH

3 (Month) **24** (Day) **31** (Year)

17. I HEREBY CERTIFY, That I attended deceased from

3-14 1931 to **3-21 1931**

that I last saw him alive on **3-21-1931**

and that death occurred on the date stated above, at **11 P. M.**

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) Yrs. mos. **7** ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

Jos Jennings M. D.

3-14 1931 (Address) **Buhl Ida.**

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Hagerman Ida

3/24/31

20. UNDERTAKER

ADDRESS

H. Johnson

Buhl Ida

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH
 as stated. Every statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25 M. 1-19.

CERTIFICATE OF DEATH

 State of Idaho
 BOARD OF HEALTH
 Bureau of Vital Statistics

1. PLACE OF DEATH

County of

City of

Registration District No.

Primary Registration District No.

(No.

St.)

Registered No.

 If death occurred in a hos-
 pital, institution or camp,
 give its NAME instead of
 street and number.

 If death occurs away from
 usual residence, give facts
 called for under special in-
 formation.

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

(Write the word.)

6. DATE OF BIRTH

7. AGE

IF LESS than 1 day

how many hrs.

or min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work.(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer)

9. BIRTHPLACE

(State or Country)

10. NAME OF
FATHER11. BIRTHPLACE
OF FATHER

(State or Country)

12. MAIDEN NAME
OF MOTHER13. BIRTHPLACE
OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

19

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 8, 1931, to March 20, 1931

that I last saw her alive on March 20, 1931

and that death occurred on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(Duration)

Yrs. 6 mos. ds.

Contributory
(Secondary)

(Duration)

Yrs. mos. ds.

(Signed)

M. D.

3/21, 1931 (Address) Buhl Ida

 *State the Disease Causing Death; or in deaths from Violent Causes, state
 (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

 Where was disease contracted
 if not at place of death?
Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

CERTIFICATE OF DEATH

RECEIVED ADD. C 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Jerim Falls*
City of *Buhl*

Registration District No.

Primary Registration District No. *2087*

(No. St.)

Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Living Lawson Ward

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED*Male* *White* *Married*
(Write the word.)

6. DATE OF BIRTH

Apr 2 1878
(Month) (Day) (Year)

7. AGE

52 Yrs. *11* Mos. *16* ds.
IF LESS than 1 day how many..... hrs. or..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)*Farmer*

9. BIRTHPLACE

(State or Country)

Charlston Mich.

10. NAME OF FATHER

Thomas L. Wood

11. BIRTHPLACE OF FATHER

(State or Country)

Green Bay, Wis.

12. MAIDEN NAME OF MOTHER

Elizabeth Geck

13. BIRTHPLACE OF MOTHER

(State or Country)

Rochester, N. Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Mrs Mattie Wood
Buhl Ida

15.

Filed

Mar 28 1931

Local Registrar

MEDICAL CERTIFICATE OF DEATH

181

16. DATE OF DEATH

March 18 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *March 18 1931* to *March 18 1931* that I last saw him alive on *March 18 1931* and that death occurred on the date stated above, at *10 A.M.*

The CAUSE OF DEATH* was as follows:

Cyanide gas poison, accidental(Duration) Yrs. mos. ds. *1 hour*

Contributory (Secondary)

Gas generated from a running car

(Signed)

3-22-31 (Address) *Jerim Falls, Ida*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death *20* yrs. mos. days. In the State *20* yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Buhl Ida

DATE OF BURIAL

3/22/31

20. UNDERTAKER

L. E. Johnson

ADDRESS

Buhl Ida

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Twin Falls*Registration District No. *2039*City of *Twin Falls Co Hospital*Primary Registration District No. *2087*

St.)

File No. *74507*

Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Jesse Barera

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Mexican

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Don't know
(Write the word.)

6. DATE OF BIRTH

Not known
(Month) (Day) (Year)

7. AGE

39

Yrs. Mos. ds.

IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer)*Labarer*

9. BIRTHPLACE

(State or Country)

Not known

10. NAME OF FATHER

" "

11. BIRTHPLACE OF FATHER

(State or Country)

" "

12. MAIDEN NAME OF MOTHER

" "

13. BIRTHPLACE OF MOTHER

(State or Country)

" "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Twin Falls County Hospital*

(Address)

15.

Filed *April 3 1931*Local Registrar *J. T. Murphy*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

20513
3 (Month) *18* (Day) *31* (Year)

17. I HEREBY CERTIFY, That I attended deceased from

2/18 1931, to *3/18* 1931,
that I last saw him alive on *3/17* 1931,
and that death occurred on the date stated above, at *40* A.M.
The CAUSE OF DEATH* was as follows:*Undetermined**Autopsy not obtainable.*
(Duration) *Do not know*Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

C. D. Weaver M. D.*3/27 1931* (Address) *Twin Falls, Ida*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Buhl Ida
*J. H. Chuseau**3/20 1931*

20. UNDERTAKER

ADDRESS

Buhl Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74509

State File No.

PLACE OF DEATH

County of Yuma FallsCity of Burke

CERTIFICATE OF DEATH

Registration District No. 39Primary Registration District No. 2087

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William M. Kyle

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 20 yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

71

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Indiana

10. NAME OF FATHER

Dont know11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Dont know

12. MAIDEN NAME OF MOTHER

Dont know13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Dont know

14.

Informant
(Address)J. B. Linvoldie
Burke

15.

Filed

Mar. 5, 1931VJ. H. Wapley
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb2631

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 15, 1931, to Feb 26, 1931that I last saw him alive on Feb 25, 1931and that death occurred, on the date stated above, at 2229 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Valvular & heart disease
Aortic(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of NoneWas there an autopsy? NoWhat test confirmed diagnosis? Autopsy

(Signed)

R. E. Smith M. D.Feb 27, 1931(Address) Burke

19. Place of Burial, Cremation, or Removal

Date of Burial

Burke IdaFeb 27, 1931

20. Undertaker

Address

J. H. WapleyBurke

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74510

State File No.

PLACE OF DEATH

County of FranklinCity of Glenco

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 162. FULL NAME Elizabeth Ann Carver

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Pabley Carver6. DATE OF BIRTH (month, day and year) Feb 19 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>62</u>		<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Huntsville Utah
(State or country)10. NAME OF FATHER Leonidos A. Pretchett11. BIRTHPLACE OF FATHER (city or town) Virginia
(State or Country)12. MAIDEN NAME OF MOTHER Elizabeth A Heninger13. BIRTHPLACE OF MOTHER (city or town) Virginia
(State or Country)14. Informant John A. Carver
(Address) Pocatello Idaho15. Filed 3/10/31 1931
Registrar. E. R. Cutler

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3/8/31, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at..... m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic Hypertension
Chronic NephritisCONTRIBUTORY (Secondary) Chronic Nephritis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Plumick
(Signed) E. R. Cutler, M. D.

....., 19..... (Address)

19. Place of Burial, Cremation, or Removal Preston Date of Burial Mar 10 31 1920. Undertaker M. W. Hendricks Address Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74511

State File No.

PLACE OF DEATH

County of FranklinCity of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sharrel Martin Shaffer

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>single</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar 12 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		<u>11</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Preston
(State or country)

10. NAME OF FATHER

Parley J. Shaffer11. BIRTHPLACE OF FATHER (city or town) Preston
(State or Country)12. MAIDEN NAME OF MOTHER Florence Martin13. BIRTHPLACE OF MOTHER (city or town) Preston Idaho
(State or County)14. Informant Parley J. Shaffer
(Address)Preston Idaho15. Filed 3/4/31 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

<u>3</u>	<u>3</u>	<u>31</u>
(Month)	(Day)	(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3-1 1931, to 3-3 1931that I last saw h. l alive on 3-3 1931and that death occurred, on the date stated above, at 10 P m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:
Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Hendricks M. D.Mar. 4 1931 (Address)

19. Place of Burial, Cremation, or Removal Date of Burial

Preston Idaho Mar 5 193120. Undertaker M. W. Hendricks Address Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74512**

PLACE OF DEATH

County of FranklinCity of PrestonRegistration District No. 27Primary Registration District No. 2119Local Registrar's No. 15

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas B. Bledsos Holder**20513**(a) Residence. No. Preston, Idaho. St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Rosetta Davis Holder

6. DATE OF BIRTH (month, day and year) Jan. 24, 1855

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

76

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Physician

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)

PARENTS

10. NAME OF FATHER Franklin Holder11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Missouri

12. MAIDEN NAME OF MOTHER Elizabeth Holder13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Missouri

14. Informant Harry Holder(Address) Oakland Calif.15. Filed 3/16, 1931Registrar C. R. Chiles

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 13, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw h_____ alive on _____, 19____

and that death occurred, on the date stated above, at _____m.

The CAUSE OF DEATH* was as follows:

Natural
Cause not known

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Dr. Harry M. D._____, 19____ (Address) Preston*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Weston, Ida.Mar. 17 1931

20. Undertaker

M. W. Hendricks

Address

Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74513
State File No.

PLACE OF DEATH

County of Franklin
City of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119Local Registrar's No. 17

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Pearl Hobbs

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, married (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofSamuel Hobbs6. DATE OF BIRTH (month, day and year) Aug. 11 1898

7. AGE 32 Years 7 Months 5 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Preston Idaho

10. NAME OF FATHER

Joseph Allen

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

England

12. MAIDEN NAME OF MOTHER

Mary Allen

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

England14. Informant Samuel Hobbs

(Address)

Preston Idaho15. Filled 3/18 1931by A. R. Cully

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 - 31 Mar - 16 1931that I last saw her alive on Mar 16 1931and that death occurred, on the date stated above, at 12:30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Arteriosclerosis
Heart Disease

(duration) 3 yrs. 2 mos. 8 ds.

CONTRIBUTORY

(Secondary)

Nephritis (duration) 2 yrs. 10 mos. 10 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

Eugene H. Wiley, M. D.
Mar 16, 1931 (Address) Preston Id.

19. Place of Burial, Cremation, or Removal

Date of Burial

Preston IdahoMar 18 31 19

20. Undertaker

M. W. HendricksPreston

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74514

State File No.

PLACE OF DEATH

County of Franklin

CERTIFICATE OF DEATH

City of PrestonRegistration District No. 27Primary Registration District No. 2119

(No.)

Local Registrar's No. 19

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harriet Winnward

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, single (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 1 19177. AGE 13 Years 9 Months 22 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Child(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Whitney

10. NAME OF FATHER

Abraham Winward11. BIRTHPLACE OF FATHER (city or town)
(State or Country)South Jordan Utah

12. MAIDEN NAME OF MOTHER

Cacilia M. Hansen13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Hydepark Utah14. Informant Abraham Winward

(Address)

15. 3/24/31 19....

Filed

Whitney Idaho

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) March(Day) 22(Year) 1931

17. I HEREBY CERTIFY, That I attended deceased from

March 15, 1931, to March 22, 1931that I last saw her alive on March 22, 1931and that death occurred, on the date stated above, at 4 P.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pulmonary Embolus
acute appendicitis(duration) yrs. mos. 10 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Residence
if not at place of death?Did an operation precede death? yes Date of Mar 22/1931Was there an autopsy? noWhat test confirmed diagnosis? Physical Examination(Signed) O. R. Cutler M. D.March 24, 1931 (Address) Preston Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Whitney IdahoMar 24 31 19

20. Undertaker

M. W. HendricksPreston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74515

State File No.

PLACE OF DEATH

County of FranklinCity of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 219Local Registrar's No. 20

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elma Carlson Ostergar

(a) Residence. No. St.

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, Married
(write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofNelae Peter Ostergar6. DATE OF BIRTH (month, day and year) Jan I 18727. AGE Years Months Days If LESS than 1 day, hrs. or min.
55 2 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Denmark

10. NAME OF FATHER

Peter Carlson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Denmark

12. MAIDEN NAME OF MOTHER

Anna Jensen13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Denmark14. Informant James Ostergar

(Address)

Pocatello Idaho15. Filed 3/24/31, 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3211931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3 - 17, 1931, to 3 - 21, 1931that I last saw h alive on 3 - 21, 1931and that death occurred, on the date stated above, at ED m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Intestinal obstruction
due to adhesion(duration) yrs. mos. 4 da.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. da.

18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of 3-18-31Was there an autopsy? NoWhat test confirmed diagnosis? Operation

(Signed)

3/24/31, 1931 (Address) Pocatello, M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

Clifton IdahoMar 25 31

19

20. Undertaker EndricksPreston

RECEIVED APR 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74517

State File No. _____

PLACE OF DEATH

County of BlaineCity of Hailey

CERTIFICATE OF DEATH

Registration District No. 57Primary Registration District No. 2022

(No. _____)

Local Registrar's No. 8

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rodney R. Brown

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Charlotte Brown6. DATE OF BIRTH (month, day and year) Jan 31 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>1</u>	<u>17</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Valhaiso Ind.10. NAME OF FATHER George Brown11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany12. MAIDEN NAME OF MOTHER Blatchley13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Valhaiso Ind.14. Informant (Address) Mrs Rodney Brown Hailey15. Filed 3-30, 1931 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 17, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 2 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Urgina Pectoris -
Dropped dead -

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) Robert H. Wright Co. Crum3-18, 1931 (Address) Hailey, Ida19. Place of Burial, Cremation, or Removal Hailey Idaho Date of Burial Mar 22 193120. Undertaker Harris & Anna Address Hailey-Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74518

State File No. _____

PLACE OF DEATH

County of BlaineCity of Hailey

CERTIFICATE OF DEATH

Registration District No. 57Primary Registration District No. 2022

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rebecca Cook

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn W. Cook6. DATE OF BIRTH (month, day and year) Aug. 18, 18517. AGE Years Months Days If LESS than 1 day, hrs. or min.
79 6 19 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)10. NAME OF FATHER John Bartsche11. BIRTHPLACE OF FATHER (city or town) Pennsylvania
(State or Country)12. MAIDEN NAME OF MOTHER Rebecca Derrick13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or Country)14. Informant Amilla V. Qualos
(Address) Hailey, Ida.15. Filed 3-30-31 1931 R. H. Wright
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 7 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1929 to 3-7 1931
that I last saw him alive on 3-7 1931and that death occurred, on the date stated above, at 11:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma involving lower bowel -(duration) 2 yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) Robert H. Wright, M.D.3-8 1931 (Address) Hailey, Ida.19. Place of Burial, Cremation or Removal Hailey Idaho Date of Burial Mar 9 193120. Undertaker. Harris & Amos Address Hailey, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 3 1931 STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74519

PLACE OF DEATH

County of Blaine
City of Hailey

CERTIFICATE OF DEATH

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 6

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herbert Wm Kelly

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kelly

6. DATE OF BIRTH (month, day and year) Feb 27 1879

7. AGE 52 Years Months Days 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Jeweler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Penn (State or country)

10. NAME OF FATHER Wm Kelly

11. BIRTHPLACE OF FATHER (city or town) Penn (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Anna Kelly Hailey

15. Filed 3-30-31 1931 P. H. Wright Registrar.

16. DATE OF DEATH

Mar 6 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1930 to March 6, 1931 that I last saw him alive on March 6, 1931

and that death occurred, on the date stated above, at 11:30 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma of Naso Pharynx and Throat Grade 2 Class 2

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopical

(Signed) E. W. Fox, M. D.

317, 1931 (Address) Hailey, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Hailey Idaho

Mar 9 1931

20. Undertaker

Address

Harris & Amos

Hailey Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

EXACTLY.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74520

PLACE OF DEATH

County of

Registration District No. 24

City of

Primary Registration District No.

(No.)

Local Registrar's No. 155

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bard L Brington

(a) Residence. No. St. 58A

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) married

5a If married, widowed, or divorced

HUSBAND of Bentena Brington (or) WIFE of

6 DATE OF BIRTH (month, day and year) Jan 29-1881

7 AGE Years Months Days 44 1 8 If LESS than 1 day, min. hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ames, Iowa (State or country)

10 NAME OF FATHER J. H. Brington

11 BIRTHPLACE OF FATHER (city or town) Ames, Iowa (State or country)

12 MAIDEN NAME OF MOTHER Emma DeLong

13 BIRTHPLACE OF MOTHER (city or town) Odell, Ill. (State or country)

14 Informant Mrs. Bard L. Brington (Address)

15 Filed 3-31-31, 19 J. H. Cronnell Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 8 1931 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to March 8, 1931, that I last saw him alive on March 8, 1931, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Permeious Anemia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Count

(Signed) Donald E. Snyder, M. D.

March 11, 1931 (Address) Escondido

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Date of Burial

20. Undertaker Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED APR 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74521

State File No.

Local Registrar's No. 208

PLACE OF DEATH

County of Bannock

Registration District No. 84

City of Bancroft (Tipton)

Primary Registration District No. 261

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Albert Leo Roberts

117

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed,
or Divorced (write the word)

single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Dec-18-1930

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.
or min.

2

4

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Infant

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Tipton Ida
(State or country)

10 NAME OF FATHER

Samuel Roberts

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Alabama

12 MAIDEN NAME OF MOTHER

Elva Fannie Call

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Chesterfield Ida

14 Informant

(Address)

Mr. James E. Casley
Chesterfield Ida

15 Filed Mar 31, 1931

Mr. G. F. H. H.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

1931
(Year)

17 I HEREBY CERTIFY, That I attended deceased from
Feb. 9, 1931, to Feb 22, 1931,
that I last saw him alive on Feb. 22, 1931,
and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia caused
from flu

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death? at place of death.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mrs. James E. Casley M.D.
Mar 1, 1931 (Address) Chesterfield Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIO-
LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

Tipton Chesterfield Feb 24 1931

20. Undertaker

Address

Had none

CERTIFICATE OF DEATH

RECEIVED APR 3

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Gooding*City of *Gooding*

If death occurs away from usual residence, give facts called for under special information.

Registration District No. *24*

Primary Registration District No. _____

(No. _____ St.)

File No. _____

Registered No. *154*

2. FULL NAME

Henry Harrison Garlunger

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-OWED OR DIVORCED

Male white married

6. DATE OF BIRTH

Oct. 30-1855-
(Month) (Day) (Year)

7. AGE

75 Yrs. *4* Mos. *2* ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

Carpenter

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country)

Ohio

10. NAME OF FATHER

I don't know

11. BIRTHPLACE OF FATHER

(State or Country)

" "

12. MAIDEN NAME OF MOTHER

" "

13. BIRTHPLACE OF MOTHER

(State or Country)

" "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Elyabeth Garlunger

(Address)

Gooding Ida

15.

Filed *2/31-1931**J. H. Crowell*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 28-1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

*2-20-1931 to 2-28-1931*that I last saw him alive on *2-28-1931*and that death occurred on the date stated above, at *10 P. M.*

The CAUSE OF DEATH* was as follows:

Influenza -(Duration) Yrs. *8* mos. *8* ds.Contributory (Secondary) *Broncho pneumonia*(Duration) yrs. *5* mos. *5* ds.(Signed) *J. H. Crowell* M. D.*3/31 1931* (Address) *Gooding Ida*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Gooding Ida

DATE OF BURIAL

3-4-1931

20. UNDERTAKER

W. C. Thompson

ADDRESS

Gooding Ida

PLACE OF DEATH

County of Bannock
 City of Swan Lake

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 83
 Primary Registration District No. 2160

DO NOT WRITE IN THIS SPACE

State File No. 74526Local Registrar's No. 13

(No. _____)
 (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____ St. _____

(Usual place of abode)
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) March - 1 - 1925

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
3 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Swan Lake, Idaho
 (State or country)

10. NAME OF FATHER Byron Chatterton

11. BIRTHPLACE OF FATHER (city or town) Sandy, Utah
 (State or Country)

12. MAIDEN NAME OF MOTHER Alta Wadsworth

13. BIRTHPLACE OF MOTHER (city or town) Swan Lake, Idaho
 (State or Country)

14.

Informant _____
 (Address) _____

15.

Filed April - 2 - 1931 Mary C. Coffin
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March - 25 - 1931
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____,
 that I last saw him alive on _____, 19____,

and that death occurred, on the date stated above, at 4:00 P. m.

The CAUSE OF DEATH* was as follows:

whooping cough.

_____, (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

_____, (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) H. J. Hartigan, M. D.

3-27-1931 (Address) Barney Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Swan Lake, Idaho 3-28-1931

20. Undertaker

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED APR 6 1931
DO NOT WRITE IN THIS SPACE
State File No. 74527

PLACE OF DEATH
County of Bannock
City of Armo, Ida
Registration District No. 8.8
Primary Registration District No. 2160
(No. B. D. Hawthorne)

Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Wayne Patton
(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) march - 18 - 31

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Armo, Idaho
(State or country) Hawthorne

10. NAME OF FATHER John T. Patton

11. BIRTHPLACE OF FATHER (city or town) Jackson Co
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Vera Decker

13. BIRTHPLACE OF MOTHER (city or town) Armo, Idaho
(State or Country)

14. Informant John T. Patton
(Address) Armo, Idaho

15. Filed April - 1 - 1931 Mary C. Coffin
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH march - 27 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19
that I last saw him alive on , 19
and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH was as follows:
congenital atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Bartholomew, M. D.
mar - 28 - 1931 (Address) Armo, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal American Falls, Ida Date of Burial Mar - 29 - 1931

20. Undertaker none Address

RECEIVED APR 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74528

State File No.

PLACE OF DEATH

County of Lewis
City of WinchesterRegistration District No. 68
Primary Registration District No. 2129Local Registrar's No. 3

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

201

2. FULL NAME Henry Johnson(a) Residence. No. Craigmont, Idaho St.Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug. 8, 19187. AGE Years 12 Months 7 Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Craigmont, Idaho
(State or country)10. NAME OF FATHER Frank Johnson11. BIRTHPLACE OF FATHER (city or town) Morden
(State or Country) Manitoba, Canada12. MAIDEN NAME OF MOTHER Lena Nickole13. BIRTHPLACE OF MOTHER (city or town) Kansas
(State or Country)14. Informant Frank Johnson
(Address) Craigmont, Idaho15. Filed 3-16, 1931 A. E. Deuel
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar. 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

3/13, 1931, to 3/14, 1931
that I last saw him alive on 3/14, 1931and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Skull fracture & concussion of brain
(duration) yrs. mos. 1 ds.CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical findings(Signed) A. B. Halliday, M. D.
3/14, 1931 (Address) Winchester

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal I.O.O.F. Cemetery Date of Burial 3-16 1931
Craigmont, Idaho20. Undertaker Craigmont Idaho Address Craigmont
Idaho

142-613 E. E. Deuel

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back. Dr. J. H. Sutherland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSRECEIVED APR 6 1931
DO NOT WRITE IN THIS SPACE
74530

State File No.

PLACE OF DEATH

County of MadisonCity of Burton

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2178

(No.)

Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel B. Hill

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

St.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W.5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 23, 1929

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workInfant(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Burton(State or country) Idaho10. NAME OF FATHER Daniel H. Hill11. BIRTHPLACE OF FATHER (city or town) Wilbur(State or Country) Idaho12. MAIDEN NAME OF MOTHER Veltha Jane Brown13. BIRTHPLACE OF MOTHER (city or town) Burton

(State or County)

14.

Informant
(Address)Daniel H. Hill
Burton Idaho

15.

Filed

4/219 31J. H. Sutherland
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

(Month)

1st

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. 18, 1931, to Apr. 1, 1931that I last saw him alive on Apr. 1, 1931and that death occurred, on the date stated above, at 6:20 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Pathology

(Signed)

H-219 31

(Address)

Burton Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Burton IdahoApril 3 1931

20. Undertaker

Address

Wm. J. KellerBurton Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

RECEIVED APR 6 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74531

State File No.

PLACE OF DEATH

County of Madison
City of Plano

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2175

(No.)

Local Registrar's No. 14

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Berger

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec. 14th 1930

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.3
17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workInfant(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Plano Idaho

10. NAME OF FATHER

Alfred Edward Berger11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Minneapolis Idaho

12. MAIDEN NAME OF MOTHER

Sarah Elizabeth Rawson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Plano Idaho

14.

Informant
(Address)A. E. Berger
Rushburg Idaho

15.

Filed

3/27, 1931W. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 26th

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3-25, 1931, to 3-26, 1931that I last saw her alive on 3-26, 1931and that death occurred, on the date stated above, at 8 A. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state: (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho PneumoniaCONTRIBUTORY
(Secondary)Whooping Cough
(duration) yrs. mos. ds.
(duration) yrs. 1 mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

W. J. Sutherland, M. D.
3-26, 1931 (Address) Rushburg, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Plano IdahoMarch 28 1931

20. Undertaker

Address

Wm. J. Sutherland
Rushburg

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of MadisonCity of Salem

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2175

(No.)

DO NOT WRITE IN THIS SPACE

74532

State File No.

Local Registrar's No. 12

2. FULL NAME

Nephi Charles Virgin

(a) Residence. No.

St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. Eliza Virgin

6. DATE OF BIRTH (month, day and year)

Jan 5th 1898

7. AGE

53

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

218

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

Farming for himself

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

St. Charles Idaho

10. NAME OF FATHER

Nephi Charles Virgin

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

England

12. MAIDEN NAME OF MOTHER

Mary Ann Cleveland

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

England

14.

Informant
(Address)Mrs. Charles Virgin
Hoburg 12

15.

Filed

3/11193111-11-31

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March231931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 31931to Jan 151931

that I last saw him alive on

15Jan 151931

and that death occurred, on the date stated above, at

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Exhaustion.Carcinoma of stomach

CONTRIBUTORY

(Secondary)

Interstital nephritis

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? symptoms(Signed) James H. Rich M. D.3/31, 1931. (Address) Hoburg Idaho

19. Place of Burial, Cremation, or Removal

Sugar City

Date of Burial

March 26 1931

20. Undertaker

Wm. J. Keller

Address

Hoburg

RECEIVED APR 2 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74533**PLACE OF DEATH
County of Clearwater
City of OrfinoRegistration District No. 90Primary Registration District No. 2187Local Registrar's No. 20(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)**74A**2. FULL NAME George Little

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
About 71 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Fanner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) ?
(State or country)10. NAME OF FATHER ?11. BIRTHPLACE OF FATHER (city or town) ?
(State or Country) ?12. MAIDEN NAME OF MOTHER ?13. BIRTHPLACE OF MOTHER (city or town) ?
(State or Country)14. Informant Orfino Hospital
(Address) Orfino Ida15. Filed Mar 31, 1931 W. A. Shaw

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 29, 1931, to Mar 31, 1931that I last saw him alive on _____, 19____and that death occurred, on the date stated above, at 8:40 A m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage(duration) _____ yrs. _____ mos. 3 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) W. J. Holleris, M. D.
3/31, 1931 (Address) Orfino, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Orfino Ida 4/1 1931

20. Undertaker Address

W. A. Shaw Orfino Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74534

State File No.

PLACE OF DEATH

County of ClearwaterCity of Orofino

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 90Local Registrar's No. 18

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

John T. Molloy

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)
Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofViola Molloy

6. DATE OF BIRTH (month, day and year)

Oct 27 1868

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.62413

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Deputy Sheriff(b) General nature of industry,
business, or establishment in
which employed (or employer)Pierce Ida

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Wash

10. NAME OF FATHER

John Molloy11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ireland

12. MAIDEN NAME OF MOTHER

Eller Keelehr13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Ireland

14.

Informant
(Address)Mrs John T. MolloyOrofino

15.

Filed Mar 14, 19.....W. E. Shaw

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March1219

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 6, 1931, to March 12, 1931
that I last saw him alive on March 12, 1931and that death occurred, on the date stated above, at 2:20 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Solar pneumonia(duration) yrs. mos. 8 ds.CONTRIBUTORY
(Secondary)Cardiac valvular disease
Chronic interstitial nephritis
(duration) 6 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical

(Signed)

3/13, 1931M. D. P. J. Sloperis(Address) Orofino, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

HeavenMarch 17 1931

20. Undertaker

Address

W. E. ShawOrofino

RECEIVED APR 7 1921

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74535

State File No.

PLACE OF DEATH

County of Clearwater

CERTIFICATE OF DEATH

City of Orofino

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 19

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orris Floyd Agost

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sep 5 1930

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work None Baby

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

Lewiston Ida

(State or country)

10. NAME OF FATHER

Floyd Agost

11. BIRTHPLACE OF FATHER (city or town)

Lewiston Ida

(State or Country)

12. MAIDEN NAME OF MOTHER Isabel Baine

13. BIRTHPLACE OF MOTHER (city or town)

Ida

(State or County)

14.

Informant
(Address)

Floyd Agost

Pierce Ida

15.

Filed

19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March

14

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19....., to 19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at 10:00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Whooping Cough

Had no Physician

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W.A. Shaw Local Registrar, M.D.

3/14

1921

(Address) Orofino

19. Place of Burial, Cremation, or Removal

Date of Burial

Pierce Ida

March 15 1921

20. Undertaker

W.A. Shaw

Address

Orofino

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED APR 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74536

State File No.

PLACE OF DEATH

County of ClearwaterCity of Orofino

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. NORTHERN IDAHO SANITARIUM)Local Registrar's No. 17

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis C. Smith

(a) Residence. No.

St. Grangeville, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. 8 yrs. 5 mos. 7 ds.How long in U. S. if of foreign birth? X yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

February 19, 1874

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.56015

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Miner(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)San Jose, California

10. NAME OF FATHER

Chris Smith11. BIRTHPLACE OF FATHER (city or town)
(State or Country)California

12. MAIDEN NAME OF MOTHER

Jennie Smith13. BIRTHPLACE OF MOTHER (city or town)
(State or County)California14. Informant (Address)
Records, Norther Idaho Sanitarium
Orofino, Idaho15. Filed Mar 7 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March51931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 1 1926 to March 5 1931that I last saw him alive on March 5 1931
and that death occurred, on the date stated above, at 9.30 A.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pulmonary tuberculosisCONTRIBUTORY Involution melancholia
(Secondary)(duration) 9 yrs. ? mos. ? ds.18. Where was disease contracted Prior to admission
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical signs(Signed) Dr. Bruce Melway, M. D.
March 5 1931 (Address) Orofino, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

No. Ida. San. CemeteryMarch 6 1931

20. Undertaker

Address

F. A. Billberg, Hosp. Att Orofino
Idaho

RECEIVED APR 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74538

State File No.

PLACE OF DEATH

County of *Payette*City of *Payette*

CERTIFICATE OF DEATH

Registration District No. *4*Primary Registration District No. *1008*

(No.)

Local Registrar's No. *7*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Benjamin F. Swartz*

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Mary Ann Swartz*6. DATE OF BIRTH (month, day and year) *July 21 1844*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
86 *7* *22*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

Retired

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Ill*

10. NAME OF FATHER

*Jacob Swartz*11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Ill*12. MAIDEN NAME OF MOTHER *Liddia Vaughn*13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Ill*14. Informant (Address) *W. F. Swartz*15. Filed *Mar 17 1931* *J. B. Woodward* Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March *12* *1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 7 *1931*, to *Mar 11* *1931*that I last saw him alive on *March 11* *1931*and that death occurred, on the date stated above, at *5:00* a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic nephritis(duration) yrs. *6* mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *clinical symptoms*(Signed) *O. H. Avery*, M. D.*Mar 14* *1931* (Address) *Payette Ida*

19. Place of Burial, Cremation, or Removal Date of Burial

Payette Ida *Mar 14 1931*

20. Undertaker Address

Peterson Funeral Co *Payette Ida*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED APR 7 1931		STANDARD CERTIFICATE OF DEATH		DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	
1 PLACE OF DEATH		County <u>Beckwith</u> State <u>Ark.</u>		Registered No. <u>74539</u>	
Township _____		or Village <u>D. Smith</u> or _____		St., _____ Ward _____	
City _____		No. _____		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME <u>Walter Larson</u>				<u>101B</u>	
(a) Residence. No. _____		St., _____ Ward _____		(Usual place of abode)	
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.		How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>M</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	16 DATE OF DEATH (month, day, and year) <u>March 4 1931</u>		
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____			17 I HEREBY CERTIFY, That I attended deceased from <u>March 1 1931</u> to <u>March 3 1931</u> that I last saw him alive on <u>March 3 1931</u> and that death occurred, on the date stated above, at <u>2 9</u> m. The CAUSE OF DEATH* was as follows: <u>Pneumonia</u>		
6 DATE OF BIRTH (month, day, and year) _____					
7 AGE <u>35</u> Years	Months _____	Days _____	IF LESS than 1 day, --- hrs. or --- min.		
8 OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Laborer</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Laborer</u>					
(c) Name of employer _____					
9 BIRTHPLACE (city or town) <u>Grantsburg, Wis.</u> (State or country) _____			CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. <u>4</u> ds.		
10 NAME OF FATHER <u>Co. J. Larson</u>			18 Where was disease contracted <u>at place of business</u> If not at place of death? _____		
11 BIRTHPLACE OF FATHER (city or town) <u>Grantsburg, Wis.</u> (State or country) _____			Did an operation precede death? <u>no</u> Date of _____		
12 MAIDEN NAME OF MOTHER <u>Not known</u>			Was there an autopsy? <u>no</u>		
13 BIRTHPLACE OF MOTHER (city or town) <u>Not known</u> (State or country) _____			What test confirmed diagnosis? <u>Clinical</u> (Signed) <u>J. A. Nelson</u> , M. D.		
14 Informant <u>Walter Larson</u> (Address) <u>De Met. Adair</u>			19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Grantsburg Wis.</u> DATE OF BURIAL <u>19</u>		
15 Filed <u>March 15 1931</u> <u>John Post</u> REGISTRAR			20 UNDERTAKER <u>C. L. Schulerud</u> ADDRESS <u>Pikaw</u>		

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74540
State File No.

PLACE OF DEATH

County of Latah
City of Shoshone

CERTIFICATE OF DEATH

Registration District No. 63
Primary Registration District No. Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar. 25, 1931

7. AGE Years Months Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Leland, Idaho
(State or country)

✓ 10. NAME OF FATHER Mr. P. H. Flowers.

✓ 11. BIRTHPLACE OF FATHER (city or town) Texas.
(State or Country)

✓ 12. MAIDEN NAME OF MOTHER Ada Schre.

✓ 13. BIRTHPLACE OF MOTHER (city or town) Leland Idaho
(State or Country)

✓ 14. Informant (Address) Mrs. Ada Flowers.

15. Filed Apr 3, 1931 B. F. Nesbit.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1931, to

that I last saw him alive on Mar. 25, 1931

and that death occurred, on the date stated above, at 8:30 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Prematurity - born at 5 or 6 months gestation
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chloroform

(Signed) 3-26-1931 (Address) Penick, Ida

19. Place of Burial, Cremation, or Removal Leland, Ida Date of Burial March 26, 1931

20. Undertaker Address

RECEIVED APR 7 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74541

State File No.

PLACE OF DEATH

County of PayetteCity of Payette

CERTIFICATE OF DEATH

Registration District No. 4Primary Registration District No. 1008

(No. _____)

Local Registrar's No. 8

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Yake Wannenmacher

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day and year)

7. AGE Years 78 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wis.
(State or country)10. NAME OF FATHER Samuel Wannenmacher11. BIRTHPLACE OF FATHER (city or town)
(State or Country) New York12. MAIDEN NAME OF MOTHER Elizabeth Wagner13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Wis.14. Informant Chris Wannenmacher
(Address) Payette, Ida.15. Filed Mar 20 1931 J.C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 8 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1931, to May 8 1931
that I last saw him alive on May 8 1931
and that death occurred, on the date stated above, at 3 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cardiovascular - renal diseaseindefinite (duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? noDid an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? yes(Signed) Merrell R. J. J. M. D.
Mar. 14 1931 (Address) Payette, Ida.19. Place of Burial, Cremation, or Removal Payette Idaho Date of Burial Mar 21 193120. Undertaker Y. C. Sanders Address Payette, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

PARENTS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74543

PLACE OF DEATH
County of Blair Lake
City of St Charles

Registration District No. 55
Primary Registration District No. 55

Local Registrar's No. 100A

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie Rich(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 8 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year)
7. AGE Years Months 8 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) St Charles
(State or country) Idaho10. NAME OF FATHER Olson S. Rich11. BIRTHPLACE OF FATHER (city or town) Paris
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Alice Bolton13. BIRTHPLACE OF MOTHER (city or town) Paris
(State or Country) Idaho14. Informant O. S. Rich
(Address) St Charles Ida.15. Filed Apr 4 1931 Hannah Nelson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 5 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended from January 22 1931 to March 5 1931
that I last saw her alive on March 5 1931
and that death occurred, on the date stated above, at 9:00 P. M.The CAUSE OF DEATH was as follows:
Bilateral Broncho-pneumoniaCONTRIBUTORY Whooping Cough
(Secondary) (duration) yrs. 5 mos. 13 ds.
(duration) yrs. 1 mos. 13 ds.18. Where was disease contracted if not at place of death? Did an operation precede death? No. Date of Was there an autopsy? No.What test confirmed diagnosis? Hyperemic conjunctiva, Pale +
dullness over right lung(Signed) M. B.
March 8 1931 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St Charles Idaho Date of Burial March 9 193120. Undertaker None Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **24544**

PLACE OF DEATH
County of Bear Lake
City of St Charles

Registration District No. 55
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thelma May Windley
(a) Residence. No. St. 129
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>married</u>
------------------------	---------------------------------	--

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wesley Windley

6 DATE OF BIRTH (month, day and year) July 29, 1899

7 AGE 31 Years Months Days
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Idaho
(State or country)

PARENTS

10 NAME OF FATHER <u>William Arnell</u>
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>St. Charles Idaho</u>
12 MAIDEN NAME OF MOTHER <u>Maudy Green</u>
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>St. Charles Idaho</u>

14 Informant Wesley Windley
(Address) St. Charles Idaho

15 Filed Mar 10, 1931 Hannah J. Nelson
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Mar 9 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1931, to Mar 9, 1931, that I last saw her alive on Mar 9, 1931, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:
Chronic Parenchymatous Nephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY Myocarditis Chronic
(Secondary) Influenza
(duration) 5 yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings
(Signed) O. O. Moore M. D.
Mar 11 1931 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal St. Charles Id. Date of Burial Mar 13 1931

20. Undertaker E. W. Albred Address St. Charles

RECEIVED APR 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74545

State File No.

PLACE OF DEATH

County of Bear LakeCity of St CharlesRegistration District No. 52

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)2. FULL NAME Sophia Thompson Stock(a) Residence. No. St. 47

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Charles O Stock

6 DATE OF BIRTH (month, day and year)

7 AGE Years 55 Months 2 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

England

10 NAME OF FATHER

John Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country)

England

12 MAIDEN NAME OF MOTHER

Margaret Brundley

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

England14 Informant C. C. Stock(Address) Fish Haven Ida.

16 DATE OF DEATH

Mar1931

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Mar 25, 1930, to Mar 19, 1931that I last saw her alive on Mar 15, 1931and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast - Left

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Yes Date of Mar 25/1931Was there an autopsy? YesWhat test confirmed diagnosis? Clinical Findings(Signed) O O Moore M. D.3/19, 1931 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

Fish Haven Ida.3-21 1931

20. Undertaker

Address

C. ShirleyFish Haven Ida

N. B.—Every item of information should be carefully supplied. should state CAUSE OF DEATH in plain terms, so that it may be proper. CUPATION is very important. See instructions on back of certificate.

15 Filed, 19.....

Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 74546	
County of <u>Bear Lake</u>		CERTIFICATE OF DEATH		State File No.	
City of <u>St. Charles</u>		Registration District No. <u>55</u>		Local Registrar's No.	
		Primary Registration District No.			
		(No.)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Don Rich Pugmire</u>				113	
(a) Residence. No.		St.			
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Child</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 10 - 1930</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
		<u>6</u>	<u>15</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>St. Charles Ida.</u>					
MOTHER FATHER					
13. NAME <u>Wm. Ray Pugmire</u>					
14. BIRTHPLACE (city or town) (State or country) <u>St. Charles Idaho</u>					
15. MAIDEN NAME <u>Edna Lavon Rich</u>					
16. BIRTHPLACE (city or town) (State or country) <u>St. Charles Idaho</u>					
17. INFORMANT (Address) <u>Wm. Ray Pugmire</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Charles</u> Date <u>Mar. 28, 1931</u>					
19. UNDERTAKER (Address) <u>E. W. Allred</u>					
20. FILED <u>Mar 30, 1931</u> <u>Hannah J. Adams</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 23</u> , 1931, to <u>Mar 25</u> , 1931.					
I last saw him live on <u>Mar 25</u> , 1931; death is said to have occurred on the date stated above, at <u>5 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Acute Enteritis</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>C. D. Moore</u> , M. D.					
(Address) <u>Paris</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 7 1931		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 74547 State File No.	
PLACE OF DEATH County of <u>Bear Lake</u> City of <u>St. Charles</u>		CERTIFICATE OF DEATH Registration District No. <u>55</u> Primary Registration District No.		Local Registrar's No.	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Homer Rich</u>					
(a) Residence. No. St. (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced, (write the word) <u>Child</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 24 1927</u>					
7. AGE Years		Months		Days	
		<u>17</u>		If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)					
FATHER					
13. NAME <u>Anton Timothy Rich</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Springfield Ida.</u>					
MOTHER					
15. MAIDEN NAME <u>Bernice Alfred</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho.</u>					
17. INFORMANT <u>Sidney Pugmire</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Charles St.</u> Date <u>Mar. 2, 1931</u>					
19. UNDERTAKER <u>E. M. Alfred</u> (Address) <u>St. Charles Ida.</u>					
20. FILED <u>Mar 2, 1931</u> <u>Hannah J. Nelson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 22</u> , 1931, to <u>Mar 30</u> , 1931.					
I last saw him alive on <u>Mar 30</u> , 1931; death is said to have occurred on the date stated above, at <u>5:30 P.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Whooping Cough</u>					
Other contributory causes of importance: <u>Acute Bronchitis</u> <u>Acute Cardiac Deletation</u>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> . If so, specify (Signed) <u>E. M. Alfred</u> , M. D. (Address) <u>Paris Idaho</u>					

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED APR 7 1931			CERTIFICATE OF DEATH		State of Idaho BOARD OF HEALTH Bureau of Vital Statistics	
1. PLACE OF DEATH County of <i>Boise</i> City of <i>Warley</i> If death occurs away from usual residence, give facts called for under special information.			Registration District No. <i>31</i> Primary Registration District No. <i>31</i> (No. St.)		File No. Registered No. <i>6</i> If death occurred in a hospital, institution or camp, give its NAME instead of street and number.	
2. FULL NAME <i>Louis Zachary</i>						
PERSONAL AND STATISTICAL PARTICULARS						
3. SEX <i>M.</i>		4. COLOR OR RACE <i>Indian</i>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED. <i>Married</i>		
6. DATE OF BIRTH <i>Oct 31 1900</i> (Month) (Day) (Year)						
7. AGE <i>30 5</i> Yrs. Mos. ds.		IF LESS than 1 day how many hrs. or min.?				
8. OCCUPATION (a) Trade, profession or particular kind of work <i>Farmer</i> (b) General nature of industry, business, or establishment in which employed (or employer)						
9. BIRTHPLACE (State or Country) <i>Cedar Res Idaho</i>						
10. NAME OF FATHER <i>Zachary Zachary</i>						
11. BIRTHPLACE OF FATHER <i>Idaho</i> (State or Country)						
12. MAIDEN NAME OF MOTHER <i>Rosalie</i>						
13. BIRTHPLACE OF MOTHER <i>Idaho</i> (State or Country)						
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>John Zachary</i> (Address) <i>Warley Idaho</i>						
15. <i>John Post</i> Filed <i>April 3, 1931</i> Local Registrar.						
MEDICAL CERTIFICATE OF DEATH <i>101A</i>						
16. DATE OF DEATH <i>March 31 1931</i> (Month) (Day) (Year)						
17. I HEREBY CERTIFY, That I attended deceased from <i>March 20th 1931</i> to <i>March 30th 1931</i> that I last saw him alive on <i>March 30th 1931</i> and that death occurred on the date stated above, at <i>night</i> M.						
The CAUSE OF DEATH* was as follows: <i>Doubt Pneumonia</i> <i>He was taken March 14th from the farm.</i> (Duration) Yrs. mos. ds. <i>10 mos.</i> Contributory (Secondary) <i>T.B.</i> (Signed) <i>J. J. Huntington</i> M. D. 19... (Address) <i>Warley Idaho.</i>						
*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.						
18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) At place of death yrs. mos. days, State yrs. mos. days Where was disease contracted if not at place of death?						
Former or usual residence						
19. PLACE OF BURIAL OR REMOVAL <i>De Smit Idaho</i>					DATE OF BURIAL 191...	
20. UNDERTAKER <i>C. L. Schulerud</i>					ADDRESS <i>T. P. Wark</i>	

RECEIVED APR 7 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County

Benewah

State

Idaho

Registered No.

74549

Township

or Village

City

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Agnes Muller

101 B

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

Indian

5 SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Infant

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Infant

6 DATE OF BIRTH (month, day, and year)

July 31-30

7 AGE

Years

Months

Days

IF LESS than
1 day, --- hrs.
or --- min.

7

25

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Infant

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Teton

Wyo

10 NAME OF FATHER

Edward Muller

11 BIRTHPLACE OF FATHER (city or town)

Colville

(State or country)

Idaho

12 MAIDEN NAME OF MOTHER

Margaret Clapham

13 BIRTHPLACE OF MOTHER (city or town)

Spokane

(State or country)

Idaho

14

Informant

Dan Clapham

(Address)

Pomeroy, Idaho

15

Filed

Mar 28, 1931

John East

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Mar 26 1931

17

I HEREBY CERTIFY, That I attended deceased from

Mar 11, 1931, to Mar 26, 1931

that I last saw him alive on

Mar 11, 1931

and that death occurred, on the date stated above, at

2:30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

Inflyga

18 Where was disease contracted

If not at place of death?

(duration) yrs. mos. ds.

at home

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

clinical

(Signed)

J. A. Nelson, M. D.

, 19 (Address)

Teton, Wyo.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or
HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Interment, Idaho

Mar 29 1931

20 UNDERTAKER

ADDRESS

H. C. Jaeger

Pomeroy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

RECEIVED APR 10 1931

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 61
(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jean Dunford.(a) Residence. No. 1005 Fort Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) September 3-1923

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
7 5 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work In School.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Spokane, Washington.
(State or country)

10. NAME OF FATHER

Geo. M. Dunford.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Bloomington, Idaho.12. MAIDEN NAME OF MOTHER Florence M. Barrett.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Menan, Idaho.14. Informant Geo. M. Dunford.
(Address) Boise, Idaho.15. Filed 3-3 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 1st 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 1, 1931, to March 1, 1931

that I last saw him or alive on March 1, 1931and that death occurred, on the date stated above, at 6:45 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Sobar Pneumonia

(duration) yrs. mos. ds. 4
CONTRIBUTORY Anhydremia
(Secondary)

(duration) yrs. mos. ds. 318. Where was disease contracted at home
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical findings

(Signed) Harmon J. Brennan M. D.
3/2/31, 19 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Date of Burial
Morris Hill Cemetery. 3/3/31 19

20. Undertaker Address
Wm. McBratney. Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74551

State File No. _____

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1002
(No. St. Alphonsus Hospital.)

RECEIVED APR 13 1931

Local Registrar's No. 160

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George A. Stevens.(a) Residence. No. Boise, Idaho R. #4. St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 41 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCina Stevens.6. DATE OF BIRTH (month, day and year) January 15th 1858

7. AGE Years Months Days If LESS than 1 day, _____ min.
73 1 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Illinois.
(State or country)

10. NAME OF FATHER

William C. Stevens.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ind.

12. MAIDEN NAME OF MOTHER

Mary A. Robinson.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Ind.14. Informant Mrs. Cina Stevens.

(Address)

Boise, Idaho. R. #4.15. Filed 3-2-31 W. H. Rhoades
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 27th 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 26, 1931, to Feb 27, 1931that I last saw him alive on Feb 27, 1931and that death occurred, on the date stated above, at 8:45 P.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Strangulated HerniaCONTRIBUTORY
(Secondary)(duration) _____ yrs. _____ mos. 3 days

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?at HomeDid an operation precede death? yes Date of 2-27-31Was there an autopsy? yesWhat test confirmed diagnosis? yes

(Signed) W. H. Rhoades M. D.
2/28/31, 19____ (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.3/2/31

19

20. Undertaker

Address

Wm. McBratney.Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74552

RECEIVED APR 14 1931

PLACE OF DEATH

County of Payette
City of Frankland

CERTIFICATE OF DEATH

Registration District No. 51

Primary Registration District No. 2180

Local Registrar's No. 2

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alex Fugh

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct-16 1861

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 4 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Prospector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

10. NAME OF FATHER Jacob Fugh

11. BIRTHPLACE OF FATHER (city or town) (State or country) Ind

12. MAIDEN NAME OF MOTHER Addie Magey

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14. Informant (Address) DeMott Fugh

15. Filed met 3 1931. Mrs W-2 Drysdale Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 21 1931, to March 2 1931,
that I last saw him alive on Feb 28 1931.

and that death occurred, on the date stated above, at 2 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B. C. Paxton, M. D.

MAN 5 1931 (Address) New Plymouth

19. Place of Burial, Cremation, or Removal Date of Burial Feb 3 1931

20. Undertaker Superior Address Superior

Furn Co Payette Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74553**

PLACE OF DEATH

County of OwyheeCity of BruneauRegistration District No. 74Primary Registration District No. 2151

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lloyd Charles Wilson

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Apr. 9th, 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

7 hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Idaho

10. NAME OF FATHER

Albert S. Wilson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Calusa Co. Calif.

12. MAIDEN NAME OF MOTHER

Myrtle Browning13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Grove, Oklahoma14. Informant Mrs. Albert S. Wilson

(Address)

Bruneau, Idaho15. Filed Apr. 13 1931Registrar W. J. Ekinbeck

RECEIVED APR 14 1931

Local Registrar No. 1001

163

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April10th, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 9th, 1931, 19____, to _____, 19____that I last saw him alive on Apr. 9th, 1931, 19____and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Exact cause not known, child
was born in tent and had a
chill. Mother poorlynourished (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) Wm. J. Ekinbeck, M. D.Apr. 13, 1931 (Address) Grand View

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Bruneau1931
Apr. 10 19____

20. Undertaker

Address

RECEIVED APR 14 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74554

State File No.

PLACE OF DEATH

County of Euster
City of Merchog

CERTIFICATE OF DEATH

Registration District No. 76

Primary Registration District No. 2153

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Ann Evans

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. if of foreign birth? 36 yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Henry B. Evans

6. DATE OF BIRTH (month, day and year) Mar. 11 - 1859

7. AGE Years 71 Months 4 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer E. B. Wales

9. BIRTHPLACE (city or town) (State or country) Wales

10. NAME OF FATHER Fred Baker

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wales

12. MAIDEN NAME OF MOTHER Eliza Davis

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wales

14. Informant (Address) Mrs. Adair Grey

15. Filed Apr. 11, 1931 Rose Newkirk Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4-3-31 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-28, 1931, to 3-76, 1931

that I last saw her alive on 3-11-31, 1931

and that death occurred, on the date stated above, at 9:30 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carroll A. Brown M. D. 4, 1931 (Address) Merchog, Idaho

19. Place of Burial, Cremation, or Removal Pioneer Cemetery Date of Burial April 6, 1930

20. Undertaker Shady Garnier Address Merchog

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74555

State File No.

PLACE OF DEATH

County of.....**CUSTER**
City of.....**MACKAY**

CERTIFICATE OF DEATH

Registration District No. **76**
Primary Registration District No. **2153**

Local Registrar's No. **144**

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Markus Holland Wells**

(a) Residence. No. **Leslie Idaho.** St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced. (write the word.) Single
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **March 15-1926**

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
5	no.	4		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Leslie Idaho**
(State or country)

PARENTS

10. NAME OF FATHER
James E. Wells

11. BIRTHPLACE OF FATHER (city or town) **Malad Ida**
(State or Country)

12. MAIDEN NAME OF MOTHER
Lilly R. Miles

13. BIRTHPLACE OF MOTHER (city or town) **Grangerville Utah**
(State or County)

14. Informant (Address)
James E. Wells
Leslie Idaho

15. Filed **Apr 11 1931** **Rose Nowacki**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
March 19, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
3/19/31, 19....., to **3/19/31**, 19.....

that I last saw **him** alive on **3/19/31**, 19.....

and that death occurred, on the date stated above, at **4**.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

APPENDICITIS; ACUTE, PURULENT

(duration)yrs.mos. **4** ds.

CONTRIBUTORY **Peritonitis (Septicemia)**
(Secondary)

(duration)yrs.mos. **2** ds.

18. Where was disease contracted **LESLIE IDAHO**
if not at place of death?

Did an operation precede death? **yes** Date of **3/18/31**

Was there an autopsy? **no**

What test confirmed diagnosis **operation**

(Signed) **F. P. Richards**, M. D.
3/20/31, 19..... (Address) **Mackay, Idaho**

19. Place of Burial, Cremation, or Removal Leslie - Idaho	Date of Burial 19.....
---	---------------------------

20. Undertaker	Address
----------------	---------

N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Cache

Precinct _____

Village _____

City LoganNo. Budge Memorial Hospital

Ward _____

{ If death occurred in a hospital or institution give its NAME instead of street and number. }

2 FULL NAME Hannah M. Burrup(a) Residence, No. _____
(USUAL PLACE OF ABODE)St. Local Reg. no 12

(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

5a If Married, Widowed, or Divorced

HUSBAND OF

(or) WIFE OF

William Burrup

6 DATE OF BIRTH

Aug. 8, 1866

(Month)

(Day)

1

(Year)

7 AGE

64714

ds.

If LESS than

1 day, ____ hrs.

or ____ min. ?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of Employer

9 BIRTHPLACE (City or town)

Ogden, Utah

(State or Country)

10 NAME OF FATHER

Joseph H. Byington

11 BIRTHPLACE OF FATHER

OHIO

(State or Country)

12 MAIDEN NAME OF MOTHER

Hannah Molland

13 BIRTHPLACE OF MOTHER

England

(State or Country)

14

Informant Leslie J. BurrupAddress Downey, Idaho

15

Filed Mar 30, 1931Mary C. Coffin
Registrar

Registered Number

No. of Burial or Removal Permit

21

8-2

22

RECEIVED APR 6 1931

State Board of Health File No. _____

74556

STATE OF UTAH—DEATH CERTIFICATE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 22, 1931

(Month)

(Day)

19

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Mar 18, 1931, to Mar 27, 1931that I last saw her alive on Mar 22, 1931and that death occurred, on the date stated above, at 18 m.

The CAUSE OF DEATH* was as follows:

Pneumonitis

Contributory (Secondary)

(Duration)

yrs.

mos.

ds.

18 Where was disease contracted if not at place of death? at homeDid an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? findings

(Signed)

M. D. Budge
Mar 23, 1931 (Address) Logan, Utah

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Downey, Idaho

DATE OF BURIAL

3/26/31

19

20 UNDERTAKER

M. D. Budge

ADDRESS

Logan

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Registration District No 78 APR 6 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

74557

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. _____
 Township _____ or Village _____ or
 City Sandpoint No. Parnell Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. 2 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Edward Marshall

(a) Residence: No. _____ St. _____ Ward. Priest River, Idaho
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE 65 Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Indigent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Unknown
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Parnell Hospital
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pinecrest Cemetery Date Mar. 6, 1931

19. UNDERTAKER R. E. Wessa
(Address) Priest River, Idaho.

20. FILED Mar. 6, 1931 Vivian Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1931, to Feb. 28, 1931

I last saw him alive on Feb. 27, 1931; death is said to have occurred on the date stated above, at 5:55 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Arterio sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. E. Wessa M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED APR 6 1931

74558

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 74558
 Township _____ or Village _____ or
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Alma Jane King

(a) Residence: No. 404 Church Street St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR Single
 (write the word)

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 28, 1910

7. AGE Years 20 Months 7 Days 4
 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Newport
 (State or country) Washington

13. NAME Thomas King

14. BIRTHPLACE (city or town) England
 (State or country)

15. MAIDEN NAME Minnie M. Carl

16. BIRTHPLACE (city or town) Illinois
 (State or country)

17. INFORMANT Thomas King
 (Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
 Place Lincrest Cemetery Date Mar. 4, 1931

19. UNDERTAKER L. G. MOON
 (Address) Sandpoint Idaho.

20. FILED March 3, 1931 W. A. Allen
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1931 to Mar 1, 1931

I last saw her alive on Mar 1, 1931; death is said

to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

Tubercular Meningitis

Date of onset
Feb 16

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) R. J. Carr M. D.

(Address) Sandpoint, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 6 1931
DO NOT WRITE IN THIS SPACE
74560
State File No. _____

PLACE OF DEATH

Bonner

County of _____

City of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 76

Primary Registration District No. 2153-

(No. Parnell Hospital)

Local Registrar's No. 24

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Spradling

(a) Residence. No. Cemetery Road. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced (write the word.) widowed
----------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Mable Spradling
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 12 1868

7. AGE 62	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)

10. NAME OF FATHER William Spradling

11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)

12. MAIDEN NAME OF MOTHER unobtainable

13. BIRTHPLACE OF MOTHER (city or town) unobtainable
(State or Country)14. Informant Mrs. Mable Neal
(Address) Idaho Falls Idaho15. Filed March 14, 1931 Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 13, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 5, 1931, to March 13, 1931
that I last saw him alive on March 13, 1931
and that death occurred, on the date stated above, at 9 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma-intestine

CONTRIBUTORY Chronic Bronchitis
(Secondary) severe
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
(Signed) E. P. Staehle, M. D.

3/14, 1931 (Address) Sandpoint

19. Place of Burial, Cremation, or Removal Idaho Falls Idaho Date of March 15, 1931

20. Undertaker Turnbull Co Address Sandpoint

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 74561
 Township _____ or Village _____
 City Sandpoint No. Parnell Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME John O'Niel

(a) Residence: No. _____ St. _____ Ward. Hope, Idaho.
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR Widowed
 (If married, give date of death of spouse)

5a. If married, widowed, or divorced
 HUSBAND of Not Known
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 16, 1849

7. AGE Years 82 Months 2 Days 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. Mail Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carried Mail from Depot to P.O.

10. Date deceased last worked at this occupation (month and year) March 10, 1931 11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) Birmingham
 (State or country) England

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
 (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
 (State or country)

17. INFORMANT George Badgely
 (Address) Hope, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
 Place Hope, Idaho. Date Mar. 24, 1931

19. UNDERTAKER L. G. MOON
 (Address) Sandpoint, Idaho.

20. FILED March 24, 1931 Violet Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1931 to Mar 20, 1931

I last saw him alive on Mar 20, 1931; death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Ch. myocardiitis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Ch. myocardiitis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify _____

(Signed) R. J. Ross. M. D.

(Address) Sandpoint, Idaho.

Dr. Evans

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

74562

1. PLACE OF DEATH

County BONNERState IDAHORegistered No. 75

Township _____

or Village LACLEDE

City _____

No. _____

St. _____

Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs 6 mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.2. FULL NAME ZIBA CALVERT

(a) Residence: No. _____

St. _____

Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
-----------------------	----------------------------------	--

5a. If married, widowed or divorced,
HUSBAND of EMMA CALVERT
(or) WIFE of6. DATE OF BIRTH (month, day, and year) MARCH 16, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	<u>75</u>		<u>5</u>	

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Leased Farm10. Date deceased last worked at
this occupation (month and
year) March 10, 193111. Total time (years)
spent in this
occupation 6012. BIRTHPLACE (city or town) Philadelphia
(State or country) Missouri13. NAME Ziba Calvert14. BIRTHPLACE (city or town) Unknown
(State or country) Kentucky15. MAIDEN NAME Rolls16. BIRTHPLACE (city or town) Unknown
(State or country) Missouri17. INFORMANT D. Calvert
(Address) Laclede, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Sawyer, Idaho Date Mar. 23, 193119. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.20. FILED March 23, 1931
Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 21, 193122. I HEREBY CERTIFY, That I attended deceased from
March 15, 1931, to March 21, 1931I last saw him alive on March 15, 1931; death is saidto have occurred on the date stated above, at 1:15 a.m.The principal cause of death and related causes of importance
were as follows:Influenza

Date of onset

3/10/31

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. B. Evans M. D.(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Banner State IDAHO Registered No. 74563
Township _____ or Village _____
City Sandpoint No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred 24 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Anna Miller
(a) Residence: No. 908 Lake St. St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>James Miller</u>		
6. DATE OF BIRTH (month, day, and year) <u>Nov. 26, 1860</u>		
7. AGE <u>71</u>	Years <u>3</u>	Months <u>27</u>
		Days <u>27</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (city or town) Middleton
(State or country) Michigan

13. NAME Nathan Phelps

14. BIRTHPLACE (city or town) N. Y.
(State or country)

15. MAIDEN NAME Rebecca Petrandy

16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMANT James Miller
(Address) 908 Lake St. Sandpoint Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane, Wa Date Mar 25, 1931

19. UNDERTAKER L. E. Mason
(Address) Sandpoint Ida

20. FILED March 24, 1931
Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 23, 1931

I HEREBY CERTIFY, That I attended deceased from

March 14, 1931, to March 23, 1931I last saw her alive on March 22, 1931; death is saidto have occurred on the date stated above, at 5:30 a.m.The principal cause of death and related causes of importance
were as follows:Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Acute Bronchitis + PleurisyMarch 10, 1931

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Wm. F. Tyler M. D.(Address) Sandpoint Idaho

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 74504 78
 Township Sandpoint or Village _____ or
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 13 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Catherine Mann
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Perry F. Mann

6. DATE OF BIRTH (month, day, and year) Dec. 25, 1859

7. AGE Years 71 Months 3 Days 2 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Ohio
(State or country)

13. NAME Bowker

14. BIRTHPLACE (city or town) Pa.
(State or country)

15. MAIDEN NAME Kontz

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT M. H. Mann
(Address) Ontario Oregon

18. BURIAL, CREMATION, OR REMOVAL Place Bull Creek Cemetery Date Mar. 29, 1931

19. UNDERTAKER R. E. Moon
(Address) Sandpoint, Idaho

20. FILED March 26, 1931
Viola Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to March 27, 1931

I last saw her alive on March 20, 1931; death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) C. B. Evans M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
71565
File No. _____
Registered No. 5-

1. PLACE OF DEATH. Registration District No. _____
County of Oneida Primary Registration District No. _____
City of Malad (No. _____, St.) _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Violet Hadfield Pilgrim

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Married
(Write the word.)

6. DATE OF BIRTH Aug - 10 1896
(Month) (Day) (Year)

7. AGE 44 yrs. 6 mos. 28 ds. IF LESS than 1 day how many _____ hrs. or _____ min?

8. OCCUPATION
(a) Trade, profession or particular kind of work. House wife
(b) General nature of industry business or establishment in which employed (or employer) _____

9. BIRTHPLACE
(State or Country) Smithfield Utah

10. NAME OF FATHER James Hadfield

11. BIRTHPLACE OF FATHER
(State or Country) England

12. MAIDEN NAME OF MOTHER Margaret Sander

13. BIRTHPLACE OF MOTHER
(State or Country) England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) V. Pilgrim
(Address) P.O. #1 Malad Ida

15. Filed 3/5/1931 J. W. Turner
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Mar - 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 6 1931 to March 2 1931
that I last saw him alive on Feb 6 1931
and that death occurred on the date stated above, at 4:45 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of leg.

(Duration) ? yrs. _____ mos. _____ ds.
Contributory (Secondary) none

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) M. D. Malady
3/3 1931 (Address) Malad Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted,
If not at place of death? _____
Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL Smithfield Ut. DATE OF BURIAL Mar. 6 1931

20. UNDERTAKER J. Guy Benson ADDRESS Malad Ida

RECEIVED APR 6 1931

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
74566

1. PLACE OF DEATH.

Registration District No. 26

County of Quincy

Primary Registration District No. 2069

City of Malad

(No. , St.)

File No.

Registered No. 6

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

William H. Jones

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Widowed

6. DATE OF BIRTH

Jan - 9 1843
(Month) (Day) (Year)

7. AGE

88 yrs. 2 mos. 3 ds.

IF LESS than 1 day
how many hrs. or min?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

Stock raising & Farming

(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Wales

10. NAME OF FATHER

Benjamin Jones

11. BIRTHPLACE OF FATHER

(State or Country)

Wales

12. MAIDEN NAME OF MOTHER

Rachel Evans

13. BIRTHPLACE OF MOTHER

(State or Country)

Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Chas. D. Jones - Dr
Malad

15.

Filed

Mar 14 1931

Local Registrar

J. M. Kerns

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Mar - 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1930, to Mar 12 1931

that I last saw him alive on Mar 12 1931
and that death occurred on the date stated above, at 6:48 P.M.

The CAUSE OF DEATH* was as follows:

Heart of Dr. J. M. Kerns
dear. Entombed Prostate

(Duration) 1 yrs. 0 mos. 0 ds.

Contributory (Secondary)

Enlargement of Prostate

(Duration) 1 yrs. 0 mos. 0 ds.

(Signed)

3/14 1931 (Address) Malad Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place

In the

of death. yrs. mos. ds. State. yrs. mos. ds.

Where was disease contracted,

If not at place of death?

Former or

usual residence.

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Malad IdaMar 15 1931

20. UNDERTAKER

ADDRESS

J. Guy Benson

Malad Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE OF DEATH

RECEIVED APR 6 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 26
County of Boise Primary Registration District No. 2069
City of Malad (No. _____, St.)

File No. _____
Registered No. 7

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Helen Letitia Allen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Child
(Write the word.)

6. DATE OF BIRTH

June - 28 1925
(Month) (Day) (Year)

7. AGE

5 yrs. 8 mos. 24 ds.

IF LESS than 1 day
how many _____ hrs. or
_____ min?

8. OCCUPATION

(a) Trade, profession or particular kind of work. Child
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Portage Utah

10. NAME OF FATHER

John B. Allen

11. BIRTHPLACE OF FATHER

(State or Country) Portage Utah

12. MAIDEN NAME OF MOTHER

Mailla L. Sibbs

13. BIRTHPLACE OF MOTHER

(State or Country) Portage Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John B. Allen

(Address) Portage Utah

15.

Filed 3/31 1931 J. M. Kren
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Mar. 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from the 1931, to March 22 1931

that I last saw her alive on March 22 1931
and that death occurred on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows:

Infant respiratory
distress with
effusion.

(Duration) _____ yrs. 2 mos. _____ ds.

Contributory (Secondary) none

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. M. Kren M. D.

322 1931 (Address) Malad Alta

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted,

If not at place of death? _____

Former or

usual residence. _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Portage Utah Mar 25 1931

20. UNDERTAKER

ADDRESS

J. Guy Benson Malad Alta

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CONDITIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE OF DEATH

RECEIVED APR 6 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
74568

1. PLACE OF DEATH. Registration District No. 26
County of Oneida Primary Registration District No. 2069
City of Malad, Idaho (No. _____, St.)

File No. _____
Registered No. 8

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary E. Jones.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed
(Write the word.)
6. DATE OF BIRTH Feb. 23. 1951
(Month) (Day) (Year)

7. AGE 80 yrs. 1 mos. 30 ds. IF LESS than 1 day how many hrs. or min? 4 hrs. 30 min?

8. OCCUPATION
(a) Trade, profession or particular kind of work. Mother & Housewife
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) South Wales

10. NAME OF FATHER William Jones Sr.

11. BIRTHPLACE OF FATHER (State or Country) Wales

12. MAIDEN NAME OF MOTHER Eleanor Jones

13. BIRTHPLACE OF MOTHER (State or Country) Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lorenzo Jones
(Address) Malad City Idaho

15. Filed 3/8/1951 J. M. Kern
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 24 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1930 to March 24 1930
that I last saw her alive on March 24 1930
and that death occurred on the date stated above, at 4301 N.

The CAUSE OF DEATH* was as follows:
Initial regurgitation
& myocarditis
(Duration) 5 yrs. 7 mos. 7 ds.
Contributory (Secondary) Influenza
(Duration) 7 yrs. 7 mos. 7 ds.
(Signed) V. P. Gass M. D.
March 24 1931 (Address) Malad, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place 43 yrs. 43 mos. 43 ds. In the 43 yrs. 43 mos. 43 ds.
of death
Where was disease contracted,
If not at place of death?
Former or usual residence Malad City Idaho.

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Malad City Idaho. Feb. 27 1931

20. UNDERTAKER ADDRESS
J. H. Bay Beason Malad, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of BinghamCity of FrankRegistration District No. 131Primary Registration District No. 2194

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Sartorius(a) Residence. No. Family Home St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of mis maria Sartorius
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 13-18617. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 8 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Germany.
(State or country)10. NAME OF FATHER William Sartorius11. BIRTHPLACE OF FATHER (city or town) Germany.
(State or Country)12. MOTHER'S NAME OF MOTHER Elizabeth Munchhoffen13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)14. Informant Mrs Maria Sartorius
(Address) Frank Idaho.15. Filed Mar. 30, 1931 Mr. Walter E. Patie
Registrar

MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH March 29 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1931, to Mar 29, 1931
that I last saw him alive on Mar 27, 1931
and that death occurred, on the date stated above, at 9 A. m.
The CAUSE OF DEATH* was as follows:Myocarditis(duration) 6 yrs. 6 mos. 6 ds.CONTRIBUTORY Arteriosclerosis
(Secondary) Indefinite
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) W. Beck, M. D.3/30, 1931 (Address) Blackfoot, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida. Date of Burial 3/31 193120. Undertaker W. H. M. Hare Address Idaho Falls

(delayed)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74570

State File No. _____

PLACE OF DEATH

County of BinghamCity of Goshen

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194

(No. _____)

Local Registrar's No. 57

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hiram Hansen(a) Residence. No. _____ St. Goshen, Idaho

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Martha Ann Hansen
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 20, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>4</u>	<u>26</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wheeler County
(State or country) Utah10. NAME OF FATHER H. C. Hansen11. BIRTHPLACE OF FATHER (city or town) Norway
(State or Country)12. MAIDEN NAME OF MOTHER Mary Coxshaw13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant Mr. Hiram Hansen
(Address) Shelby St.15. Filed Mar. 31, 1931 Mr. Walter E. Petrie
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 16, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
3-16-, 1931, to 3-16-, 1931
that I last saw him alive on 3-16-, 1931
and that death occurred, on the date stated above, at 10 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
General arterial SclerosisCONTRIBUTORY (Secondary) Coronary Arterial Sclerosis, fatty degeneration
(duration) 10 yrs. 0 mos. 0 ds.18. Where was disease contracted at home
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Edwin Cypher M. D.
3-19-, 1931 (Address) Shelby St.19. Place of Burial, Cremation, or Removal Goshen, Idaho Date of Burial March 19, 193120. Undertaker Jack A. Wood Address 2nd St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74571**

Local Registrar's No. **375**

PLACE OF DEATH

County of Fremont
City of St. Anthony

Registration District No. 99
Primary Registration District No. 2177

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cyrus Edward Clark
(a) Residence. No. St. Anthony Route 2 Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

869

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widower
5a. If married, widowed, or divorced HUSBAND of Ellen Cusberg (or) WIFE of
6. DATE OF BIRTH (month, day and year) Oct. 21-1870
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
60 5 3
8. OCCUPATION OF DECEASED Fanning
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Benoni White (State or country)
10. NAME OF FATHER Cyrus Edward Clark
11. BIRTHPLACE OF FATHER (city or town) Iowa (State or Country)
12. MAIDEN NAME OF MOTHER Eliza Olivia Stock
13. BIRTHPLACE OF MOTHER (city or town) England (State or Country)

14. Informant Mrs. Sillman Young (Address) Route 2 St. Anthony Idaho
15. Filed Mar. 26, 1931 H. M. Hansen Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 24th 1931
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Mar. 28th 1931, to Mar. 28th 1931
that I last saw him alive on Mar. 24th 1931
and that death occurred, on the date stated above, at 1 P. M.
The CAUSE OF DEATH* was as follows: Chronic Endocarditis

(duration) 3 yrs. mos. ds.
CONTRIBUTORY Chronic Brights (Secondary)
(duration) 2 yrs. mos. ds.

18. Where was disease contracted ✓ if not at place of death?
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? Examination
(Signed) P. M. Kelly M. D.
Mar. 24, 1931 (Address) St. Anthony, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Rigby Date of Burial March 26, 1931
20. Undertaker H. M. Hansen Address St. Anthony Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **74572**

PLACE OF DEATH
County of Fremont
City of Teton

Registration District No. 99
Primary Registration District No. 2177

Local Registrar's No. 374

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Aleene Thomas

100 a

(a) Residence. No. Teton, Idaho. St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) February 5th, 1931

7. AGE Years XX Months XX Days 12 If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Teton Idaho
(State or country)

10. NAME OF FATHER Lorin Thomas

11. BIRTHPLACE OF FATHER (city or town) Utah.
(State or Country)

12. MAIDEN NAME OF MOTHER Rose Davis

13. BIRTHPLACE OF MOTHER (city or town) Wilford Idaho
(State or Country)

14. Informant Lorin Thomas
(Address) Teton, Idaho.

15. Filed Feb. 18th, 1931 J. M. Thomas Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
February 17th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1931, to Feb. 17, 1931
that I last saw her alive on Feb. 17, 1931
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows: Broncho - Pneumonia

(duration) _____ yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? yes
(Signed) J. M. Thomas M. D.
Feb. 18th, 1931 (Address) Rexburg, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Teton Cemetery Date of Burial Feb. 18th, 1931

20. Undertaker J. M. Thomas Address St. Anthony, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED ADD 100
DO NOT WRITE IN THIS SPACE
74573
State File No.

PLACE OF DEATH
County of Fremont
City of Egin

Registration District No. 99
Primary Registration District No. 2177

Local Registrar's No. 373

888

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donna Marie Pully

(a) Residence. No. Egin, Idaho. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 7th, 1924

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
6 6 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Egin, Idaho.
(State or country)

10. NAME OF FATHER
Charles M. Pully

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Idaho.

12. MAIDEN NAME OF MOTHER
Ethel L. White

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Idaho.

14. Informant Joseph E. White
(Address) Egin, Idaho.

15. Filed Feb. 16th, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 16th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 1, 1931, to Feb 16, 1931
that I last saw her alive on Feb 15, 1931
and that death occurred, on the date stated above, at 7:45 A m.

The CAUSE OF DEATH* was as follows:

(Exhaustion)
acidosis
Myocarditis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY
(Secondary)

Scarlet fever
(duration) yrs. mos. 1 ds.

18. Where was disease contracted, if not at place of death? Place of birth

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) John A. Rich, M. D.

Feb. 16th, 1931 (Address) St. Anthony, Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho, Idaho. Date of Burial Feb. 16th, 1931

20. Undertaker W. M. Hansen Address St. Anthony, Id.

N. B.—Every item of information should be carefully supplied. AGs should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED APR 4 1931

DO NOT WRITE IN THIS SPACE

State File No. **74574**

PLACE OF DEATH
County of Tremont
City of Ashton

Registration District No. 99
Primary Registration District No. 2177

Local Registrar's No. 372

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME unnamed(a) Residence. No. _____ St. 162

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 15 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓(b) General nature of industry, business, or establishment in which employed (or employer) ✓(c) Name of employer ✓9. BIRTHPLACE (city or town) Ashton Idaho
(State or country)10. NAME OF FATHER Samuel H. Hight11. BIRTHPLACE OF FATHER (city or town) Woodbury Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Thelma H. Hight13. BIRTHPLACE OF MOTHER (city or town) Ashton Idaho
(State or Country)14. Informant John H. Hight
(Address) Ashton Idaho15. Filed Feb 16 1931 Wm. H. Hight
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Birth to Feb 15 1931 to Feb 15 1931
that I last saw him alive on Feb 15 1931
and that death occurred, on the date stated above, at 8 2 m.

The CAUSE OF DEATH* was as follows:
Pneumonia, lung

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? ✓ Date of _____Was there an autopsy? ✓What test confirmed diagnosis? ✓(Signed) Wm. H. Hight M. D.Feb 15 1931 (Address) Ashton Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Ashton Date of Burial Feb. 16 193120. Undertaker Wm. H. Hight Address _____

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

RECEIVED APP 4 1931
State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of TremontCity of St. Anthony

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No., St.)

File No.

Registered No. 371

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Russell Dean Hathaway

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCEDMale White Infant.
(Write the word.)

6. DATE OF BIRTH

Feb. 9 31
(Month) (Day) (Year)

7. AGE

Yrs. Mos. 1 1/2 ds.IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business or establishment in which employed (or employer)

None

9. BIRTHPLACE

(State or Country)

St. Anthony Idaho

10. NAME OF FATHER

Chas W Hathaway

11. BIRTHPLACE OF FATHER

(State or Country)

Chester Idaho

12. MAIDEN NAME OF MOTHER

Josephine Russell

13. BIRTHPLACE OF MOTHER

(State or Country)

Rigby Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J A Ellison

(Address)

15. Feb 10 31 W M Hansen
Filed 1931 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 9 1931, to Feb 11 1931that I last saw him alive on Feb 10 1931and that death occurred on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Baby found dead. Probably
intra cranial hemorrhage from
birth injury. Labor spontaneous

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) J A Ellison M. D.19. (Address) St. Anthony Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Parker

DATE OF BURIAL

Feb 10 1931

20. UNDERTAKER

None

ADDRESS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74576

State File No.

PLACE OF DEATH

County of Franklin
City of Murdale

CERTIFICATE OF DEATH

Registration District No. 99Primary Registration District No. 2177

(No.)

Local Registrar's No. 370

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Colleen Garner

(a) Residence, No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 16-19247. AGE 6 Years 7 Months 19 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Murdale
(State or country) Idaho10. NAME OF FATHER Burke L. Garner11. BIRTHPLACE OF FATHER (city or town) Pogden
(State or Country) Utah12. MAIDEN NAME OF MOTHER Annie Leach13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or Country)14. Informant B. L. Garner
(Address) Murdale, Ida.15. Filed Feb. 10, 1931 W. M. Hansen
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 5th, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Jan. 24, 1931, to Feb. 5, 1931
that I last saw her alive on Feb. 5, 1931
and that death occurred, on the date stated above, at 4 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Scarlet fever(duration) yrs. mos. 12 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? no(Signed) W. M. Hansen, M. D.
2-6, 1931 (Address) Perburg, Ida.19. Place of Burial, Cremation, or Removal Murdale, Ida. Date of Burial Feb. 6th, 193120. Undertaker W. M. Hansen Address Perburg, Ida.

JUL 11 1931

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Colleen Garner
now lying buried in Newdale Cemetery, in the City or Town of Newdale
County of Fremont State of Idaho, who died on the 5 day of Feb, 1931, Aged 8 years 8 months
 days, the cause of death being Scarlet Fever and
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever;
or yellow fever as shown by the certificate of death of said deceased, given by
Dr. W. L. Sutherland attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
private or railway conveyance
to Teton Cemetery in the City or Town of Teton County of Fremont

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of
Fremont

it being understood and provided that nothing herein shall be deemed as contravening or in
anywise modifying or releasing the Regulations of the Department of public health governing the Transportation of
Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the
remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic
lined outer case before removal.

Given under my hand and Seal of the Department of public health at Boise, Idaho,

permit issued to:

this 13th day of July, A.D. 1931.

W. P. Benson
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of health of the City,
Town or County of _____ State of Idaho, this _____ day of _____ 19____.

health officer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74577

PLACE OF DEATH

County of Bingham
City of WorvilleRegistration District No. 99Primary Registration District No. 2177Local Registrar's No. 369(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Charlotte Davenport(a) Residence. No. Parker, Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. C. Davenport

6. DATE OF BIRTH (month, day and year) 11-18-1852

7. AGE Years 79 Months 7 Days 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9. BIRTHPLACE (city or town) Sawda.
(State or country)10. NAME OF FATHER John Sperry11. BIRTHPLACE OF FATHER (city or town) Sawda. Know.
(State or Country)12. MAIDEN NAME OF MOTHER Mary Van Luvan13. BIRTHPLACE OF MOTHER (city or town) Sawda. Know.
(State or Country)14. Informant Ezra Davenport
(Address) R 4, Idaho Falls15. Filed Feb. 6th, 1931 W. M. Hansen
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 2^d, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 1-28, 1931, to 2-2, 1931,
that I last saw her alive on 2-2, 1931,
and that death occurred, on the date stated above, at 9 P. m.The CAUSE OF DEATH* was as follows:
Double Lobar
Pneumonia.(duration) yrs. mos. 7 ds.CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.18. Where was disease contracted at home
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Culture(Signed) Edwin Custer, M. D.2/3/31. (Address) Shelley

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Parker Ida. Feb. 5-193120. Undertaker W. M. Hansen Address St. Anthony Ida

RECEIVED APR 4 1931

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 99

County of Fremont

Primary Registration District No. 2177

City of St. Anthony

(No. St.)

File No. 74578

Registered No. 368

If death occurs away from
usual residence, give facts
called for under special in-
formation.If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

2. FULL NAME Belle Sprowel

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED
Female White Single
(Write the word.)

6. DATE OF BIRTH

November 27th, 1870

(Month) (Day) (Year)

7. AGE

60 Yrs. 2 Mos. 6 ds.

IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work Housekeeper
(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer)

9. BIRTHPLACE

(State or Country) Chesterfield, Ill

10. NAME OF
FATHER

William Sprowel

11. BIRTHPLACE
OF FATHER

(State or Country) Mo.

12. MAIDEN NAME
OF MOTHER

Sarah coddle

13. BIRTHPLACE
OF MOTHER

(State or Country) Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. H. T. Smith

(Address) St. Anthony, Idaho.

15.

Filed Feb. 3rd, 1931

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 2 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Feb. 1 1931, to Feb. 2 1931,
that I last saw her alive on Feb. 1 1931,
and that death occurred on the date stated above, at 2 P.M.
The CAUSE OF DEATH* was as follows:Chronic Nephritis
(progressive)

(Duration) 8 Yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) J. D. Allison M. D.

7/3 1931 (Address) St. Anthony, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state
(1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted
if not at place of death?Former or
usual residence19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Rose Hill, Idaho Falls Feb. 4th, 1931

20. UNDERTAKER St. Anthony, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH
in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74579**

PLACE OF DEATH

County of BannockCity of ParmaRegistration District No. 3Primary Registration District No. 2007Local Registrar's No. 3

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME August E. Oberdorfer(a) Residence. No. Parma #3 St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April-10-18607. AGE Years Months Days If LESS than 1 day, hrs. or min.
90 11 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Indianapolis
(State or country) Indiana10. NAME OF FATHER Carl E. Oberdorfer11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)12. MAIDEN NAME OF MOTHER Augusta Tenhert13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)14. Informant W. L. Oberdorfer
(Address) Parma #315. Filed 3-18, 1931 W. L. Oberdorfer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 17, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1931, to Mar 17, 1931
that I last saw him alive on Mar 16, 1931
and that death occurred, on the date stated above, at 6-25 a.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis(duration) 10 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis Examination. Urin
(Signed) W. M. Mitchell, M. D.
3/18, 1931 (Address) Parma Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Baswell Cem Date of Burial 3-19, 193120. Undertaker W. Beckham Address Calder
Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74581

State File No.

PLACE OF DEATH

County of MinidokaCity of Heyburn

CERTIFICATE OF DEATH

Registration District No. 19Primary Registration District No. 2015Local Registrar's No. 8

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orson Alma Pratt

(a) Residence. No.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (Write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec. 26 1911

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.

19

2

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kimberly
(State or country) Idaho.

10. NAME OF FATHER

Alma Pratt

11. BIRTHPLACE OF FATHER (city or town) Filmore
(State or Country) Utah.12. MAIDEN NAME OF MOTHER Clara D Allen13. BIRTHPLACE OF MOTHER (city or town) Porterville
(State or County) Utah.

14.

Informant
(Address)X Alma Pratt

15.

Filed

3-171931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 15 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Shot thru heart
Accidental 38 Cal. Target
Pistol (duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Opener
W. E. Johnson, M. D.

....., 19..... (Address).....

19. Place of Burial, Cremation, or Removal Pocatello Ida Date of Burial

20. Undertaker

D.E. Johnson

Address

Burley Ida

19

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74582

State File No.

PLACE OF DEATH

County of

City of

Registration District No.

Primary Registration District No.

(No.

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single Married Widowed,
or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14.

Informant
(Address)

15.

Filed

1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 25, 1931, to Mar 17, 1931
that I last saw her alive on Mar 16, 1931

and that death occurred, on the date stated above, at 3:15 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:

1. Cancerous Stomach
2. Cancerous Uterus

About 1

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Leona Frazier

M. D.

19 (Address)

Reput, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74583

State File No.

PLACE OF DEATH

County of Minidoka

City of Paul

CERTIFICATE OF DEATH

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 10

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Geraldine Beth Johnson

RECEIVED APR 4 1931

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
3 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Idaho

10. NAME OF FATHER

Edward Johnson

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Utah

12. MAIDEN NAME OF MOTHER

Rosa Johnson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Utah

14.

Informant (Address)

Arthur Johnson
Rupert Idaho

15.

Filed

4-2, 1931

Ed Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 11, 1931, to Feb 28, 1931

that I last saw her alive on Feb 28, 1931

and that death occurred, on the date stated above, at 3:40 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebro Spinal meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Subacute

(Signed) Ed Elmore, M. D.

4-2, 1931 (Address) Rupert, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Paul Cemetery Feb 28 1931

20. Undertaker

Address

W. J. Goodman Rupert Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO E

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74584
State File No.

PLACE OF DEATH

County of Mandoka
City of Paul

CERTIFICATE OF DEATH

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 11

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Me Gill Baby

(a) Residence. No. St. 162

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mar 21 - 1931

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

10. NAME OF FATHER Luther Me Gill

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Illinois

12. MAIDEN NAME OF MOTHER Paul Betts

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Illinois

14. Informant (Address) Luther Me Gill Paul Idaho

15. Filed 4-1-1931 E.H. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 24, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 21, 1931, to Mar. 24, 1931
that I last saw ~~him~~ her alive on March 21, 1931
and that death occurred, on the date stated above, atm.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Hemorrhagic disease of newborn.
(Began from intestinal tract.
later from vagina, mouth &
cord (duration) yrs. mos. 3 ds.

CONTRIBUTORY none (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? none Date of
Was there an autopsy? no
What test confirmed diagnosis? Synovial fluid
(Signed) E.H. Moore, M. D.
4-1-1931 (Address) Paul Idaho

19. Place of Burial, Cremation, or Removal Date of Burial
Paul Cemetery Mar 24 1931
Undertaker Address
W. A. Goodman Rupert Idaho

STATE OF IDAHO *F.R.*
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74586

State File No.

PLACE OF DEATH

County of *Minidoka*City of *Rupert*

CERTIFICATE OF DEATH

Registration District No. *19*Primary Registration District No. *2015*Local Registrar's No. *13*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Ruth A. Swanson

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Jan 23 1910

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

*21**2**2*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

High School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Idaho

10. NAME OF FATHER

Charles Swanson

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Sweden

12. MAIDEN NAME OF MOTHER

Anna Gulin

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Sweden

14. Informant (Address)

*Anna Swanson
Rupert Idaho*

15. Filed

*4-2 1931**W. G. Goodman*

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

*Mar**25**1931*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

*Nov**1930**Mar**1931*that I last saw him alive on *25**1931*and that death occurred, on the date stated above, at *5 P* m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

*Chronic rheumatism
heart disease*(duration) *1* yrs. *6* mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

*Home*Did an operation precede death? *no* Date of *✓*Was there an autopsy? *no*What test confirmed diagnosis? *Clinical*(Signed) *Larry A. Kenagy* M. D.*4-2**1931*(Address) *Rupert Idaho*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Hayburn Cemetery**Mar 29 1931*

20. Undertaker

Address

*W. G. Goodman**Rupert Idaho*

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74587

State File No.

PLACE OF DEATH

County of ShoshoneCity of RupertRegistration District No. 19Primary Registration District No. 2015Local Registrar's No. 14

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emery C. Walker

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHella Walker

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.60117

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)mo.

10. NAME OF FATHER

Amos P. Walker11. BIRTHPLACE OF FATHER (city or town)
(State or Country)mo.

12. MAIDEN NAME OF MOTHER

Elizabeth Thornton13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)mo.

14.

Informant
(Address)Floyd E. Walker

15.

Filed

3-201931Ed E. Moore
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 17
(Month) (Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 27, 1931, to March 17, 1931.that I last saw him alive on March 17, 1931.and that death occurred, on the date stated above, at 4 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Gastric Carcinoma(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date ofWas there an autopsy? noWhat test confirmed diagnosis? X-ray(Signed) Ed E. Moore M. D.3-20, 1931 (Address) Rupert, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Rupert Ida3-20 1931

20. Undertaker

Address

WaloodmanRupert Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74588

PLACE OF DEATH

County of Ada.
City of Eagle.

CERTIFICATE OF DEATH

Registration District No. 9-10 Local Registrar's No. 1
Primary Registration District No. 9-10
(No. Eagle, Idaho. R.#1.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Susan Virginia Moore.(a) Residence. No. Eagle, Idaho. R.#1 St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of William Moore.
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 3rd 1908

7. AGE Years Months Days If LESS than 1 day, min.
22 7 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Buttercreek, Oregon.
(State or country)

10. NAME OF FATHER

John Marion Spencer.11. BIRTHPLACE OF FATHER (city or town) Hepner, Oregon.
(State or Country)12. MAIDEN NAME OF MOTHER Edeth L. Vaughan.13. BIRTHPLACE OF MOTHER (city or town) Idaho.
(State or Country)14. Informant Mrs. E. L. Spencer.
(Address) Echo, Oregon.15. Filed 3/25-31 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 23rd 1931

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3/12/ 1931, to 3/17/ 1931that I last saw her alive on 3/12/31 1931and that death occurred, on the date stated above, at 3:40 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:-

Acute mania with starvation.(duration) 0 yrs. 0 mos. 25 ds.

CONTRIBUTORY (Secondary)

Heridity.(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of _____Was there an autopsy? No.

What test confirmed diagnosis? _____

(Signed) Wm. McBratney M. D.
3/24/31 1931 (Address) Nampa, Idaho.

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 3/25/3120. Undertaker Wm. McBratney.Address Boise, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74589

State File No.

PLACE OF DEATH

County of Ben
City of Emmett

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single. Married, Widowed, or Divorced (write the word.)

married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAlber G. Jones

6. DATE OF BIRTH (month, day and year)

Feb 1 - 1849

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

35 828226

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Missouri

10. NAME OF FATHER

Philemon H. Polley

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Kentucky

12. MAIDEN NAME OF MOTHER

Harriet Bailey

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Kentucky

14.

Informant (Address)

Claude Jones
Seattle, Wash

15.

Filed

3/27 1931J. H. Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar. 271931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. 201931to Mar. 271931that I last saw her alive on Mar. 2731and that death occurred, on the date stated above, at 12 AM

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Influenza

(duration) yrs. mos.

CONTRIBUTORY (Secondary)

Complications of longstanding - gall bladder, etc.

(duration) yrs. mos.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

3/271931

(Address)

Emmett

(Place of Burial, Cremation, or Removal)

Date of Burial

Emmett Idaho3/29 1931

20. Undertaker

W. BucknumEmmettIdaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
74590
State File No.

PLACE OF DEATH
County of Jersey
City of Emmett

Registration District No. 6
Primary Registration District No.
(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard D. Barry

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single. Married. Widowed. or Divorced (write the word.)

5a. If married, widowed, or divorced Widowed
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 14 - 1855

7. AGE Years Months Days If LESS than 1 day,
75 4 23 hrs. or
min.

8. OCCUPATION OF DECEASED Retired
(a) Trade, profession, or particular kind of work Section Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Cleveland
(State or country) Ohio

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (city or town) Not Known
(State or Country)

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (city or town) " "
(State or Country)

14. Informant Gas D Barry
(Address)

15. Filed 2/9, 1931 F. B. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 7, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan 20, 1931, to Feb 7, 1931
that I last saw him alive on Feb 7, 1931
and that death occurred, on the date stated above, at 10-30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

urimia following chronic nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. B. Reynolds, M. D.

2/9, 1931 (Address) Emmett Idaho

19. Place of Burial, Cremation or Removal Payette Idaho Date of Burial 2/9, 1931

20. Undertaker C. D. Buckner Address Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74591

State File No.

PLACE OF DEATH

County of ProleanarCity of Cocon dolen

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050(No. Lakeside Hosp)Local Registrar's No. 502. FULL NAME Robert D. Sherwood(a) Residence. No. Elite Hotel St. 90

(Usual place of abode.)

Length of residence in city or town where death occurred. 5 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single. Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —6. DATE OF BIRTH (month, day and year) July 22 - 19237. AGE Years 7 Months 8 Days 8 If LESS than 1 day, — hrs. or — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Spokane
(State or country) Idaho10. NAME OF FATHER E. D. Sherwood11. BIRTHPLACE OF FATHER (city or town) Michigan
(State or Country)12. MAIDEN NAME OF MOTHER Vela Kester13. BIRTHPLACE OF MOTHER (city or town) Montana
(State or Country)14. Informant Vela Sherwood
(Address) Cocon dolen 28915. Filed 3/31, 1931 H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 23, 1931, to March 30, 1931that I last saw him alive on March 30, 1931and that death occurred, on the date stated above, at 5 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows

Cardiac failure
from bronchopneumonia(duration) yrs. — mos. — ds.CONTRIBUTORY Bronchopneumonia - 4th
attack (duration) yrs. — mos. — ds.18. Where was disease contracted Lake Side Hosp.
if not at place of death?Did an operation precede death? no Date of —Was there an autopsy? noWhat test confirmed diagnosis Clinical signs(Signed) E. J. Spore M. D.Mar 31, 1931 (Address) Cocon dolen19. Place of Burial, Cremation, or Removal Forest Cemetery Date of Burial 4-2 193120. Undertaker Morney Mortuary Address Praville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHDO NOT WRITE IN THIS SPACE
State File No. **74592**

PLACE OF DEATH

County of *Kootenai*
City of *Coeur d'Alene*Registration District No. *30*Primary Registration District No. *1250*Local Registrar's No. *51*(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME *Mrs Frances Giles White*(a) Residence. No. *510 Garden Ave* St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *widow*

6a. If married, widowed, or divorced

HUSBAND or (or) WIFE of

*Abraham Kirk White*6. DATE OF BIRTH (month, day and year) *Sept 18 44*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
86 5 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Peoria Illinois*
(State or country)

10. NAME OF FATHER

*Joseph Giles*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant

(Address)

15. Filed

*4-6*19*31**W J Sturges*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 31 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to_____, 19____,
that I last saw him alive on_____, 19____,and that death occurred, on the date stated above, at *10* *9* m.

The CAUSE OF DEATH was as follows:

Probably myocardial disease. Sudden death. Not seen by physician prior to death.
(duration) *Not known* yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date of ____Was there an autopsy? *No*What test confirmed diagnosis? *St. Mary's*(Signed) *St. Mary's* M. D.Date *4/2 31* (Address) *Coeur d'Alene*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation or Removal

Date of Burial

*Forest Cem. Coeur d'Alene**4-2 1931*

20. Undertaker

Address

*Cassidy Funeral Home**Coeur d'Alene*

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74593

State File No.

PLACE OF DEATH

County of KootenaiCity of RathdrumRegistration District No. 30Primary Registration District No. 1650

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Darwin J. Lyon

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofOra Lyon6. DATE OF BIRTH (month, day and year) Jan 26 - 18727. AGE Years Months Days If LESS than 1 day, hrs. or min.
59 1 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Meat Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Do not know
(State or country)10. NAME OF FATHER James. Lyon11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Mo.12. MAIDEN NAME OF MOTHER Phoebe C. Barnhart13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Do not know14. Informant (Address) Mrs Ora Lyon
Rathdrum15. Filled 3-29, 1931 N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 6, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 5, 1931, to March 6, 1931.
that I last saw him alive on March 6, 1931.and that death occurred, on the date stated above, at 8:15 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Hemorrhage
with paralysis(duration) 20 hours yrs. mos. ds.CONTRIBUTORY General atrophy
(Secondary) about 2
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank (Mang), M. D.
3/7, 1931. (Address) Rathdrum19. Place of Burial, Cremation, or Removal Pine Grove Cemetery - Rathdrum Date of Burial 3-8 193120. Undertaker Cassidy Funeral Home Address Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74594
State File No. _____

PLACE OF DEATH

County of Boonville
City of Boonville

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 53

(No. _____)

2. FULL NAME Eliza Catherin Randle (If death occurred in a hospital or institution, give its name instead of street and number.)

(a) Residence. No. _____ St. _____

(Usual place of abode.)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S. if of foreign birth? _____ yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Samuel A. Randle
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 26 - 1855

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
75 10 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Roseburg Oregon
(State or country)

10. NAME OF FATHER Caserever

11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country)

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or County)

14. Informant Fred E. Mitchell
(Address) Edgemere, Idaho

15. Filed 3-29 1931 N. J. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Decr. 24 1930 to March 26 1931
that I last saw him alive on March 25 1931

and that death occurred, on the date stated above, at 12:50 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
and paraplegia

(duration) _____ yrs. 6 mos. _____ ds.

CONTRIBUTORY General Arteriosclerosis
(Secondary)
Sclerosis (duration) 3 yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank Henry M. D.
3/26 1931 (Address) Roseburg, Ore.

19. Place of Burial, Cremation, or Removal Roseburg Oregon Date of Burial 3-30 1931

20. Undertaker Cassidy Funeral Home Address Boonville

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
RECEIVED
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74595

PLACE OF DEATH

County of Boonville
City of Rathdrum

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1020
(No.)

Local Registrar's No. 54

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fredrick H Bohn

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 25-1886

7. AGE 44 Years 40 Months 10 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) ✓
(State or country)10. NAME OF FATHER Wm Bohn11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Miner12. MAIDEN NAME OF MOTHER Pauline Splittstoeser13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Germany

14.

Informant
(Address)Paul Bohn
Belmont Idaho

15.

Filed

3/27 1931N J Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March
(Month)7
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

I saw the body, all indications
show it a plain case of Pulmonary
hemorrhage. Have treated him for a
like attack 2 yrs. before;
cannot authorize to view the body
CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of.....Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank Henry, M. D.3/9, 1931. (Address) Rathdrum, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Boonville Cemetery Rathdrum 3/10 1931

20. Undertaker

Address

Crescent Funeral Home Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 9 1931
DO NOT WRITE IN THIS SPACE

74596

State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 161 Local Registrar's No. 33
(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Burnie Fargy Hale

(a) Residence. No. 415 N. Arthur St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 14 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

C. E. Hale

6. DATE OF BIRTH (month, day and year) Mar. 12 1888

7. AGE Years 43 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kanada.

10. NAME OF FATHER Fargy

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Wally Snyder

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penn.

14. Informant (Address) C. E. Hale
415 N. Arthur

15. Filed 3-2 1931 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 21 1931, to March 1 1931

that I last saw her alive on March 1 1931

and that death occurred, on the date stated above, at 1150

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Toxic griter

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. J. Ray M. D.
March 2 1931 Address Pocatello Idaho

19. Place of Burial, Cremation, or Removal Pocatello Idaho Date of Burial 3/4 1931

20. Undertaker H. K. McLean Address Poca. Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 9 1931

DO NOT WRITE IN THIS SPACE

State File No. **74597**

PLACE OF DEATH

County of **Bannock**
City of **Pocatello**

CERTIFICATE OF DEATH

Registration District No. **28**
Primary Registration District No. **2161** Local Registrar's No. **34**
(No. **St. Anthony's Hospital**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Alvin James Brown**(a) Residence. No. **McCammon, Idaho.** St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word.) **Married**

5a. If married, widowed, or divorced

HUSBAND of **Husband of Leatha Romriell**
(or) WIFE of6. DATE OF BIRTH (month, day and year) **April 19, 1900.**7. AGE Years Months Days If LESS than 1 day.
30 10 11 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Farmer**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) **South Cottonwood, Utah.**10. NAME OF FATHER **Edmond Y. Brown**11. BIRTHPLACE OF FATHER (city or town) (State or Country) **Ogden, Utah.**12. MAIDEN NAME OF MOTHER **Olive Butterfield**13. BIRTHPLACE OF MOTHER (city or town) (State or Country) **Tailorsville, Utah.**14. Informant **Mrs. Leatha Romriell Brown**
(Address) **McCammon, Idaho.**15. Filed **3/3/31.**, 19 **1931**
D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **March 1, 1931.**
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from **Feb 26**, 19**31**, to **March 1**, 19**31**,
that I last saw him alive on **March 1**, 19**31**,
and that death occurred, on the date stated above, at **8 p.** m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Acute purulent Meningitis**(duration) yrs. mos. **5** ds.
CONTRIBUTORY **Other Media**
(Secondary)(duration) yrs. mos. **4** ds.18. Where was disease contracted **McCammon Idaho**
if not at place of death?Did an operation precede death? **No** Date ofWas there an autopsy? **No**What test confirmed diagnosis? **Bacteriologic Exam of Cerebrum**(Signed) **D C Ray**, M. D.
3/3/31., 19 **1931** (Address) **Poca., Idaho.**19. Place of Burial, Cremation, or Removal **Downey, Idaho.** Date of Burial **3/5/31.** 1920. Undertaker **Arthur W. Hall** Address **Pocatello, Idaho.**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

71598

State File No.

PLACE OF DEATH

County of BonanzaCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. 445 So. Main St.)Local Registrar's No. 35

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie Thomas Reeves(a) Residence No. 445 So. Main St. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced, (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

.....hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14.

Informant (Address)

15.

Filed

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar 5
(Month) (Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

1 - 11, 1931, to 3 - 5, 1931that I last saw her alive on 3 - 5, 1931and that death occurred, on the date stated above, at 4 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of NoWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. J. H. ... M. D.3/6, 1931 (Address) Pocatello

19. Place of Burial, Cremation, or Removal

Date of Burial

Pocatello Idaho Mar 7 1931

20. Undertaker

Address

L. L. McItan, Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74599

State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Stanthony's Hash)Local Registrar's No. 36

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 107 Woolley Apt. Pocatello

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Mar 6, 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

15 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Pocatello Idaho

10. NAME OF FATHER

Emmett W. Gasser

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Mary Clark

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Wisconsin

14.

Informant
(Address)Emmett Gasser

15.

Filed

Mar 6, 1931D C Rm

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar. 6,

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3-6, 1931, to 3-6, 1931that I last saw him alive on 3-6, 1931and that death occurred, on the date stated above, at 3452 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Premature birth
(7 months)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted —
if not at place of death?Did an operation precede death? no Date of noWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. J. H. Jones, M. D.3/6, 1931 (Address) Pocatello

19. Place of Burial, Cremation, or Removal

Date of Burial

Pocatello Idaho Mar 7 1931

20. Undertaker

Address

K. L. McNamee Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74600

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No.

Primary Registration District No.

(No. Bannock County Court House)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME M. Kitaguchi

(a) Residence. No. Shoshone, Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

Shoshone, Idaho.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Japanese 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Pearl Kitaguchi
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE About 50 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Hotel - Man
(b) General nature of industry, business, or establishment in which employed (or employer) Rooming - house
(c) Name of employer

9. BIRTHPLACE (city or town) Japan
(State or country)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) Japan
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Japan
(State or Country)

14. Informant T. Okawa
(Address) 246 South Third Ave. Poca., Ida.

15. Filed 3/7/31. 19....

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 5, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19...., to 19....
that I last saw h..... alive on 19....

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Strangulation

by stocking tied around neck
(Suicidal)

(duration) yrs. mos. ds.
CONTRIBUTORY Insanity
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Arthur W. Hall Coroner, M. D.
3/7/31. 19.... (Address) Poca., Idaho.

19. Place of Burial, Cremation, or Removal Mountain View Cemetery
Pocatello, Idaho. Date of Burial 3/9/31. 19....

20. Undertaker Arthur W. Hall Pocatello, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74601**

PLACE OF DEATH
County of **Bannock**
City of **Pocatello**

Registration District No. **28**Primary Registration District No. **2161**(No. **1405 North Bonfield**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. **38**2. FULL NAME **William H Price**(a) Residence. No. **1405 North Bonfield** St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

5a. ~~He~~ married, widowed, or divorced
HUSBAND of **Rene Price**
~~(or) WIFE of~~

6. DATE OF BIRTH (month, day and year) **July 28th 1863**

7. AGE Years **67** Months **7** Days **8** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Peace officer**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Ohio**
(State or country)10. NAME OF FATHER **Alexander Price**11. BIRTHPLACE OF FATHER (city or town)
(State or Country) **N.Y.**12. MAIDEN NAME OF MOTHER **Mrs. Ella**13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) **N.Y.**

14. Informant **Fred Price**
(Address) **Pocatello**

15. Filed _____, 19____

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3 (Month) **7** (Day) 19**31** (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 10, 19**30**, to **Mar 7**, 19**31**
that I last saw him alive on **Mar 7**, 19**31**

and that death occurred, on the date stated above, at **1405 P.** m.

The CAUSE OF DEATH* was as follows:

abscess of rectum
lung

(duration) yrs. **4** mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. **4** mos. ds.18. Where was disease contracted
if not at place of death? **yes**Did an operation precede death? **yes** Date of **Jan 3rd 1931**Was there an autopsy? **no**What test confirmed diagnosis? **phys & an**

(Signed)

31107, 19**31** (Address) **811 home M. D.**
Pocatello

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

mt moriah**3-9th 1931**

20. Undertaker

Address

Schunacker & Basley Inc
Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74602

State File No.

PLACE OF DEATH

County of ButteCity of Arco

CERTIFICATE OF DEATH

Registration District No. 59Primary Registration District No. 2129Local Registrar's No. 41

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Louise Carter Ferris

(a) Residence, No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 28 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of George Edmund Ferris6. DATE OF BIRTH (month, day and year) March 11 - 1865

7. AGE

Years 66Months —Days 4If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Paw Paw Michigan
(State or country)10. NAME OF FATHER J. Green Carter11. BIRTHPLACE OF FATHER (city or town) Paw Paw Michigan
(State or Country)12. MAIDEN NAME OF MOTHER Adeline Electa Fleeter13. BIRTHPLACE OF MOTHER (city or town) Paw Paw Michigan
(State or Country)14. Informant
(Address) Raymond Fisher
Arco Idaho15. Filed March 16, 1931Registrar. R. B. Salt

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 15, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 12, 1931 to March 14, 1931that I last saw her alive on March 14, 1931and that death occurred, on the date stated above, at 7:45 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral embolism(duration) yrs. mos. 3 ds.CONTRIBUTORY Chronic myocarditis and
(Secondary) Endocarditis(duration) 6 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical exam(Signed) J. H. Egbert M. D.March 16, 1931 (Address) Arco Idaho19. Place of Burial, Cremation or Removal Arco Idaho Date of Burial March 17, 193120. Undertaker O. C. Buck Address Arco Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74603

State File No.

PLACE OF DEATH

County of ButteCity of Boise

CERTIFICATE OF DEATH

Registration District No. 59Primary Registration District No. 2199Local Registrar's No. 40

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James B. Boyack(a) Residence. No. Moore, Idaho

St.

(Usual place of abode.)

Length of residence in city or town where death occurred 12 yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lucilla Brimhall6. DATE OF BIRTH (month, day and year) March 21-1889

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.831113

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Glendon, Scotland
(State or country)10. NAME OF FATHER James Boyack11. BIRTHPLACE OF FATHER (city or town) Scotland
(State or Country)12. MAIDEN NAME OF MOTHER Elizabeth Nealmaier13. BIRTHPLACE OF MOTHER (city or town) Scotland
(State or Country)

14.

Informant
(Address) Sydney Boyack, Worcester

15.

Filed March 9, 1931.R. B. Balt
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 8

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct. 26, 1931, to Mar. 7, 1931that I last saw him alive on Mar. 7, 1931and that death occurred, on the date stated above, at 10:30 am.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

CONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical Exam(Signed) W. E. Galt

M. D.

Mar. 9, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Spanish Fork, Utah March 13 1931

20. Undertaker

Address

O. C. Buck Boise, Idaho

APR 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74604
State File No.

PLACE OF DEATH

County of Butte
City of Idaho

CERTIFICATE OF DEATH

Registration District No. 59

Primary Registration District No. 2129

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Hans Larson

(a) Residence. No. Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 17 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth 32 yrs. 0 mos. 0 ds.

88b

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Catherine Larson

6. DATE OF BIRTH (month, day and year) Aug 27 - 1880

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
80 6 18 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Copenhagen Denmark

10. NAME OF FATHER Lars Larson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Copenhagen

12. MAIDEN NAME OF MOTHER Uphausen

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Copenhagen

14. Informant (Address) H. J. Larson, Idaho

15. Filed March 20, 1931 F. R. Salt Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 17, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1930 to March 17, 1931

that I last saw him alive on Feb. 10, 1931 and that death occurred, on the date stated above, at 12:30 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myocarditis (duration) 5 yrs. 0 mos. 0 ds.

CONTRIBUTORY Arterio sclerosis (Secondary) (duration) 10 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam

(Signed) Dr. E. E. Ebert, M. D.

Mar. 19, 1931 (Address) Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Idaho Mar. 19, 1931

20. Undertaker Buck Address Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74605

State File No.

PLACE OF DEATH

County of *Blaine*City of *Arco*

CERTIFICATE OF DEATH

Registration District No. *59*Primary Registration District No. *2129*Local Registrar's No. *42*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Charles E. Jensen*(a) Residence. No. *Arco, Idaho* St.

(Usual place of abode.)

Length of residence in city or town where death occurred. *18* yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Hertha Wilhemina Jensen*

6. DATE OF BIRTH (month, day and year)

Oct 18th 1863

7. AGE

Years

Months

Days

If LESS than 1 day,

*68**4**29*hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*retired Farmer*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)*Copenhagen Denmark*

10. NAME OF FATHER

*Lars Jensen*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)*Denmark*

12. MAIDEN NAME OF MOTHER

*Unknown*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)*Denmark*

14.

Informant
(Address)*W.C. Jensen 552-26th*

15.

Filed *March 19, 1931**W.C. Salt*

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

*Mar.**16**1931*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

*Mar. 15, 1931, to Mar. 16, 1931*that I last saw him alive on *Mar. 15, 1931*and that death occurred, on the date stated above, at *4:30* a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Carcinoma of Stomach*(duration) *6* mos. ds.CONTRIBUTORY
(Secondary)*Chronic Bronchitis*(duration) *5* yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *Physical Exam*

(Signed)

Dr. Egbert

M. D.

Mar. 18, 1931 (Address) *Arco, Idaho*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Randolph Utah**March 21, 1931*

20. Undertaker

O.C. Buick

Address

Arco, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74606

State File No.

PLACE OF DEATH

County of Butte

City of Arco

Registration District No. 59

Primary Registration District No. 2129

Local Registrar's No. 44

CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Beryl Elaine Pieper

(a) Residence No. Arco, Idaho

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 13 yrs. 4 mos. 11 ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 19-1918

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
13 4 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Arco, Idaho
(State or country) Butte Co.

10. NAME OF FATHER Thos. Edward Pieper

11. BIRTHPLACE OF FATHER (city or town) Ontario, Canada
(State or Country)

12. MAIDEN NAME OF MOTHER Bertha A. McEllen

13. BIRTHPLACE OF MOTHER (city or town) Joe, Utah
(State or Country)

14. Informant (Address) Bertha A. Pieper
Arco, Idaho.

15. Filed April 1, 1931 J. C. Salt
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1931, to Mar. 30, 1931

that I last saw him alive on Mar. 30, 1931

and that death occurred, on the date stated above, at 4:45 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Fracture of base of Skull
Automobile collided with
her while she was riding
bicycle. (duration) yrs. mos. ds.
Death - instantaneous

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Thyroid exam

(Signed) Dr. Egbert, M. D.

Apr. 1, 1931 (Address) Arco, Idaho

19. Place of Burial, Cremation or Removal Arco, Idaho Date of Burial April 2, 1931

20. Undertaker Shady Farmer Address Arco, Idaho

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED APR 9 1931

DO NOT WRITE IN THIS SPACE

State File No. 74607

PLACE OF DEATH

County of Canyon

City of

Registration District No. 2

Primary Registration District No. 2006

Local Registrar's No. 46

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter H. Bowen

(a) Residence. No. Kuna Idaho St.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 9 - 1880

7. AGE Years 50 Months 9 Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wisconsin (State or country)

10. NAME OF FATHER Luther B. Bowen

11. BIRTHPLACE OF FATHER (city or town) Wisconsin (State or Country)

12. MAIDEN NAME OF MOTHER Wilson

13. BIRTHPLACE OF MOTHER (city or town) Wisconsin (State or Country)

14. Informant Mrs. W. H. Bowen (Address) Kuna Idaho

15. Filed 3/28 1931 Lathbury Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

that I last saw him alive on , 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Accidental, pinned under his own car as it backed off and rolled over on top.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. V. Peckham, Coroner

, 19 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Kuna Cemetery Date of Burial 3-29 1931

20. Undertaker F. K. Robinson Address Kuna Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 9 1931

DO NOT WRITE IN THIS SPACE

74608

State File No.

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 2006(No. 2 mi north nampa)Local Registrar's No. 47

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hellen E. Call(a) Residence. No. 2 mi north nampa St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 14 yrs. 1 mos. 17 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

married

5a. If married, widowed, or divorced

HUSBAND or
(or) WIFE ofJames W. Call6. DATE OF BIRTH (month, day and year) July 18th 1861

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.6988

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workhousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Greencastle
(State or country) Indiana

10. NAME OF FATHER

John Kellard11. BIRTHPLACE OF FATHER (city or town) Dublin
(State or Country) Ireland

12. MAIDEN NAME OF MOTHER

Hellen McEntyre13. BIRTHPLACE OF MOTHER (city or town) Glasgow
(State or County) Scotland14. Informant Mr. James W. Call
(Address) Nampa Idaho15. Filed 3/30 1931 Pat. Canay
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 26 1930, to March 26 1931that I last saw him alive on March 26 1931and that death occurred, on the date stated above, at 1:15 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Septicemia from septic
phlebitis Right leg.(duration) yrs. 1 mos. 25 ds.CONTRIBUTORY hepatic & Head disease
(Secondary)(duration) 2 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? clinical(Signed) V. C. Bell M. D.3-28- 1931 (Address) Nampa, Ida

19. Place of Burial, Cremation, or Removal

Kohlerlawn-Nampa 3-29 1931

20. Undertaker

Wm. D. Talley Nampa, Ida

RECEIVED APR 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74609

State File No.

PLACE OF DEATH

County of GemCity of Emmett

CERTIFICATE OF DEATH

Registration District No. 6

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Wiley Brown(a) Residence. No. Emmett, Idaho St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)
Widower5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 13- 18577. AGE Years Months Days If LESS than 1 day,
73 10 20 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Rancher(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Indiana
(State or country)

10. NAME OF FATHER

Robinson Brown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Indiana

12. MAIDEN NAME OF MOTHER

Almyra Silcott13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Penn14. Informant Wiley Brown
(Address)15. Filed 2-8-31 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 3 1931

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 1 1931 to Feb 3 1931that I last saw him alive on Feb 2 1931and that death occurred, on the date stated above, at 5-4 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Arterio-sclerosis an
apoplexy 14 months previous

(duration) yrs. mos. ds.

CONTRIBUTORY Arterio-sclerosis
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. V. Reynolds M. D.2/9 1931 (Address) Emmett

19. Place of Burial, Cremation, or Removal

Date of Burial

Indianola Iowa

19

20. Undertaker

Address

Paul L. Case, Caldwell, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74610

State File No.

PLACE OF DEATH

County of Ben Registration District No. 6City of Emmett Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Pearson

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widower</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 5 - 1864

7. AGE <u>67</u>	Years <u>2</u>	Months <u>23</u>	Days <u>23</u>	If LESS than 1 day,hrs. ormin.
---------------------	-------------------	---------------------	-------------------	--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town).....
(State or country) Iowa10. NAME OF FATHER James B. Pearson11. BIRTHPLACE OF FATHER (city or town).....
(State or Country) Not known12. MAIDEN NAME OF MOTHER "13. BIRTHPLACE OF MOTHER (city or town).....
(State or Country) "14. Informant Mrs Ray E. Henry
(Address)15. Filed 3/30 1931 J. H. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

I was called after death only

that I last saw him..... alive on..... 19.....

and that death occurred, on the date stated above, at 11:30 PM.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Sudden death, possibly
embolic or hemorrhagic
of brain
(duration) Sudden yrs. mos. ds.CONTRIBUTORY to not know
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) J. H. Reynolds M. D.
3/30 1931 (Address) Emmett19. Place of Burial, Cremation, or Removal Horseshoe Bend, Ida Date of Burial 3/30 193120. Undertaker C. D. Bucknum Address Emmett
Idaho

CERTIFICATE OF DEATH

RECEIVED APR 9 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

74011

1. PLACE OF DEATH

County of CanyonCity of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7Primary Registration District No. 7006

(No. _____ St.)

File No. _____

Registered No. 30

If death occurred in hospital, institution or give its NAME inside street and number.

2. FULL NAME Catherine M. Branson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

(Write the word.)

6. DATE OF BIRTH

Aug 12 1914
(Month) (Day) (Year)

7. AGE

16 Yrs. 7 Mos. 7 ds.IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

None

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Utah

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER

(State or Country)

Colorado

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15. 3/9
Filed 3/11/31

1931

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased

June 28 1928 to July 9th
that I last saw her alive on July 9th
and that death occurred on the date stated above, at 7

The CAUSE OF DEATH* was as follows:

Status Epilepticus

(Duration) Yrs. mos.

Contributory
(Secondary)

(Duration) yrs. mos.

(Signed)

Dr. R. B. Byrnes19-1931 (Address) Boise, Idaho

*State the Disease Causing Death; or in deaths from Violent Cause (1) Means of Injury; and (2) whether Accidental, Suicidal or Homi

18. LENGTH OF RESIDENCE (For Hospitals, Institutions or Recent Residents)

At place of death since June 28 - 1928 In the
yrs. mos. days. State yrs. mos.Where was disease contracted if not at place of death? At homeFormer or usual residence Boise, Idaho

19. PLACE OF BURIAL OR REMOVAL

Boise, Idaho

DATE OF BURIAL

3/11/31

20. UNDERTAKER

Wm. Mc Bratney

ADDRESS

Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74612

State File No.

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1006
(No. Dewey Palace Hotel)

Local Registrar's No. 29

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas James O'Keefe(a) Residence. No. 627 E 26th st Portland Ore. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced, write the word. Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 14 1885

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
45 9 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Traveling Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S. Rubber Co
Leadville Colo.

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER Thos. B. O'Keefe

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scranton Penn.

12. MAIDEN NAME OF MOTHER Emelie L. Brabant13. BIRTHPLACE OF MOTHER (city or town) (State or County) Canada.

14. Informant J. B. Bender 116, North St.
(Address) Portland, Ore.

15. Filed 3/5/31 1931 Dr. J. B. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 4th 1931 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 4 1931, to March 4 1931
that I last saw him alive on March 4 1931
and that death occurred, on the date stated above, at 1230 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute alcoholic poisoning

(duration) yrs. mos. ds. 1

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) Frank Belcher, M. D.March 5 1931 (Address) Nampa, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Portland, Ore.

19

20. Undertaker

Address

Fred K. Robinson Nampa
Idaho

RECEIVED APR 9 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74613

State File No.

PLACE OF DEATH

County of JeromeCity of Jerome

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Carlisle

(a) Residence. No.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)Infant

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Mar 8/31

7. AGE

Years

Months

Days

If LESS than 1 day,

..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Jerome Idaho

10. NAME OF FATHER

Heber John Carlisle

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Utah

12. MAIDEN NAME OF MOTHER

Lizzie Leone Harrow

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Wash

14.

Informant
(Address)Lizzie Carlisle
Jerome Idaho

15.

Filed

3/8, 1931Chas F. Zeller
Inc Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar
(Month)8
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Premature Twin Infant

.....(duration)yrs.mos.ds.

CONTRIBUTORY

(Secondary)

.....(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed)

Chas F. Zeller

M. D.

3/151931

(Address)

Jerome Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Jerome Idaho

19

20. Undertaker

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Kootenai
City of Coeur D' Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1850
(No. _____)

DO NOT WRITE IN THIS SPACE

State File No. 74615

Local Registrar's No. 40

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter M. Lathron

(a) Residence. No. III9 Eight 4 St.

(Usual place of abode.)
Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 182 yrs. 0 mos. 0 ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1885 Jan. 30

7. AGE Years 45 Months 11 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mill Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)

10. NAME OF FATHER J. W. Lathron

11. BIRTHPLACE OF FATHER (city or town) Mo.
(State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth Cox

13. BIRTHPLACE OF MOTHER (city or town) Tenn.
(State or Country)

14. Informant B. H. Lathron
(Address) Superior, Wyo.

15. Filled 3/29, 1921 N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 2nd, 1921
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,
that I last saw him alive on _____, 19____,
and that death occurred, on the date stated above, at 4 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

accidental drowning
Fernan Lake

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. B. Munn Registrar

3/3, 1921 (Address) Coeur d'Alene, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cemetery

3/5, 1921

20. Undertaker

Address

R. B. Munn

Co. A.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74616
State File No.

PLACE OF DEATH

County of *Boaterman*
City of

CERTIFICATE OF DEATH

Registration District No. *30*
Primary Registration District No. *1050* Local Registrar's No. *41*

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Mary A Paul*
(a) Residence. No. *Hayden Lake* St.
(Usual place of abode.)
Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word.) <i>Widow</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year) <i>Dec 8 1879</i>		
7. AGE	Years <i>79</i>	Months <i>3</i>
	Days <i>9</i>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <i>at Home</i> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) (State or country) *MO*

10. NAME OF FATHER <i>Jessie Pomer</i>
11. BIRTHPLACE OF FATHER (city or town) (State or Country) <i>Ohio</i>
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) <i>Indiana</i>

14. Informant (Address) *Mrs J. H. Drake*
Hayden Lake Ida.

15. Filed *3-29-31* *N. J. Sturges* Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
March 18 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Oct 10 19*29*, to *March 17* 19*31*
that I last saw her alive on *March 17* 19*31*
and that death occurred, on the date stated above, at *4 A* m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia

arter

(duration) yrs. mos. ds.
CONTRIBUTORY *Arterio Sclerosis*
(Secondary)
(duration) *2* yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? *No* Date of.....
Was there an autopsy? *No*
What test confirmed diagnosis?
(Signed) *E. A. Teed* M. D.
3-18- 19*31* (Address) *Crowd Allen*

19. Place of Burial, Cremation, or Removal *Forest Cem* Date of Burial *3-20* 19*31*

20. Undertaker *Mooney Mortuary* Address *P.O. A*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of KootenaiCity of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alette Ingebrigtson(a) Residence. No. C.D.A. Homes For the Aged St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fem.

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Widow

5a. If married, widowed, or divorced

~~HUSBAND~~
(or) WIFE ofUnknown6. DATE OF BIRTH (month, day and year) feb. 4, 1845

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or86111

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)NORWAY

10. NAME OF FATHER

UNKNOWN11. BIRTHPLACE OF FATHER (city or town)
(State or Country)UNKNOWN

12. MAIDEN NAME OF MOTHER

UNKNOWN13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)NORWAY

14.

Informant
(Address)REV. JOHNSONC.D.A. HOMES

15.

Filed

3/181931N. J. Sturges
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. _____

74617Local Registrar's No. 42

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

MARCH 15, 1931

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at 7:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Death suddenProbably apoplexy

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)age

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed _____

(Signed)

Edmund J. Pomeroy, M.D.

(Address) _____, 19____

19. Place of Burial, Cremation, or Removal

Forest Cemetery

Date of Burial

3/18 1931

20. Undertaker

R.B. Mooney

Address

Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74618
State File No.

PLACE OF DEATH

County of Kootenai
City of Coeur D' Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 49

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary K. Johnson

(a) Residence. No. 1102 N 15th St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single. Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced

HUSBAND of Ely C. Johnson Deceased
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 7, 1840

7. AGE Years 90 Months 9 Days 4 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Alabama
(State or country)

10. NAME OF FATHER Allen F. Scrugg

11. BIRTHPLACE OF FATHER (city or town) Alabama
(State or Country)

12. MAIDEN NAME OF MOTHER Kittrel

13. BIRTHPLACE OF MOTHER (city or town) Alabama
(State or Country)

14. Informant P. P. Johnson
(Address) Coeur D' Alene, Idaho

15. Filed 3/18 1931 N. L. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 11, 1931

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

12-2- 1931, to 3-10 1931

that I last saw her alive on 3-8 1931

and that death occurred, on the date stated above, at 3:30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

3-16 1931 (Address) Coeur d'Alene, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest cemetery

3/13/31 19

20. Undertaker

Address

Mooney Mortuary Coeur d'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 9 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74619

State File No.

PLACE OF DEATH

County of Bohemia

City of Rathdrum

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 44

(No. 1019)
(If death occurred at a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ellen Rieger

(a) Residence. No. St.

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. D. Rieger

6. DATE OF BIRTH (month, day and year) April 19, 1867

7. AGE Years 63 Months 10 Days 7 If LESS than 7 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wis
(State or country)

10. NAME OF FATHER John Gebhart

11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)

12. MAIDEN NAME OF MOTHER Trumble

13. BIRTHPLACE OF MOTHER (city or town) Ireland
(State or Country)

14. Informant Chas. D. Rieger
(Address)

15. Filed 3/29, 1931 H. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1930, to Feb. 14, 1931
that I last saw him alive on Feb. 14, 1931
and that death occurred, on the date stated above, at 11:20 a.m.

The CAUSE OF DEATH* was as follows:
Hypertensive Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Myelitis
Spinal Cord (duration) yrs. mos. ds. about 3

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank Henry, M. D.
2/15, 1931 (Address) Rathdrum, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Vinegrove Cemetery Date of Burial 2/17 1931
Rathdrum Ida.

20. Undertaker Cossey Funeral Home Address Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74620**

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 45

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isabelle M. Housington

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

John O. Housington6. DATE OF BIRTH (month, day and year) 1843-26-5

7. AGE Years Months Days If LESS than 1 day,
88 1 6 _____ hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Scotland Co.
(State or country) Mo.

10. NAME OF FATHER

W. E. Ogg11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ken.

12. MAIDEN NAME OF MOTHER

Matilda Calvert13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Ken.

14. Informant Ernest B. Wintemute
(Address) Acting Marshal

15. Filed _____, 19____

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 10th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 3, 1931, to Mar 10, 1931that I last saw her alive on March 10, 1931and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy(duration) _____ yrs. mos. 7 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Symptoms(Signed) G. L. McCarty, M. D.March 11, 1931 (Address) Post Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Forest Cemetery, Coeur d'Alene 3-12 1931

20. Undertaker

Casey Funeral Home Address Coeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

PHYSICIAN

RECEIVED APR 9 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74621

State File No.

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 46

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 811 E. 4th

St.

(If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 20, 1860

7. AGE Years 70 Months _____ Days _____ If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant (Address)

15.

Filed

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 19, 1931
(Month) (Day) (Year)

17. WHEREBY CERTIFY, That I attended deceased from,

Dec., 1930, to Mar 19, 1931
that I last saw him alive on Mar 5, 1931

and that death occurred, on the date stated above, at 6 P.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Mar 20, 1931

(Address)

Spokane, M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

Spokane

21

20. Undertaker

Address

Smith & Co.

Spokane

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74622

State File No.

PLACE OF DEATH

County of *Kootenai*
City of *Coeur d'Alene*

Registration District No. *30*Primary Registration District No. *1050*Local Registrar's No. *47*

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *W. W. Whittum*(a) Residence. No. *Edgemere Idaho* St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. *12* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

*Nora Whittum*6. DATE OF BIRTH (month, day and year) *1982-6-25*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
48 9 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

N. Y.

10. NAME OF FATHER

Geo. Whittum

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Mich.

12. MAIDEN NAME OF MOTHER

Sarah Cooper

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

N. Y.

14. Informant (Address)

*Frank C. Whittum Jr.
Edgemere Idaho*15. Filed *3-27*, 19*31**N. J. Sturges*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 27, 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. Feb. 5, 19*31*, to *Mar 27*, 19*31*that I last saw *him* alive on *Mar 26*, 19*31*and that death occurred, on the date stated above, at *5:00* a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach(duration) *3* yrs. mos. ds.

CONTRIBUTORY (Secondary)

Carcinoma of G. B. & Liver

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of _____Was there an autopsy? *no*What test confirmed diagnosis? *Clinical Signs*(Signed) *J. S. Spohn M.D.**Mar 26*, 19*31* (Address) *Coeur d'Alene*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Seneca Green Cem. Idaho *3-27*, 19*31*

20. Undertaker Address

Cossey Funeral Home *CD Alene*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 9 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74623
State File No.

PLACE OF DEATH

County of Roseland
City of Cocoa & Allen

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
(No. _____)

Local Registrar's No. 48

(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Post J. Courtney
(a) Residence No. 404 Summitt St.
(Usual place of abode.)
Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Katherine Courtney
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 15 - 1854

7. AGE Years 75 Months 8 Days 14 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) N. Y.
(State or country)

10. NAME OF FATHER Post Courtney

11. BIRTHPLACE OF FATHER (city or town) Ireland
(State or Country)

12. MAIDEN NAME OF MOTHER Harriet Olmsted

13. BIRTHPLACE OF MOTHER (city or town) Penn
(State or Country)

14. Informant Mrs Post Courtney
(Address) Cocoa & Allen 2897

15. Filed 3-31 1931 H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 30
Nov 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Oct 10 1930, to Mar 30 1931
that I last saw him alive on Mar 29 1931
and that death occurred, on the date stated above, at 10:30 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Softening of Brain

(duration) 1 yrs. 6 mos. 0 ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. H. Seed, M. D.
3-31- 1931 (Address) Cocoa & Allen 2897

19. Place of Burial, Cremation, or Removal Forest Cemetery
Date of Burial Mar 31 1931

20. Undertaker R B Mowen
Address Cocoa & Allen

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **74624**

PLACE OF DEATH
County of **Kootenai**
City of **Pebo**

Registration District No. **30**
Primary Registration District No. **1050**

Local Registrar's No. **49**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

8802

2. FULL NAME **Josephine Legacy**

(a) Residence No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F.** 4. COLOR OR RACE **W.** 5. Single, Married, Widowed, or Divorced* (write the word) **widowed**
5a. If married, widowed, or divorced
HUSBAND of **Peter Legacy**
(or) WIFE of
6. DATE OF BIRTH (month, day and year) **1842-8-4**
7. AGE Years **88** Months **7** Days **27** If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) **Battery**
(State or country) **N. B.**

10. NAME OF FATHER **Jos. Coms**

11. BIRTHPLACE OF FATHER (city or town) **N. B.**
(State or Country)

12. MAIDEN NAME OF MOTHER **Lucy Grant**

13. BIRTHPLACE OF MOTHER (city or town) **N. B.**
(State or Country)

14. Informant **Joseph Harvey**
(Address)

15. Filed **4-6**, 19**31** **N. J. Sturges**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
4 **1** **1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Dec. 10**, 19**30**, to **Dec. 10**, 19**30**
that I last saw him alive on **Dec. 10**, 19**30**
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

Chronic myocardial degeneration

(duration) **5** yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? **no** Date of _____

Was there an autopsy? **no**

What test confirmed diagnosis? **Usual.**

*(Signed) **John Allegood**, M. D.
April 3, 1931 (Address) **Coeur d'Alene, Idaho.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **St. Thomas Lem. Coeur** Date of Burial **2-4** **1931**

20. Undertaker **Cassidy Funeral Home** Address **Coeur d'Alene**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74625**

PLACE OF DEATH

County of Benedict
City of St. MariesRegistration District No. 32
Primary Registration District No. 2049Local Registrar's No. 6

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Martinides(a) Residence. No. Capital Hill St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
- 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) Aug 24 - 1859
7. AGE Years 71 Months 7 Days 8 If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
- (a) Trade, profession, or particular kind of work Retired Miner
- (b) General nature of industry, business, or establishment in which employed (or employer) _____
- (c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country) Austria - Hungary10. NAME OF FATHER John Martinides11. BIRTHPLACE OF FATHER (city or town) (State or Country) Phenix12. MAIDEN NAME OF MOTHER Mary Martinides

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) _____

14. Informant Katie Martinides
(Address) St Maries Pda15. Filed Apr. 29, 1931 Walter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 2 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Apr 7, 1931, that I last saw him alive on Mar 20, 1931, and that death occurred, on the date stated above, at 7. a m.

The CAUSE OF DEATH* was as follows:

Permeable Anemia(duration) 3 yrs. _____ mos. _____ ds.CONTRIBUTORY (Secondary) ✓(duration) ✓ yrs. _____ mos. _____ ds.18. Where was disease contracted if not at place of death? ✓Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? Blood test
(Signed) Chas. D. Platt M. D.
Apr 2, 1931 (Address) St Maries, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St Maries Date of Burial April 4 1931
20. Undertaker Geo. Mitchell Address St Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

74627

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 8
Primary Registration District No. 2004
(No. Boise, Idaho. Route #4)

Local Registrar's No. 35

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frederick F. Doubrava.(a) Residence. No. Boise, Idaho. Route #4 St.

(Usual place of abode.)

Length of residence in city or town where death occurred 10 yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widower</u>
------------------------	-----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Amelia Doubrava.6. DATE OF BIRTH (month, day and year) October 18-1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>83</u>	<u>5</u>	<u>13</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant retired 16 years.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pernitz, Moravia.
(State or country)

10. NAME OF FATHER

John Doubrava.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Austria.

12. MAIDEN NAME OF MOTHER

Unknown.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Austria.

14.

Informant
(Address)A. A. Doubrava.Sheridan, Oregon.

15.

Filed

4-31931W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 1st 1931

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 1st 1931 to 4 April 1st 1931
that I last saw him alive on April 1st 1931

and that death occurred, on the date stated above, at 11:4 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Starvation - imagined
he could not eat - typical
senile senility -

CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

4/2/31

19.....

(Address)

Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.4/3/31

19

20. Undertaker

Address

Wm. McBratney.Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

74628

74628

PLACE OF DEATH
County of Bingham
City of Blackfoot

CERTIFICATE OF DEATH
Registration District No. 121
Primary Registration District No. 219H
(No. State Hospital South)

Local Registrar's No. 75

2. FULL NAME Sophie E Hagelin

(a) Residence. No. St. Nampa

(Usual place of abode.)
Length of residence in city or town where death occurred 3 yrs. 11 mos. 14 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

RECEIVED MAY 4 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Fred A Hagelin
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 13, 1880

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
46 50 7 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Chicago, Illinois
(State or country)

10. NAME OF FATHER John Simonsen

11. BIRTHPLACE OF FATHER (city or town) Norway
(State or Country)

12. MAIDEN NAME OF MOTHER No data for maiden

13. BIRTHPLACE OF MOTHER (city or town) Norway
(State or Country)

14. Informant Records of State Hospital South
(Address)

15. Filed Apr 25 31 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 24th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 15th 1931 to Apr 24th, 1931

that I last saw her alive Apr 24 1931 and that death occurred, on the date stated above, at 5:40p m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Records fine (duration) 3 yrs. — mos. — ds.

CONTRIBUTORY Dementia Precox
(Secondary) at least (duration) 3 yrs. 11 mos. 14 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. R. Lowe, M. D.

Apr 24th, 1931 (Address) Blackfoot

19. Place of Burial, Cremation, or Removal Waukegan, Mich. Date of Burial 19

20. Undertaker E. J. Beck Address Blackfoot

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAY 6 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 78
 Township _____ or Village _____ 74629 or
 City Twistle Creek No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Walter W. Schwartz

(a) Residence: No. _____ St. _____ Ward Sandpoint, Idaho.
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5a. If married, widowed or divorced HUSBAND of Grace Schwartz (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Aug 2, 1882

7. AGE Years 48 Months 8 Days 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Forest Service

10. Date deceased last worked at this occupation (month and year) Apr. 17, 1931 11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (city or town) Rochester
 (State or country) Maine

13. NAME Edward August Schwartz

14. BIRTHPLACE (city or town) Saxon
 (State or country) Germany

15. MAIDEN NAME Anna Catharina Labadie

16. BIRTHPLACE (city or town) Plymouth
 (State or country) Mass.

17. INFORMANT Mrs. Grace Schwartz
 (Address) Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL Sandpoint, Idaho
 Place Union Cemetery Date May 2, 1931

19. UNDERTAKER W. H. Moon
 (Address) Sandpoint, Idaho

20. FILED May 2, 1931
Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 27, 1931.

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

Accidental Drowning in Lake Pend d'Oreille

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) L. H. Moon Coroner(Address) Sandpoint, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74630**Local Registrar's No. **35**

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004

(No. U.S.V.B., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME HUGHES, Ivory J.(a) Residence. No. Box 149 St. Sandy, Utah(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Fern Hughes

6. DATE OF BIRTH (month, day and year)

7. AGE Years 35 Months 0 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer(b) General nature of industry, business, or establishment in which employed (or employer) XX(c) Name of employer XX9. BIRTHPLACE (city or town) Utah
(State or country)10. NAME OF FATHER XX11. BIRTHPLACE OF FATHER (city or town) XX
(State or Country)12. MAIDEN NAME OF MOTHER XX13. BIRTHPLACE OF MOTHER (city or town) XX
(State or Country)

14. Informant L.H. Beaman
(Address) U.S.V.B., Boise, Idaho

15. Filed 5-4, 1931 W.H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

January 10, 1931, to May 2, 1931that I last saw him alive on May 2, 1931and that death occurred, on the date stated above, at 8.00 p.m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY Acute uremia
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical findings(Signed) F.C. SMITH, Reg. Med. Officer, M. D.May 4, 1931 (Address) U.S.V.B., Boise, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Sandy, Utah Date of Burial 5-4-31 1931

20. Undertaker Schreibert McCann Address Sandy, Utah

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74631

PLACE OF DEATH

County of Lyon FallsCity of BuhlRegistration District No. 34Primary Registration District No. 2087Local Registrar's No. 164(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Katter S. Wright

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of Eugenia M. Wright (or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 28 - 1841

7. AGE Years 89 Months 5 Days 8 If LESS than 1 day, _____ hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Townsend Mass. (State or country)

10. NAME OF FATHER Joseph V. Wright11. BIRTHPLACE OF FATHER (city or town) Neb. known (State or Country)12. MAIDEN NAME OF MOTHER Eleanor Blood13. BIRTHPLACE OF MOTHER (city or town) Neb. known (State or Country)

14. Informant Cather Wright (Address) Buhl

15. Filed Apr 6 1931 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 5th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows

(duration) _____ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) J. H. Murphy RegistrarApril 6, 1931 (Address) Buhl Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker L. J. Johnson Address Buhl Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74632

State File No. _____

PLACE OF DEATH

County of ShoshoneCity of KelloggRegistration District No. 123Primary Registration District No. 2201

(No. _____)

Local Registrar's No. 17

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Alfred Wadleigh Beasley

(a) Residence. No. _____

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widowed</u>
---------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 27, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>78</u>	<u>—</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Schoolteacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Ohio

10. NAME OF FATHER

Nathaniel H. Beasley

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Ohio

12. MAIDEN NAME OF MOTHER

Susan Kirkus

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Kentucky

PARENTS

14. Informant (Address)

Alfred F. Beasley
Kellogg, Idaho

15. Filed

4/281931M. E. Thornhill
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Apr 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from on _____, 19____, to April 26, 1931
that I last saw him alive on April 26, 1931
and that death occurred, on the date stated above, at 9:50 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

myocarditis
(Deceased died instantly while playing chess)
(duration) 3 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? no

What best confirmed diagnosis? Electrocardiogram
(Signed) Dr. H. H. Henshaw, M. D.
April 27, 1931 (Address) Kellogg, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Spokane WashApril 28, 1931

20. Undertaker

Address

M. E. Thornhill Kellogg, Idaho

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Ada County
 Precinct Boise Valley
 or
 Village
 or
 City No. St. Ward

STATE OF UTAH—DEATH CERTIFICATE

State Board of Health File No.

74633

74633

[If death occurred in a hospital or institution give its NAME instead of street and number.]

185

2 FULL NAME FRANKLIN BARR SMITH(a) Residence. No.
(USUAL PLACE OF ABODE)St.
(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)Married5a If Married, Widowed, or Divorced
HUSBAND OF
(OR) WIFE OF6 DATE OF BIRTH
(Month) (Day) (Year)7 AGE 61 yrs. 4 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ranchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of Employer

9 BIRTHPLACE (City or town) Lancaster County,
(State or Country) Pennsylvania10 NAME OF FATHER Jacob Smith11 BIRTHPLACE OF FATHER (State or Country) American12 MAIDEN NAME OF MOTHER Elizabeth Smith13 BIRTHPLACE OF MOTHER (State or Country) America

14 Informant

Address

15 Filed 19 T. B. Beatty

Registrar

Registered Number

No. of Burial or Removal Permit

21 414222 D-5869

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

September 10th 1894
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....,

that I last saw h..... alive on 19.....,

and that death occurred, on the date stated above, at m.

The CAUSE DEATH* was as follows:

Concussion of spine-the result of a fall

(Duration yrs. mos. ds.)

Contributory (Secondary)

(Duration yrs. mos. ds.)

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. P. Ustick, M. D.

....., 19..... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Salt Lake City Ceme. Sept. 14 1894

20 UNDERTAKER

ADDRESS

George S. Glover

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74634

State File No. _____

PLACE OF DEATH

County of Lemhi
City of Gibbonsville

CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2116
(No. _____)

Local Registrar's No. 74634
(2116)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Gibbonsville, Idaho St. _____

(Usual place of abode.) Length of residence in city or town where death occurred 40 yrs. mon. ds. How long in U. S. if of foreign birth? yrs. mon. ds. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Alberta May Nohle
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1-30-1875

7. AGE Years 56 Months 3 Days 5 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer) Mining

(c) Name of employer _____

9. BIRTHPLACE (city or town) Grayville Ill's
(State or country)

10. NAME OF FATHER Bruno Nohle

11. BIRTHPLACE OF FATHER (city or town) Solinger, Germany
(State or Country)

12. MAIDEN NAME OF MOTHER Lina Schmidt

13. BIRTHPLACE OF MOTHER (city or town) Adana Germany
(State or Country)

14. Informant Alberta M. Nohle
(Address) Gibbonsville Idaho

15. Filed May 8, 1931 Clis Bellamy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended decas d from Nov. 25, 1930, to May 4, 1931.
that I last saw him alive on May 4, 1931.

and that death occurred, on the date stated above, at 3 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
about (duration) 2 yrs. mos. ds.

CONTRIBUTORY

(Secondary) Broncho pneumonia
(duration) 4 yrs. mos. ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Lab. & clinical

(Signed) Clas F. Hauser, M. D.

May 7, 1931 (Address) Salmon

19. Place of Burial, Cremation, or Removal Gibbonsville Idaho Date of Burial 5-7 1931

20. Undertaker William C. Soebler Address Salmon Idaho

Jack A. Wood. Lakeside

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74637

State File No.

PLACE OF DEATH

County of Pannack
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2101(No. Pocatello General Hospital)Local Registrar's No. 72

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. Imamoto(a) Residence. No. Shoshone Ida. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos. 2

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Japanese Married5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. Waichi Imamoto

6. DATE OF BIRTH (month, day and year)

1977

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

54

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Cook in Restaurant(b) General nature of industry,
business, or establishment in
which employed (or employer)Capt. at Shoshone

(c) Name of employer

C. T. Marinato Idado9. BIRTHPLACE (city or town)
(State or country)Japan.

10. NAME OF FATHER

Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Japan

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Japan

14.

Informant
(Address)Chas. T. Marinato
Miss Sarah Mary

15.

Filed

April 25, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April251931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

4-2331to 4-2531that I last saw him alive on 4-2531and that death occurred, on the date stated above, at 7:30 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral syphilis.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of —Was there an autopsy? No Signed SpindWhat test confirmed diagnosis? Wagener's(Signed) W. W. Brothers M. D.4-25, 1931 (Address Pocatello, Idaho)

19. Place of Burial, Cremation, or Removal

Date of Burial

Mt. View Cemetery19

20. Undertaker

Address

H. L. McHanPocatello, Idaho

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74638

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 1004

Local Registrar's No. 122

(No. 1880)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

2

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Annette Palmer

6. DATE OF BIRTH (month, day and year)

October 8-1887

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

43

6

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Auto Dealer

(b) General nature of industry,
business, or establishment in
which employed (or employer)

W. H. Decker

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Red Rock, Idaho

10. NAME OF FATHER

Henry M. Palmer

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Martha Clemons

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Idaho

14.

Informant
(Address)Mrs. James T. Palmer
Blackfoot, Idaho

15.

Filed

4-17-31

W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

(Month)

17

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 15, 1931, to April 17, 1931

that I last saw him alive on April 16, 1931

and that death occurred, on the date stated above, at 3 A. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Skull fracture & brain hemorrhage
Injured in auto accident.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? Hunt's Ferry Idaho.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings - Puncture

(Signed) Harold E. Decker, M. D.

April 17, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Blackfoot, Idaho

Date of Burial

4-19-1931

20. Undertaker.

Schreiber & McCan

Address.

Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74639

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus)Local Registrar's No. 129

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chester Asahel Davis(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Ina Davis6. DATE OF BIRTH (month, day and year) July 17th, 1881.7. AGE Years Months Days If LESS than 1 day.
49 9 6 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Reporter--Printer--Newspaper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Near Miles, Jackson County,
(State or country) Iowa

10. NAME OF FATHER

A. J. (Major) Davis11. BIRTHPLACE OF FATHER (city or town) Waterdown,
(State or Country) Ontario, Canada12. MAIDEN NAME OF MOTHER Sarah Scarborough13. BIRTHPLACE OF MOTHER (city or town) Near Miles,
(State or County) Jackson County, Iowa.14. Informant A. E. Pearson, Miles, Iowa.
(Address)15. Filed 4-24-31 W. S. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 23, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 23, 1931, to Apr. 23, 1931
that I last saw him alive at 50 m.and that death occurred, on the date stated above, at 50 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Suicide. Cut vein in wrist with safety razor blade

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. E. Summers, Coroner M. D.
424 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Buried at Miles, Iowa.Apr. 28, 1931

20. Undertaker

Address

Summers & Trafts Boise, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74640**

PLACE OF DEATH

County of Ada

CERTIFICATE OF DEATH

City of _____

Registration District No. 8Primary Registration District No. 2004Local Registrar's No. 27(No. Near U.P. Depot, Bench)

(If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Lemmer

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) 18547. AGE 77 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Luxemburg
(State or country)10. NAME OF FATHER Peter Lemmer11. BIRTHPLACE OF FATHER (city or town) Luxemburg
(State or Country)12. MAIDEN NAME OF MOTHER Mrs. Wessen13. BIRTHPLACE OF MOTHER (city or town) Luxemburg
(State or Country)14. Informant Peter Lemmer
(Address) Bain15. Filed 4-13-31 W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 10, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 10, 1931, to April 10, 1931,
that I last saw him alive April 10, 1931,
and that death occurred, on the date stated above, at 99 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Suicide. Gun
shot wound in head
with 12 gauge shot
gun (duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) Elfred E. Lemmer Coroner4/10, 1931 (Address) Bain19. Place of Burial, Cremation, or Removal St. John's Cemetery Date of Burial 4/1320. Undertaker Schreiber & McCann Address Bain, Ida

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74641

State File No.

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004 Local Registrar's No. 135(No. Ivywild & Richmond, South Boise.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Elnora Davis Ellis(a) Residence. No. Ivywild & Richmond, South Boise. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widow.</u>
--------------------------	-----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofTheron Ellis6. DATE OF BIRTH (month, day and year) January 22nd 1841

7. AGE <u>90</u>	Years <u>3</u>	Months <u>6</u>	Days <u>---</u>	If LESS than 1 day, hrs. or min. <u>---</u>
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ontario Co. N. Y.
(State or country)

10. NAME OF FATHER

Daniel Sage.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

N. Y.

12. MAIDEN NAME OF MOTHER

Eliza Wood.

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

N. Y.14. Informant Mrs. Leroy Davis.
(Address) Boise, Idaho.15. Filed 4-30 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 28th 1931, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. 1st, 1931, to Apr. 28th, 1931that I last saw her alive on Mar. 1st, 1931and that death occurred, on the date stated above, at 9:15 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Arterio-sclerosis with amilo
changes in cortex

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)General amilo changes

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of -Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. M. Taylor, M. D.
4/28/31, 1931 (Address) Boise, Ida.19. Place of Burial, Cremation, or Removal Clarkston, Michigan. Date of Burial 4/30/31 193120. Undertaker Wm. McBratney. Address Boise, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74642

PLACE OF DEATH

County of Ada

City of

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 28

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. 3 miles South East of Boise

(Usual place of abode.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word.)

Female

White

Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec. 18, 1844

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

86

3

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Ohio

10. NAME OF FATHER

David Calkins

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

unknown

14. Informant (Address)

Fred Holden
R. W. H. 5 Boise Idaho

15. Filed LL-15-31 1931

W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

15

1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 20 - 1931, to April 15, 1931
that I last saw her alive on Apr. 12, 1931

and that death occurred, on the date stated above, at 6:30 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Senility

(duration) yrs. mos. ds.
CONTRIBUTORY auto intoxication
(Secondary)

(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. Calkins, M. D.
Boise Idaho, 1931 (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Thidemy Apr 17 1931

Undertaker

Address

Summers & Kufs Boise Idaho

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 74643

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 8
Primary Registration District No. 2004
(No. State and Vine Street.)
Local Registrar's No. 24

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Addie L. Minar.
(a) Residence. No. State and Vine Street. St.

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word.) Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Minar.		
6. DATE OF BIRTH (month, day and year) June 7th 1843		
7. AGE 87	Years 9	Months 24
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work None. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) New York.
(State or country)

PARENTS	10. NAME OF FATHER Hugh Chilson.
	11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown.
	12. MAIDEN NAME OF MOTHER Phoebe
	13. BIRTHPLACE OF MOTHER (city or town) (State or Country) New York.

14. Informant Mrs. Harriett E. Sedgwick.
(Address) Boise, Idaho.

15. Filed 4-3-31 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 1st 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan. 1931, to April 1, 1931
that I last saw her alive on March 31, 1931
and that death occurred, on the date stated above, at 7 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Inanition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) G. H. Ramsey, M. D.
4/2/31 19 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Date of Burial
Morris Hill Cemetery. 4/3/31 19

20. Undertaker Address
Wm. McBratney. Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74644

State File No.

PLACE OF DEATH

County of Ada

City of Boise

Registration District No.

Primary Registration District No.

(No. St Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

135

2. FULL NAME Infant Hawk

(a) Residence. No. 2 Miles South of Boise

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

April 27 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

5 hrs. or
30 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

10. NAME OF FATHER

Harold. R. Hawk

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Boise, Idaho

12. MAIDEN NAME OF MOTHER

Velma. L. Roberts

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Colorado

14.

Informant
(Address)

Harold. R. Hawk

R.D. # 4, Boise, Idaho

15.

Filed

4-30

19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

4
(Month)

27
(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Premature to

that I last saw him alive on

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Premature
5 1/2 mo. along

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Clinical
diagnosis M. D.

(Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery

Apr. 28, 1931

20. Undertaker

Address

Summers & Krebs, Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74645

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004

(No.)

Local Registrar's No. 124
1592. FULL NAME Phillip Berry(a) Residence. No. St. Alphonsus St. Star Ida

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wht. 5. Single, Married, Widowed, or Divorced (write the word) S.5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —6. DATE OF BIRTH (month, day and year) April 1- 19317. AGE Years Months Days If LESS than 1 day.
19 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. —(b) General nature of industry, business, or establishment in which employed (or employer) —(c) Name of employer —9. BIRTHPLACE (city or town) Boise
(State or country) Ida.10. NAME OF FATHER Lloyd Berry11. BIRTHPLACE OF FATHER (city or town) Springfield
(State or Country) Mo.12. MAIDEN NAME OF MOTHER Ruth Daseh13. BIRTHPLACE OF MOTHER (city or town) Dubois
(State or Country) Ida.14. Informant (Address) Lloyd Berry
Star Ida15. Filed 4-20-31 1931 W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on 4/19 1931and that death occurred, on the date stated above, at — m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Accephalee
monster.
neurologic
congenitalCONTRIBUTORY
(Secondary) —

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? — Date of —Was there an autopsy? —What test confirmed diagnosis? Clinical(Signed) A. Coats, M. D.(Address) —, 19—

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery Apr. 20 1931

20. Undertaker

Address

Schreier McLean Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74646

State File No.

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Lukes Hospital.)Local Registrar's No. 137

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elvin Chapman(a) Residence. No. 30th and Pleasanton Ave. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) January 29-19157. AGE Years Months Days If LESS than 1 day, hrs. or min.
16 2 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. In School.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Oakley, Idaho.
(State or country)

10. NAME OF FATHER

Lemuel Chapman.11. BIRTHPLACE OF FATHER (city or town) California.
(State or Country)12. MAIDEN NAME OF MOTHER Blanche Mortindale13. BIRTHPLACE OF MOTHER (city or town) Oakley, Idaho.
(State or Country)14. Informant Lemuel Chapman.
(Address) Boise, Idaho.15. Filed 4-30-31 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 30th 1931

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 1, 1931, to March 30, 1931that I last saw him alive on March 30, 1931and that death occurred, on the date stated above, at 3:30 A.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Post mort. Revealed only
Cirrhosis of the liver.(duration) unknown yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? yesWhat test confirmed diagnosis? microscopic(Signed) W. H. Rhodes, M. D.3/30/31, 1931 (Address) Boise, Idaho.19. Place of Burial, Cremation, or Removal
Morris Hill Cemetery.Date of Burial
3/31/31

19

20. Undertaker
Wm. McBratney.Address
Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74647**

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1004 Local Registrar's No. 110
(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Ruth Breeden.

(a) Residence. No. Meridian, Idaho. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day and year) Sept. 8th 1912

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
18 6 18 -----

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer) -----

(c) Name of employer -----

9. BIRTHPLACE (city or town) Cyer, Mo.
(State or country)

10. NAME OF FATHER

Claude Breeden.

11. BIRTHPLACE OF FATHER (city or town) Mo.
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Cole.

13. BIRTHPLACE OF MOTHER (city or town) Cyer, Mo.
(State or Country)

14. Informant Mrs. Claude Breeden.
(Address) Meridian, Idaho.

15. Filed 4-1, 1931 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 26th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 21 to Mar 26, 1931
that I last saw her alive on Mar 26, 1931

and that death occurred, on the date stated above, at 4 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted ✓
if not at place of death?

Did an operation precede death? No Date of -----

Was there an autopsy? No

What test confirmed diagnosis? usual

(Signed) W. N. Rhodes, M. D.
3/26/31, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal Morris Will Cemetery. Date of Burial 3/28/31 1931

20. Undertaker Wm. McBratney. Address Boise, Idaho

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of MINNIE RUTH BREEDEN
now lying buried in Morris Hill Cemetery, in the City or Town of Boise
County of Ada State of Idaho, who died on the 20th day of March, 1931, Aged 18 years 6 months
18 days, the cause of death being Pneumonia and
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever
or yellow fever as shown by the certificate of death of said deceased, given by
Su Toney attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by Private
to Cloverdale Cemetery in the City or Town of Boise private or railway conveyance
County of Ada
State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Boise it being understood and provided that nothing herein shall be deemed as contravening or in
anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses
or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If
the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new
metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 27th day of February, A.D. 1934.

Permit issued to:
Cloverdale Funeral Home
Boise, Idaho

Janet M. Wick

by Joyce B. Wick Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of _____ State of Idaho, this _____ day of _____, 19____.

Health Officer

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74648**

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 111
(No. St. Alfonsus)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John M. Simmons

(a) Residence. No. 425 W. Jefferson St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 5th. 1854

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
76 11 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Harness Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Tent, Awning & Harness

(c) Name of employer Pioneer Tent & Awning Co. Ltd.

9. BIRTHPLACE (city or town) (State or country) Missouri

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country) United States

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) United States

14. Informant (Address) W. H. Blodgett

15. Filed 4-3 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1931 to March 30, 1931
that I last saw him alive on March 30, 1931
and that death occurred, on the date stated above, at 4:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. C. Collett M. D.
4-3 1931 (Address) Boise Ida

19. Place of Burial, Cremation, or Removal Date of Burial
Morris Hill Cemetery Apr. 2 1931

20. Undertaker Address
Schreiber McNamee Boise Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74649

State File No.

PLACE OF DEATH

County of Ada
City of Runa

CERTIFICATE OF DEATH

Registration District No. 124
Primary Registration District No. 2202
(No.)

Local Registrar's No. 206

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harold Austin Tobbs

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of L

6. DATE OF BIRTH (month, day and year) Feb 9 - 31

7. AGE Years Months Days If LESS than 1 day,
hrs. or min.
15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. L

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Runa Idaho
(State or country)

10. NAME OF FATHER

David Wilson Tobbs11. BIRTHPLACE OF FATHER (city or town) Hunt Co.
(State or Country) Texas12. MAIDEN NAME OF MOTHER Thelma Pruitt13. BIRTHPLACE OF MOTHER (city or town) South Boise
(State or County) Idaho14. Informant David Tobbs
(Address) Runa Idaho15. Filed 4-24 1931 Roy Muschelmann
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

2 118, 1931, to 2, 22, 1931that I last saw him alive on 2 1 22, 1931and that death occurred, on the date stated above, at 10 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
double

(duration) yrs. mos. 6 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? clinical(Signed) W. H. Peck M. D., 19..... (Address) Meridian Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Boise

19

20. Undertaker

Address

Wm McBratneyBoise

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74650

PLACE OF DEATH

County of Ada

City of Boise

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St. Alphonsus Hospital)

Local Registrar's No. 125

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William L. West

(a) Residence. No. 285 Gardner Ave St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 1865

7. AGE Years 66 Months - Days - If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Stockman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) White County Georgia (State or country)

10. NAME OF FATHER Ben West

11. BIRTHPLACE OF FATHER (city or town) Georgia (State or Country)

12. MAIDEN NAME OF MOTHER Hattie H. Sunnigan

13. BIRTHPLACE OF MOTHER (city or town) Georgia (State or Country)

14. Informant (Address) A. Schreiber

15. Filed 4-31-1931 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 17 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

4-1-1931, to 4-17-1931, that I last saw him alive on 4-17-1931

and that death occurred, on the date stated above, at 4:50 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis
death in uremic coma

CONTRIBUTORY 4 Generalized arteriosclerosis (Secondary) (duration) 15 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & chemical

(Signed) W. L. West, M. D. 4-18-1931 (Address) 41-8 Eastman St.

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery Date of Burial 4/19/1931

20. Undertaker Schreiber & W. Carver Address Boise, La.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

74651

PLACE OF DEATH

County of AdaCity of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004

(No. _____)

Local Registrar's No. 126

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Caroline Heidenreich.(a) Residence. No. 207. South 16 Street. St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs. 4 mos. _____

ds. _____

How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds. _____

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofSilas. F. Heidenreich.

6. DATE OF BIRTH (month, day and year)

July. 10. 1889.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

4198

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work. At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wyoming.
(State or country)

10. NAME OF FATHER

Gus Johnson.11. BIRTHPLACE OF FATHER (city or town) Sweden.
(State or Country)12. MAIDEN NAME OF MOTHER Emma Johnson.13. BIRTHPLACE OF MOTHER (city or town) Sweden.
(State or Country)

14.

Informant
(Address)Silas. F. Heidenreich.207. S. 16 Street, Boise, Idaho

15.

Filed

31W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 18

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 30, 1931, to April 18, 1931
that I last saw her alive on April 18, 1931and that death occurred, on the date stated above, at 9:10 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic valvular heart disease. Mitral regurgitation. Since childhood.
CONTRIBUTORY Cancer of liver.
(Secondary) (duration) 20 yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

April 18, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery. April 22. 31

20. Undertaker

Address

Summers & Krebs. Boise, Idaho.

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74652

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1004

(No.)

Local Registrar's No. 123

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delilah Bowen Bayhouse(a) Residence. No. 816 Pueblo St. St. 90

(Usual place of abode.)

Length of residence in city or town where death occurred. 46 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 10, 18637. AGE Years Months Days If LESS than 1 day,
68 3 4 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Providence
(State or country) Carter Co., Utah

10. NAME OF FATHER

Jonathan S. Bowen

11. BIRTHPLACE OF FATHER (city or town)

(State or Country) Vermont

12. MAIDEN NAME OF MOTHER

Adeline G. Rice

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country) Buckeye Co., Michigan14. Informant Rhoda B. Cook

(Address)

69 East 1st N. Logan, Utah15. Filed 4-18, 1931W. N. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

2 m. 14th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec., 1930, to April 14, 1931that I last saw her alive on April 14, 1931and that death occurred, on the date stated above, at 2:30 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

hemiplegia - with
valvular heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of NoWas there an autopsy? NoWhat test confirmed diagnosis? 4/17(Signed) Chas. V. Seminary, M. D.April 16, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Pioneer Cemetery4/17, 1931

20. Undertaker

Address

Schuchert & Wm. C. Brown, Boise, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74653

State File No.

113

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. 1606 N. 5th Street.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Roland Quint(a) Residence. No. Boise, Idaho. St. Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred. 11 yrs. mos. ds.

(If nonresident give city or town and State.) yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
------------------------	-----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
-----6. DATE OF BIRTH (month, day and year) February 15-1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>11</u>		<u>1</u>	<u>17</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work In School.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER

J.D. Quint.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Wis.12. MAIDEN NAME OF MOTHER Olga Muellar.13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Minn.14. Informant Mrs. Olga Quint.
(Address) Boise, Idaho.15. Filed 4-4 1931 W.W. Rhoades
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 2nd 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Feb 10th 1931 to April 2nd 1931
that I last saw him alive on March 15th 1931
and that death occurred, on the date stated above, at 4 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Valvular heart lesion -
accompanied with dropsyCONTRIBUTORY (Secondary) Rheumatism
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John B. Smith M. D.
4/2/31 19 (Address) Boise, Idaho19. Place of Burial, Cremation, or Removal
Morris Hill Cemetery. Date of Burial 4/4/31 1920. Undertaker
Wm. McBratney. Address Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

PHYSICIAN

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74654

PLACE OF DEATH

County of Ada

City of Boise

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No.)

Local Registrar's No. 128

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha S. Fletcher.

(a) Residence. No. 1200. N. 18 Street.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred. 14 yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)

Female.

White.

Widow.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

September. 5. 1846

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

84.

7

17.

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

At Home.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Iowa City,

Iowa.

10. NAME OF FATHER

James T. Robinson.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

New York.

12. MAIDEN NAME OF MOTHER

Unknown.

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

Unknown.

14.

Informant
(Address)

Paul Fletcher.

Saint Anthony, Idaho.

15.

Filed

44-22 1931

W. N. Chole

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

22nd

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 1st 1931, to Apr. 22nd 1931

that I last saw her alive on Apr. 22nd 1931

and that death occurred, on the date stated above, at 9:30 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Myocarditis and stroke
Changes in Cortex (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms only

(Signed)

J. M. Taylor M. D.
Apr. 22, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Saint Anthony Idaho.

Apr. 24. 1931

20. Undertaker

Address

Summers & Krebs. Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74655

State File No.

PLACE OF DEATH

County of Ada
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1004Local Registrar's No. 113

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Cornell.(a) Residence. No. 807, Franklin Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. Bessie Cornell.6. DATE OF BIRTH (month, day and year) January 24, 1855.7. AGE Years Months Days If LESS than 1 day, hrs. or min.
76. 2 17.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Janitor at Public Library

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Brooklyn.
(State or country) New York

10. NAME OF FATHER

Cornell.11. BIRTHPLACE OF FATHER (city or town) Unknown.
(State or Country)12. MAIDEN NAME OF MOTHER Unknown.13. BIRTHPLACE OF MOTHER (city or town) Unknown.
(State or County)14. Informant Mrs. Charles Cornell.
(Address) 807, Franklin Street, Boise, Idaho.15. Filed 4-13-31 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on April 10th 1931and that death occurred, on the date stated above, at 5:00 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral PectorisCONTRIBUTORY (Secondary) Hypertension.
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

August 11th 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery, April 13, 1931.

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74656

State File No.

PLACE OF DEATH

County of AdaCity of Kuna

CERTIFICATE OF DEATH

Registration District No. 124Primary Registration District No. 2202Local Registrar's No. 207

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Narcissus Robbe

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb. 16 - 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>87</u>	<u>2</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHouse Wife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Brenton, Mo.
(State or country)10. NAME OF FATHER Caswell Burnett11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Tenn.12. MAIDEN NAME OF MOTHER Charlatti Harlin13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Albany, Mo.

14.

Informant
(Address)F. M. Robbe,
Kuna, Ida.

15.

Filed

4-241931Ray M. Muselman
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

ag.
(Month)24
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

ag. 21 - 1931, to ag. 24 - 1931that I last saw her alive on ag. 23 - 1931and that death occurred, on the date stated above, at 7 A. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Myocarditis(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no, Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Samuel A. Swartz, M. D.ag. 24, 1931 (Address) Hanna, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Harris, Mo.

19

20. Undertaker

W. D. Talley

Address

Hanna, Ida.

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74657

PLACE OF DEATH

County of Ada
City of Baie

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1004

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Barz(a) Residence. No. 1812 N 10 St.

(Usual place of abode.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofSadie Barz6. DATE OF BIRTH (month, day and year) Apr. 25-18617. AGE Years 69 Months 11 Days 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Berlin Germany
(State or country)10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)14. Informant (Address) Mrs Herman Barz
1812 N 10 St Boise Idaho15. Filed 4-31-31 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 24 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Apr 18 1931, to Apr 24 1931that I last saw him alive on Apr 24 1931and that death occurred, on the date stated above, at 7 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Influenza.CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 10 ds.(duration) yrs. mos. 3 ds.18. Where was disease contracted Place of death
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? None(Signed) J. H. Bragan M. D.Apr 27 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

St Morris Hosp Cemetery Apr 26 193120. Undertaker Summers & Kels Boise Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74661

State File No.

PLACE OF DEATH

County of AdaCity of Meridian

Registration District No.

Primary Registration District No.

Local Registrar's No. 6

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Chipman

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWm Chipman6. DATE OF BIRTH (month, day and year) Nov 19 057. AGE Years Months Days If LESS than 1 day, hrs. or min.
25 4 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Holladay
Missouri

10. NAME OF FATHER

Lant Hartman

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Wilmington
Ohio

12. MAIDEN NAME OF MOTHER

Lant Hartman

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Holladay
Missouri

14. Informant

(Address)

Mrs Lant Hartman
Meridian Ida

15. Filed

4-8, 1931J. F. Neal

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 6 1931

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

11-12, 1930, to 4-6, 1931that I last saw her alive on 4-6, 1931and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis(duration) yrs. 6 mos. ds.CONTRIBUTORY
(Secondary)Toxic Heart

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ☒Did an operation precede death? Yes Date of 9/25/30Was there an autopsy? NoWhat test confirmed diagnosis? Basic Metabolism(Signed) J. F. Neal, M. D.4-8, 1931 (Address) Meridian

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Meridian Ida4-9 1931

20. Undertaker

Address

B. W. RobinsonMeridian
Ida

RECEIVED MAY 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74662

State File No.

PLACE OF DEATH

County of Ada
City of Meridian

CERTIFICATE OF DEATH

Registration District No. 11Primary Registration District No. 2003Local Registrar's No. 5

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Deurock(a) Residence. No. MeridianSt. about 8 p.m.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 1 - 18497. AGE Years 82 Months 14 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Williamson Co Ill
(State or country)10. NAME OF FATHER William Deurock11. BIRTHPLACE OF FATHER (city or town) Meridian
(State or Country)12. MAIDEN NAME OF MOTHER no record13. BIRTHPLACE OF MOTHER (city or town) Meridian
(State or Country)14. Informant Vincent Deurock
(Address) Meridian15. Filed 3/15, 1931Registrar N.F. Meaf

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 14, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 13, 1931, to March 14, 1931
that I last saw him alive on March 14, 1931

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

influenza
myocarditis

(duration)yrs.mos.ds.

CONTRIBUTORY old age
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of.....Was there an autopsy? noWhat test confirmed diagnosis? Clinical
(Signed) N.F. Meaf, M. D.March 17, 1931 (Address) Meridian19. Place of Burial, Cremation, or Removal Naampa Idaho Date of Burial 193120. Undertaker W. S. Maeter Meridian Idaho Address

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74663

State File No.

133

PLACE OF DEATH

County of AdaCity of Boise

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred. 15 yrs. 3 mos. 12 ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 16 - 1913

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

171012

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Idaho City
Blaine County Idaho

10. NAME OF FATHER

Herbert A. Archard

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Blaine County Idaho

12. MAIDEN NAME OF MOTHER

Mathie Maundy

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Idaho City
Blaine County Idaho

14.

Informant
(Address)Herbert A. Archard
1310 North 15th St

15.

Filed 4-29, 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

(Month)

28

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept.1929, toApril1931that I last saw him alive on April 28, 1931and that death occurred, on the date stated above, at 7:15 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Endocarditis (Rheumatic)(duration) 5 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical Examination(Signed) O. J. Swindell, M. D.April 29, 1931 (Address) 319 Eastman Bldg
Boise Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

St. John's Cemetery4/30 1931

20. Undertaker

Address

Schreiber & W. Co. Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74664

State File No.

PLACE OF DEATH

County of Ada.

City of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1004

(No. 712 N. 9th Street.)

Local Registrar's No.

114

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Ann Matkins.

(a) Residence. No. 712 N. 9th Street.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 2 yrs. 6 mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Thomas L. Matkins.

6. DATE OF BIRTH (month, day and year) January 24th 1856

7. AGE

Years

Months

Days

If LESS than 1 day.

75

2

11

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Clay Co. Ind.
(State or country)

10. NAME OF FATHER

Daniel Davis Walker.

11. BIRTHPLACE OF FATHER (city or town) Ind.
(State or Country)

12. MAIDEN NAME OF MOTHER

Eliz. Ann Risley.

13. BIRTHPLACE OF MOTHER (city or town) Ind.
(State or County)

14. Informant Thomas L. Matkins.

(Address)

Boise, Idaho.

15.

Filed

4-6 1931

W. W. Rhoades

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 5th 1931

(Month)

(Day)

19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

3-3-1931, to 4-5-1931

that I last saw her alive on 4-5-31, 19

and that death occurred, on the date stated above, at 4:10 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Thrombosis

(duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary)

Brachy Pneumonia

(duration) yrs. mos. 5 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Autopsy

(Signed) Emmet E. R. M. D.

4/6/31, 19 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Salt Lake City, Utah.

Shipped 4/7/31 19

Wm. McBratney.

Address

Boise.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

STATE OF IDAHO *Corrected Cert.*
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74665

PLACE OF DEATH

County of AdaCity of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004.

Local Registrar's No. _____

(No. Idaho Soldiers Home Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Mc Claren.(a) Residence. No. Idaho Soldiers Home.

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. Addie. J. Mc Claren.

6. DATE OF BIRTH (month, day and year)

April. 30. 1846.

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or841126.

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workVeteran of the Civil War.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)New Castle, Penn.

10. NAME OF FATHER

William Mc Claren.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Scotland.

12. MAIDEN NAME OF MOTHER

Unknown.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Ireland.

14.

Informant
(Address)Frank. D. Mc Claren.

15.

Filed

19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April2631

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 119. 29.to April 2519. 31that I last saw him alive on April 25and that death occurred, on the date stated above, at 7 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Central EmbolusCONTRIBUTORY
(Secondary)(S. neck)

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Henry T. Nokes

M. D.

4-27-31 19

(Address)

Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Portland, Oregon.

20. Undertaker

Address

Summers & Krebs. Boise, Idaho.

RECEIVED MAY 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSDO NOT WRITE IN THIS SPACE
74666
State File No.

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. 2004 Local Registrar's No. 115
(No. 2117 N. 13th street.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Catherine Elizabeth Weatherby.(a) Residence. No. 2117 N. 13th Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Widow5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 2nd 18497. AGE Years Months Days If LESS than 1 day, hrs. or min.
81 9 4 ---

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Oswego, N. Y.
(State or country)

10. NAME OF FATHER

Daniel D. Suits.11. BIRTHPLACE OF FATHER (city or town) N. Y.
(State or Country)12. MAIDEN NAME OF MOTHER Rebecca Graves.13. BIRTHPLACE OF MOTHER (city or town) N. Y.
(State or Country)14. Informant Mrs. Isabel Brown.
(Address) Boise, Idaho.15. Filed 4-9 1931 W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 6th 1931 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY That I attended deceased from March 20th 1931 to April 6th 1931
that I last saw him alive on April 5th 1931
and that death occurred, on the date stated above, at 8:30 p. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Cerebral HemorrhageCONTRIBUTORY Arterio-sclerotic
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

4/7/31 (Signed) John Smith M. D.
1931 (Address) Boise, Ida.19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 4/9/31
1920. Undertaker Wm. McBratney. Address Boise, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74667

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. 004 Local Registrar's No. 2928
(No. Boise, Idaho. Route #4.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Jennie D. Cannon.(a) Residence. No. Boise, Idaho. Route #4. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn W. Cannon.6. DATE OF BIRTH (month, day and year) June 30th 1858

7. AGE Years Months Days If LESS than 1 day.
72 9 19 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ireland.
(State or country)

10. NAME OF FATHER

John Dobson.11. BIRTHPLACE OF FATHER (city or town) England.
(State or Country)12. MAIDEN NAME OF MOTHER Jane Rudd.13. BIRTHPLACE OF MOTHER (city or town) Ireland.
(State or Country)14. Informant Dr. J.W. Cannon.
(Address) Boise, Idaho.15. Filed 2 1931W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 19th 1931

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

on 21st, 19....., to April 19, 1931
that I last saw him alive on April 19, 1931and that death occurred, on the date stated above, at 2 A.M. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Stroke-apoplexy cerebral
Hemorrhage - Hardening
of arteries

.....(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

.....(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. W. Cannon, M. D.
4/20/31, 19..... (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.4/21/31 19.....

20. Undertaker

Wm. McBratney.

Address

Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74668

State File No.

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 8Primary Registration District No. 2004(No. Boise, Idaho. Route)Local Registrar's No. 3039

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Ellen L. Rapp.(a) Residence. No. Boise, Idaho. Route # St. 149

(Usual place of abode.)

Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widow.</u>
--------------------------	-----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWm. H. Rapp6. DATE OF BIRTH (month, day and year) April 20th 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or mins.
<u>84</u>	<u>11</u>	<u>20</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Jefferson Co. Wis.
(State or country)

10. NAME OF FATHER

Alfred Birdsall.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)N. Y.

12. MAIDEN NAME OF MOTHER

Jeanette Kibby.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)N. Y.14. Informant Mrs. E. I. Peshak.(Address) Boise, Idaho.15. Filed 31 1931W. H. Rhoades
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 10th 1931

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 1, 1931, to April 10, 1931that I last saw her alive on about March 19 31and that death occurred, on the date stated above, at 12:45 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

apoplexy (immediate)
Senility (Remote)

(duration) yrs. 2 mos. ds.CONTRIBUTORY
(Secondary)2 years

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Symptoms(Signed) P. P. French, M. D.4/25/31, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Morris Hill Cemetery.

Date of Burial

4/12/31 1931

20. Undertaker

Wm. McBratney.

Address

Boise, Idaho

RECEIVED MAY 8 1934

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74669

PLACE OF DEATH

County of Ada

City of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. Died at Granada Theatre.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida. V. Hillock.

(a) Residence. No. 715. Fort.

(Usual place of abode.)

Length of residence in city or town where death occurred. 31 yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.

5. Single, Married, Widowed,
or Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Charles Hillock.

6. DATE OF BIRTH (month, day and year)

December. 11. 1874.

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or

56

4

17.

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

At Home.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Detroit.

Michigan.

10. NAME OF FATHER

Isaac Shaw.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Canada.

12. MAIDEN NAME OF MOTHER

Unknown.

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

Unknown.

14.

Informant
(Address)

Charles Hillock.

715. Fort Street, Boise, Idaho.

15.

Filed

4-20, 19

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 28

(Month)

(Day)

1931

17. I HEREBY CERTIFY, That I attended deceased from

April 28, 1931, to April 28, 1931,
that I saw her alive on April 28, 1931,
and that death occurred, on the date stated above, at 30, m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Yes

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Chas. E. Summers, Coronary
Apr 28, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

St. Johns Cemetery

May 2 1931

20. Undertaker

Address,

Summers & Kufs

Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 4 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74670

State File No.

PLACE OF DEATH

County of Ada.
City of Eagle

CERTIFICATE OF DEATH

Registration District No. 9410
Primary Registration District No. 9410 Local Registrar's No. 1
(No. Eagle, Idaho.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Caldona Farmer.

(a) Residence. No. Eagle, Idaho. St.

(Usual place of abode.)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Widow.

5a. If married, widowed, or divorced
HUSBAND of Thomas Farmer.
(or) WIFE of

6. DATE OF BIRTH (month, day and year) January 29th 1858

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
73 2 12 ---

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Berryville, Ark.
(State or country)

10. NAME OF FATHER

-----Gardenhire.

11. BIRTHPLACE OF FATHER (city or town) Ark.
(State or Country)

12. MAIDEN NAME OF MOTHER Mary-----

13. BIRTHPLACE OF MOTHER (city or town) Unknown.
(State or County)

14. Informant James Farmer.
(Address) Eagle, Idaho.

15. Filed 4/13, 1931 Dr. J. J. McBratney
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 11th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
4-5-, 1931, to 4-5-, 1931
that I last saw or alive on 4-5-, 1931
and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY
(Secondary)

.....(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. McBratney M. D.
4-12, 1931 (Address) Meridian, Ida

19. Place of Burial, Cremation, or Removal Big Creek Cemetery. Date of Burial 4-13-31
20. Wm. McBratney. Address Boise, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74671**

PLACE OF DEATH

County of **Ada.**
City of **Boise.**

CERTIFICATE OF DEATH

Registration District No. **2**
Primary Registration District No. **1004** Local Registrar's No. **152**
(No. **St. Lukes Hospital.**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Mrs. Cora May Guay.**(a) Residence. No. **Boise, Idaho. R.#5.** St.

(Usual place of abode.)

Length of residence in city or town where death occurred. **22** yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White.** 5. Single, Married, Widowed, or Divorced (write the word.) **Widow.**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of**Joseph Guay.**6. DATE OF BIRTH (month, day and year) **Oct. 8th 1869**

7. AGE **61** Years **6** Months **16** Days **16** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housewife.**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Milwaukee, Wis.**
(State or country)

10. NAME OF FATHER

Charles Lane.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)**Unknown.**12. MAIDEN NAME OF MOTHER **Zeporah Stronach.**13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)**Canada.**14. Informant **William L. Guay.**
(Address)**Boise, Idaho. R.#5.**15. Filed **4-27-31** **W. H. Rhodes**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 24th 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 19 31 to **Apr 24 31**that I last saw her alive on **11:25 A**and that death occurred, on the date stated above, at **11:25 A**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
- Bulbar

(duration) yrs. mos. ds.

CONTRIBUTORY **Adeno Schuman**
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? **Boise Ida**Did an operation precede death? **No** Date ofWas there an autopsy? **No**What test confirmed diagnosis? **Chlorine testing**

(Signed) **Ames & Stewart**, M. D.
4/25/31, 19 (Address) **Boise, Idaho.**

19. Place of Burial, Cremation, or Removal
Morris Hill Cemetery. **4/28/31** 1920. Undertaker **Wm. McBratney.** Address **Boise, Ida.**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74672

PLACE OF DEATH

County of Ada.

CERTIFICATE OF DEATH

City of Boise.Registration District No. 3Primary Registration District No. 1004Local Registrar's No. 122(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilbur R. Burnam.(a) Residence. No. Grangeville, Idaho. St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElma Burnam6. DATE OF BIRTH (month, day and year) November 25-18867. AGE Years Months Days If LESS than 1 day, min.
44 4 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Albion, Wash.
(State or country)

10. NAME OF FATHER

Oran Burnam.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Iowa.

12. MAIDEN NAME OF MOTHER

Alta Eskridge.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Oregon.14. Informant Eugene Burnam.
(Address) Boise, Idaho.15. Filed 4-21, 1931W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 21st 1931

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct, 1923, to Apr 21, 1931

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 9 A.M. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pachymeningitis.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)Chloral Hydrate
(duration) 6 yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death? Hospital.Did an operation precede death? Yes Date of Nov. 1929Was there an autopsy? and Apr. 15-1931What test confirmed diagnosis? Stopsy(Signed) Verly T. Noker
4/21/31, 19____ (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Boise, Idaho 4-23 1931

20. Undertaker

Address

Wm. McBratney.Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

74673

PLACE OF DEATH

County of Ada

City of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1004

(No.)

Local Registrar's No. 108

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pete Rigdon.

(a) Residence. No. 1706. N. 18 Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) January. 26. 1911.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
20. 2 1.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER

Elbert Rigdon.

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Nebraska.

12. MAIDEN NAME OF MOTHER

Myrtle Bailey.

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Wyoming.

14. Informant W. E. Keeton.
(Address) 1706. N. 18 Street, Boise, Idaho.15. Filed 4-1-31 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to March 27, 1931, that I last saw him alive on March 27, 1931, and that death occurred, on the date stated above, at 4 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH was as follows:Acute dilatation of Stomach
due to excessive use of
moonshine whiskey

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) Clyde E. Summers Corang

3/30/31, 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery. Mar. 30. 31

20. Undertaker Address

Summers & Krebs. Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74674
State File No. _____

PLACE OF DEATH

County of Ada

City of _____

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. Idaho Soldiers Home St.

(Usual place of abode.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

July 31 - 1846

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.8472

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Veteran of
Civil War9. BIRTHPLACE (city or town)
(State or country)Mansfield Ohio

10. NAME OF FATHER

Joseph Escher11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Germany

12. MAIDEN NAME OF MOTHER

Ischorn13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)unknown14. Informant
(Address)Mrs Edg Smith
Pocatello Idaho

15. Filed

3-41931U.S. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3

(Month)

3

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1929 to Mar 2, 1931
that I last saw him alive on 3/1, 1931and that death occurred, on the date stated above, at 11 a. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma of Prostate(duration) yrs. mos. ds.
CONTRIBUTORY Exhaustion
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of 1926Was there an autopsy? yesWhat test confirmed diagnosis? Chemical findings(Signed) Fred A. Rhodes, M. D.3/3, 1931 (Address) Boise

19. Place of Burial, Cremation, or Removal

Date of Burial

Pocatello Idaho Mar 5 1931

20. Undertaker

Address

Summers & Trufo Boise Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 11
Primary Registration District No. 2003

DO NOT WRITE IN THIS SPACE

State File No. 74675Local Registrar's No. 7

(No. 49 of death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Elizabeth Rosella Ransom Moore
(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of John Moore
(or) WIFE of
6. DATE OF BIRTH (month, day and year) Oct 4-1853
7. AGE Years 75 Months 6 Days 21 If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Vincennes Ind.
(State or country)

PARENTS

10. NAME OF FATHER Isreal Ransom

11. BIRTHPLACE OF FATHER (city or town) State Indiana
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Still

13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)

14. Informant John A. Moore
(Address) Meridian Idaho

15. Filed 4-26 B-3 1931 J. F. Neal
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4, 4, 1931, to 4-25, 1931
that I last saw her alive on 4-25, 1931
and that death occurred, on the date stated above, at 4 P m.
The CAUSE OF DEATH* was as follows:

Carcinoma
Laba Majora

When I saw it first. Don't know

whether it extended to uterus
or not. Size of orange (large) mos. _____ ds. _____

CONTRIBUTORY (Secondary) first time I saw it.
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. F. Neal, M. D.
4-26, 1931 (Address) Meridian Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Meridian Cemetery Date of Burial Apr 27 1931

20. Undertaker W. H. Hatter Address Meridian

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County of Ada
City of Kuna, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 124
Primary Registration District No. 2202
(No. _____)

DO NOT WRITE IN THIS SPACE

74676

State File No. _____
Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Stuart Hale,

(a) Residence. No. Kuna, Idaho. St. _____

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 2 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male. 4 COLOR OR RACE White. 5 Single, Married, Widowed, or Divorced (write the word) Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mirtie Esther Hale.

6 DATE OF BIRTH (month, day and year)

7 AGE Years 57 Months 3 Days 21 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) Iowa.
(State or country)

10 NAME OF FATHER Schyler Hale.

11 BIRTHPLACE OF FATHER (city or town) Iowa.
(State or country)

12 MAIDEN NAME OF MOTHER Flora Gibson.

13 BIRTHPLACE OF MOTHER (city or town) Iowa.
(State or country)

14 Informant Mirtie Esther Hale,
(Address) Kuna, Idaho.

15 Filed April 29, 1931 Roy Musselman
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 26 1931.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1930, to 4-26, 1931.

that I last saw him alive on 4-25, 1931.

and that death occurred, on the date stated above, at 7.05 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the rt foot.

(duration) 1 yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Metastasis to rt Groin glands and Rt Iliac Lymphatic g
(duration) yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Yes Date of Nov. 24.

Was there an autopsy? No.

What test confirmed diagnosis? Deep Femoral Gland
Followed by Iliac Metastasis
(Signed) F. J. Coleman M. D.
4-27, 1931 (Address) Kuna, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, in Removal

Date of Burial

Kuna

4-29 1931

20. Undertaker

Address

Wm Mc Beatney

Boise Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74677

State File No.

PLACE OF DEATH

County of Ada

CERTIFICATE OF DEATH

City of _____

Registration District No. 8Primary Registration District No. 2004Local Registrar's No. 92

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ira Simpson.(a) Residence. No. 3 Miles South East of Boise. St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 28 yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Widower.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May. 6. 1856.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

741025.

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Farmer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Wisconsin.

10. NAME OF FATHER

Joseph Simpson.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Wisconsin.

12. MAIDEN NAME OF MOTHER

Helen Nash.

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

New York.

14.

Informant
(Address)Marion. B. Simpson.R.D. # 4. Boise, Idaho.

15.

Filed

4-2, 1931W. H. Rhoades

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March, 31

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct. 11, 1921, to March 30, 1931.that I last saw him alive on March 29, 1931.and that death occurred, on the date stated above, at 5 P m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Canard Stutter
Headache

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of Oct 1930Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. H. Rhoades, M. D.
4/2, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery. Apr. 2. 1931

20. Undertaker

Address

Summers & Krebs. Boise, Idaho.

Summers & Krebs. Boise, Idaho.

ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Item of information should be carefully supplied. AGE should be stated EXACTLY. Should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74679

State File No.

PLACE OF DEATH

County of AdaCity of Burset

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1004(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Candon Winfield Armstrong(a) Residence. No. 307- So 7th St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Apr. 7-18667. AGE Years 65 Months - Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pittsburgh
(State or country) Pa.10. NAME OF FATHER Candon Armstrong11. BIRTHPLACE OF FATHER (city or town) Pittsburgh
(State or Country) Pa.12. MAIDEN NAME OF MOTHER Mary Anderson13. BIRTHPLACE OF MOTHER (city or town) W. Virginia
(State or Country)14. Informant (Address) Stan W. Armstrong15. Filed Marysville 4-11-31 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 15 1931, to April 10 1931
that I last saw him alive on April 9 1931and that death occurred, on the date stated above, at 8 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pneumonia
ThrombosisCONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Bank M. D.
April 10 1931 (Address) Boise19. Place of Burial, Cremation, or Removal Harmon Hill Cemetery Date of Burial Apr. 14 193120. Undertaker Schreiber M. Lamb Address Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED MAY 8 1931 DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74680
State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 112
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sister Mary Ursulyn

(a) Residence. No. St. Alphonsus Hospital St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1898

7. AGE Years 33 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Maryland

10. NAME OF FATHER James Morgan

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Maryland

12. MAIDEN NAME OF MOTHER Ellen Jones

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md.

14.

Informant (Address)

Sister Mary Harriet
St. Alp. Hosp. Boise Idaho

15.

Filed

4-2, 1931

W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1930, to March 30, 1931
that I last saw her alive on March 30, 1931
and that death occurred, on the date stated above, at 11:15 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary
Tuberculosis

(duration) yrs. mos. ds.
CONTRIBUTORY Tuberculous Empyema
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? In Body Specimen

(Signed) St. H. Wash M. D.

19. (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

St Johns Cemetery Apr. 1 1931

20. Undertaker Address

Schrecker McCann Boise Id

Exact statement of OC- should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. CUPATION is very important.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74681

State File No.

PLACE OF DEATH

County of Ada

Registration District No.

City of Boise

Primary Registration District No.

(No. _____)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daisy Alice Ackers

31

(a) Residence. No. Emmett Idaho St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Mar 1 - 1915

7 AGE Years Months Days 1 day, or LESS than hrs. min.

16

1

29

or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Payette Idaho
(State or country)

10 NAME OF FATHER

Henry M. Ackers

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Denver Colo

12 MAIDEN NAME OF MOTHER

Daisy Wilson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Nevada

14 Informant Henry M. Ackers

(Address)

Emmett Idaho

15 Filed _____, 19____

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

4-30

1931

17 I HEREBY CERTIFY, That I attended deceased from

Feb. 21 1931 to Apr. 30 1931

that I last saw his alive on April 30 1931

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) _____ yrs. 4 mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death? at home

Did an operation precede death? yes Date of Feb. 21, 1931

Was there an autopsy? no

What test confirmed diagnosis? Sputum - Observation etc

(Signed)

H. E. Deagan M. D.

May 2 1931 (Address) Boise Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIO-
LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Emmett Idaho

Date of Burial

5-1-31

20 Undertaker

Address

Paul L. Case Boise Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 2 1931
DO NOT WRITE IN THIS SPACE
74682

State File No.

PLACE OF DEATH

County of Adams
City of Fruitvale

CERTIFICATE OF DEATH

Registration District No. 71

Primary Registration District No.

(No.)

Local Registrar's No. 71

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Perry McCumsey

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a: If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Carrie McCumsey

6. DATE OF BIRTH (month, day and year) Oct 14, 1861

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 6 8 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9. BIRTHPLACE (city or town) Nebraska
(State or country)

10. NAME OF FATHER

Wm McCumsey

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER

?

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant James McCumsey
(Address)

15. Filed 4-23, 1931 D. P. Higgins
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 21, 1931, to April 22, 1931
that I last saw him alive on April 21, 1931

and that death occurred, on the date stated above, at 8 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia - lobes of
both lungs

(duration) yrs. mos. 5 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) D. P. Higgins, M. D.

4-22, 1931 (Address) Council Bluffs

19. Place of Burial, Cremation, or Removal

Date of Burial

New Meadows Id

4-24 1931

20. Undertaker

Address

Robert Jones (acting)

Council Id

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 2 1931

DO NOT WRITE IN THIS SPACE

74683

State File No. _____

PLACE OF DEATH

County of Adams
City of Council

CERTIFICATE OF DEATH

Registration District No. 71Primary Registration District No. 71

(No. _____)

Local Registrar's No. 71

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur C. Thorge

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martha Thorge - deceased

6. DATE OF BIRTH (month, day and year) June 1, 1861

7. AGE Years Months Days If LESS than 1 day.
70 4 24 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self9. BIRTHPLACE (city or town) (State or country) Iowa

10. NAME OF FATHER

Arthur Thorge11. BIRTHPLACE OF FATHER (city or town) (State or Country) 212. MAIDEN NAME OF MOTHER 213. BIRTHPLACE OF MOTHER (city or town) (State or Country) 214. Informant (Address) Dr. P. H. Higgs15. Filed 4-26, 1931 D. P. Higgs Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 20, 1930, to April 25, 1931that I last saw him alive on April 22, 1931and that death occurred, on the date stated above, at 6 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy(duration) _____ yrs. _____ mos. 1 ds.CONTRIBUTORY Arterio-sclerosis

(Secondary)

(duration) 4 yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? none of clinical(Signed) D. P. Higgs, M. D.4-26, 1931 (Address) Council Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Council Ida4-28 1931

20. Undertaker

Address

Robt. Young (acting) Council Ida

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74685

State File No.

PLACE OF DEATH

CERTIFICATE OF DEATH

County of BannockCity of PocatelloRegistration District No. 28Primary Registration District No. 2161Local Registrar's No. 78

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Unknown Man(a) Residence. No. County Jail St. 177

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OF RACE white5. Single, Married, Widowed, or Divorced (write the word.) unknown

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of unknown

6. DATE OF BIRTH (month, day and year)

about Years 45

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. unknown(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) unknown10. NAME OF FATHER 1111. BIRTHPLACE OF FATHER (city or town)
(State or Country) 1112. MAIDEN NAME OF MOTHER 1113. BIRTHPLACE OF MOTHER (city or town)
(State or Country) 1114. Informant
(Address) Wm. Woodward15. Filed Apr. 29 1931

D. C. Ray

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 29 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY That I attended deceased from

Saw deceased living 19
Condition 4/28/31

that I last saw him alive on

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Drinking of Stomach
Heart

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy? noWhat test confirmed diagnosis? history from slum office(Signed) D. C. Ray(Address) Pocatello

19. Place of Burial, Cremation, or Removal

Date of Burial

Pocatello, Idaho April 29 1931

20. Undertaker

Address

McKandless & Co. Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74686

State File No.

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 2(No. Pocatello Creek)Local Registrar's No. 61

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Cram

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed,
or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 6, 1854

7. AGE

Years 76Months 10Days 5If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Hammer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Scotland10. NAME OF FATHER Robert Cram11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Scotland12. MAIDEN NAME OF MOTHER Isabel Boyd13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Scotland14. Informant
(Address) Robert Cram
Pocatello, Idaho15. Filed April 11 1931Registrar Ray

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 10

(Month)

(Day)

(Year) 1931

17. I HEREBY CERTIFY, That I attended deceased from

April 8, 1931, to April 10, 1931that I last saw him alive on April 10, 1931and that death occurred, on the date stated above, at 9:00 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Old age -
Initial InsufficiencyCONTRIBUTORY Injured 3 years
(Secondary) age - crushed -18. Where was disease contracted Yes
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Phys. Exam(Signed) J. J. Cram4/13/31 (Address) Pocatello

19. Place of Burial, Cremation, or Removal Date of Burial

Pocatello, Idaho April 12 193120. Undertaker McNan. Ind. Co.Address Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74687**

PLACE OF DEATH

County of **Pannock**
City of **Lawry**Registration District No. **23**Primary Registration District No. **2160**Local Registrar's No. **14**

(No. _____)

If death occurred in a hospital or institution, give its name (instead of street and number.)

2. FULL NAME **Charlotte Underwood**

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**4. COLOR OR RACE **white**5. Single, Married, Widowed, or Divorced (write the word) **widow**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of **William C. Underwood**6. DATE OF BIRTH (month, day and year) **Feb-2-1863**

7. AGE

68

Years

Months **1**Days **4**

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Retired**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Richmond, Utah**
(State or country)10. NAME OF FATHER **William D. Hendricks**11. BIRTHPLACE OF FATHER (city or town) **Franklin**
(State or country) **Simpson Co. Kentucky**12. MAIDEN NAME OF MOTHER **Mary Jane Andrews**13. BIRTHPLACE OF MOTHER (city or town) **Flanagan**
(State or country) **Flanagan, Pa. Ohio**

14.

Informant **Ray H. Underwood**(Address) **Lawry**

15.

Filed **April 20, 1931****Mary C. Coffin**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **mar - 6 - 1931**

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

1920

19

to **Jan - 7 - 1928**that I last saw her alive on **March 9, 1931**and that death occurred, on the date stated above, at **4:20 P.m.**

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (Sudden Death - Hemiplegia)
(duration) **19** yrs. mos. ds.

CONTRIBUTORY

(Secondary) **Senility**
(duration) _____ yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) **R. J. Harrison**

M. D.

3-9, 19**31** (Address) **Lawry, Ida.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Lawry Id**Date of Burial **Mar 8 1931**20. Undertaker **W. H. Hendricks**Address **Lawry**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **74688**

PLACE OF DEATH
County of **Bannock**
City of **Pocatello**

Registration District No. **28**

Primary Registration District No. **21613**

Local Registrar's No. **55**

(If death occurred in a hospital or institution, give its name instead of street and number.)
1045 S. 3rd

2. FULL NAME **William Jarr**

(a) Residence. No. **1045 S. 3rd** St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Widowed**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **June 26, 1843**

7. AGE **87** Years **7** Months **6** Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED **Retired**

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer) **Merchant**

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) **Illinois**

10. NAME OF FATHER **Jacob Jarr**

11. BIRTHPLACE OF FATHER (city or town) (State or Country) **Unknown**

12. MAIDEN NAME OF MOTHER **Nancy Buck**

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) **Penn**

14. Informant **J. W. Jarr**
(Address) **Lwin Falls Idaho**

15. Filed **4-3-31** **D. C. Ray** Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **April 2** 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Mar. 31**, 19**31**, to **March 31**, 19**31**
that I last saw him alive on **March 31**, 19**31**

and that death occurred, on the date stated above, at **9 A. m.**

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? **no** Date of

Was there an autopsy? **no**

What test confirmed diagnosis?

(Signed) **St. H. Dugbart** M. D.

Apr. 3, 19**31** (Address) **Pocatello, Idaho**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Mountain View** Date of Burial **Apr 3 1931**

20. Undertaker **Schumacher** Address **Coy**

Measley Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		State File No. <u>74689</u>	
City of <u>Pocatello</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>75</u>	
		Primary Registration District No. <u>2761</u>			
		(No. <u>Saint Anthony's Hospital</u>)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Infant Eldon Burns</u>					
(a) Residence. No. <u>Pocatello, Idaho.</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.		(If nonresident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>April 26, 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.	
	<u>0</u>	<u>0</u>	<u>0</u>	<u>8</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Pocatello, Idaho.</u>					
13. NAME <u>Pearl Burns</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Iowa</u>					
15. MAIDEN NAME <u>Jessie Ruth Burgess</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Shoshone, Idaho.</u>					
17. INFORMANT <u>Pearl Burns</u> (Address) <u>206 Kayman Pocatello</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Shoshone, Ida.</u> Date <u>4/28/31</u> , 193 <u>1</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>4/27/31</u> , 193 <u>1</u> <u>D. C. Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>April 27, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>4-27-31</u> , to <u>4-28-31</u> , 193 <u>1</u>					
I last saw him alive on <u>4-27</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>79</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Atelectasis</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u>					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____ (Signed) <u>W. T. Brothers</u> , M. D.					
(Address) <u>Pocatello, Idaho.</u>					

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74690

PLACE OF DEATH

County of Bonneville
City of PocatelloRegistration District No. 28Primary Registration District No. 2161(No. Lynn Bros Hospital)Local Registrar's No. 73

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant P. E. Flynn(a) Residence, No. 121 Roosevelt Ave. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Child5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 17th 19317. AGE Years Months Days If LESS than 1 day, hrs. or min. 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pocatello Idaho
(State or country)10. NAME OF FATHER P. E. Flynn11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Utah12. MAIDEN NAME OF MOTHER Josephine Fryar13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Idaho14. Informant Mr John Gray
(Address) 121 Roosevelt15. Filed 4-27, 1931 D. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 17 31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 16-31, 1931, to April 15-31, 1931, that I last saw him alive on April 15-31, 1931, and that death occurred, on the date stated above, at 139 m.

The CAUSE OF DEATH* was as follows:

premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? yesDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? El. examination(Signed) P. Flynn M. D.4/17/31 1931 (Address) Pocatello

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal mt view Date of Burial 4-17th 193120. Undertaker Schumacher & Brady Address Pocatello

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74691

State File No.

PLACE OF DEATH
County of Bannock
City of PocatelloRegistration District No. 28Primary Registration District No. 2161Local Registrar's No. 58(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1611

2. FULL NAME Infant H. Yarnall(a) Residence. No. 942 W. Front St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Child5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pocatello Idaho
(State or country)10. NAME OF FATHER H. Yarnall11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)12. MAIDEN NAME OF MOTHER Thelma M. Baugh13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant H. Yarnall
(Address) 942 W. Front15. Filed 4-9-31 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4-8-31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 4-7-31 to 4-8-31that I last saw him alive on 4-8-31and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Respiratory distress

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Autopsy(Signed) 4/8-31 M. D.(Address) Pocatello

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal MT View Date of Burial 4-8-3120. Undertaker Schunoch & Beady Address Pocatello

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74692

State File No.

PLACE OF DEATH

County of BannockCity of PocatelloRegistration District No. 28Primary Registration District No. 2161(No. Pocatello General Hospital)Local Registrar's No. 65

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry J. Lawson Jr. (Infant)(a) Residence. No. Pocatello, Idaho. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 16, 1931

7. AGE

Years

Months

Days

Three LESS than 1 day.
Thirty hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone(b) General nature of industry,
business, or establishment in
which employed (or employer)Infant

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Pocatello, Idaho.

10. NAME OF FATHER

Henry J. Lawson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Virginia

12. MAIDEN NAME OF MOTHER

Alma Lish13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Rockland, Idaho.14. Informant J. C. Lawson
(Address) 902 South Grant Ave. Poca., Ida.15. Filed 4/17/31. 19.....Registrar D. C. Ray

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 16, 1931 19.....
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 16, 1931 to April 16, 1931
that I last saw him alive on April 16, 1931and that death occurred, on the date stated above, at 1:30 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Congenital Heart
Disease

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? no

(Signed)

4/17/31. 19..... (Address) Poca., Ida.19. Place of Burial, Cremation, or Removal
Mountain View Cemetery
Pocatello, Idaho.Date of Burial
4/17/31.

20. Undertaker

Arthur W. HallAddress
Pocatello
Idaho.

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74693

State File No.

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 216(No. St Anthony Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 682. FULL NAME Eunice Hunt(a) Residence. No. 243 N. 5th

(Usual place of abode.)

St. Idaho

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE Calend5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Robert Hunt6. DATE OF BIRTH (month, day and year) Sept 22, 1898

7. AGE

Years 32Months 7Days —If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work House wife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Louisiana10. NAME OF FATHER Jerry Hart11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Louisiana12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Idaho

14.

Informant
(Address) Robert Hunt

15.

Filed Apr 23 1931

19

D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 23, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

4-171931to 4-221931that I last saw her alive on 4-23, 1931and that death occurred, on the date stated above, at 2:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:acute pelvic peritonitisCONTRIBUTORY (Secondary) hypertension, Endometritis + Salpingitis(duration) yrs. mos. ds. 318. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of 4-20-31Was there an autopsy? NoWhat test confirmed diagnosis clinical(Signed) D C Ray, M. D.4-23, 1931 (Address) Pocatello

19. Place of Burial, Cremation, or Removal

Date of Burial

Pocatello, Idaho April 26 1931

20. Undertaker

Address

McHann and Co Pocatello
Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1931

PLACE OF DEATH

County of BannockCity of Pocatello

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Peter Gallagher(a) Residence. No. Pocatello, Idaho. St. Unknown

(Usual place of abode)

Length of residence in city or town where death occurred. UnknownLocal Registrar's No. 79
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Unknown

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofUnknown

6. DATE OF BIRTH (month, day, and year)

Unknown

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.6262Unknown

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Unknown

MOTHER FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT (Address)

Dr. O. F. Call
Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL

Place Pocatello, Ida. Date May 5, 1931.

19. UNDERTAKER (Address)

Arthur W. Hall
Pocatello, Idaho.20. FILED 5/4/1931.Registrar D. C. Ray

DO NOT WRITE IN THIS SPACE

State File No. 74694

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 30, 193122. I HEREBY CERTIFY, That I attended deceased from 4/29, 1931, to 4/29, 1931.I last saw him alive on 4/29, 1931; death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute, incomplete
bowel obstruction
complicated with
large abscesses of the bladder
Other contributory causes of importance:
Post-operative shockName of operation Cholecystectomy Date of 4/27/31What test confirmed diagnosis? Physician Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) O. F. Call, M. D.(Address) Pocatello, Idaho.

20. Undertaker	Address
J. J. Hutman	1000 1st Ave

PARENTS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74696

State File No.

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. Pocatello General Hospital)Local Registrar's No. 70

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter A. Hoopes(a) Residence. No. Downey, Idaho. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Husband of Eva Johnson6. DATE OF BIRTH (month, day and year) August 1, 1876.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>54</u>	<u>8</u>	<u>17</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farm-laborer(b) General nature of industry,
business, or establishment in
which employed (or employer) Farming(c) Name of employer None9. BIRTHPLACE (city or town) Weston, Idaho.
(State or country)10. NAME OF FATHER Warner Hoopes11. BIRTHPLACE OF FATHER (city or town) Pennsylvania
(State or Country)12. MAIDEN NAME OF MOTHER Hannah M. Neilson13. BIRTHPLACE OF MOTHER (city or town) Denmark
(State or Country)14. Informant Mrs. George Kelson
(Address) Weston, Idaho.15. Filed 4/27/31. 19.....Registrar D C Ray

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 18, 1931. 19.....
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 13, 1931 to April 18, 1931
that I last saw him alive on April 18, 1931

and that death occurred, on the date stated above, atm.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Double Lobar Pneumonia(duration)yrs.mos. 5da.CONTRIBUTORY
(Secondary)

(duration)yrs.mos.da.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Ex.(Signed) O. F. Hall, M. D.
4/20/31., 19..... (Address) Poca., Ida.19. Place of Burial, Cremation, or Removal County Lot
Pocatello, Idaho. Date of Burial 4/28/31. 19.....20. Undertaker Arthur W. Hall Address Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74697

State File No.....

PLACE OF DEATH

County of Bonrock
City of Pocatello

Registration District No. 2Primary Registration District No. 2161(No. Ann Bess Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 642. FULL NAME Albert Race Horal(a) Residence. No. Fort Hall St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Unknown

7. AGE 90 Years Months Days If LESS than 1 day,
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Unknown
(State or country)10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Unknown14. Informant Ann Boker
(Address) Fort Hall15. Filed 4-16, 1931D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 14 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-1-31, 1931, to 4-14, 1931
that I last saw him alive on April 14, 1931
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY Surgical shock
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? yesDid an operation precede death? yes Date of 4-3-31Was there an autopsy? yesWhat test confirmed diagnosis? Phys Exam
(Signed) At Home M. D.4/4/31, 1931 (Address) Pocatello

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Fort Hall Date of Burial 4-17-3120. Undertaker Schumacher & Son Address Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
74698
State File No.

PLACE OF DEATH

County of BannockCity of Lava Hot Springs

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frederic John Bloxham(a) Residence. No. DowneySt. Downey Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. / ds.

How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of None6. DATE OF BIRTH (month, day and year) March 6, 1931

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.13

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9. BIRTHPLACE (city or town) Downey Idaho
(State or country)10. NAME OF FATHER Frederic John Bloxham11. BIRTHPLACE OF FATHER (city or town) Downey Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Vella Alice Pratt13. BIRTHPLACE OF MOTHER (city or town) Downey Idaho
(State or Country)14. Informant Fred J Bloxham(Address) Downey Idaho15. Filed May 4, 1931by Mr. G. G. Felt

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 9, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from April 8, 1931 to April 9, 1931that I last saw him alive on April 9, 1931and that death occurred, on the date stated above, at 2:15 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration)

yrs.

mos.

ds. 4CONTRIBUTORY
(Secondary) None

(duration)

yrs.

mos.

ds.

18. Where was disease contracted if not at place of death? Downey IdahoDid an operation precede death? No

Date

Was there an autopsy? NoWhat test confirmed diagnosis? X-Ray of lung(Signed) A. H. Felt

M. D.

(Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

19

20. Undertaker

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

RECEIVED MAY 2 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

74699

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. 375 Willard Ave. Pocatello, Ida.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marion Richard Roberts(a) Residence. No. 375 Willard Ave. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 24, 1930

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or0NineTen

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone(b) General nature of industry,
business, or establishment in
which employed (or employer)Infant

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Pocatello, Idaho.

10. NAME OF FATHER

Wilford Roberts

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Alabama.12. MAIDEN NAME OF MOTHER Margaret Hofhine

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Chesterfield, Idaho.

14.

Informant
(Address)Wilford Roberts
175 Willard Ave. Poca., Ida.

15.

Filed

4/3/31. 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 2, 1931. 19.....
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 30 1931, to Apr 2 1931
that I last saw him alive on 4-2 1931and that death occurred, on the date stated above, at 1:15 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Influenza pneumoniaCONTRIBUTORY (Secondary) Whooping cough
(duration) yrs. mos. ds. 2(duration) yrs. mos. ds. 2118. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) D. C. Ray, M. D.
4/3/31. 19..... (Address) Poca., Ida.19. Place of Burial, Cremation or Removal
Mountain View Cemetery
Pocatello, Idaho.Date of Burial
4/4/31. 19.....20. Undertaker Arthur W. HallPocatello
Idaho.

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74700

State File No.

PLACE OF DEATH

County of Bannock

City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

(No. Pocatello General Hospital)

Local Registrar's No. 59

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie Erika Olson

(a) Residence. No. Virginia, Idaho. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wife of Peter W. Olson

6. DATE OF BIRTH (month, day and year) August 31, 1867.

7. AGE Years 63 Months 7 Days 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

10. NAME OF FATHER Lars Erick Andersen

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Ann Charlott Andersen

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden

14. Informant Mrs. John A. Carver
(Address) Pocatello, Idaho.

15. Filled 4/10/31. 19

D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 9, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

4-7 1931, to 4-9 1931
that I last saw her alive on 4-9 1931

and that death occurred, on the date stated above, at 8 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Paralytic stroke

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) hypertension, atherosclerosis

(duration) yrs. mos. ds.

18. Where was disease contracted Virginia
if not at place of death?

Did an operation precede death? yes Date of 4-8-31

Was there an autopsy? yes

What test confirmed diagnosis? autopsy
(Signed) D C Ray, M. D.
4/10/31. 19 (Address) Pocatello, Idaho.

19. Place of Burial, Cremation, or Removal Downey, Idaho. Date of Burial 4/12/31.

20. Undertaker Arthur W. Hall Address Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74701

State File No.

PLACE OF DEATH

County of Burnham
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. No.)Local Registrar's No. 76

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William White(a) Residence. No. 255 So. Arthur St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. Luella White

6. DATE OF BIRTH (month, day and year)

January 27-1864

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.6732

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Dispatcher(b) General nature of industry,
business, or establishment in
which employed (or employer)O.S.L. R.R.

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Linden Ontario
Canada

10. NAME OF FATHER

William White11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown
Ireland

12. MAIDEN NAME OF MOTHER

Elizabeth English13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Wales

14.

Informant
(Address)Mrs. Luella White
255 So. Arthur St.

15.

Filed

4-301931D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April
(Month)29
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

4-28, 1931, to 4-29, 1931that I last saw h. me alive on 4-29, 1931and that death occurred, on the date stated above, at 3 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Coronary embolism

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Myocarditis & Diab.(duration) 4 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of -Was there an autopsy? NoWhat test confirmed diagnosis? Clinical finding

(Signed)

Dr. J. H. M. D.4/30, 1931 (Address) Pocatello

19. Place of Burial, Cremation, or Removal

Date of Burial

Mt. View Cemetery5/3 1931

20. Undertaker

Address

H. L. McManPoca. Ida.WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

74702

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Residence)Local Registrar's No. 66

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Godfrey F. Gehrig(a) Residence. No. 926 West Young Street Poca., Ida. st.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Husband of Carrie Payne6. DATE OF BIRTH (month, day and year) April 23, 1873.7. AGE Years Months Days If LESS than 1 day, hrs. or min.
57 11 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baker(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Switzerland10. NAME OF FATHER Jacob Gehrig11. BIRTHPLACE OF FATHER (city or town) (State or Country) Switzerland12. MAIDEN NAME OF MOTHER Elizabeth Gehrig13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Switzerland14. Informant Mrs. Godfrey F. Gehrig
(Address) 926 West Young St. Poca.15. Filed 4/18/31. 19 DC Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 17, 1931.
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Saw at death. History
that I last saw him alive on April, 19 1931
and that death occurred, on the date stated above, at apoplexy m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

History of Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? noDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? History(Signed) Dr. Taylor M. D.
4/18/31. 19 Poca., Ida. (Address)19. Place of Burial, Cremation, or Removal
Mountain View Cemetery
Pocatello, Idaho.Date of Burial
4/19/31. 1920. Undertaker
Arthur W. HallAddress
Pocatello
Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74703

State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Poc. General Hospital)Local Registrar's No. 67

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William J. Gimmis(a) Residence. No. Pocatello, Ind. Wash. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) unknown7. AGE about 65 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sanitary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Maryland
(State or country)10. NAME OF FATHER unknown11. BIRTHPLACE OF FATHER (city or town) VI
(State or Country)12. MAIDEN NAME OF MOTHER II13. BIRTHPLACE OF MOTHER (city or town) II
(State or County)14. Informant Chas. A. Downing
(Address) 345 N. 5th St.15. Filed Apr 23 1931 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at 6:20 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Appropriate(duration)yrs.mos. 1 ds.CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) O. F. Cady M. D.422, 1931 (Address) Pocatello, Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Pocatello, Ida April 23 1931

20. Undertaker Address

McDonald & Co Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74704

State File No.

PLACE OF DEATH

County of BannockCity of PocatelloRegistration District No. 2Primary Registration District No. 2161Local Registrar's No. 71

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Petersen(a) Residence. No. RR. #1 Pocatello

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single Married, Widowed, or Divorced, (write the word) <u>Single</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Single</u>

6. DATE OF BIRTH (month, day and year) Nov 22-1885

7. AGE <u>45</u>	Years <u>4</u>	Months <u>28</u>	Days <u>28</u>	If LESS than 1 day, hrs. or min.
---------------------	-------------------	---------------------	-------------------	--

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer(b) General nature of industry, business, or establishment in which employed (or employer) Stock Man

(c) Name of employer

9. BIRTHPLACE (city or town) Denmark
(State or country)10. NAME OF FATHER Christina Petersen11. BIRTHPLACE OF FATHER (city or town) Denmark
(State or Country)12. MAIDEN NAME OF MOTHER Abelone Jorgensen13. BIRTHPLACE OF MOTHER (city or town) Denmark
(State or Country)14. Informant Hannah Petersen
(Address) Pocatello Idaho15. Filed 4-26, 1931 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 20, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 4/20/31, 1931, to 4/20/31, 1931
that I last saw him alive on 4/20/31, 1931
and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
(duration) yrs. mos. 2 hrsCONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) E. J. Brown M. D.
4/25, 1931 (Address) Pocatello

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mountain View Cemetery Date of Burial 4/26 1931
Pocatello, Idaho20. Undertaker Schumacher & Bersley Address Pocatello
Idaho

RECEIVED MAY 8 1934

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74705

State File No.

PLACE OF DEATH

Bannock

County of

CERTIFICATE OF DEATH

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 54

(No. 135 South Fifth Ave. Poca., Ida.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond LeRoy Walker

(a) Residence. No. 135 South Fifth Ave. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Husband of Alice Marie Distel

6. DATE OF BIRTH (month, day and year) April 23, 1903.

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or

27

11

8

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Clerk

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Salt Lake City, Utah.

10. NAME OF FATHER

Wm. Walker

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Scotland

12. MAIDEN NAME OF MOTHER

Catherine Peterson

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Scotland

14.

Informant
(Address)

Wm. Walker

135 South Fifth Ave. Poca., Ida.

15.

Filed

4/3/31. 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

1,

1931.

19

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mch 15 31, to April 1 31, 1931

that I last saw him alive on April 1 1931

and that death occurred, on the date stated above, at 3 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) 4 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) 3 yrs. mos. ds.

18. Where was disease contracted
if not at place of death? Twin Falls, Idaho

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Histology & Clinical Laboratory

(Signed) William T. Howard, M. D.

4/3/31. 19 (Address) Poca., Ida.

19. Place of Burial, Cremation, or Removal
Mountain View Cemetery
Pocatello, Idaho.

Date of Burial

4/5/31. 19

20. Undertaker

Arthur W. Hall

Address

Pocatello,

Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74706

State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Lynn Brothers Hospital)Local Registrar's No. 57

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emile Chobre(a) Residence. No. Pocatello, Idaho. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Unknown7. AGE Years Months Days If LESS than 1 day, hrs. or min.
57

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) France10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown14. Informant Dr. J. H. Lynn
(Address) Pocatello, Idaho.15. Filed 4/6/31. 19 31
Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 5, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from april 5, 1931 to april 5, 1931
that I last saw him alive on april 5, 1931and that death occurred, on the date stated above, at 9:30 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH* was as follows:
Cancer of Stomach(duration) 2 yrs. — mos. — ds.CONTRIBUTORY
(Secondary)(duration) — yrs. — mos. — ds.18. Where was disease contracted if not at place of death? yesDid an operation precede death? yes Date of ap. 5/31Was there an autopsy? noWhat test confirmed diagnosis? operation(Signed) Dr. J. H. Lynn M. D.4/6/31. 19 31 (Address) Poca., Ida.19. Place of Burial, Cremation, or Removal Mountain View Cemetery Date of Burial 4/7/31. 19 31Pocatello, Idaho.20. Undertaker Arthur W. Hall Address Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74707

State File No.

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Saint Anthony's Hospital)Local Registrar's No. 62

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tabetha Georgiana Curtis(a) Residence. No. Pocatello, Idaho. St. Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced, (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWife of Joseph H. Curtis6. DATE OF BIRTH (month, day and year) April 15, 1861.7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 11 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

At Home

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Richmond, Virginia.

10. NAME OF FATHER

John Richardson

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Virginia12. MAIDEN NAME OF MOTHER Minerva Williams

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Virginia14. Informant N. B. Curtis
(Address) 221 South Third Ave. Poca., Ida.15. Filed 4/9/10., 19.....Registrar. D. C. Ray

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 7, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 9, 1931, to April 7, 1931that I last saw her alive on April 7, 1931and that death occurred, on the date stated above, at 109 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma of liverCONTRIBUTORY (duration) yrs. mos. ds.
Secondary Cholecystitis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 31Was there an autopsy? NoWhat test confirmed diagnosis? Stead(Signed) 4/8/31., 19..... (Address) Poca., Ida. M. D.19. Place of Burial, Cremation, or Removal
Mountain View Cemetery
Pocatello, Ida.Date of Burial
4/10/3120. Undertaker
Arthur W. HallAddress
Pocatello
Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74708

State File No.

PLACE OF DEATH

Bannock

County of

City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

(No. 118 South 13th, Ave. Poca., Ida.)

Local Registrar's No. 63

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hetta Staker Johnson

(a) Residence. No. 118 South 13th, Ave. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 8 yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Wife of Alvin Johnson

6. DATE OF BIRTH (month, day and year) December 23, 1868

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or

62

3

20

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) General nature of industry,
business, or establishment in
which employed (or employer)

At Home

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Mount Pleasant, Utah.

10. NAME OF FATHER

Alma Staker

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Canada

12. MAIDEN NAME OF MOTHER

Elizabeth Young

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Canada

14.

Informant
(Address)

Alvin Johnson

Pocatello, Idaho.

15.

Filed 4/13/31., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

12,

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on 4/1/31, to 4/12/31, 1931

and that death occurred, on the date stated above, at 6 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

4/13/31., 19..... (Address) Poca., Ida.

19. Place of Burial, Cremation, or Removal
Mountain View Cemetery
Pocatello, Ida.

Date of Burial

4/14/31. 19

20. Undertaker

Arthur W. Hall

Address

Pocatello
Idaho.

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74709

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. General Hospital)Local Registrar's No. 67

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjamin David Hansen(a) Residence. No. 190 South Stough Ave. St.(Usual place of abode.) Blackfoot, Idaho (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMary J. Hansen6. DATE OF BIRTH (month, day and year) Dec 29 18777. AGE Years Months Days If LESS than 1 day, hrs. or min.
53 53 3 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Stockman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Soda Springs, Idaho
(State or country)

10. NAME OF FATHER

Hans R. Hansen11. BIRTHPLACE OF FATHER (city or town) Denmark
(State or Country)12. MAIDEN NAME OF MOTHER Amelia Christofferson13. BIRTHPLACE OF MOTHER (city or town) Denmark
(State or Country)14. Informant (Address) Carl H. Ray, Blackfoot, Idaho15. Filed 4/20, 1931 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Apr 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 10 1931, to Apr 16 1931that I last saw him alive on Apr 16 1931and that death occurred, on the date stated above, at 10 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:Carcinoma of stomach
Pyloric obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of stomach

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? BlackfootDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? usual(Signed) A. C. Jorgensen M. D.4/17, 1931 (Address) Blackfoot, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

From City Cemetery April 19 1931

20. Undertaker Address

E. J. Peck Blackfoot
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MAY 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74710

State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2131(No. Pocatello General Hospital)Local Registrar's No. 77

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Kidd

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLothe Kidd6. DATE OF BIRTH (month, day and year) Dec. 25-18887. AGE Years Months Days If LESS than 1 day, hrs. or min.
47 4 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Section Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

R. R.

(c) Name of employer

9. BIRTHPLACE (city or town) Utah
(State or country)

10. NAME OF FATHER

John B. Kidd11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)

12. MAIDEN NAME OF MOTHER

Anna Staley13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or Country)14. Informant (Address) Oliver Saxton
P. Box 224015. Filed 5-1 1931 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

4/27, 1931, to 4-28, 1931
that I last saw him alive on 4-28, 1931and that death occurred, on the date stated above, at 7 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Septicemia
Peritonitis
Surgicus appendicitis(duration) yrs. mos. 11 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Cole 2 days
if not at place of death?Did an operation precede death? yes Date of 4/27-31Was there an autopsy? yesWhat test confirmed diagnosis? operation clinical(Signed) D. C. Ray M. D.4/29, 1931 (Address) Pocatello19. Place of Burial, Cremation or Removal Rupert Ida Date of Burial May 2 193120. Undertaker D. C. Johnson Address Burley Ida

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74711

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161
(No. Lynn Hospital)Local Registrar's No. 74

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fenton Lester Olson(a) Residence. No. Thomas Idaho St.(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) February 17, 19317. AGE Years Months Days If LESS than 1 day.
21 2 9 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farm hand

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pleasant Green
(State or country) Utah

10. NAME OF FATHER

John Lester Olson11. BIRTHPLACE OF FATHER (city or town) Mill Creek
(State or Country) Utah12. MAIDEN NAME OF MOTHER Emily Walters13. BIRTHPLACE OF MOTHER (city or town) West Jordan
(State or Country) Utah14. Informant Mrs. John L. Olson(Address) Thomas Idaho15. Filed 4-26-31 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 20, 1931 to April 25, 1931
that I last saw him alive on April 25, 1931and that death occurred, on the date stated above, at 3.35 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebro Spinal
meningitis
(Epidemic)(duration) yrs. mos. 6 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? at home 2 dsDid an operation precede death? no Date of noWas there an autopsy? noWhat test confirmed diagnosis? Spinal fluid(Signed) J. H. Lynn, M. D.4/25/31, 19 (Address) pocatello

19. Place of Burial, Cremation, or Removal

Date of Burial

Thomas CemeteryApril 1931

20. Undertaker

Address

Arthur W. HallPocatelloWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74713**

PLACE OF DEATH

County of Bear Lake
City of Montpelier

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marcelyn Sorensen

(a) Residence. No. Montpelier, Ida St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Jan 26 - 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Montpelier (State or country) Idaho

10. NAME OF FATHER Clarence Sorensen

11. BIRTHPLACE OF FATHER (city or town) Wiscousin (State or Country) _____

12. MAIDEN NAME OF MOTHER Jennie Pierce

13. BIRTHPLACE OF MOTHER (city or town) Montpelier (State or Country) Idaho

14. Informant Clarence Sorensen (Address) Montpelier, Idaho

15. Filed 5/1/31 31 Montpelier Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1931, to Jan 31 1931

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows: Premature Birth

Born at about 7 months gestation
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) W. F. Fisher M. D.

Feb 2, 1931 (Address) Montpelier

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Montpelier Idaho Date of Burial Feb 2 1931

20. Undertaker W. F. Fisher Address Montpelier Idaho

1619

THIS IS VERY IMPORTANT. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74714

State File No. _____

PLACE OF DEATH

County of Bear Lake

City of Montpelier

Registration District No. 52

Primary Registration District No. 236

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm. K. Martin

(a) Residence. No. Montpelier Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced, (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Mar 25 - 1870

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
60 9 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroad Crossing

(b) General nature of industry, business, or establishment in which employed (or employer) Flagman or Watchman

(c) Name of employer O.S.L. Ry.

9. BIRTHPLACE (city or town) (State or country) Indiana

10. NAME OF FATHER Wm. Martin

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Indiana

14. Informant Mrs. Dale Voorhees
(Address) Plattsburg Kansas

15. Filed 2/11/31 1931 W. K. Martin
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: Auto accident
By being struck by an automobile
on State Highway No 30.
in Montpelier Idaho

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. M. Williams M. D.
Jan 17, 1931 (Address) Montpelier Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Montpelier Idaho Date of Burial Jan 20 1931

20. Undertaker J. M. Williams Address Montpelier Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74715**

PLACE OF DEATH

County of Bear Lake

City of Montpelier

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie Sorensen

(a) Residence. No. 77 Evid, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Nov 6, 1890

7. AGE Years 40 Months 2 Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country) Norway

10. NAME OF FATHER Martin Elsen

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway

12. MAIDEN NAME OF MOTHER Lena Peterson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Norway

14. Informant Charles Sorensen (Address) 77 Evid, Idaho

15. Filed 57, 1931 Montpelier Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931 to Jan 25, 1931 that I last saw her alive on Jan 25, 1931 and that death occurred, on the date stated above, at 5:30 a.m. The CAUSE OF DEATH* was as follows: Infected Gall Bladder

Cholecystitis
Cholecystostomy
(duration) _____ yrs. mos. ds.

CONTRIBUTORY (Secondary) Infected Gall Bladder
(duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? Yes Date of Jan 21-31

Was there an autopsy? Yes

What test confirmed diagnosis? _____

(Signed) Dr. C. C. C. C., M. D.

Jan 25, 1931 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Evid, Idaho Date of Burial Feb 19, 1931

20. Undertaker William Address Montpelier, Idaho

124

UTION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74716

State File No.

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

122

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sept 21 - 1900

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

30

6

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Fish Haven Idaho

10. NAME OF FATHER

H. Melvin Loveland

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Woodruff Idaho

12. MAIDEN NAME OF MOTHER

Allie P. Welker

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Bloomington Idaho

14. Informant
(Address)

A. J. Linder
Montpelier Idaho

15. Filed

3, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar

30

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 25, 1931, to Mar 30, 1931

that I last saw her alive on March, 1931

and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH* was as follows:

Ruptured Aortic Aneurysm

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Operations

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of Mar 29 1931

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. F. Schuler, M. D.

Mar 24, 1931 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in depths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Montpelier Idaho

Apr 2 - 1931

20. Undertaker

Address

J. M. Williams

Montpelier, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74717**

PLACE OF DEATH

County of Bear Lake

City of Montpelier

Registration District No. 52

Primary Registration District No. 2/36

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nick Popoff

(a) Residence. No. Regan, Ida St. 117

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mediterranean 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Not known, 1901

7. AGE 29 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Section Hand

(b) General nature of industry, business, or establishment in which employed (or employer) CP&N Railway

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Macadona

10. NAME OF FATHER Carl Popoff

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Macadona

12. MAIDEN NAME OF MOTHER Pana Roasta

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Macadona

14. Informant Costa Maloff
(Address) Regan, Idaho

15. Filed 2/11/31 W. H. Young Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to Feb 25, 1931, that I last saw him alive on Feb 25, 1931, and that death occurred, on the date stated above, at 10-20 P.M. the CAUSE OF DEATH* was as follows:

Operations

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Ins Appendicitis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 2-18-31
Was there an autopsy? Yes
What test confirmed diagnosis?

(Signed) W. H. Young, M. D.
2-26-31 (Address) Montpelier, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Rock Springs Wyo. Date of Burial Feb 27, 1931

20. Undertaker W. H. Young Address Montpelier, Idaho

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74718**

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52Primary Registration District No. 2136Local Registrar's No. 117

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George L. Ream(a) Residence. No. Driggs Idaho St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 31 - 1918

7. AGE Years Months Days If LESS than 1 day,
13 1 21 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Driggs Idaho
(State or country)10. NAME OF FATHER W. W. Ream11. BIRTHPLACE OF FATHER (city or town) Driggs Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Mary Ferrine13. BIRTHPLACE OF MOTHER (city or town) Driggs Idaho
(State or Country)14. Informant W. W. Ream(Address) Driggs Idaho15. Filed 5/1/31 Notary

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1931, to Mar 21, 1931,
that I last saw him alive on Mar 21, 1931,
and that death occurred, on the date stated above, at 5:40 A. m.
The CAUSE OF DEATH* was as follows:
Pneumonia

CONTRIBUTORS Primary
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Dr. F. J. [Signature], M. D.
Mar 22, 1931 (Address) Driggs Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Driggs Idaho Date of Burial Mar 22 193120. Undertaker W. W. Williams Address Montpelier, Idaho

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 2 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74719

PLACE OF DEATH

County of Bear Lake
City of Paris

Registration District No. 53
Primary Registration District No.

Local Registrar's No. 168

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lowell T. Zenscher

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) January 6, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

10. NAME OF FATHER Wallace Zenscher

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Montpelier Idaho

12. MAIDEN NAME OF MOTHER Winerva Mueller

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Pocatello Idaho

14. Informant (Address)

15. Filed April 8, 1931 Mrs. Arthur Hess Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 4, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 31, 1931 to April 3, 1931 that I last saw him alive on April 3, 1931 and that death occurred, on the date stated above, at 1:50 P. m. The CAUSE OF DEATH* was as follows:

Pneumonia (Bilateral)

(duration) yrs. mos. 3 ds.
CONTRIBUTORY Whooping Cough
(Secondary)

(duration) yrs. mos. 6 ds.
18. Where was disease contracted if not at place of death? Pocatello Idaho

Did an operation precede death? No Date of

Was there an autopsy? No

19. What test confirmed diagnosis? Hyperpyrexia, Dyspnea, Cyanosis, Pleural effusion, or affected pleural surface
(Signed) Spencer March April 4, 1931 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. of Burial, Cremation, or Removal Date of Burial
Paris Idaho April 6-1931

20. Undertaker None Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAY 2 1931

DO NOT WRITE IN THIS SPACE

State File No. **74720**

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 5-3
Primary Registration District No. _____

Local Registrar's No. 167

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lothian T. Tenschler St. _____

(a) Residence. No. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) January 6, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 26 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Pocatello Idaho
(State or country)

10. NAME OF FATHER Wallace W. Tenschler

11. BIRTHPLACE OF FATHER (city or town) Montpelier Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Minerva Fueller

13. BIRTHPLACE OF MOTHER (city or town) Paris Idaho
(State or Country)

14. Informant _____
(Address) _____

15. Filed April 8th 1931 Mrs. Arthur Hess
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 31, 1931, to April 2, 1931, that I last saw him alive on April 2, 1931, and that death occurred, on the date stated above, at 9:10 a.m.
The CAUSE OF DEATH* was as follows: Pneumonia (Bilateral)

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Whooping Cough
(Secondary) (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted Pocatello Idaho
if not at place of death? No

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Rales, dullness over affected areas, cough, sputum, temperature
(Signed) Dr. J. H. Smith (Address) Paris Idaho
April 4, 1931

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Paris Idaho Date of Burial April 6 1931

20. Undertaker None Address _____

ion should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS
H in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74721

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 53

Primary Registration District No.

Local Registrar's No. 169

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Bahler Gardi St.

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jacob Gardi

6. DATE OF BIRTH (month, day and year) October 29, 1850

7. AGE Years 80 Months 5 Days 20 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Waterville (Bern County) (State or country) Schweitzerland

10. NAME OF FATHER Christian Bahler

11. BIRTHPLACE OF FATHER (city or town) Waterville Bern County (State or Country) Schweitzerland

12. MAIDEN NAME OF MOTHER Magdaline Zimmermann

13. BIRTHPLACE OF MOTHER (city or town) Waterville (Bern Co) (State or Country) Schweitzerland

14. Informant (Address)

15. Filed April 17, 1931 Mrs Arthur Hess Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 12, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1931 to April 11, 1931 that I last saw her alive on April 11, 1931 and that death occurred, on the date stated above, at 3:15 P. m. The CAUSE OF DEATH* was as follows: Pneumonia (Bilateral)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Fever, Dyspnea, Rales

(Signed) Spencer P. Pugh M. D.

April 15, 1931 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation or Removal Paris Idaho Date of Burial April 16, 1931

20. Undertaker Daniel Price Address Paris Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74722

State File No.

PLACE OF DEATH

County of Blaine

City of Montpelier

Registration District No. 52

Primary Registration District No. 236

Local Registrar's No. 1018

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ann Lovejoy

(a) Residence. No. Montpelier 2nd St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 12 - 1854

7. AGE 76 Years 4 Months 8 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wales

10. NAME OF FATHER David Jenkins

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wales

12. MAIDEN NAME OF MOTHER Mary Evans

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wales

14. Informant King Lovejoy (Address) Montpelier Idaho

15. Filed 5/1/31 Shung Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1930 to Jan 31 1931
that I last saw her alive on Jan 15 1931
and that death occurred, on the date stated above, at 1045 P. m.
The CAUSE OF DEATH* was as follows:
Coronary
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. F. Leach M. D.

Jan 25 1931 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Montpelier Idaho Date of Burial Jan 23 - 1931

20. Undertaker W. H. McLean Address Montpelier Idaho

TION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74723**

PLACE OF DEATH

County of Blaine Lake

City of Montpelier

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No. 101

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel M. Burbank

(a) Residence. No. Bennington 3da St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) June 10 - 1845

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 85 8 2

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Missouri

10. NAME OF FATHER Daniel M. Burbank

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not known

12. MAIDEN NAME OF MOTHER Abigail Blogett

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not known

14. Informant Miss Olive Hughes (Address) Bennington Idaho

15. Filed 5/1/13 Registrar W. H. Williams

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-10, 1931 to 2-12, 1931, that I last saw him alive on June 10, 1931, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. ds. CONTRIBUTOR Old age (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Williams, M. D. Feb 13, 1931 (Address) Bennington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Bennington Idaho Date of Burial Feb 15 - 1931

20. Undertaker W. H. Williams Address Montpelier Idaho

ION is very important. See instruction on back of certificate.

PARENTS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **74724**

PLACE OF DEATH
County of *Franklin*
City of *Mountain*

Registration District No. *52*
Primary Registration District No. *236*

Local Registrar's No. *1019*

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Robert Dean Skinner*

(a) Residence. No. *Mountain Idaho* St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) *July 5-1929*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 *8* *22*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *at Home*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Mountain Idaho*

10. NAME OF FATHER *Carl Skinner*

11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Mountain Idaho*

12. MAIDEN NAME OF MOTHER *Venus Wallentine*

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Paris Idaho*

PARENTS

14. Informant *Carl Skinner* (Address) *Mountain Idaho*

15. Filed *1/31* Registrar *W. H. Hickey*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *May 28* 1931
(Month) (Day) (Year)

17. HEREBY CERTIFY, That I attended deceased from *May 23*, 1931, to *May 28*, 1931, that I last saw him alive on *May 28*, 1931, and that death occurred, on the date stated above, at *6:34* m.

The CAUSE OF DEATH* was as follows: *Pneumonia (Lobar)*

(duration) yrs. mos. ds.

CONTRIBUTORY *Whooping Cough* (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *O. O. Moore*, M. D.

May 29, 1931 (Address) *Paris Idaho*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Mountain Idaho *May 30*, 1931

20. Undertaker Address

W. H. Hickey *Mountain Idaho*

Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74725

PLACE OF DEATH
County of Bear Lake
City of Pegram

Registration District No. 5
Primary Registration District No. 236

Local Registrar's No. 749

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie Bond

(a) Residence. No. Osceola - Iowa St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar-18-1858

7. AGE 73 Years Months Days If LESS than 1 day, hrs. or min. 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Illinois
(State or country)

10. NAME OF FATHER Vernon Hicks

11. BIRTHPLACE OF FATHER (city or town) New York
(State or Country)

12. MAIDEN NAME OF MOTHER Eliza Hemmover

13. BIRTHPLACE OF MOTHER (city or town) Illinois
(State or Country)

14. Informant Wm H E. Wagleyworth
(Address) Pegram, Idaho

15. Filed 5/13 W. H. H. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 3 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to April 27, 1931, that I last saw him alive on April 27, 1931, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH was as follows:

Apoplexy

(duration) yrs. mos. 9 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? J. P. Galbreath, M. D.

(Signed) J. P. Galbreath, M. D.

5-4, 1931 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Osceola Iowa Date of Burial May 7, 1931

20. Undertaker W. H. H. H. Address Montpelier

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHDO NOT WRITE IN THIS SPACE
State File No. 74726

PLACE OF DEATH

County of

City of

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant

(Address)

15. Filed

1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

Jan 18, 1931 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
74727
State File No.

PLACE OF DEATH
County of *Boone*
City of *Soda Springs*

Registration District No. *82*
Primary Registration District No. *7159*
(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Edwice May Lazebny*
(a) Residence. No. *Soda Springs Idaho* St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*
4. COLOR OR RACE *White*
5. Single, Married, Widowed, or Divorced, (write the word) *Single*
5a. If married, widowed, or divorced
HUSBAND of *School Girl*
(or) WIFE of
6. DATE OF BIRTH (month, day and year) *July 9-1922*
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
9 2 24
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *School Girl*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) *Los Angeles, Cal.*
(State or country)

10. NAME OF FATHER *W.E. Lazebny*

11. BIRTHPLACE OF FATHER (city or town) *Indianapolis Ind.*
(State or Country)

12. MAIDEN NAME OF MOTHER *Laura Griffith*

13. BIRTHPLACE OF MOTHER (city or town) *Ogden Utah*
(State or Country)

14. Informant (Address) *W.E. Lazebny Soda Springs Idaho*

15. Filed *4-3*, 19*31*

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *April 2*, 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *April 1*, 19*31*, to *April 2*, 19*31*,
that I last saw him alive on *April 1st*, 19*31*,
and that death occurred, on the date stated above, at *6 p.m.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. ds. *3*

CONTRIBUTORY (Secondary) *0*

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Eric K. ...*, M. D.
4/4/31, 19 (Address) *Soda Springs Idaho*

19. Place of Burial, Cremation, or Removal *Lava Hot Springs* Date of Burial *4-4-1931*

20. Undertaker *Edwards* Address *Soda Springs*
Edwards

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74728

State File No.

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 5-2
Primary Registration District No. 2136

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Beckstrom(a) Residence. No. Montpelier 2nd St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

6. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 28 1864

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
65 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sweden
(State or country)10. NAME OF FATHER C. H. E. Beckstrom11. BIRTHPLACE OF FATHER (city or town) Sweden
(State or Country)12. MAIDEN NAME OF MOTHER Caroline Peterson13. BIRTHPLACE OF MOTHER (city or town) Sweden
(State or Country)14. Informant Helen Beckstrom
(Address) Montpelier Idaho15. Filed May 1 1931
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 20 1931, to April 28 1931,
that I last saw him alive on April 28 1931,
and that death occurred, on the date stated above, at 6:30 P. M.

The CAUSE OF DEATH* was as follows:

Influenza(duration) yrs. mos. 8 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? J. P. Galbreath M. D.
(Signed)Apr 29 1931 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Montpelier Idaho Date of Burial May 1 193120. Undertaker J. H. Williams Address Montpelier Idaho

FORM V. S. No. 5-12 M. 6-15-17.

RECEIVED MAY 8 1931

74729

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of BENEFYAITRegistration District No. 46City of Plummer R.F.D.Primary Registration District No. 2123

If death occurs away from usual residence, give facts called for under special information.

(No., St.)

File No.

Registered No. 4

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Mary Baxter Letcher

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Widowed

6. DATE OF BIRTH

Feb 15 1851
(Month) (Day) (Year)

7. AGE

80 Yrs. 2 Mos. 4 ds.IF LESS than 1 day
how many hrs. or
.... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

Tailor - this was his occupation before marriage, then housewife

9. BIRTHPLACE

(State or Country)

Atwater N.Y.

10. NAME OF FATHER

Seymour Baxter

11. BIRTHPLACE OF FATHER

(State or Country)

Canada

12. MAIDEN NAME OF MOTHER

Dina Lefor

13. BIRTHPLACE OF MOTHER

(State or Country)

Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. S. M. Grindal, Daughter(Address) Plummer R.F.D.

15.

Filed

Apr 21 1931H. G. Jaeger
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 19 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY That I attended deceased from April 19th 1931 9 A.M. to time of death 1931that I last saw him alive on April 19th 1931 9 A.M. and that death occurred on the date stated above, at 10:15 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach(Duration) 3 Yrs. - mos. - ds.

Contributory (Secondary)

Advanced Age(Duration) 3 Yrs. - mos. - ds.(Signed) L. J. Huntington M. D.4/21/1931 (Address) Plummer Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Plummer Idaho

DATE OF BURIAL

Apr 22 1931

20. UNDERTAKER

H. G. Jaeger

ADDRESS

Plummer Idaho

CERTIFICATE OF DEATH

MAY 6 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No.

County of *Benewah*Primary Registration District No. *2123*City of *Plummer R.F.D.*

(No.)

St.)

File No.

74730

Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Levi Samuel Storms

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

*Male**White**Married*

6. DATE OF BIRTH

*Feb.**2**1876*

(Month)

(Day)

(Year)

7. AGE

55

Yrs.

2

Mos.

23

ds.

IF LESS than 1 day

how many..... hrs.

or..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

Farmer

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Newbury, Green Co Ind.

10. NAME OF FATHER

John Storms

11. BIRTHPLACE OF FATHER

(State or Country)

Don't know

12. MAIDEN NAME OF MOTHER

Cranberry

13. BIRTHPLACE OF MOTHER

(State or Country)

Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

H. P. Wells

(Address)

Plummer R.F.D.

15.

Filed

*Apr. 25 1931**H. S. Jaeger*

Local Registrar

16. DATE OF DEATH

April 25th

(Month)

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from *Oct. 30th* 19*29*, to *April 25th* 19*31*that I last saw him alive on *April 24th* 19*31*and that death occurred on the date stated above, at *10:5 A.M.*

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration)

7

Yrs.

- mos.

- ds.

Contributory (Secondary)

Anemia

(Duration)

3

yrs.

- mos.

- ds.

(Signed)

J. C. Henington M. D.*4/25/31*

(Address)

Plummer, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death..... yrs..... mos..... days.

In the

State..... yrs..... mos..... days

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Garfield, Wn

DATE OF BURIAL

Apr 27 1931

20. UNDERTAKER

H. S. Jaeger

ADDRESS

Plummer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74731**

PLACE OF DEATH

County of

City of

Registration District No. **32**Primary Registration District No. **2049**Local Registrar's No. **13**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. **7** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town; State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town; State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town; State or Country)

14. Informant

(Address)

15. Filed

May 8, 1931

Halter Bohrer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 29, 1931, to Apr 29, 1931

that I last saw her alive on Apr 29, 1931

and that death occurred, on the date stated above, at 8¹⁵ A. m.

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

729

1931

(Address)

St Marie, Mo

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
Registration District No. 32
County of Benewah
City of St. Maries, Idaho Primary Registration District No. 2049
No. _____ St.)

File No. 74732
Registered No. 12

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Frank Palmer

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-OWED OR DIVORCED.

Male White (Write the word.)

6. DATE OF BIRTH.

(Month) (Day) (Year)

7. AGE

77 Yrs. Mos. ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Unknown

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Maries Hospital
(Address) St. Maries

15.

Filed May 8 1931 Halter Boberg
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 24th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6 1931 to April 24 1931, that I last saw him alive on April 23 1931, and that death occurred on the date stated above, at 3¹⁵ A. M.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(Duration) 179 yrs. mos. ds.

Contributory (Secondary) Senility and Hypertension

(Duration) 179 yrs. mos. ds.

(Signed) C. E. Roberson M. D.

Apr. 1931 (Address) St. Maries, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death....yrs....mos....2 days. In the State....yrs....mos....days

Where was disease contracted if not at place of death? Unknown

Former or usual residence Centerville, Idaho

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. Maries, Idaho April 25, 1931

20. UNDERTAKER

ADDRESS

W. E. Mitchell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74733**

PLACE OF DEATH

County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049

Local Registrar's No. 11

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Saphre Evadie Montgondron(a) Residence. No. St. Maries - 4th Jefferson St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug - 9 - 1848

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
81 8 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boulogne
(State or country) France

10. NAME OF FATHER

Mme Antoine Maystre

11. BIRTHPLACE OF FATHER (city or town) Zerzachne
(State or Country)

Leontin Vaud Switzerland

12. MAIDEN NAME OF MOTHER

Hennrich Fadelite Mord

13. BIRTHPLACE OF MOTHER (city or town) Zerzachne
(State or Country) Vaud Switzerland

14. Informant Mrs. Jerry McCuties
(Address) St. Maries, Ida

15. Filed May 1, 1931 Halter Coberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____,
that I last saw her alive on March 14, 1931

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Chronic of liver

CONTRIBUTORY (Secondary)

(duration) 2 yrs. mos. ds.

(duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Dr. Benewah, M. D.Apr. 14, 1931 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

St. Maries April 15 1931

20. Undertaker Address

Geo. Mitchell St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74734**

PLACE OF DEATH

County of BenewahCity of near St JoeRegistration District No. 32Primary Registration District No. 2049Local Registrar's No. 10

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace P Miesen(a) Residence. No. Ranch St. Miesen Ida

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Jan. 4 - 18687. AGE Years Months Days If LESS than 1 day,
63 3 7 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Perry
(State or country)10. NAME OF FATHER John Miesen11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Germany12. MAIDEN NAME OF MOTHER Mary Kempt13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Germany14. Informant Mrs. E P Miesen
(Address) Miesen Ida15. Filed May 8 1931 Walter Boburg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 11 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
March 27, 1931, to April 11, 1931that I last saw him alive on about April 3, 1931

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of _____Was there an autopsy? YesWhat test confirmed diagnosis? St. Marie's

(Signed) _____

M. D.

4/22, 1931 (Address) St. Marie's Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

St. Marie's IdaApril 11 1931

20. Undertaker

Address

Geo. MitchellSt. Marie's

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74735

State File No.

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32Primary Registration District No. 2049Local Registrar's No. 9

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna A. Brewick(a) Residence. No. Center St. - St. Maries St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Brewick

6. DATE OF BIRTH (month, day and year) Sept 16 - 1865

7. AGE Years 65 Months 6 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Norway
(State or country)10. NAME OF FATHER Emme Brewick11. BIRTHPLACE OF FATHER (city or town) Norway
(State or Country)12. MAIDEN NAME OF MOTHER Emme Brewick13. BIRTHPLACE OF MOTHER (city or town) Norway
(State or Country)14. Informant Andrew Brewick
(Address) St Maries15. Filed May 8, 1931 Walter Robey
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 9 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19, to, 19

that I last saw him alive on, 19

and that death occurred, on the date stated above, at 1:30 P. M.

The CAUSE OF DEATH* was as follows:

Coronary Insufficiency
Arteriosclerotic degeneration & complications

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 15 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis See operation(Signed) Dr. J. L. Corcoran M. D.Oct 9, 1931 (Address) St Maries, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St Maries Ida Date of Burial April 12 193120. Undertaker Mrs. Mitchell Address St Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74736**

PLACE OF DEATH
County of Benedict
City of St. Maries

Registration District No. 32Primary Registration District No. 2049(No. St. Maries Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 82. FULL NAME John Roswold(a) Residence. No. St. Maries, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) —

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
About 65

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Timberman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Norway

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant St. Maries Hospital
(Address) St. Maries

15. Filed May 1, 1931 Walter Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
July 8, 1930, 19 to April 6, 1931 19

that I last saw him alive on April 6, 1931, 19 and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis, Hypertrophied
Prostate - Chronic atrophy
(duration) yrs. 8 mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? NO Date ofWas there an autopsy? NO

What test confirmed diagnosis?

(Signed) St. Maries, M. D.Apr 6, 1931 (Address) St. Maries, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

St. Maries, Idaho April 8 1931

20. Undertaker Address

Geo E Mitchell St. Maries

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74737

PLACE OF DEATH

County of Benewah
City of St. Maries, Idaho

Registration District No. 32
Primary Registration District No. 2049

Local Registrar's No. 7

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Horn

(a) Residence. No. 13th & Jefferson St.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) July 27, 1913

7. AGE Years 17 Months 8 Days 4 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Spokane, Wn. (State or country)

10. NAME OF FATHER Henry L. Horn

11. BIRTHPLACE OF FATHER (city or town) Norway (State or Country)

12. MAIDEN NAME OF MOTHER Maggy A. Olson

13. BIRTHPLACE OF MOTHER (city or town) Norway (State or Country)

14. Informant Henry L. Horn (Address) St. Maries, Idaho

15. Filed May 1, 1931 Walter Coburg Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 1, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 24, 1931, to April 1, 1931, that I last saw him alive on March 31, 1931, and that death occurred, on the date stated above, at 3:45 a. m. The CAUSE OF DEATH* was as follows:

Pneumonia

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of
Was there an autopsy? NO
What test confirmed diagnosis?
(Signed) H. L. Olson, M. D.
April 1, 1931 (Address) St. Maries, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Woodlawn Date of Burial Apr. 3 1931

20. Undertaker Osullenger Address St. Maries

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County

Benevoh

State

Idaho

Registered No.

7

Township

Delmet

or Village

74738

or

City

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2 FULL NAME

Ho Co - So. Peter

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

Indian

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Widowed

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than

1 day, --- hrs.

or --- min.

8 5

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Cound alen
Benevoh Ida.

10 NAME OF FATHER

Not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Cound
Alen Benevoh

12 MAIDEN NAME OF MOTHER

Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Cound
Alen Benevoh

14

Informant

(Address)

Albert Goya
Tinsed

15

Filed

April 24, 1931

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

April 23 1931

17

I HEREBY CERTIFY, That I attended deceased from

April 13, 1931, to April 23, 1931

that I last saw him alive on April 23, 1931,

and that death occurred, on the date stated above, at 119 m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) --- yrs. --- mos. --- ds.

CONTRIBUTORY

(SECONDARY)

(duration) --- yrs. --- mos. --- ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Nelson, M. D.

4/24/31 (Address) Tinsed

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Dabuck Ida

4/25 1931

20 UNDERTAKER

C. J. Shuler

ADDRESS

Tinsed, Wash

MARGIN RESERVED FOR BINDING

F-200 4

V. S. No. 28

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

Ft. Hall Jurisdiction

Current Complete
STATE OF IDAHO

March, 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74739

State File No.

PLACE OF DEATH

County of On Fort HallCity of Reservation.

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194-R(No. At Ranch. No Hospital.)Local Registrar's No. 60

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Pandoah.

(a) Residence. No. _____

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Shoshone
Ind. 4/45. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofBessie Shay

6. DATE OF BIRTH (month, day and year)

--- 1865---

7. AGE

Years

66

Months

--

Days

--

If LESS than 1 day,

_____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Farming(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Lemhi Reservation

10. NAME OF FATHER

Goo-dav-a-sheah

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

See-we-we

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Unknown

14.

Informant
(Address)Annie JohnsonFt. Hall, Idaho

15.

Filed

Apr. 18,19 31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 1, 1931

(Month)

(Day)

19
(Year)17. I HEREBY CERTIFY, That I attended deceased from
No Doctor attending

that I last saw h. _____ alive on _____

and that death occurred, on the date stated above, at 5 30 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Double hernia- inguinal-
direct.CONTRIBUTORY
(Secondary)Strangulation
5 days18. Where was disease contracted
if not at place of death? --Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Phys signs

(Signed)

Amey R. Miller
Ft. Hall, Ida

M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

Presbyterian Cem.
Ft. Hall Reservation3/4/31

20. Undertaker

Address

Brown & Eldredge,
Blackfoot, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74740**

PLACE OF DEATH

County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194

Local Registrar's No. 71

(No. _____)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Kenneth Delbert Carlson(a) Residence. No. Fairground Ave St.

(Usual place of abode)
Length of residence in city or town where death occurred. 10 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 10 yrs. 0 mos. 0 ds.

RECEIVED MAY 4 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr. 5-1930

7. AGE Years Months Days If LESS than 1 day,
1 0 9 0 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Blackfoot
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) N. Va.

PARENTS

14. Informant H. E. Carlson(Address) Blackfoot15. Filed Apr. 14, 1931 M. M. Malone Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 14-1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
4-10, 1931, to 4-13, 1931,
that I last saw him alive on 4-13, 1931,
and that death occurred, on the date stated above, at 2:15 A. M.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia(duration) 9 yrs. 0 mos. 0 ds.CONTRIBUTORY
(Secondary)(duration) 0 yrs. 0 mos. 0 ds.18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? Physical findings(Signed) J. O. Thompson, M.D.4-14, 1931 (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Grave City Cem. Date of Burial 4-15-1931

20. Undertaker Modern Mortuary Address Blackfoot

Ft. Hall Jurisdiction.

Current. Complete.
STATE OF IDAHO

March 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

74741

PLACE OF DEATH

County of Ft. Hall Reservation. CERTIFICATE OF DEATH

City of

Registration District No. 121Primary Registration District No. 2194-RLocal Registrar's No. 68(No. At Ranch. No Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Zelona Ramsey.(a) Residence. No. ----- St. 96

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Ind. 4/4
Shoshone5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug. 16, 1930

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.0614

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Ft. Hall, Idaho

10. NAME OF FATHER

Frank Ramsey

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Ft. Hall Reservation

12. MAIDEN NAME OF MOTHER

Elsie Smith

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Ft. Hall Reservation

14.

Informant
(Address)Elsie RamseyFt. Hall, Idaho

15.

Filed

April 18, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 30, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
No Doctor attending

that I last saw h..... alive on.....

and that death occurred, on the date stated above, at 7: A. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:PyemiaI Day

(duration) yrs. mos. ds.

CONTRIBUTORY Abscess of hand

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed)

Henry R. Wheeler M. D.

(Address)

Ft. Hall, Ida

19. Place of Burial, Cremation, or Removal

Agency Carpenter,
Ft. Hall, Idaho

Date of Burial

4/22/31

19

20. Undertaker

Bannock Cemetery
Ft. Hall Reservation

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
74742
State File No. _____

PLACE OF DEATH

County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 0194

Local Registrar's No. 74

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Frederick Hall
(a) Residence No. Blackfoot, Idaho R.R. #3 St.
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

RECEIVED MAY 4 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melina J. Sims
6. DATE OF BIRTH (month, day and year) Dec. 7, 1843
7. AGE Years 87 Months 4 Days 13 IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ex. Steam Engineer & Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9. BIRTHPLACE (city or town) Honover County (State or country) Virginia
10. NAME OF FATHER Sadley Hall
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Honover Co. Va
12. MAIDEN NAME OF MOTHER Amelia Davis
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Va.

14. Informant Mrs. Hannah Woodland (Address) Blackfoot Idaho Route 3
15. Filed Apr. 20, 1931 Mr. Walter E. Davis Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 20 1931
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from July 10, 1921 to April 20, 1931 that I last saw him alive on March 25, 1931 and that death occurred, on the date stated above, at 9:00 a. m. The CAUSE OF DEATH* was as follows:

Arterio-sclerosis
(duration) 20 yrs. mos. ds.
CONTRIBUTORY fall stones (Secondary)
(duration) 20 yrs. mos. ds.
18. Where was disease contracted at home if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis Phys. Exam
(Signed) M. E. Sledge
Apr. 20, 1931 (Address) Blackfoot Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Forest City Cem. Date of Burial Apr. 22 1931
20. Undertaker E. J. Puck Address Blackfoot

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74743

State File No.

Local Registrar's No. 70

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Dixon

(a) Residence. No. So. Shilling St.

(Usual place of abode)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Albert E. Dixon

6. DATE OF BIRTH (month, day and year) July, 10, 1872

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
58 8 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) England
(State or country)

10. NAME OF FATHER
Fred Peel

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER
Mary Peel

13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)

14. Informant M. E. Dixon
(Address) Blackfoot, Ida.

15. Filed Apr. 10, 1931 Wm. Walter E. Patrie
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 7 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Sept 5, 1931, to Apr 7, 1931
that I last saw her alive on Apr 7, 1931
and that death occurred, on the date stated above, at 9:15 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. 5 mos. 5 ds.

CONTRIBUTORY Diabetes Mellitus
(Secondary)
(duration) 10 yrs. 5 mos. 5 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. W. Beck, M. D.
4/8, 1931 (Address) Blackfoot, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Grove City Cem. 4-10-31 19

20. Undertaker Address
Modern Mortuary, Blackfoot.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bingham
City of Wendover

Registration District No. 121
Primary Registration District No. 2194
(No. _____ St.)

State File No. 74744
Local Registrar's No. 79

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

George Collings

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Widowed
(Write the word)

6. DATE OF BIRTH

Aug 7 1852
(Month) (Day) (Year)

7. AGE

78 Yrs. 9 Mos. 10 ds.

IF LESS than 1 day how many
_____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

Farmer

9. BIRTHPLACE

(State or Country)

London Eng.

10. NAME OF FATHER

Richard Collings

11. BIRTHPLACE OF FATHER

(State or Country)

London Eng.

12. MAIDEN NAME OF MOTHER

Emmerson

13. BIRTHPLACE OF MOTHER

(State or Country)

London Eng.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Geo. M. Nelson
(Address) Wendover, Idaho

15.

Filed

May 2

1931

Wendover, Idaho

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from But their symptoms were reported 19 to 20
that I last saw him alive on 19
and that death occurred on the date stated above, at 6 a M.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 10 yrs. mos. ds.

Contributory (Secondary)

(Duration) 1 yrs. mos. ds.

(Signed)

Edwin C. Carter M. D.

4/28 19 31 (Address) Box 86 Shelley

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Shelley Falls, Idaho April 28 1931

20. UNDERTAKER

ADDRESS

Carl A. Wood Shelley Falls

RECEIVED MAY 4 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **74745**

PLACE OF DEATH

County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 0194

Local Registrar's No. 78

(No. 188)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ardelia Arellano

RECEIVED MAY 4 1931

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Mexican</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>
-------------------------	------------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE <u>1 yr</u>	Years <u>1930</u>	Months <u>April</u>	Days <u>12</u>	If LESS than 1 day, hrs. or min. <u> </u>
-----------------------	----------------------	------------------------	-------------------	---

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Shelley Ida
(State or country)

10. NAME OF FATHER Delgino Arellano

11. BIRTHPLACE OF FATHER (State or Country) Arroyohondo N.M.

12. MAIDEN NAME OF MOTHER Elena Sanchez

13. BIRTHPLACE OF MOTHER (State or Country) Arroyohondo N.M.

14. Informant Peter M. Hansen
(Address) Shelley, Idaho

15. Filed May 2, 1931 Mr. Hansen Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1931, to Apr. 16, 1931,
that I last saw her not alive when
and that death occurred, on the date stated above, at 3 PM.

The CAUSE OF DEATH* was as follows:

Accidentally run over with an auto
death instant.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

18. Where was disease contracted yes
if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis?
(Signed) Dr. J. C. Keefe M. D.
Apr. 16, 1931 (Address) Shelley, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Shelley Dist. Cemetery Date of Burial Apr 17 1931

20. Undertaker Nones Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Brigham
City of Shelby
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 121
Primary Registration District No. 219H
(No. _____ St.)

State File No. 74746
Local Registrar's No. 80

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Joshua Fritchell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Widower
(Write the word)

6. DATE OF BIRTH May 20 1842
(Month) (Day) (Year)

7. AGE ms. days IF LESS than 1 day how many
88 yrs. 11 mos. 9 hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE Ill.
(State or Country)

10. NAME OF FATHER Ephraim Fritchell

11. BIRTHPLACE OF FATHER Va
(State or Country)

12. MAIDEN NAME OF MOTHER Phaeta Knight

13. BIRTHPLACE OF MOTHER (?)
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) O. M. Twichell
(Address) Basalt Idaho

15. Filed May 2 1931 Mo. H. A. A. A.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 25 1931 to Apr. 28 1931, that I last saw him alive on Apr. 25 1931 and that death occurred on the date stated above, at 430 PM
The CAUSE OF DEATH* was as follows:

Old age
(Duration) yrs. mos. ds.
Contributory (Secondary) General debility
(Signed) E. E. Peckham M. D.
(Address) Shelby Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Green Burial City, Wyoming DATE OF BURIAL April 30 1931
UNDERTAKER Jack A. Wood ADDRESS Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74747

PLACE OF DEATH
County of *Bingham*
City of *Shelley*Registration District No. *121*
Primary Registration District No. *2194*Local Registrar's No. *77*

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *John Gordon*

(a) Residence No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos.

RECEIVED MAY 4 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Males* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *Jan. 29. 1903*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
28 *2* *28*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Utah*10. NAME OF FATHER *Wm. Gordon*11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Utah*12. MAIDEN NAME OF MOTHER *Anna Lund*13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Utah*14. Informant *D. J. Gordon*
(Address) *2200 S. 1st St.*15. Filed *Apr 29 31* 19 *Mo. Wallace* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Apr. 29. (27)* *31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at *11:00 P.M.*

The CAUSE OF DEATH was as follows:

Strychnine Poison
Self Administered
(duration) _____ yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? *No* Date of _____Was there an autopsy? *No*What test confirmed diagnosis? *Physical Findings*(Signed) *Ray McCallum*

4-29-31, 19____ County Coroner

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
*Blackfoot*19. Place of Burial, Cremation, or Removal *Salt Lake City, Utah* Date of Burial *4-30-31*20. Undertaker *Modern Mortuary* Address *Blackfoot*

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74748

State File No.

PLACE OF DEATH

County of BinghamCity of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 1007(No. North of Fair Grounds)

(If death occurred in a hospital or institution give its name instead of street and number.)

Local Registrar's No. 762. FULL NAME Emily S. Kirkpatrick

RECEIVED MAY 4 1931

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGeorge C. Kirkpatrick6. DATE OF BIRTH (month, day and year) March 3 18997. AGE Years 40 Months 1 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho10. NAME OF FATHER J. H. Miller11. BIRTHPLACE OF FATHER (city or town) Lowry
(State or Country)12. MAIDEN NAME OF MOTHER Albina S. Warren13. BIRTHPLACE OF MOTHER (city or town) Blackfoot
(State or Country) Idaho14. Informant George C. Kirkpatrick
(Address) Blackfoot, Idaho15. File Apr. 27 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 26 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 31, 1931, to April 26, 1931,
that I last saw her alive on April 26, 1931,
and that death occurred, on the date stated above, at 5:30 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Nephritis(duration) yrs. 1 mos. 7 ds.CONTRIBUTORY
(Secondary)Influenza
(duration) yrs. mos. 7 ds.18. Where was disease contracted Place of death
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Urine tests and(Signed) W. H. Eagan, M. D.April 27, 1931 (Address) Blackfoot, Idaho19. Place of Burial, Cremation, or Removal Grave City Cemetery Date of Burial 1920. Undertaker E. T. Luck Address Blackfoot
Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74749

PLACE OF DEATH

County of Bingham
City of Albion

Registration District No. 116
Primary Registration District No. 2195

Local Registrar's No. 6

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elina Louise Mazer

(a) Residence. No. Albion, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 22, 1872

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
59 1 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Salt Lake City, Utah
(State or country)

10. NAME OF FATHER

Hugentubler

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Switzerland

12. MAIDEN NAME OF MOTHER

Louise Nutz

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Switzerland

14. Informant Ernest Mazer
(Address)

15. Filed 4/13, 1931 McMortimer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1931, to April 13, 1931, that I last saw her alive on April 12, 1931, and that death occurred, on the date stated above, at 2 am m. The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Uremia

(Signed) _____, M. D.

4/13, 1931 (Address) Albion, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Albion - Date of Burial 4-15 1931

20. Undertaker Friends Address Albion, Idaho

131

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74750

State File No.

PLACE OF DEATH

County of BINGHAMCity of BLACKFOOT

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2124(No. South Idaho Insane Asylum)Local Registrar's No. 69
57

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Ewell

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. 11 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE	4. COLOR OR RACE WHITE	5. Single, Married, Widowed, or Divorced (write the word.) WIDOWER
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept

7. AGE 62	Years	Months 8	Days 3	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)10. NAME OF FATHER Jessee Ewell-11. BIRTHPLACE OF FATHER (city or town) Virginia
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Tennessee
(State or Country)14. Informant Joseph Moore- Attendant
(Address) Blackfoot, Idaho.15. Filed April 7 1931 Mr. Walter E. O'Brien
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 6th, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 27th 1931 Apr 6th, 1931, 19...that I last saw him alive on Apr 6th 1931, 19...and that death occurred, on the date stated above, 5:35P m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None(Signed) W. E. O'Brien, M. D.
Apr 7th, 1931 (Address) Blackfoot I

19. Place of Burial, Cremation, or Removal

Date of Burial

Asylum, Conn.Apr. 7 1931

20. Undertaker acting

Address

W. E. O'BrienBlackfoot

Ft. Hall Jurisdiction

Current Complete
STATE OF IDAHO

March 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74751

State File No.

PLACE OF DEATH

County of Ft. Hall Reservation CERTIFICATE OF DEATHCity of Registration District No. 121Primary Registration District No. 2194-RLocal Registrar's No. 66(No. At Ranch. No Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mamoshoup

RECEIVED MAY 4 1931

(a) Residence. No. ----- St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Shoshone</u> <u>Ind. 4/4</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	--	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

--- Pamboe ---

6. DATE OF BIRTH (month, day and year) --- 1861

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
	<u>70</u>	<u>--</u>	<u>---</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Farming(b) General nature of industry,
business, or establishment in
which employed (or employer)Own farm

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Lemhi Reservation

10. NAME OF FATHER

Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown14. Informant Tom Madzuweyu(Address) Ft. Hall, Idaho15. Filed April 18, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 24, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
No Doctor attending

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at 11:A m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Apoplexy- cerebral(duration) yrs. 2-4 mos. ds.CONTRIBUTORY Paralysis
(Secondary)(duration) yrs. mos. 2-4 ds.18. Where was disease contracted
if not at place of death? ----Did an operation precede death? None. Date of.....Was there an autopsy? NoneWhat test confirmed diagnosis? None(Signed) Henry R. Wheeler M. D.---, 19..... (Address) Ft. Hall, Ida19. Place of Burial, Cremation, or Removal
Presbyterian Cemetery
Ft. Hall Reservation,

Date of Burial

3/27/31 1920. Undertaker
Brown & Eldredge,
Blackfoot, Idaho.

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74752

State File No.

PLACE OF DEATH

County of BINGHAMCity of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 219d(No. State Hospital, South.)Local Registrar's No. 72

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME E.O. Marinus Thomsen

(a) Residence. No.

St. Sterling, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos. 18ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

WHITE5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHilder Thomsen6. DATE OF BIRTH (month, day and year) Feb. 4th 1889

7. AGE

42

Years

Months

2

Days

13

If LESS than 1 day,

..... hrs. or

..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Denmark
(State or country)

10. NAME OF FATHER

Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Unknown

14. RECORDS OF THE STATE HOSP SOUTH

Informant
(Address)Blackfoot, Idaho.

15.

File

Apr. 17, 1931, Mrs. Martin E. Parry
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 17, 1931

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 15th 1931, to Apr. 17th, 1931that I last saw him alive on Apr. 17th, 1931and that death occurred, on the date stated above, at 45 A. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Hemorrhage(duration) yrs. mos. 1 1/2 ds.CONTRIBUTORY
(Secondary)Stroke(duration) 1930 yrs. Oct. mos. 1 ds.18. Where was disease contracted
if not at place of death?NoDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical

(Signed)

Chas. R. Lowry

M. D.

April 17, 1931(Address) Box 338 Blackfoot, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Springfield Idaho April 19 1931

20. Undertaker

Address

E. J. RuckBlackfoot
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of BinghamCity of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 1007

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Thomas Kersey(a) Residence. No. Eccles Hotel St.

(Usual place of abode.)

Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElizabeth Kersey6. DATE OF BIRTH (month, day and year) Nov. 21 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>62</u>	<u>4</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Hannouville Missouri
(State or country)10. NAME OF FATHER William Kersey11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Don't know12. MAIDEN NAME OF MOTHER Mary Mitchell13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Don't know14. Informant Grace Kersey Gooding
(Address) Livingston, Mont.15. Filed Apr. 20 1931 Mr. Walter Tuttle
Registrar.

DO NOT WRITE IN THIS SPACE

74753

State File No.

Local Registrar's No. 73

RECEIVED MAY 4 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

(Month)

19

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 191931to Apr 191931that I last saw him alive on Apr 191931and that death occurred, on the date stated above, at 8:00 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Apoplexy(duration) yrs. mos. 6 1/2CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

W. W. Beck M. D.4/201931(Address) Blackfoot, Ida

19. Place of Burial, Cremation, or Removal

Livingston, Mont.

Date of Burial

19

20. Undertaker

E. J. Park

Address

Blackfoot

RECEIVED MAY 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bingham
City of Sterling, IdaRegistration District No. 116Primary Registration District No. 2195

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Anderson(a) Residence. No. Sterling, Idaho St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) April 12, 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Sterling, Idaho
(State or country)10. NAME OF FATHER Oscar Anderson11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Salt Lake City, Utah12. MAIDEN NAME OF MOTHER Nazel Caldwell13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Bingham City, Utah14. Informant Raymond A. Williams
(Address) Sterling, Idaho15. Filed 4/13, 1931 Thomas Registrar

DO NOT WRITE IN THIS SPACE

State File No. 74754Local Registrar's No. 5

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 12, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 12, 1931, to Apr. 12, 1931
that I last saw him alive on Apr. 12, 1931
and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhageCONTRIBUTORY (Secondary) Difficult Labor
(duration) yrs. mos. 1/2 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) M. C. Martin, M. D.4-12, 1931 (Address) Abodeen, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Thomas, Ida 4-13 1931

20. Undertaker Address

Freemans Sterling, Ida

Ft. Hall Reservation

Current

Complete
STATE OF IDAHO

March 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74755

State File No.

PLACE OF DEATH

County of Ft. Hall Reservation . CERTIFICATE OF DEATH

City of

Registration District No. 121Primary Registration District No. 2194-RLocal Registrar's No. 64(No. At Ranch . No Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tom Waterhouse

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Shoshone
Ind. 4/45. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofYambaropy6. DATE OF BIRTH (month, day and year) --- 1841----

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or
.....min.90----

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.20 years retired farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Glenns Ferry, Idaho

10. NAME OF FATHER

Quagigant

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Unknown

14.

Informant
(Address)victor SamboFt. Hall, Idaho

15.

Filed

April 18, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 18, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
No Doctor attending

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at 4: A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:flu.6 days

(duration)yrs.mos.ds.

CONTRIBUTORY

(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death? ---Did an operation precede death? None Date of.....Was there an autopsy? NoneWhat test confirmed diagnosis? None

(Signed)

Henry R. Miller, M. D.

19.....

(Address) Ft. Hall, Ida

19. Place of Burial, Cremation, or Removal

Portneuf Cemetery
Ft. Hall Reservation,

Date of Burial

3/22/31 19

20. Undertaker

Brown & Eldredge
Blackfoot, Idaho.

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

EXACTLY.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

Ft. Hall Jurisdiction

Current Complete
STATE OF IDAHO

March 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74756

PLACE OF DEATH

County of On Fort Hall Reserva- CERTIFICATE OF DEATH

City of tion. Registration District No. 121

Primary Registration District No. 2194- R

(No. At Ranch. No Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melva Bertie Nagasheah

(a) Residence. No. ----

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Shoshone Ind. 4/4	5. Single, Married, Widowed, or Divorced (write the word.) Single
------------------	--	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of - - - - -

6. DATE OF BIRTH (month, day and year) April 5, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	I	II	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. None(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Ft. Hall Reservation10. NAME OF FATHER
William Nagashoah11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ft. Hall Reservation12. MAIDEN NAME OF MOTHER
Annie Jackson13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Inkom, Idaho14. Informant Annie Nagashoah
(Address) Ft. Hall, Idaho

15. Filed April 18, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 14, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
No Doctor attending

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at 4: A..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

rflu

(duration) 3 days.
yrs. mos. ds.

CONTRIBUTORY Pneumonia, bron.

(Secondary)

(duration) 3 days
yrs. mos. ds.18. Where was disease contracted
if not at place of death? ----

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Henry R. Wheeler, M. D.

Ft. Hall, Ida

19. Place of Burial, Cremation, or Removal
Presbyterian Mission
Ft. Hall Reservation, 3/16/ 31 19

Date of Burial

20. Undertaker

Mc. Han & Co.
Pocatello, Idaho

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

Ft. Hall Jurisdiction

Current Complete
STATE OF IDAHO

March 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

74757

PLACE OF DEATH

County of Ft. Hall Reservation CERTIFICATE OF DEATHCity of _____ Registration District No. 121Primary Registration District No. 2194-RLocal Registrar's No. 65(No. At Ranch. No Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lelah Nevada

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Shoshone
Ind. 4/45. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 15, 1928

7. AGE

Years

Months

Days

If LESS than 1 day.

299

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.None(b) General nature of industry,
business, or establishment in
which employed (or employer)Ft. Hall Reservation

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Samuel Nevada

10. NAME OF FATHER

Lemhi Reservation11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

Annie tyler13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Lemhi Reservation

14.

Informant
(Address)Samuel NevadaFt. Hall, Idaho

15.

Filed

April 18, 1931193119311931193119311931193119311931193119311931193119311931193119311931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 23, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

No Doctor attending

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at 6: P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Whooping Cough20 days

(duration) yrs. mos. ds.

CONTRIBUTORY Pneumonia, bron.

(Secondary)

3 days

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? None Date of.....Was there an autopsy? None

What test confirmed diagnosis?

(Signed)

Henry R. Wheeler

M. D.

19.....

(Address) Ft. Hall, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Portneuf Cemetery
Ft. Hall Reservation3/26/31

19

20. Undertaker

Address

Agency Carpenter
Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

Ft. Hall Jurisdiction

Current Complete
STATE OF IDAHO

March 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74758

State File No.

PLACE OF DEATH

County of Ft. Hall Reservation. CERTIFICATE OF DEATHCity of Registration District No. 121Primary Registration District No. 2194-R(No. At Ranch. No Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Genevieve Wattenbonne(a) Residence. No. ----

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

RECEIVED MAY 4 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Shoshone</u> <u>Ind. 4/4</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-------------------------	--	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 7, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>2</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. None(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Ft. Hall Reservation

10. NAME OF FATHER

Ray Wattenbonne

11. BIRTHPLACE OF FATHER (city or town)

(State or Country) Lemhi Reservation

12. MAIDEN NAME OF MOTHER

Julia Partridge

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country) Ft. Hall Reservation14. Informant Ray Wattenbonne(Address) Ft. Hall, Idaho15. Filed April 18, 1931 Jim Thomas
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 29, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 20, 1931, to March 29, 1931that I last saw her alive on March 28, 1931,and that death occurred, on the date stated above, at 11: A m*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Whooping Cough58 days

(duration) yrs. mos. ds.

CONTRIBUTORY Bron. Pneumonia
(Secondary)52 days

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ----Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Phys. Signs(Signed) Henry R. McPherson M. D.-----, 19 (Address) Ft. Hall, Ida

19. Place of Burial, Cremation, or Removal

Butte Cemetery
Ft. Hall Reservation, 3/31/31 1920. Undertaker
Agency Carpenter,
Ft. Hall, Idaho

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74759

PLACE OF DEATH

County of Ft. Hall Reservation

CERTIFICATE OF DEATH

City of

Registration District No. 121

Primary Registration District No. 2194-R

Local Registrar's No. 63

(No. At Ranch. No Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernestine George

(a) Residence. No. ----- St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Shoshone Ind. 4/4	5. Single, Married, Widowed, or Divorced (write the word.) Single
-------------------------	--	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of -----6. DATE OF BIRTH (month, day and year) **Nov. 19, 1929**

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
	I	3	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. **None**(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) **Ft. Hall Reservation**

10. NAME OF FATHER

Willie George11. BIRTHPLACE OF FATHER (city or town)
(State or Country)**Ft. Hall Reservation**

12. MAIDEN NAME OF MOTHER

Emma Tendoy13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)**Lemhi Reservation**14. Informant **Willie George**
(Address) **Ft. Hall, Idaho**15. Filed **Apr. 18 1931**

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 14, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
Treated by Dr. W.W. Beck,**Blackfoot, Ida.**

that I last saw h..... alive on..... 19.....

and that death occurred, on the date stated above, at **6:20P** m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Whooping cough****14 Days**

(duration)yrs.mos.ds.

CONTRIBUTORY -----
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted ---
if not at place of death?Did an operation precede death? **No** Date ofWas there an autopsy? **No**What test confirmed diagnosis? **History**(Signed) **Henry B. Wheeler** M. D.-----, 19..... (Address) **Ft. Hall, Ida.**19. Place of Burial, Cremation, or Removal
Presbyterian Mission
Ft. Hall Reservation

Date of Burial

3/16/31 1920. Undertaker
Brown & Eldredge
Blackfoot, Idaho

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

Ft. Hall Jurisdiction.

Current Complete

STATE OF IDAHO

March, 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74760

State File No.

PLACE OF DEATH

County of On Ft. Hall Reser-
vation.

CERTIFICATE OF DEATH

City of

Registration District No. 121Primary Registration District No. 2194-RLocal Registrar's No. 61(No. At ranch. No Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Morgan Waterhouse

RECEIVED MAY 4 9 1931

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Shoshone
Ind. 4/45. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

April 13, 1928

7. AGE

Years

Months

Days

If LESS than 1 day,

..... hrs. or
..... min.21013

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.None(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Ft. Hall Reservation

10. NAME OF FATHER

Willie Waterhouse

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Mink Creek, Idaho

12. MAIDEN NAME OF MOTHER

Nellie Waters

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Lemhi Reservation

14.

Informant
(Address)Willie Waterhouse
Ft. Hall, Idaho

15.

Filed April 18 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 11, 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

No Doctor attending

that I last saw him alive on

19.....

and that death occurred, on the date stated above, at 5: P*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Whooping cough(duration) yrs. 2-1 1/2 mos. ds.

CONTRIBUTORY

(Secondary)

Pneumonia- bron.(duration) yrs. 1/2 mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

Nerry R. Muler

M. D.

(Address) Ft. Hall, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Portneuf Cem.Ft. Hall Reservation,3/6/31

19

20. Undertaker

Address

Agency Carpenter
Ft. Hall Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

 DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 8 1931

DO NOT WRITE IN THIS SPACE

74761

State File No.

PLACE OF DEATH

County of BlaineCity of Hailey

CERTIFICATE OF DEATH

Registration District No. 57Primary Registration District No. 2022

(No.)

Local Registrar's No. 10

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Kimmeling

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug 17th 18757. AGE Years 55 Months 7 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ohio
(State or country)10. NAME OF FATHER Benjamin F. Kimmeling11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER Mary E. Bunch13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or Country)

14.

Informant
(Address)

15.

Filed

5-11

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31

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April
(Month)10th
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

✓, 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Angina Pectoris
Forgotten dead.CONTRIBUTORY (Secondary) History of heart trouble

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of.....Was there an autopsy? NoWhat test confirmed diagnosis? Robert H. Wright M. D.(Signed) 4-11 19 31 (Address) Blaine, Idaho

19. Place of Burial, Cremation, or Removal

Hayden, Idaho

20. Undertaker

Harris & Amos

Date of Burial

April 14 1931

Address

Hailey, Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74762

State File No.

PLACE OF DEATH

County of BlaineCity of Bellevue

CERTIFICATE OF DEATH

Registration District No. 57Primary Registration District No. 2022Local Registrar's No. 9

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George W. Hunter

(a) Residence No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Divorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofX6. DATE OF BIRTH (month, day and year) Nov 28-18557. AGE Years 75 Months 4 Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wisconsin
(State or country)10. NAME OF FATHER Geo W. Hunter11. BIRTHPLACE OF FATHER (city or town) Tenn
(State or Country)12. MARRIED NAME OF MOTHER Mauida Neal13. BIRTHPLACE OF MOTHER (city or town) Kentucky
(State or County)14. Informant (Address) Mrs. M. J. Lamm
Bellevue, Ida15. Filed 5-1 1931 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 10 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 1-1-1929 to 4-10-1931
that I last saw him alive on 4-1-1930and that death occurred, on the date stated above, at 10 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic NephritisCONTRIBUTORY (duration) 2 yrs. 0 mos. 0 ds.
(Secondary) Arteriosclerosis(duration) 10 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) Robert H. Wright M. D.4-11 1931 (Address) Hayley, Ida19. Place of Burial, Cremation, or Removal Bellevue Ida Date of Burial April 12 193120. Undertaker Harris & Amos Address Hayley Ida

RECEIVED MAY 6 1937

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74763

State File No.

PLACE OF DEATH

County of Bonner
City of Priest River

CERTIFICATE OF DEATH

Registration District No. 85Primary Registration District No. 2185Local Registrar's No. 9

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gladys Elaine Gillaspie

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 2 yrs. 8 mos. 24 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 24, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>2</u>	<u>8</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work At Home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Priest River
(State or country) Idaho

10. NAME OF FATHER

J. E. Gillaspie11. BIRTHPLACE OF FATHER (city or town) Bonaparte
(State or Country) Iowa12. MAIDEN NAME OF MOTHER Lelah A. Trepus13. BIRTHPLACE OF MOTHER (city or town) Prairie Farm
(State or County) Wis.14. Informant J. E. Gillaspie
(Address) Priest River, Idaho.15. Filed Apr. 20, 1937R. E. Wessa
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 18, 1931

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 18, 1931, to Apr. 18, 1931that I last saw him alive on April 18, 1931and that death occurred, on the date stated above, at 7:00 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Flood Poisoning (acute)Exact causative organismnot determined

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Acute Myocarditis

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Fingerst symptoms(Signed) Harold C. Jones, M. D.Apr. 20, 1931 (Address) Priest River, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

I. O. O. F. Cemetery Apr. 21, 1931

20. Undertaker

Address

Macon Mortuary Priest River

RECEIVED MAY 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74766
State File No.

PLACE OF DEATH

County of Banner
City of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155
(No. Page Hospital)

Local Registrar's No. 34

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Serier

(a) Residence. No. Ponderay St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 12 1931

7. AGE Years Months Days Two If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

10. NAME OF FATHER T. W. Serier

11. BIRTHPLACE OF FATHER (city or town) Mo.
(State or Country)

12. MAIDEN NAME OF MOTHER Hattie Daniels

13. BIRTHPLACE OF MOTHER (city or town) Mo.
(State or Country)

14. Informant T. W. Serier
(Address) Ponderay

15. Filed April 14 1931
Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 12, 1931, to Apr 12, 1931
that I last saw him alive on Apr 12, 1931
and that death occurred, on the date stated above, at 10 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Stillicetasis
about 7 1/2 month fetus

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Wm. J. Tyler, M. D.

Apr 13, 1931 (Address) Sandpoint, Ida.

19. Place of Burial, Cremation, or Removal Date of Burial

Lakeview Cemetery 4/14 1931

20. Undertaker Address

Turnbull Co. Sandpoint

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74767

PLACE OF DEATH

County of BonnerCity of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 7APrimary Registration District No. 2155(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 37

2. FULL NAME

Gus Welsh(a) Residence. No. Pack River St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sept 14 1858

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

72711

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

self

9. BIRTHPLACE (city or town)

(State or country)

Wisconsin

10. NAME OF FATHER

Dont Know

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

14.

Informant
(Address)Mrs. J. Lloyd
Pack River

15.

Filed

April 26, 1931Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April251931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 12, 1931, to Apr. 23, 1931that I last saw him alive on Apr. 23, 1931and that death occurred, on the date stated above, at 10 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic endocarditis
and arteriosclerosis(duration) yrs. 6 mos. 6 ds.CONTRIBUTORY
(Secondary)Enteritis(duration) yrs. 1 mos. 6 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Wm. F. Taylor, M. D.Apr. 27, 1931 (Address) Sandpoint, Idaho

19. Place of Burial, Cremation, or Removal

Lakewood Cemetery

Date of Burial

4/29 1931

20. Undertaker

Turnbull Co

Address

Spokane

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

Exact statement of OCCUPATION is very important.

RECEIVED MAY 6 1931

74768

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 78
 Township _____ or Village _____
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Lettie Munshower

(a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5a. If married, widowed, or divorced HUSBAND of <u>Luchan Munshower</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>March 1, 1864</u>		
7. AGE <u>67</u>	Years <u>1</u>	Months <u>17</u>
		Days <u>17</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Douva
 (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
 (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Ohio
 (State or country)

17. INFORMANT J. W. Munshower
 (Address) Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL
 Place Union Cemetery Date Apr. 20, 1931

19. UNDERTAKER P. E. Wess
 (Address) Front River, Idaho

20. FILED April 29, 1931
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 18, 1931

22. I HEREBY CERTIFY That I attended deceased from April 17, 1931, to Apr 18, 1931

I last saw her alive on April 17, 1931; death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:

Cor Vascular Heart Disease

Date of onset

?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. W. Ross M. D.

(Address) Sandpoint Idaho

c11-3184

MARGIN RESERVED FOR BINDING

8-3091
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

74769

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 76
Township _____ or Village _____
City Cabinet No. _____ St. _____ Ward _____
Length of residence in city or town where death occurred 13 yrs. 3 mos. 7 ds. If death occurred in a hospital or institution, give its name instead of street and number
How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Walter Emil Lund,

(a) Residence: No. _____ St. _____ Ward. Cabinet, Idaho
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Jan. 1, 1908</u>		
7. AGE Years <u>23,</u>	Months <u>3</u>	Days <u>9</u> If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tel. Operator.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) <u>April 4, 1931</u>	
	11. Total time (years) spent in this occupation <u>6 yrs.</u>	
FATHER	12. BIRTHPLACE (city or town) <u>Cabinet,</u> (State or country) <u>Idaho.</u>	
	13. NAME <u>Frank Lund,</u>	
MOTHER	14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) _____	
	15. MAIDEN NAME <u>Fanny Jokir</u>	
	16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) _____	
	17. INFORMANT <u>Frank Lund</u> (Address) <u>Cabinet, Idaho.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>4/17</u> , 19 <u>31</u>		
19. UNDERTAKER <u>L. S. Moon</u> (Address) <u>Sandpoint Idaho</u>		
20. FILED <u>4-17</u> , 19 <u>31</u> <u>Viola Allen</u> <u>Deputy</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) <u>April 10, 1931.</u>
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ I last saw him _____ alive on _____, 19____; death is said to have occurred on the date stated above, at <u>3:15 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Homicide by</u> <u>Fire arms.</u>
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? <u>yes</u>
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Homicide</u> Date of Injury <u>4/10</u> , 19 <u>31</u> Where did injury occur? <u>Cabinet, Idaho.</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____
Manner of Injury <u>Fire arms</u>
Nature of Injury <u>Wound in chest.</u>
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify _____ (Signed) <u>L. S. Moon</u> <u>Coroner.</u> (Address) <u>Sandpoint Idaho.</u>

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County BONNER State IDAHO Registered 1931
 Township _____ or Village _____
 City SANDPOINT No. PARNELL HOSPITAL St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME RUEBEN BARNES

(a) Residence: No. _____ St. _____ Ward. BROTEN, IDAHO.
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) AUG 15th. 1848

7. AGE 83 Years 7 Months 22 Days If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owned Farm

10. Date deceased last worked at this occupation (month and year) March 1931 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Holmes
(State or country) Michigan

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Parnell Hospital
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Pinecrest Cemetery Apr 10. 1931

19. UNDERTAKER L.G. Moon
(Address) Sandpoint, Idaho.

20. FILED April 6. 1931 Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 7, 19 31

22. I HEREBY CERTIFY That I attended deceased from March 18, 1931, to April 7, 1931

I last saw him alive on April 7, 1931 death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 770

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Floyd G. Wendle, M. D.

(Address) Sandpoint, Idaho.

RECEIVED MAY 6 1931

STANDARD CERTIFICATE OF DEATH

74771
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 38
 Township _____ or Village _____ or
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 41 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? 60 yrs. _____ mos. _____ ds.

2. FULL NAME

IGNATZ WEIL

(a) Residence: No. Lakeside Rural St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced, HUSBAND of <u>Irene Weil</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Feb. 27, 1853</u>		
7. AGE Years <u>78</u>	Months <u>1</u>	Days <u>4</u> If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fieldman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Deputy Assessor</u>		
10. Date deceased last worked at this occupation (month and year) <u>March 28, 1931</u>		
11. Total time (years) spent in this occupation <u>2 yrs</u>		

12. BIRTHPLACE (city or town)
(State or country) Austria

13. NAME Saul Weil

14. BIRTHPLACE (city or town)
(State or country) Austria

15. MAIDEN NAME Jette Greenhood

16. BIRTHPLACE (city or town)
(State or country) Austria

17. INFORMANT Irene Weil
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lakeview Cemetery Date Apr. 6, 1931

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED April 2, 1931 Deputy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from
_____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____; death is said

to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance
were as follows:

Unknown Chronic
Heart Disease.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) L. G. Moon Coroner

(Address) SANDPOINT, IDAHO.

MARGIN RESERVED FOR BINDING

8-2091
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAY 6 1931 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74772

State File No.

PLACE OF DEATH

County of Banner

City of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

(No. Pamell Hospital)

Local Registrar's No. 31

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Lakeview Idaho St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

unknown

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sept 23 1841

7. AGE

89

Years

Months

6

Days

8

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Mining & Prospecting

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Scotland

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Scotland

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Scotland

14.

Informant
(Address)

C. P. Stackhouse
Sandpoint, Idaho

15.

Filed

April 2, 1931

Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 31, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

many years, 1931 to March 31, 1931

that I last saw him alive on March 30, 1931

and that death occurred, on the date stated above, at 7:15 a. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cardio-vascular-Renal disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. P. Stackhouse, M. D.
3-31-, 1931 (Address) Sandpoint, Idaho

19. Place of Burial, Cremation, or Removal

Lakeview Cemetery

Date of Burial

4/ 3 1931

20. Undertaker

Turnbull Co

Address

Sandpoint

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonneville
City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 73Primary Registration District No. 7(No. Spencer Hospital St.)State File No. 74773Local Registrar's No. 22

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Maurin George Stacki

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-
OWED OR DIVORCEDMale White Single
(Write the word)

6. DATE OF BIRTH

August 20 1926
(Month) (Day) (Year)

7. AGE

5 Yrs. 7 Mos. 17 ds.
IF LESS than 1 day how many
.....hrs. or
.....min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Child

9. BIRTHPLACE

(State or Country)

Cottman, Idaho

10. NAME OF

Father

Gottfried Stucke

11. BIRTHPLACE

OF FATHER

(State or Country)

Switzerland

12. MAIDEN NAME

OF MOTHER

Louise Sharp

13. BIRTHPLACE

OF MOTHER

(State or Country)

Union, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Ind. Stucke
Idaho Falls, Idaho

15.

Filed

Apr 1419 31Spencer

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 7 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 5 1931 to April 7 1931, that I last saw him alive on April 7 1931, and that death occurred on the date stated above, at 11:50 A.M.

The CAUSE OF DEATH* was as follows:

Appendicitis

(Duration) yrs. mos. ds.

Contributory

(Secondary)

(Duration) yrs. mos. ds.

(Signed)

W. Spencer M. D.

(Address)

Idaho Falls, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Grant Cemetery April 13 1931

20. UNDERTAKER

ADDRESS

Jack G. Wood Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74774

PLACE OF DEATH

County of Bonanza
City of Idaho Falls

Registration District No. 73Primary Registration District No. 170(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 7A2. FULL NAME Charles M. Keller(a) Residence. No. Bonanza Hotel St.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Leona Keller6. DATE OF BIRTH (month, day and year) Dec 25 - 1862

7. AGE

68

Years

Months

3

Days

25

If LESS than 1 day,

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)New York City

10. NAME OF FATHER

Mark Keller11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown

14.

Informant

(Address)

Sam M. F. Keller
3370 Geary St. San Francisco

15.

Filed

Apr 20, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

(Month)

20

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April - 19, 1931, to Apr - 20, 1931that I last saw him alive on April 19, 1931and that death occurred, on the date stated above, at 1.35 a.m.

The CAUSE OF DEATH* was as follows:

Embolism of coronary artery

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? ✓

What test confirmed diagnosis?

(Signed) H. Spencer M. D.
Apr 20, 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

San Francisco
Cal.4/23 1931

20. Undertaker

Address

J. F. McHan Idaho Falls
Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25, 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Bonneville
City of Pine
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 23
Primary Registration District No. 23
(No. 23 St.)

State File No. 74775
Local Registrar's No. 74775
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Oscar L. Wheeler

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID., OWED OR DIVORCED Widower
(Write the word)

6. DATE OF BIRTH Jan. 30 1875
(Month) (Day) (Year)

7. AGE 56 Yrs. 2 Mos. 17 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Farming
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE Utah
(State or Country)

10. NAME OF FATHER Levi L. Wheeler

11. BIRTHPLACE OF FATHER Maine
(State or Country)

12. MAIDEN NAME OF MOTHER Sarah Jane Farnum

13. BIRTHPLACE OF MOTHER England
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred A. Wheeler
(Address) Highway # 3, Idaho

15. Filed Apr 20 1931
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 18 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3 1931 to April 18 1931, that I last saw him alive on April 18 1931, and that death occurred on the date stated above, at 8:10 P.M.
The CAUSE OF DEATH* was as follows:

Atherosclerosis
(Duration) Yrs. mos. ds.
Contributory (Secondary) Cerebral Hemorrhage
(Duration) Yrs. mos. ds.
(Signed) H. R. Abbott M. D.
19 Pine Idaho (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Yrs. mos. days In the State Yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Pine, Idaho DATE OF BURIAL April 21 1931

20. UNDERTAKER Jack A. Wood ADDRESS Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 34

74776

PLACE OF DEATH

County of Bonerville
City of Idaho FallsRegistration District No. 73Primary Registration District No. 214-2Local Registrar's No. A.3(No. St. N. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Peter Olsen

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Sadie Olsen
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 10 - 18827. AGE Years Months Days If LESS than 1 day, hrs. or min.
49. 1 16.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer &(b) General nature of industry, business, or establishment in which employed (or employer) Sheepman

(c) Name of employer

9. BIRTHPLACE (city or town) St. Joe. Mo.
(State or country)10. NAME OF FATHER Hans N. Olsen11. BIRTHPLACE OF FATHER (city or town) Oslo, Norway
(State or Country)12. MAIDEN NAME OF MOTHER Severena Jensen13. BIRTHPLACE OF MOTHER (city or town) Norway
(State or Country)14. Informant Mrs Sadie Olsen
(Address) Idaho Falls, Ida15. Filed Apr 27, 1931 Registrar W. J. Finn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 26. 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1931, to Apr 26, 1931that I last saw him live on _____, 19____, and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction(duration) _____ yrs. _____ mos. 4 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? yes Date of Apr 24Was there an autopsy? ✓What test confirmed diagnosis Microscopic
(Signed) _____, M. D._____, 19____ (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Brigham City, U. S. Date of Burial 193120. Undertaker W. L. F. M. Hand Address Idaho Falls, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAY 12 1931

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of *Bonerville*

City of *Idaho Falls*

Registration District No. *23*

Primary Registration District No. *24*

(No. *86 St. Hospital*)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. *24*

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. *5* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

July 5, 1916

7. AGE

Years

Months

Days

If LESS than 1 day,

15

9

24

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Sioux City, Ia.

10. NAME OF FATHER

Andrew Ekanger

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Oslo, Norway

12. MAIDEN NAME OF MOTHER

Olivia Gerwick

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Norway

14.

Informant

(Address)

*Andrew Ekanger
Idaho Falls, Ida*

15.

Filed

May 2

19 *31*

Certified
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 29

19 *31*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY That I attended deceased from

Apr 15, 19 *31*, to *Apr 29*, 19 *31*

that I last saw him live on

and that death occurred, on the date stated above, at *220 P* m.

The CAUSE OF DEATH* was as follows:

Acute Mastoiditis

(duration) yrs. mos. *14* ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

William

M. D.

(Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls, Ida *5/3* 19 *31*

20. Undertaker

Address

V. F. M. Ham. Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

1. PLACE OF DEATH

County of Bonneville
City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 73

Primary Registration District No. 2150
(No. 73 St.)

2. FULL NAME

Sarah Amelia Wilcox

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 24778
Local Registrar's No. 24778

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Married
(Write the word)

6. DATE OF BIRTH January 22 1883
(Month) (Day) (Year)

7. AGE 48 Yrs. 1 Mos. 8 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE (State or Country) Grantville, Utah

10. NAME OF Father Peter Peterson

11. BIRTHPLACE OF FATHER (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Eliza Gustafson

13. BIRTHPLACE OF MOTHER (State or Country) Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eric Wilcox
(Address) Shelley, Idaho

15. Filed Apr. 4 1931 C. E. ...
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15 1931 to March 30 1931,
that I last saw her alive on March 30 1931,
and that death occurred on the date stated above, at 3-50 A.M.
The CAUSE OF DEATH* was as follows:

General Septicemia
(Duration) yrs. mos. ds.
Contributory (Secondary) abscess arm
(Duration) yrs. mos. ds.
(Signed) W. D. ... M. D.
19. (Address) Idaho Falls, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Idaho Falls DATE OF BURIAL April 3 1931

20. UNDERTAKER Jack H. Wood ADDRESS Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonner
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2143
(No. 360-88 St.)

State File No. 74780
Local Registrar's No. 6

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME George Alando Reading

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the word)

6. DATE OF BIRTH

March 15 1906
(Month) (Day) (Year)

7. AGE

25 Yrs. 0 Mos. 16 ds.

IF LESS than 1 day how many
hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

None

9. BIRTHPLACE

(State or Country)

Logan, Utah.

10. NAME OF FATHER

J. J. Reading

11. BIRTHPLACE OF FATHER

(State or Country)

Providence, Utah.

12. MAIDEN NAME OF MOTHER

Elizabeth Holts.

13. BIRTHPLACE OF MOTHER

(State or Country)

Benson, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

J. J. Reading
8th St.

15.

Filed

Apr 4 1931
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 30 1931, to March 31 1931, that I last saw him alive on March 31 1931, and that death occurred on the date stated above, at 10:30 P. M.

The CAUSE OF DEATH* was as follows:

Anuria due to Nephritis

(Duration) yrs. mos. 5 ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Edmund Crawley M. D.

4/3 1931 (Address) Idaho Falls, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Idaho Falls, Id. Apr. 5 1931

20. UNDERTAKER

ADDRESS

Jack A. Wood Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74781

PLACE OF DEATH

County of BonanzaCity of Idaho FallsRegistration District No. 73Primary Registration District No. 2140(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 642. FULL NAME Emily Lawson M. Crew

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) August 7 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>75</u>	<u>7</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Architect(b) General nature of industry, business, or establishment in which employed (or employee) Structural Eng.(c) Name of employer City of Idaho Falls9. BIRTHPLACE (city or town) Cambridge
(State or country) Ohio10. NAME OF FATHER Frank M. Crew11. BIRTHPLACE OF FATHER (city or town) Penn.
(State or Country)12. MAIDEN NAME OF MOTHER Sarah J. Engle13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant Frank M. Crew(Address) Beaumont, Texas15. Filed Apr 4, 1931 Catman
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 2 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to April 2, 1931
that I last saw him live on April 2, 1931and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate & Rectum
(duration) _____ yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed) A. D. Jensen M. D.
April 2, 1931 (Address) Idaho Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida Date of Burial 4/5 193120. Undertaker T. F. M. Van Idaho Falls
Address Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74782

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bannock
City of Idaho Falls

Registration District No. 73Primary Registration District No. 2100(No. L.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 11
1619

2. FULL NAME

(a) Residence. No. Jensen

(Usual place of abode.)

St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 17, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
15 7 17 15 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)

10. NAME OF FATHER

Heber LeRoy Jensen11. BIRTHPLACE OF FATHER (city or town) Spanish Fork
(State or Country) Utah12. MAIDEN NAME OF MOTHER Ruth Elizabeth Erickson13. BIRTHPLACE OF MOTHER (city or town) Murray
(State or Country) Utah

14.

Informant (Address) Heber Jensen

15.

Filed Apr 17, 1931Registrar W. Jensen

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April, 17, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....
that I last saw h..... alive on 19.....
and that death occurred, on the date stated above, at..... m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

4 1/2 months
fetus separated, placenta
(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Ray Hatch, M. D.

....., 19..... (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Dark Acres Rd Idaho 1931

20. Undertaker

Address

none

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Bonhamville
City of Taylor
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 73
Primary Registration District No. 4-2
(No. St.)

State File No. 74784
Local Registrar's No. 72
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Jay P. Arave

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-OWED OR DIVORCED Single
(Write the word)

6. DATE OF BIRTH April 2 1931
(Month) (Day) (Year)

7. AGE 5 yrs. 5 mos. 5 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE Taylor, Idaho
(State or Country)

10. NAME OF FATHER Orland J. Arave

11. BIRTHPLACE OF FATHER Taylor, Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Gean Poulson

13. BIRTHPLACE OF MOTHER Emmett, Idaho
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Orland J. Arave
(Address) Taylor, Idaho

15. Filed Apr 14 1931 Gay Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 21 1931 to Apr. 6 1931, that I last saw him alive on Apr 6 1931, and that death occurred on the date stated above, at 11-15 PM.
The CAUSE OF DEATH* was as follows:

Pericardial Bleed

(Duration) yrs. mos. ds. 4
Contributory (Secondary) Heart Death

(Signed) F. E. O'Neil M. D.
(Address) Shelley, Id.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Taylor, Idaho DATE OF BURIAL Apr 8 1931

20. UNDERTAKER Jack Wood ADDRESS Idaho Falls

MARGIN RESERVED FOR BIN/ING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74785**

PLACE OF DEATH

County of Bonerville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 21450

Local Registrar's No. 69

(No. 6610 S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Anderson

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 18 84

7. AGE Years 83 Months 0 Days 0 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) F. armur

(c) Name of employer

9. BIRTHPLACE (city or town) denmark
(State or country)

10. NAME OF FATHER Neil Anderson

11. BIRTHPLACE OF FATHER (city or town) denmark
(State or Country)

12. MAIDEN NAME OF MOTHER marie

13. BIRTHPLACE OF MOTHER (city or town) denmark
(State or Country)

14. Informant H. J. Anderson
(Address) Idaho Falls Idaho

15. Filed Mar 8, 1931 Certified
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 5, 1931, to Apr 6, 1931
that I last saw him alive on Apr 6
and that death occurred, on the date stated above, at 5:30 PM

The CAUSE OF DEATH* was as follows:

Fracture of jaw and neck
right femur

(duration) yrs. mos. ds. 1
CONTRIBUTORY Acute Pulmonary Edema
(Secondary) (duration) yrs. mos. ds. 1

18. Where was disease contracted ✓
if not at place of death? No
Did an operation precede death? No Date of _____
Was there an autopsy? No

What test confirmed diagnosis? X-ray
(Signed) Chick, M. D.
, 1931 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida. Date of Burial 4/10 1931

20. Undertaker P. F. M. Haver Address Idaho Falls

DECEASED MAT 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74786

PLACE OF DEATH

County of BonnerCity of Idaho FallsRegistration District No. 3Primary Registration District No. 2-1-0(No. Spencer Hospital)Local Registrar's No. 90

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward A. Grau(a) Residence. No. _____ St. Idaho Falls R.F.D.

(Usual place of abode.)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of Alice Grau
(or) WIFE of6. DATE OF BIRTH (month, day and year) Not Known7. AGE 68 Years Months Days If LESS than 1 day, hrs. or min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Day Labourer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer W. B. Barstow9. BIRTHPLACE (city or town) Pittsburg, Pa.
(State or country)10. NAME OF FATHER Not Known11. BIRTHPLACE OF FATHER (city or town) Not Known
(State or Country)12. MAIDEN NAME OF MOTHER Not Known13. BIRTHPLACE OF MOTHER (city or town) Not Known
(State or Country)14. Informant W. B. Barstow
(Address) Idaho Falls, N.F.D.15. Apr 4 1931 Certified
Filed _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 26 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 20 1931, to March 26 1931
that I last saw him alive on March 26 1931
and that death occurred, on the date stated above, at 11:35 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Valvular Heart

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Dr. J. J. Jones M. D.
Apr 3 1931 (Address) Idaho Falls, Ida.19. Place of Burial, Cremation, or Removal Idaho Falls, Ida. Date of Burial Mar. 31 193120. Undertaker Jack A. Wood Address Idaho Falls

RECEIVED MAY 17 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74787

PLACE OF DEATH
County of Bonneville
City of Idaho FallsRegistration District No. 13
Primary Registration District No. 250Local Registrar's No. 18

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Bluejackett(a) Residence. No. 309 N. Placer Avenue St.

(Usual place of abode)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Indian5. Single, Married, Widowed,
or Divorced, (write the word)Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

October 15, 1841

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8960

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Merchant + Stockman(b) General nature of industry,
business, or establishment in
which employed (or employer)Retired

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Chateau Ferry
Kansas

10. NAME OF FATHER

Henry Bluejackett11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Kansas

12. MAIDEN NAME OF MOTHER

Eliza ?13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)U.S.A.

14.

Informant

Mr. Eda M. Wade

(Address)

Idaho Falls, Ida.

15.

File

Apr. 17, 1931W. H. H. H. H.

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April1531

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 7, 1931, to April 15, 1931that I last saw him alive on April 7, 1931and that death occurred, on the date stated above, at 3:19 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed)

J. H. H. H. H. M. D.
Apr 15, 1931 (Address) Idaho Falls Ida*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Sanita, OklahomaApr. 16 1931

20. Undertaker

J. H. H. H. H.

Address

Ida. Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED MAY 12 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74788

Registration District No. 73Primary Registration District No. 2150Local Registrar's No. 76

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edonna E. Stewart(a) Residence. No. Shelley, RFD 1

St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) April 27/1929

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodville, Idaho
(State or country)

MOTHER FATHER

13. NAME Clifton B. Stewart14. BIRTHPLACE (city or town) Circleville, Utah
(State or country)15. MAIDEN NAME Nora E. Pugh16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Woodville, IdaDate Apr., 193119. UNDERTAKER
(Address)

20. FILED

Apr. 14, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 14 1931

22. I HEREBY CERTIFY, That I attended deceased from

April 4, 1931, to April 18, 1931I last saw him alive on April 18 1931; death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? X

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. J. H. Jones, M. D.(Address) Idaho Falls, Ida.

RECEIVED MAY 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74789

PLACE OF DEATH

County of Bonneville
City of Idaho FallsRegistration District No. 73Primary Registration District No. 514(No. De. R. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 712. FULL NAME Arlene Marie Christensen(a) Residence. No. Hammer, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May 29-1930

7. AGE

Years

Months

Days

If LESS than 1 day,

min.

01018

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Blackfoot, Ida.

10. NAME OF FATHER

Arne L. Christensen

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Ellensburg Wash.

12. MAIDEN NAME OF MOTHER

Ora Cope

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Pingree Idaho

14. Informant (Address)

Arnold Christensen
Hammer Idaho

15. Filed

May 15, 1931Christensen
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 17
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 16, 1931, to April 17, 1931that I last saw her alive on April 17, 1931and that death occurred, on the date stated above, at 4:45 P. M.

The CAUSE OF DEATH* was as follows:

Brauco-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Whooping Cough
(duration) yrs. mos. ds.18. Where was disease contracted if not at place of death? at homeDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) Harry L. Millson M. D.4/18, 1931 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Firth Idaho 4/19 1931

20. Undertaker

Address

V. F. M. Han Idaho Falls
Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonner
City of Idaho Falls

Registration District No. _____
Primary Registration District No. _____
(No. L. O. S. Hospital St.)

State File No. 74790
Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Sabitha Jane Larsen

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6. DATE OF BIRTH January 11 1873
(Month) (Day) (Year)

7. AGE 58 Yrs. 3 Mos. 5 ds.
IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE Gibson Georgia
(State or Country)

10. NAME OF FATHER William Hattaway

11. BIRTHPLACE OF FATHER Georgia
(State or Country)

12. MAIDEN NAME OF MOTHER Nancy Silas

13. BIRTHPLACE OF MOTHER Georgia
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John J. Larsen

(Address) Idaho Falls, Idaho

15. Filed Apr. 20 1931 Idaho Falls
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 11 1931 to Apr 16 1931,
that I last saw h. alive on Apr 15 1931,
and that death occurred on the date stated above, at 11:35 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis
(Duration) Yrs. 3 mos. 5 ds.
Contributory (Secondary) Chronic Nephritis
(Duration) 35 yrs. 3 mos. 5 ds.
(Signed) W. H. H. H. M. D.
19 (Address) Idaho Falls, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place _____ In the _____
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Idaho Falls Idaho April 19 1931

20. UNDERTAKER Lack & Wood ADDRESS Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74791

State File No.

PLACE OF DEATH

County of *Bonanza*
City of *Idaho Falls*

CERTIFICATE OF DEATH

Registration District No. *73*

Primary Registration District No. *2102*

Local Registrar's No. *74*

(No. *Ch. H. S. Hospital*)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Carl B. Styhl*

(a) Residence. No. *Fourth Idaho* St.

(Usual place of abode)

Length of residence in city or town where death occurred *22* yrs. *3* mos. *3* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) *May 5 1908*

7. AGE Years *22* Months *10* Days *26* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Farmer*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Fourth Idaho* (State or country)

10. NAME OF FATHER *Alfred Styhl*

11. BIRTHPLACE OF FATHER (city or town) *Sweden* (State or Country)

12. MAIDEN NAME OF MOTHER *Silma W Peterson*

13. BIRTHPLACE OF MOTHER (city or town) *Iowa* (State or Country)

14. Informant *Alfred Styhl* (Address) *Fourth Idaho*

15. Filed *Apr 14 1931* Registrar *W. F. McHaw*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *April 1 1931* (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Mar. 28 1931* to *Apr. 1 1931* that I last saw him alive on *Apr. 1 1931* and that death occurred, on the date stated above, at *9 30 A. m.*

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia (duration) yrs. mos. *6* ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? *Fourth Idaho*

Did an operation precede death? *No*

Was there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *W. F. McHaw*, M. D. *Apr 3 1931* (Address) *Idaho Falls*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Fourth Idaho* Date of Burial *4/4 1931*

20. Undertaker *W. F. McHaw* Address *Idaho Falls*

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74792

State File No.

PLACE OF DEATH

County of Bannock
City of Albino Falls

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 1-0
(No.)

Local Registrar's No. 2062

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Clyde Edwin Bridges

(a) Residence. No. 28016th St. Idaho Falls St.

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE w. 5. Single, Married, Widowed, or Divorced (write the word.) infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 9, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls Idaho
(State or country)

10. NAME OF FATHER Ernest Edwin Bridges

11. BIRTHPLACE OF FATHER (city or town) Lenexa Kansas
(State or Country)

12. MAIDEN NAME OF MOTHER Myrtle Edith Brune

13. BIRTHPLACE OF MOTHER (city or town) Lenexa Kansas
(State or Country)

14. Informant (Address) Ernest Bridges

15. Apr. 21, 1931 Registrar. C. E. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 19, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1931 to Apr 19, 1931
that I last saw him alive on Apr 19, 1931
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Stillborn

(duration) yrs. mos. ds.
CONTRIBUTORY Face Bruise
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Culture
(Signed) (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal Idaho Falls Id. Date of Burial Apr 19 1931

20. Undertaker Idaho Falls Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—Every item of information supplied, AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74793

State File No.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 2150

Local Registrar's No. 62

(No.)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME John P. Robert Seedall

(a) Residence No. 307 - H. St. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant

(Address)

15. Filed

April 1, 1931

Idaho Falls

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1930, to March 29, 1931

that I last saw him alive on March 29, 1931

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) 1 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Dr. J. H. ..., M. D.

(Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls, Idaho 4/1 1931

20. Undertaker

Address

V. F. McHan Idaho Falls, Ida.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Benewah
City of Idaho FallsRegistration District No. 73
Primary Registration District No. 2
(No. L. C. S. Hospital St.)State File No. 74694
Local Registrar's No. 88

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Ellen Mae

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Widowed
(Write the word)

6. DATE OF BIRTH

Nov 5 1876
(Month) (Day) (Year)

7. AGE

54 yrs. 5 Mos. 17 ds.IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Housewife

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF

Father

James Woolstenhulme

11. BIRTHPLACE OF FATHER

(State or Country)

United States

12. MAIDEN NAME OF MOTHER

Mary L. P. P.

13. BIRTHPLACE OF MOTHER

(State or Country)

United States

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Walter M. Briggs, Idaho

15.

Filed

Apr 231931C. J. Wood
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 22 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 9 1931 to April 22 1931,
that I last saw her alive on April 22 1931,
and that death occurred on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Endocarditis and
Chronic Nephritis

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

A. P. Soderquist M. D.(Address) Idaho Falls, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE. (For Hospitals, Institutions, Transients or Recent Residents.)

At place yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Briggs, Idaho April 25 1931

20. UNDERTAKER

ADDRESS

Jack G. Wood Idaho FallsMARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74795

State File No.

PLACE OF DEATH

County of Bonne

City of _____

CERTIFICATE OF DEATH

Registration District No. 8Primary Registration District No. 2004

(No. _____)

Local Registrar's No. 26

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Nolan(a) Residence. No. Garden Valley St. Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred 13 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug 20th - 18th 717. AGE Years Months Days If LESS than 1 day,
59 7 13 _____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Garden Valley
(State or country) Idaho10. NAME OF FATHER Clark Kins11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Soul Kins13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant John Green
(Address) Garden Valley15. Filed 4-6 1931 W. N. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 3 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 2 1931, to April 2 1931
that I last saw him alive on April 2 1931
and that death occurred, on the date stated above, at 4³⁰ a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? NoDid an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. N. Rhodes M. D.
April 4 1931 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Garden Valley4/6 1931

20. Undertaker

Address

Schubert & W. E. B. Bone

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74796

State File No.

PLACE OF DEATH

County of ButteCity of Arco

CERTIFICATE OF DEATH

Registration District No. 57Primary Registration District No. 2129

(No.)

Local Registrar's No. 46

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marcia Eddy Zerby

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 6 yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widowed</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn V. Zerby

6. DATE OF BIRTH (month, day and year)

Jan 15, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>69</u>	<u>3</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House work—Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Lockport, Ill.

10. NAME OF FATHER

Wm. M. Jones

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Bloomington, England

12. MAIDEN NAME OF MOTHER

Lucia M. Eddy

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Schenango County, New York

14.

Informant (Address)

Oth. P. Habel Arco, Ida

15.

Filed April 24, 1931.J. C. Salt
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April
(Month)23
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 71931to April 231931that I last saw her alive on April 221931and that death occurred, on the date stated above, at 8:30 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myocarditis(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Atherosclerosis
Hypertension(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical exam(Signed) J. C. Salt M. D.April 24, 1931. (Address) Arco, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Chicago, Ill.

19

20. Undertaker

Address

Arco, Ida.Idaho Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74797

State File No.

PLACE OF DEATH

County of ButeCity of ArdenRegistration District No. 59Primary Registration District No. 2129Local Registrar's No. 45(No. 40)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ronald Clyde Campbell

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred 2 yrs. 10 mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Elizabeth R. Campbell6. DATE OF BIRTH (month, day and year) Jan 10 - 1889

7. AGE

Years 42Months 2Days 20If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Baker(b) General nature of industry,
business, or establishment in
which employed (or employer) Bakery(c) Name of employer Cedar Park9. BIRTHPLACE (city or town)
(State or country) Texas10. NAME OF FATHER Thos. R. Campbell11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Texas12. MAIDEN NAME OF MOTHER Laura McClure13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Cedar Park, Texas

14.

Informant
(Address) Elizabeth R. Campbell

15.

Filed April 10, 1931.H. B. Salt

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19....., to

19.....

that I last saw him alive on April 4, 1931and that death occurred, on the date stated above about 10 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute dilation of heart
following extreme exertion
and exposure

(duration) yrs. mos. 1 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? asDid an operation precede death? no Date ofWas there an autopsy? yesWhat test confirmed diagnosis? clinical exam(Signed) J. H. McLean

M. D.

April 9, 1931 (Address) Arden, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Cambridge, Ida.4/12 1931

20. Undertaker

Address

J. H. McLeanArden, Ida.

RECEIVED MAY 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74798**

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 51

Primary Registration District No. 2130

(No. Caldwell Sanatorium)

Local Registrar's No. 3

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

St.

(Usual place of abode.)
Length of residence in city or town where death occurred.

ys. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of Clara Treary
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 8 1875

7. AGE Years 55 Months 6 Days 22 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address)

15. Filed Apr 4 1931

Mrs Wm J Drysdale
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1 1931 to April 1 1931

that I last saw him alive on April 1 1931

and that death occurred, on the date stated above, at 11:30 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Fracture at base of brain & crushing injury to chest cause by automobile accident (duration) yrs. mos. ds. 3 hours

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) M. J. H. H. H. M. J.

4/3 1931 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Good Shepherd Hda 4-3 1931

20. Undertaker J. H. H. H. Address

Johnson Ave Co Payette Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 5 1931

DO NOT WRITE IN THIS SPACE

74799

State File No.

PLACE OF DEATH

County of Canyon

City of Parma

Registration District No. 3

Primary Registration District No. 2007

Local Registrar's No. 6

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Peyton Lackland 749

(a) Residence. No. Parma R.D. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Margaret B. Lackland, Dec

6. DATE OF BIRTH (month, day and year)

Nov. 27 - 1862

7. AGE

68 Years

Months

4

Days

27

If LESS than 1 day,

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Ranching

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Tremont Illinois

10. NAME OF FATHER

W. R. Lackland

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Others Tennessee

12. MAIDEN NAME OF MOTHER

Isabella Warner

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

New York

14.

Informant (Address)

Bruce B. Lackland
Paris, Ind.

15.

Filed 5-1, 1931

John Walcott
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April - 24 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 1, 1928, to Apr 24, 1931

that I last saw him alive on Apr 24, 1931

and that death occurred, on the date stated above, at 11-450 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Cerebral hemorrhage
Anemia

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

*What test confirmed diagnosis? Clinical

(Signed) Harazin M. D.

4-25, 1931 (Address) Nysa Ore

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Tennessee 1931

20. Undertaker Address

C. V. Packham Calgary, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 5 1931

DO NOT WRITE IN THIS SPACE

74800

State File No.

PLACE OF DEATH

County of Canyon

City of Parma

Registration District No. 2

Primary Registration District No. 1007

Local Registrar's No. 6

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emmett Arthur Strain

31

(a) Residence. No. Parma Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Jan-14-1886

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

45

3

13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Emporia Kansas

10. NAME OF FATHER

Silvanus Strain

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Delaware Ohio

12. MAIDEN NAME OF MOTHER

Hettie Kibbey

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Rocky Hill Ind

14. Informant Lorena M Baker

(Address)

Parma Ida

15. Filed 5-1, 1931

Julius Adams
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 10, 1926 to Apr 27, 1931

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 12-10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Potts Disease T. B.

(duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr M. Mitchell M. D.

19. (Address) Parma Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Parma Cem 4-29 1931

20. Undertaker

Address

E. V. Beckham Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County

Canyon

State

IDAHO

Registered No.

48

Township

or Village

2005

74801

or

City

Caldwell

No.

St.

Ward

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its name instead of street and number)

How long in U. S. If of foreign birth?

2. FULL NAME

Infant

(a) Residence: No.

St.

Ward.

161A

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

4-14-31

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Caldwell Idaho

FATHER

13. NAME

E. R. Norman

14. BIRTHPLACE (city or town) (State or country)

Minnetonka Minnesota

MOTHER

15. MAIDEN NAME

Edna Storm

16. BIRTHPLACE (city or town) (State or country)

Hannas Kansas

17. INFORMANT

E. R. Norman

(Address)

Wilder

18. BURIAL, CREMATION, OR REMOVAL

Place

Canyon

Date

4-17 1931

19. UNDERTAKER

(Address)

C. H. Peckham Caldwell Idaho

20. FILED

4-17-1931 John B. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-16, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1931 to April 16, 1931

last saw her alive on April 16, 1931; death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

Premature birth

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 47
 Township _____ or Village 2005 74802 or
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Alice Blake

(a) Residence: No. 613 Dearborn St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29, 1840

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
90 9 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norwich
(State or country) Conn

13. NAME Patrick Murphy

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT A. J. Blake
(Address) 613 Dearborn

18. BURIAL, CREMATION, OR REMOVAL
Place Int. Masonic Hall Date _____, 19____

19. UNDERTAKER C. V. Peckham
(Address) Caldwell, Idaho

20. FILED 4-16-, 1931 - John B. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1930 to April 14, 1931

I last saw h. alive on April 12, 1931; death is said to have occurred on the date stated above, at 6:23 a.m.

The principal cause of death and related causes of importance were as follows:
Endocarditis

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? no Date of Injury _____, 19____

Where did injury occur? None
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury None

Nature of Injury None

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) A. J. Blake M. D.

(Address) Caldwell, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 1931

DO NOT WRITE IN THIS SPACE

74803

State File No.

PLACE OF DEATH

County of CanyonCity of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1005Local Registrar's No. 46

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Hiram S. Glenn

2. FULL NAME

(a) Residence. No. 623 Cleveland St. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Nancy J. Glenn
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 6 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>74</u>	<u>4</u>	<u>8</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or
particular kind of work. Machinist(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Iowa10. NAME OF FATHER
Samuel Glenn11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Kentucky

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Kentucky14. Informant Mrs Hiram S. Glenn
(Address) Caldwell Ida15. Filed 4-16-, 1931. John S. Meyers
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 14, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 6, 1931, to April 14, 1931
that I last saw him alive on 4-14, 1931and that death occurred, on the date stated above, at 1 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Influenza & General
ToxemiaCONTRIBUTORY (duration) yrs. mos. ds.
(Secondary) Cataracts, inflammation
of nose & throat (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? General symptoms
of St. Louis Encephalitis
(Signed) 4-16, 1931 (Address) Caldwell19. Place of Burial, Cremation, or Removal
Canyon Hill CemeteryDate of Burial
Apr 16-3120. Undertaker
Paul L. CaseAddress
Caldwell Idaho

Case 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 45
 Township _____ or Village 1005 74804 or
 City Cassidwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Elizabeth Bertha Owens 49
 (a) Residence: No. 422 Everett St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm E Owens

6. DATE OF BIRTH (month, day, and year) Nov-11-1888

7. AGE Years 48 Months 5 Days 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horsewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Atwater
(State or country) Minnesota

13. NAME J. O. Nordmark

14. BIRTHPLACE (city or town) Liveston
(State or country) Sweden

15. MAIDEN NAME Martina Weden

16. BIRTHPLACE (city or town) Liveston
(State or country) Sweden

17. INFORMANT W E Owens
(Address) 422 Everett

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Belva Date 4-14, 1931

19. UNDERTAKER C. V. Beckham
(Address) Cassidwell Ida

20. FILED 4-14-1931 John M. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 12, 1931

22. I HEREBY CERTIFY That I attended deceased from July 15, 1930 to April 13, 1931

I last saw him alive on April 12, 1931; death is said

to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus
independent

Date of case
1931

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Synthetic Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased? _____

If so, specify NO

(Signed) John M. Meyer M. D.

(Address) Cassidwell Ida

RECEIVED MAY 10 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 44
 Township _____ or Village 2004 74805 or
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Francis H. Conway 57
 (a) Residence: No. 1207 Arthur St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) Oct 24-1855
 7. AGE Years 75 Months 5 Days 16 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Philadelphia
 (State or country) Penn

13. NAME Wm Spurg

14. BIRTHPLACE (city or town) England
 (State or country)

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) England
 (State or country)

17. INFORMANT F. W. Conway
 (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Falls Date 4-13-1931

19. UNDERTAKER C. Beckham
 (Address) Caldwell Idaho

20. FILED 4-14-1931 John S. Meyer
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1930 to April 10 1931

I last saw him alive on April 9 1931; death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows: Diabetes mellitus

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury _____ 19 _____

Where did Injury occur? no

(Specify city or town, county, and State)
 Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify yes

(Signed) John S. Meyer M. D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

9-2007
U. S. NO. 88

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 53
 Township _____ or Village 1005 74806 or
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Annie Jones
 (a) Residence: No. 1124 Arthur St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) Aug. 10-1876
 7. AGE Years 55 Months 8 Days 26 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____
 (State or country) Idaho

13. NAME Masny

14. BIRTHPLACE (city or town) _____
 (State or country) Not known

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
 (State or country) _____

17. INFORMANT W. E. Jones
 (Address) 1124 - Arthur St. City

18. BURIAL, CREMATION, OR REMOVAL
 Place Chinook Wash. Date _____, 19____

19. UNDERTAKER C. V. Peckham
 (Address) Caldwell

20. FILED 5-8, 1931 John D. Meyer
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6, 1931
 22. I HEREBY CERTIFY, That I attended deceased from July 26, 1930 to May 6, 1931
 I last saw him alive on May 6, 1931, death is said to have occurred on the date stated above, at 8:35 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic endocarditis
and interstitial nephritis
several years

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? Syncope Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) M. D. M. D.
 (Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAY 10 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State ID IDAHO Registered No. 52
 Township _____ or Village 2005 74807 or
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Maudie P. Dryden
 (a) Residence: No. Caldwell #2 St. _____ Ward. 749
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas N. Dryden

6. DATE OF BIRTH (month, day, and year) Aug 15-1887

7. AGE Years 43 Months 8 Days 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Townsend
(State or country) Idaho

13. NAME Robert Williams

14. BIRTHPLACE (city or town) not known
(State or country)

15. MAIDEN NAME Augusta Walcott

16. BIRTHPLACE (city or town) Vermont
(State or country)

17. INFORMANT Thomas N. Dryden
(Address) #2 Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon, Id. Date 5-8- 1931

19. UNDERTAKER C. J. Packham
(Address) Caldwell Idaho

20. FILED 5-8-1931 John H. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1931, to May 5, 1931

I last saw h. alive on May 5, 1931; death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

Inter Cranial Hemor-
rhage - Cerebral
Paralytic - of Spinal
Center & Cerebral nerves

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____ 1931

Where did Injury occur? _____

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) D. J. Farrer M. D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAY 10 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 51
 Township _____ or Village 2005 74808 or
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Wilma Lorene Marshall

(a) Residence: No. Caldwell Ida #2 St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) April 9-1931

7. AGE Years _____ Months _____ Days 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

13. NAME Hugh H. Marshall

14. BIRTHPLACE (city or town) Cincinnati
(State or country) Ohio

15. MAIDEN NAME Ruth L. Wheeler

16. BIRTHPLACE (city or town) Albert Lea
(State or country) Mississippi

17. INFORMANT Hugh H. Marshall
(Address) 9 D #2

18. BURIAL, CREMATION, OR REMOVAL Canyon Hill
Place Canyon Hill Date 5-6-1931

19. UNDERTAKER C. T. Jackson
(Address) Caldwell Idaho

20. FILED 5-6-1931 John S. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1931, to May 5, 1931

I last saw her alive on May 5, 1931; death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Circulatory failure
due to pneumonia
with

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. M. Montgomery M. D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

8-9097
V. B. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 50
Township _____ or Village 1005 74809 or
City Caldwells No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Stella Myrtle Sims

(a) Residence: No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of <u>A. J. Sims</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Sept 25-1875</u>		
7. AGE Years <u>55</u>	Months <u>7</u>	Days <u>2</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Palmira
(State or country) Ill.

13. NAME W. S. Hollingsworth

14. BIRTHPLACE (city or town) Palmira
(State or country) Ill.

15. MAIDEN NAME Cloy Jones

16. BIRTHPLACE (city or town) Palmira
(State or country) Ill.

17. INFORMANT Albert E. Sims
(Address) Caldwells, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Star Date 4-29, 1931

19. UNDERTAKER C. T. Peckham
(Address) Caldwells, Idaho.

20. FILED 4-28, 1931 John S. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 27, 1931

22. I HEREBY CERTIFY That I attended deceased from Apr 20, 1931, to Apr 27, 1931

I last saw h. 27 alive on Apr 26, 1931; death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Cor coma - of Breast
and Stomach

Other contributory causes of importance
Chest - filled with fluid - by pneumonia
Removal Breast
by O. G. Keeloy

Name of operation Removal Breast Date of Nov 7-30

What test confirmed diagnosis? Tax Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. S. Meyer M. D.

(Address) Caldwells, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 8 1931

DO NOT WRITE IN THIS SPACE

74810

State File No.

PLACE OF DEATH

County of Canyon
City of Naupa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. Mercy Hospital)Local Registrar's No. 59

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William West(a) Residence. No. Grand Rooms -16-17 av. 8t.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 7-1870

7. AGE Years Months Days If LESS than 1 day,
60 4 19 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kentucky
(State or country)10. NAME OF FATHER Lewis West11. BIRTHPLACE OF FATHER (city or town) Kentucky
(State or Country)12. MAIDEN NAME OF MOTHER Amelia Williams13. BIRTHPLACE OF MOTHER (city or town) Louis
(State or Country)14. Informant (Address) Robt West
Naupa, Id.15. Filed 5-2, 1931 Death Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 26, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Nov 10, 1930, to April 26, 1931

that I last saw him alive on April 26, 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Per nephritic abscess

(duration) _____ yrs. _____ mos. 10 ds.
CONTRIBUTORY Septic Kidney
(Secondary)

(duration) _____ yrs. 9 mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? No(Signed) Dr. J. K. Robinson5-2, 1931 (Address) Naupa, Id.

19. Place of Burial, Cremation, or Removal

Kohlman Date of Burial 4-27 1931

20. Undertaker

J. K. Robinson Address Naupa, Id.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
 City of Nampa

Registration District No. 7Primary Registration District No. 1006(No. Merry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 492. FULL NAME Lulu M. Miller

(a) Residence. No. _____

St. Dietrich, Ida.

(Usual place of abode.)

Length of residence in city or town where death occurred. _____

yrs. _____

mos. _____

ds. _____

How long in U. S. if of foreign birth? _____

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJ. F. Miller

6. DATE OF BIRTH (month, day and year)

Nov. 19th 1879

7. AGE

Years

Months

Days

If LESS than 1 day,
_____ hrs. or
_____ min.51413

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Kahoka, Missouri

10. NAME OF FATHER

Shorlin

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Missouri

12. MAIDEN NAME OF MOTHER

Anna Marsh

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Mo.

14.

Informant
(Address)Mr. J. F. Miller
Dietrich, Idaho

15.

Filed

4/3, 1931

Registrar.

DO NOT WRITE IN THIS SPACE

State File No. _____

74811

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 2, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 1, 1930, to April 2, 1931that I last saw her alive on April 2, 1931and that death occurred, on the date stated above, at 10³⁰ a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cancer of Lung
Following Cancer
of Breast

(duration)

yrs. 9

mos. _____

ds. _____

CONTRIBUTORY.
(Secondary)None

(duration)

yrs. _____

mos. _____

ds. _____

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12-27-30Was there an autopsy? NoWhat test confirmed diagnosis? Lab. report

(Signed)

W. C. Sullivan, M. D.
4-3, 1931. (Address) Nampa, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls - Ida.4-5 1931

20. Undertaker

Address

Mrs. Nina M. Talley Nampa, Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 8 1931

DO NOT WRITE IN THIS SPACE

74812

State File No.

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. Hickey Bldg.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 502. FULL NAME Everett Murlin Backman(a) Residence. No. Hickey Bldg. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug. 8th 18937. AGE Years Months Days If LESS than 1 day, hrs. or min.
37 7 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Oregon
(State or country) Missouri10. NAME OF FATHER G. Backman11. BIRTHPLACE OF FATHER (city or town) Switzerland
(State or Country)12. MAIDEN NAME OF MOTHER Nancy A. Bauman13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or County)14. Informant Mr. G. Backman
(Address) Nampa, Idaho15. Filed 4/6 1931 Death Registry
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1928 to April 4 1931
that I last saw him alive on April 4 1931and that death occurred, on the date stated above, at 7:30 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Epilepsy since age 8 yrs.
Acute mania followed
by coma exhaustion
(duration) 30 yrs. mos. ds.CONTRIBUTORY
(Secondary)neuropathic (duration) 2 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Cerebral

(Signed)

April 6 1931 (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlaun-Nampa4-7 1931

20. Undertaker

Address

WM D. TalleyNampa, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74813

State File No.

PLACE OF DEATH

County of Canyon.City of Nampa.

CERTIFICATE OF DEATH

Registration District No. 1Primary Registration District No. 1006

(No.)

Local Registrar's No. 105

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harvey D. Irwin.(a) Residence. No. 615-16 Ave. S.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug. 24, 1853.

7. AGE

77

Years

Months

7

Days

18

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Retired.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ill.
(State or country)

10. NAME OF FATHER

Samuel Irwin.11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER Isobill Smart.13. BIRTHPLACE OF MOTHER (city or town) Tenn.
(State or County)

14.

Informant
(Address)Mrs. H. D. Irwin.Nampa Ida.

15.

Filed

4-17, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 12, 1931.

(Month)

(Day)

19____
(Year)17. I HEREBY CERTIFY, That I attended deceased from on19____, to 4-12, 1931that I last saw him alive on 4-12, 1931and that death occurred, on the date stated above, at L.R. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Arteriosclerosis(duration) 10 yrs. ____ mos. ____ ds.CONTRIBUTORY
(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? Arteriosclerosis

(Signed)

4-17, 1931

(Address)

Nampa Ida.

19. Place of Burial, Cremation, or Removal

Kohlerlawn Cem.

Date of Burial

4-16-31 19

20. Undertaker

F.K. Robinson.

Address

Nampa
Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74814

State File No.

PLACE OF DEATH

County of Canyon.
City of Nampa.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1006

(No.)

Local Registrar's No. 52

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucy Arbella Young.(a) Residence. No. 1624-2nd N. St.(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar. 26, 1872.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
59 1 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Arkansas.
(State or country)10. NAME OF FATHER Ruben Titssworth.11. BIRTHPLACE OF FATHER (city or town) Unknown.
(State or Country)12. MAIDEN NAME OF MOTHER Amelia Eastwood.13. BIRTHPLACE OF MOTHER (city or town) Tenn.
(State or Country)14. Informant (Address) J. O. Young
Nampa, Ida.15. Filed 9-16-1931 Debra Young
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 12 1931. 19.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

2/12/1931, to 4/12/1931
that I last saw her alive on 4/11/31 19.
and that death occurred, on the date stated above, at 2:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
due to cardiac insufficiency.

(duration) 0 yrs. 0 mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) 0 yrs. 2 mos. 0 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of 2/20/31.Was there an autopsy? No.What test confirmed diagnosis? Physical signs.(Signed) Geo. D. Robinson M. D.4/16/1931 (Address) Nampa, Idaho.19. Place of Burial, Cremation, or Removal Kohlerlawn Cem. Date of Burial 4-14-31. 19.20. Undertaker F.K. Robinson, Address Nampa
Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74815**

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 1Primary Registration District No. 1006(No. 219-19th Ave. So.)Local Registrar's No. 52

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oliver Joshua Sargent(a) Residence. No. 219-19th Ave. So. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 4 yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMary Sargent6. DATE OF BIRTH (month, day and year) October 14-1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>75</u>	<u>6</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work steel worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer retired9. BIRTHPLACE (city or town) (State or country) Penna.10. NAME OF FATHER unknown11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown12. MAIDEN NAME OF MOTHER Susie Seltzer13. BIRTHPLACE OF MOTHER (city or town) (State or Country) unknown14. Informant (Address) Mary J. McNeal
219-19th Ave. So. Nampa15. Filed 4-22 1931 W.D. Talley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 20th 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 11 1931, to April 20 1931
that I last saw him alive on April 20 1931
and that death occurred, on the date stated above, at 10:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Cerebral hemorrhage
or apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W.D. Talley M. D.
April 21 1931 (Address) Nampa, Id.19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial 4-22 193120. Undertaker W.D. Talley Address Nampa, Id.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74816

State File No.

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006
(No. 407-8 avr - 8)

Local Registrar's No. 57

2. FULL NAME

Rachel Ann Moffatt(a) Residence. No. 407-8 avr - 8St. Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single! Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) Feb. 6-1853

7. AGE Years Months Days If LESS than 1 day,
78 2 21 — hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kalamazoo, Mich
(State or country)10. NAME OF FATHER Wm Watson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)12. MAIDEN NAME OF MOTHER Parker13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)Rachel A. Moffatt
Nampa, Idaho

15.

Filed

4-30, 1931Death
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April
(Month)27-
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

ap. 27-, 1931, to ap. 27, 1931that I last saw her alive on ap. 27-, 1931and that death occurred, on the date stated above, at 11:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage(duration) — yrs. — mos. 1 ds.CONTRIBUTORY
(Secondary)(duration) — yrs. — mos. — ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of —Was there an autopsy? noWhat test confirmed diagnosis? Clinical Symptom

(Signed)

Samuel A. Swann M. D.ap. 29, 1931 (Address) Nampa, Id

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerman Cem 5-1 1931

20. Undertaker

Address

F. K. Robinson NampaIda

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74817

State File No.

PLACE OF DEATH

County of Canyon

City of _____

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 2006

(No.)

Local Registrar's No. 55

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edgar James Manning(a) Residence. No. Melba, Ida St. 16²

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) Apr 17-19317. AGE Years Months Days If LESS than 1 day,
7 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Melba, Ida
(State or country)10. NAME OF FATHER J H Manning11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Florence Hartman13. BIRTHPLACE OF MOTHER (city or town) Kan
(State or Country)14. Informant Mrs Lilla Hartman
(Address) Melba, Ida15. Filed 4-29 1931 Deethamway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 27 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Apr. 16- 1931, to Apr. 27- 1931
that I last saw him alive on Apr. 25- 1931
and that death occurred, on the date stated above, at _____ m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Patent Foramen Ovale(duration) _____ yrs. _____ mos. 10 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis Clinical Signs(Signed) Samuel A. Swanger, D.Apr. 29 1931 (Address) Melba, Ida19. Place of Burial, Cremation, or Removal Melba, Idaho Date of Burial 4-27 193120. Undertaker L. K. Robinson Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74818**

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. 219-13th ave no)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 562. FULL NAME Claude Doll Jr.(a) Residence. No. 219-13th ave no St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX mal 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 24th7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

10. NAME OF FATHER

Claude A. Doll Jr.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Penna

12. MAIDEN NAME OF MOTHER

Florence Vernon13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Walla Walla
Washington14. Informant (Address) Mr. Claude Doll Sr.
Nampa, Idaho15. Filed 4-30, 1931 Death Canyon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 26th, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
4-24, 1931, to 4-26, 1931that I last saw him alive on 4-26, 1931and that death occurred, on the date stated above, at 7:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acid Infarction of the Kidneys(duration) yrs. mos. ds. 2CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds. 118. Where was disease contracted
if not at place of death? ✓Did an operation precede death? for Date of ✓Was there an autopsy? forWhat test confirmed diagnosis? ✓(Signed) W. D. Talley M.D.
4-26, 1931 (Address) Nampa, Idaho19. Place of Burial, Cremation, or Removal Date of Burial
Kohlerlawn-Nampa 4/27 193120. Undertaker Address
W. D. Talley Nampa, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74819

State File No.

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 2006Primary Registration District No. 2006(No. 8 miles so. Nampa)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 8882. FULL NAME Amanda Burel Delonay(a) Residence. No. 8 miles so. Nampa St.

(Usual place of abode.)

Length of residence in city or town where death occurred 30 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEd Delonay6. DATE OF BIRTH (month, day and year) April 12th 1861

7. AGE

Years

Months

Days

If LESS than 1 day,
_____ hrs. or
_____ min.70015

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Canada

10. NAME OF FATHER

Barel11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Canada

12. MAIDEN NAME OF MOTHER

Louise Paille13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Canada

14.

Informant
(Address)Mr. Ed Delonay
Nampa, Idaho

15.

Filed 4-30, 1931Delonay
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April
(Month)27
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 21, 1931, to April 27, 1931that I last saw her alive on April 21, 1931and that death occurred, on the date stated above, at 8 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:chronic myocarditis
with dropsical condition
only saw patient
and (duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

J. H. Murray, M. D.
April 28, 1931 (Address) Nampa, Ida

19. Place of Burial, Cremation, or Removal

Mt. Calvary, Can.

Date of Burial

4/30 1931

20. Undertaker

Mrs. W. Talley

Address

Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74820

State File No.

PLACE OF DEATH

County of Canyon.City of Nampa.

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. Samaritan Hosp't.)Local Registrar's No. 58

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Preston Pickens.(a) Residence. No. Okimah Oklahoma.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug. 2, 1911

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Mechanic.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Okimah Oklahoma.
(State or country)

10. NAME OF FATHER

Willis Pickens.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Wash.

12. MAIDEN NAME OF MOTHER Marta Hague.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

Unknown.

14.

Informant
(Address)

Clyde Pickens.

15.

Filed

4-29-1931

1931

E. L. Conway

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

23 1931

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 21

1931

to

Apr. 23

1931

that I last saw him alive on

Apr. 23

1931

and that death occurred, on the date stated above, at 1:00 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

W. O. Miller

M. D.

Apr. 29

1931

(Address)

Nampa, Idaho

19. Place of Burial, Cremation, or Removal
Kohlerlawn Cem.

Date of Burial

4-25-31

19

20. Undertaker

F.K. Robinson.

Address

Nampa
Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 74821

PLACE OF DEATH

County of Caribou

City of Soda Springs

Registration District No. 82

Primary Registration District No. 2159

(No. _____)

Local Registrar's No. 47

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Ruth Ave.

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Nov 30 - 1865

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

65

10

3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Sec. 4 man

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Canada

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Unknown

14. Informant
(Address)

Myrl Lawley
Orchard, Ida

15. Filed

4-24, 1931

Dr. Russell Tipton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

23

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 30, 1930, to April 23, 1931

that I last saw him alive on April 23, 1931

and that death occurred, on the date stated above, at 6:30 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Diabetic Coma

CONTRIBUTORY
(Secondary)

Diabetes

18. Where was disease contracted
if not at place of death?

Did an operation precede death? 0 Date of _____

Was there an autopsy? 0

What test confirmed diagnosis? Urine Analysis

(Signed) Ellis R. Kent, M. D.

4/25, 1931 (Address) Soda Springs, Ida

19. Place of Burial, or Removal

Ely, Nev.

Date of Burial

April 27, 1931

20. Undertaker

C. D. Whitman

Address

Soda Springs, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74822

State File No.

PLACE OF DEATH

County of Caribou

City of Soda Springs, Idaho

CERTIFICATE OF DEATH

Registration District No. 82

Primary Registration District No. 2159

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 46

2. FULL NAME Joseph Martin Cutsforth

(a) Residence. No. Soda Springs, Idaho. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs.

mo.

ds.

How long in U. S. if of foreign birth? yrs.

mo.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Elizabeth Cutsforth

6. DATE OF BIRTH (month, day and year)

Dec. 31st 1853

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

77

3

17

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

Self

(c) Name of employer

9. BIRTHPLACE (city or town) Indiana
(State or country)

10. NAME OF FATHER

Thomas Cutsforth

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

England

12. MAIDEN NAME OF MOTHER

Sarah Harrison

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

England

14.

Informant
(Address)

J. M. Cutsforth
Soda Springs, Idaho.

15.

Filed 4-19- 1931

Dr. Russell F. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

18th

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 8th 1931 to April 18th 1931

that I last saw him alive on April 18th 1931

and that death occurred, on the date stated above, at 1.30 a.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Similarity
3

(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of 2

Was there an autopsy? No

What test confirmed diagnosis? Name

(Signed) Russell F. Williams, M. D.

April 19th 1931 (Address) Soda Springs, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Gervais, Oregon

April 23, 1931

20. Undertaker

Address

F. M. WILLIAMS

MONTPELIER

IDAHO.

PARENTS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74823

PLACE OF DEATH

County of GambelCity of Soda Springs

CERTIFICATE OF DEATH

Registration District No. 82Primary Registration District No. 2159

(No.)

Local Registrar's No. 45

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Missie Lucile Suckman(a) Residence. No. Big Piney Wyo. St.

(Usual place of abode.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of Albert O. Suckman
(or) WIFE of6. DATE OF BIRTH (month, day and year) April-23-19077. AGE Years 23 Months 11 Days 19 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Big Piney Wyo.
(State or country)10. NAME OF FATHER Elvis Shidefer11. BIRTHPLACE OF FATHER (city or town) Colo.
(State or Country)12. MAIDEN NAME OF MOTHER Emma Black13. BIRTHPLACE OF MOTHER (city or town) Texas
(State or Country)14. Informant (Address) Albert O. Suckman
Big Piney Wyo.15. Filed 4-13-31 1931 Dr. Russell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 13 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 4 1931, to April 13 1931
that I last saw her alive on April 13 1931

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:PeritonitisCONTRIBUTORY Peritonitis
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? yes Date of 4/4/31Was there an autopsy? ✓What test confirmed diagnosis? Phys. Exam(Signed) Elvis K. Suckman M. D.
April 13 1931 (Address) Soda Springs19. Place of Burial, Cremation, or Removal Big Piney Wyo. Date of Burial 4-14-3120. Undertaker (Dr.) Whitman Address Soda Springs

296

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74824

PLACE OF DEATH

County of Caribou

City of Soda Springs

Registration District No. 8v

Primary Registration District No. 2159

(No.)

Local Registrar's No. 44

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Blanche Nelson Forman

(a) Residence. No. Cleveland - Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

~~HUSBAND~~ or (or) WIFE of

Charles L. Forman

6. DATE OF BIRTH (month, day and year) July 2, 1895

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

35

10

6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Rivendale - Idaho
(State or country)

10. NAME OF FATHER

George G. Nelson

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Oxford - Idaho

12. MAIDEN NAME OF MOTHER

Mary Eliza Preece

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Franklin - Idaho

14.

Informant
(Address)

Lee Nelson

Soda Springs Idaho

15.

Filed

4/11, 1931

Dr. Russell D. Just
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

4/8/31

(Month)

(Day)

19...
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

4/5/31

19...

to 4/8/31

19...

that I last saw her alive on 4/7/31

19...

and that death occurred, on the date stated above, at 5a m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Acute Heart Disease
Mitral Stenosis

CONTRIBUTORY
(Secondary)

(duration) 2 yrs. mos. da.

(duration) yrs. mos. da.

18. Where was disease contracted
if not at place of death? ✓

Did an operation precede death? 0 Date of

Was there an autopsy? 0

What test confirmed diagnosis? Physical Exam

(Signed)

Dr. Russell D. Just

M. D.

4/10/31

1931

(Address) Soda Springs Id

19. Place of Burial, Cremation, or Removal

Soda Springs Idaho

Date of Burial

4-10 1931

20. Undertaker

E. D. Whitman

Address

Soda Springs Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74825

PLACE OF DEATH

County of *Caribou*

City of *Loda Spruce*

Registration District No. *82*

Primary Registration District No. *2159*

Local Registrar's No. *42*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. *Loda Spruce Ida* St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word.) *Married*

5a. If married, widowed or divorced HUSBAND of *Bertrude Perkins* (or) WIFE of

6. DATE OF BIRTH (month, day and year) *June 14 - 1892*

7. AGE Years *38* Months *9* Days *10* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Farmer*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Glennwood Iowa* (State or country)

10. NAME OF FATHER *John Frankline Perkins*

11. BIRTHPLACE OF FATHER (city or town) *Dallas Iowa* (State or Country)

12. MAIDEN NAME OF MOTHER *Clara Kennedy*

13. BIRTHPLACE OF MOTHER (city or town) *Troy Minn* (State or County)

14. Informant (Address) *J. A. Perkins Loda Spruce Idaho*

15. Filed *3-25*, 1931 *Dr. Russell Zigm Registr.*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *March 24*, 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *March 24*, 1931, to *March 24*, 1931 that I last saw him alive on *March 24*, 1931 and that death occurred, on the date stated above, at *4:00 P. M.*

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Contagious, acute, Cerebrospinal Meningitis (meningococcic?)

(duration) yrs. *0* mos. *1* ds.

CONTRIBUTORY (Secondary) *None*

(duration) yrs. mos. ds.

18. Where was disease contracted *same* if not at place of death?

Did an operation precede death? *Spinal punct* Date of *3/24/31*

Was there an autopsy? *no*

What test confirmed diagnosis? *None*

(Signed) *Russell Zigm*, M. D. *3-25*, 1931 (Address) *Loda Spruce Ida*

19. Place of Burial, Cremation, or Disposal *Loda Spruce Ida* Date of Burial *3-25*, 1931

Undertaker *C. A. Peterson Loda Spruce Ida* Address

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74826

State File No.

PLACE OF DEATH

County of Caribou
City of Ada SpringsRegistration District No. 82Primary Registration District No. 2159
(No. Caribou Hospital)Local Registrar's No. 40

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Wallace Alvin Kynastou(a) Residence. No. Bancroft Idaho St.(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb'y 17-19157. AGE Years 16 Months 25 Days 25 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School boy.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bancroft Ida
(State or country)10. NAME OF FATHER John Kynastou11. BIRTHPLACE OF FATHER (city or town) Birmingham Ala.
(State or Country)12. MAIDEN NAME OF MOTHER Stella Phillips13. BIRTHPLACE OF MOTHER (city or town) Hillman Wyo.
(State or County)14. Informant (Address) Stella Kynastou
Bancroft Ida15. Filed 3-14-31 1931 Dr. Russell Tignor
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 14, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 13, 1931, to March 14, 1931that I last saw him alive on March 14, 1931
and that death occurred, on the date stated above, at _____ m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Organic Heart Disease(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (Secondary) ✓
(duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? 0 Date of _____Was there an autopsy? 0What test confirmed diagnosis? Examination(Signed) Ellis K..., M. D.
3/16/31, 1931 (Address) Ada Springs Ida19. Place of Burial, Cremation, or Removal Chesterfield Ida Date of Burial March 17 193120. Undertaker 6 S. Hittman Address Ada Springs Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECORDED MAY 11 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74827

State File No.

Local Registrar's No.

PLACE OF DEATH
County of Cassia
City of Malta

CERTIFICATE OF DEATH

Registration District No. 119
Primary Registration District No. 2198
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofOct211855

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Ill

10. NAME OF FATHER

John Warneke11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Germany

12. MAIDEN NAME OF MOTHER

Don't Know13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Germany

14.

Informant
(Address)C. H. Warneke
Malta, Idaho

15.

Filed

May 1, 1931E. L. Sater
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April261931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 28, 1931 to April 26, 1931that I last saw him alive on Apr 10, 1931and that death occurred, on the date stated above, at 1 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Mitral Regurgitation(duration) yrs. mos. 30 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

E. L. Sater M. D.
Apr 26, 1931 (Address) Malta, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Malta, Idaho

19

20. Undertaker

Address

W. J. Goodman Burley, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74828

State File No.

PLACE OF DEATH

County of CassiaCity of Sublett

CERTIFICATE OF DEATH

Registration District No. 119Primary Registration District No. 2198

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Forest Vern Ward

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single (Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug. 12, 19177. AGE Years Months Days If LESS than 1 day
13 8 4 hrs. min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sublett9. BIRTHPLACE (city or town) Sublett
(State or country)10. NAME OF FATHER Mehrin M Ward11. BIRTHPLACE OF FATHER (city or town) Willard
(State or Country) Utah12. MAIDEN NAME OF MOTHER Emily Pearl Mortenson13. BIRTHPLACE OF MOTHER (city or town) Porterville
(State or Country) Utah14. Informant M M Ward
(Address) Sublett Idaho15. Filed May 1, 1931 E. L. Sater
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 16, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
that I last saw him alive on....., 19.....and that death occurred, on the date stated above, at 5 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Gun shot wound
Self inflicted accidentally

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. E. Johnson CoronerApril 8, 1931 (Address) Barley, Ida19. Place of Burial, Cremation, or Removal Sublett, Ida Date of Burial April 19, 193120. Undertaker D. E. Johnson Address Barley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **74829**

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Bailey

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 11, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Burley
(State or country) Ida

10. NAME OF FATHER Arthur Cland Bailey

11. BIRTHPLACE OF FATHER (city or town) Palisade
(State or Country) Nebraska

12. MAIDEN NAME OF MOTHER Ruby Simmons

13. BIRTHPLACE OF MOTHER (city or town) Payson
(State or Country) Utah

14. Informant (Address) A. C. Bailey
Burley Ida

15. Filled 19 31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 12, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-11, 1931, to 4-12, 1931

that I last saw him alive on 4-12, 1931
and that death occurred, on the date stated above, at 12 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

insufficient vitality at birth.

..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. E. Johnson, M. D.

574, 1931 (Address)

19. Place of Burial, Cremation, or Removal Burley Ida

Date of Burial 4-13 1931

20. Undertaker R. E. Johnson Address Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74830**

PLACE OF DEATH

County of CassiaCity of Burley

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Garnetta Hunt

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) Dec 28 - 19147. AGE Years 16 Months 3 Days 9 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Burley Ida
(State or country)10. NAME OF FATHER George H. Hunt11. BIRTHPLACE OF FATHER (city or town) Harlem Co
(State or Country) Utah12. MAIDEN NAME OF MOTHER Lanny Bennett13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or Country)14. Informant (Address) B. H. Hunt Ida
Burley

15. Filed _____ 19____ Registrar. _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 19, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Dec, 1930, to April 19, 1931that I last saw him alive on April 19, 1931and that death occurred, on the date stated above, at 8:12 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carditis(duration) 4 yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Culture(Signed) Hunt & Bennett, M. D.April 30, 1931 (Address) Burley19. Place of Burial, Cremation, or Removal Burley Idaho Date of Burial 4-22-193120. Undertaker D. E. Johnson Address Burley

RECEIVED MAY 10 1931
STATE OF IDAHODEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74831

State File No.

PLACE OF DEATH

County of CassiaCity of Burley

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

2. FULL NAME

Edurn Simsley
(If death occurred in a hospital or institution, give its name instead of street and number.)

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. Single; Married; Widowed,
or Divorced (write the word.)Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAnaxanda Simsley

6. DATE OF BIRTH (month, day and year)

June 1870

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

69

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Builder(b) General nature of industry,
business, or establishment in
which employed (or employer)Cement

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

England

10. NAME OF FATHER

John Simsley

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

England

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

England

14.

Informant
(Address)W. G. T. Burley, Idaho

15.

Filed

6-7-1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan1931, toApril1931

that I last saw him alive on

April 25, 1931and that death occurred, on the date stated above, at 6:15 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma of lung.(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No. Date ofWas there an autopsy? No.What test confirmed diagnosis? Census

(Signed)

Dr. E. E. E. E.

M. D.

April 30, 1931

(Address)

Burley Id

19. Place of Burial, Cremation, or Removal

Date of Burial

Oakley IdaApril 27 1931

20. Undertaker

Address

W. G. T. BurleyBurley

MAY 10 1931
STATE OF IDAHODEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74832

State File No.

PLACE OF DEATH

County of CassiaCity of Burley

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mamie Eldawers Shear

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W.5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWalter A. Shear

6. DATE OF BIRTH (month, day and year)

July 28 - 1878

7. AGE

Years

Months

Days

If LESS than 1 day,

..... hrs. or

min.

52829

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Wulland
Idaho

10. NAME OF FATHER

Ramsey Kane11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ireland

12. MAIDEN NAME OF MOTHER

Mary Wamsley13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)I. Penn.

14.

Informant
(Address)W. A. Shear
Burley Ida.

15.

Filed

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 271931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

2-21, 1931, to 4-27, 1931that I last saw him alive on 4-27, 1931and that death occurred, on the date stated above, at 12:40 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Uterine Canceroma

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

E. E. E. E.

M. D.

5/4/31

(Address)

19. Place of Burial, Cremation or Removal

Date of Burial

Burley Ida.4-291931

20. Undertaker

Address

D. E. Johnson
Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74833

State File No. _____

PLACE OF DEATH
County of Clearwater
City of Carolino

Registration District No. 90Primary Registration District No. 2487(No. Nelson Hospital)Local Registrar's No. 302. FULL NAME George Edmondson(a) Residence. No. Weippe Ida St. Weippe Ida

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 78 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labourer(b) General nature of industry, business, or establishment in which employed (or employer) any labor work

(c) Name of employer

9. BIRTHPLACE (city or town) Michigan
(State or country)

10. NAME OF FATHER George Edmondson

11. BIRTHPLACE OF FATHER (city or town) unknown
(State or Country)

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (city or town) "
(State or Country)

14. Informant (Address) W. J. Edmondson
Weippe Ida

15. Filed 4/22 1931 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

August 9, 1930, to 4-21, 1931

that I last saw him alive on 4-21, 1931

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Diabetes

(duration) many years yrs. mos. ds.

CONTRIBUTORY old age
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted West Virginia
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Symptoms (urine)

(Signed) W. A. Shaw M. D.

4-21, 1931 (Address) Carolino Ida

19. Place of Burial, Cremation, or Removal Weippe Ida Date of Burial 4/22 1931

20. Undertaker Carolino Ida Address Carolino Ida

RECEIVED MAY 6 1931
STATE OF IDAHODEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74834

PLACE OF DEATH

County of ClearwaterCity of Orfino

CERTIFICATE OF DEATH

Registration District No. 90Primary Registration District No. 2187

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kime Bonner

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 7 19177. AGE Years 14 Months 1 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ida
(State or country)10. NAME OF FATHER Douglas Bonner11. BIRTHPLACE OF FATHER (city or town) West Virginia
(State or Country)12. MAIDEN NAME OF MOTHER Mildred Wilford13. BIRTHPLACE OF MOTHER (city or town) Gakama
(State or Country)14. Informant Douglas Bonner
(Address) Orfino Ida15. Filed April 10, 1931 V. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 9 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Apr. 9 1931, to Apr. 9 1931
that I last saw her alive on April 9 1931
and that death occurred, on the date stated above, at 10 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Probably valvular cardiac disease (died suddenly)

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) P. J. Hopkins M. D.
4/10 1931 (Address) Orfino Ida19. Place of Burial, Cremation, or Removal Catholic Cemetery Date of Burial April 11 193120. Undertaker V. A. Shaw Address Orfino

RECEIVED MAY 2 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74835

State File No.

PLACE OF DEATH

County of Clearwater
City of Orofino

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2187(No. Orofino Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 232. FULL NAME John Duffy

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE About 63 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lumber Jack

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address) Orofino Hospital15. Filed 4/9, 19... H. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 4/8, 19... to 4/5, 19...that I last saw him alive on 4/5, 19... and that death occurred, on the date stated above, at 9:30 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Ruptured aorta with ex-
travasation of urine

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4/8/31Was there an autopsy? NoWhat test confirmed diagnosis? Operative + clinical(Signed) H. A. Shaw, M. D. 4/15, 1931 (Address) Orofino, Ida19. Place of Burial, Cremation, or Removal Orofino Ida Date of Burial 4/11 19...20. Undertaker H. A. Shaw Address Orofino

MARGIN RESERVED FOR DIVISION

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74836

State File No.

PLACE OF DEATH

CERTIFICATE OF DEATH

County of BlaineCity of AhsahkaRegistration District No. 96Primary Registration District No. 2187Local Registrar's No. 23

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lydia Moody

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed 4/6, 1931.W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 4th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:CONTRIBUTORY
(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

4/4

19

(Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **74837**

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No.
Primary Registration District No. 2187

Local Registrar's No. 21

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dan Seibert

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
About 81

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)

10. NAME OF FATHER L

11. BIRTHPLACE OF FATHER (city or town) L
(State or Country)

12. MAIDEN NAME OF MOTHER L

13. BIRTHPLACE OF MOTHER (city or town) L
(State or Country)

14. Informant Orofino Hospital
(Address) Orofino

15. Filed 4/6, 1931 H. A. Shaw
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to April 5, 1931,
that I last saw him alive on April 2, 1931,
and that death occurred, on the date stated above, at 3.50 A. m.
The CAUSE OF DEATH* was as follows:

Arterial-sclerosis

(duration) 10 yrs. mos. ds.
CONTRIBUTORY Myocarditis, chronic
(Secondary)
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of No
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) P. J. Hoffman M. D.
4/6, 1931 (Address) Orofino Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Orofino Ida Date of Burial April 7 1931

20. Undertaker H. A. Shaw Address Orofino

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Clearwater
City of Elk River

Registration District No. 91
Primary Registration District No. 2168
(No. _____ St.)

State File No. 74838
Local Registrar's No. 7

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Elizabeth Ragothe

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(Write the word)

6. DATE OF BIRTH

February 21 1870
(Month) (Day) (Year)

7. AGE

61 Yrs. 1 Mos. 11 ds.

IF LESS than 1 day how many
_____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

Housewife

9. BIRTHPLACE

(State or Country) Washington

10. NAME OF FATHER

John Warner

11. BIRTHPLACE OF FATHER

(State or Country) Michigan

12. MAIDEN NAME OF MOTHER

X

13. BIRTHPLACE OF MOTHER

(State or Country) X

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

W H Road

(Address) Bozeman Montana

15.

Filed

May 1

1931

Mildred Lambly

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 4 1931 to April 4 1931, that I last saw her alive on April 4 1931, and that death occurred on the date stated above, at 5:02 PM. The CAUSE OF DEATH* was as follows:

apoplexy.

(Duration) yrs. mos. 2 hours

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed)

Omsted

M. D.

3/4 1931 (Address) Elk River, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted if not at place of death? Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Elk River, Ida. April 8 1931

20. UNDERTAKER

ADDRESS

Merger & Turnbull Spokane, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

1. PLACE OF DEATH

County of Clearwater
City of Elk River

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

CERTIFICATE OF DEATH

Registration District No. 91Primary Registration District No. 2168

(No. _____ St.)

James Edward Hill

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 74839Local Registrar's No. 2

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Infant
(Write the word)

6. DATE OF BIRTH

April 5th 1931
(Month) (Day) (Year)

7. AGE

IF LESS than 1
day how many
1 and 17 hrs. or
Yrs. Mos. ds. min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

infant

9. BIRTHPLACE

(State or Country) Elk River, Idaho

10. NAME OF Father

Glen William Hill

11. BIRTHPLACE OF FATHER

(State or Country) Wisconsin

12. MAIDEN NAME OF MOTHER

Aunie Mary Rax.

13. BIRTHPLACE OF MOTHER

(State or Country) England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Glen W. Hill
(Address) Elk River, Idaho

15.

Filed

May 1 1931 Mildred Hamby
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
April 4 1931 to April 6 1931,
that I last saw him alive on April 6 1931,
and that death occurred on the date stated above, at 7:45 P. M.
The CAUSE OF DEATH* was as follows:

Atelectasis

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

4/6 1931 (Address) Elk River, Id.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. 1 days 1 In the State yrs. mos. ds.

Where was disease contracted if not at place of death? ✓

Former or usual residence ✓

19. PLACE OF BURIAL OR REMOVAL

Elk River, Id.

DATE OF BURIAL

April 8 1931

20. UNDERTAKER

Wagner & Son Elk River, Id.

ADDRESS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74840

State File No.

PLACE OF DEATH

County of Custer

City of Challis

CERTIFICATE OF DEATH

Registration District No. 108

Primary Registration District No. 2186

Local Registrar's No. 118

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Thomas Fox

6. DATE OF BIRTH (month, day and year)

Nov. 22, 1844

7. AGE

Years

Months

Days

If LESS than 1 day,

86

3

28

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Kentucky

10. NAME OF FATHER

John Conley

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Kentucky

12. MAIDEN NAME OF MOTHER

Rachel

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Kentucky

14. Informant
(Address)

Bessie Beck

15.

Filed Mar. 20, 1931

Edna M. King
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 20
(Month) (Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 18, 1931, to March 18, 1931

that I last saw her alive on March 18, 1931

and that death occurred, on the date stated above, at 5 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY Chronic Tuberculosis
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. S. Northrup M. D.

427, 1931 (Address) Challis, Idaho

19. Place of Burial, Cremation, or Removal

Funeral Home

Date of Burial

March 22, 1931

20. Undertaker

Reliance

Address

Challis, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74841**

PLACE OF DEATH

County of Custer
City of Clayton

CERTIFICATE OF DEATH

Registration District No. 108
Primary Registration District No. 2186
(No.)

Local Registrar's No. 117

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Lutz

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 16 1838

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
92 11 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Marine
(State or country) Ill10. NAME OF FATHER Not known11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)12. MAIDEN NAME OF MOTHER Not known13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)14. Informant Phil C. Sullivan
(Address)15. Filed Mar 4, 1931 Edna M. Kenney
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 3, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

that I last saw him..... alive on....., 19.....
and that death occurred, on the date stated above, at 119 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

No Doctor in attendance
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.
....., 19..... (Address)

19. Place of Burial, Cremation, or Removal Date of Burial

W. Sullivan Spring Mar 5 1931
Address

20. Undertaker Friends Clayton Ill.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED APR 20 1931

DO NOT WRITE IN THIS SPACE

State File No. **74843**

PLACE OF DEATH

County of Elmore
City of Mountain Home

Registration District No. 34
Primary Registration District No. 2020

Local Registrar's No. 6

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johns Derby Walls Latty

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 2 - 1857

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
73 8 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mo.
(State or country)

10. NAME OF FATHER Ellis Latty

11. BIRTHPLACE OF FATHER (city or town) Mo.
(State or Country)

12. MAIDEN NAME OF MOTHER Walls

13. BIRTHPLACE OF MOTHER (city or town) Mo.
(State or Country)

14. Informant J. M. Latty
(Address) 701 La Grand, Mrs.

15. Filed Mar 17, 1931 W. H. Anderson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1 - 18 - 1931, to 3 - 14 - 1931

that I last saw him alive on 3 - 14 - 1931

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH was as follows:
Cerebral Thrombosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. E. Evans, M. D.
3-17-1931 (Address) Mountain Home, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Stems Ferry Ida Date of Burial 19

20. Undertaker G. S. Zacher Address Mountain Home Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74844

PLACE OF DEATH

County of FranklinCity of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119Local Registrar's No. 22

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edna Millard Kendall

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov 6 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>13</u>	<u>4</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Child(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Preston, Idaho
(State or country)10. NAME OF FATHER Wm. E Kendall11. BIRTHPLACE OF FATHER (city or town) Oxford Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Ethel Millard13. BIRTHPLACE OF MOTHER (city or town) Preston Idaho
(State or Country)14. Wm. E. KendallInformant (Address) Preston15. Filed 4-3-31, 19.....Registrar. J. R. Cullen

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 2, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Mar 28 - 31 to April 2, 1931
that I last saw her alive on April 2, 1931and that death occurred, on the date stated above, at 10²⁹ p. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Endocarditis with
repeated attack for 8 yrs(duration) 8 yrs. mos. ds.
CONTRIBUTORY Acute Appendicitis
(Secondary)(duration) 2 yrs. 4 mos. 7 ds.18. Where was disease contracted at home
if not at place of death?Did an operation precede death? no Date of 4Was there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) E. W. State M. D.Apr 3, 1931 (Address) Preston Idaho19. Place of Burial, Cremation, or Removal Preston Idaho Date of Burial Apr 5 30 1920. Undertaker M. W. Hendricks Address Preston Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74845

State File No.

PLACE OF DEATH
Franklin

County of

City of Preston

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 25

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Caldwell Taylor

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced (write the word.) married
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Elizabeth Taylor

6. DATE OF BIRTH (month, day and year) May 9 1874

7. AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
	56	11	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Fairview Idaho
(State or country)

10. NAME OF FATHER

James Taylor

11. BIRTHPLACE OF FATHER (city or town) Mo.
(State or Country)

12. MAIDEN NAME OF MOTHER

Sarah Hyde

13. BIRTHPLACE OF MOTHER (city or town) Ill.
(State or Country)14. Informant Mrs Elizabeth Taylor wife
(Address) Preston

15. Filed 4-30-1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 1 1931 to Apr 25 1931

that I last saw him alive on Apr 25 1931

and that death occurred, on the date stated above, at 6.00 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 12 hours
CONTRIBUTORY (Secondary) Chronic Intestinal
Nephritis; Arteriosclerosis
(duration) 3 yrs. 2 mos. 25 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Porter M. D.
Apr 25 1931 (Address) Preston Idaho19. Place of Burial, Cremation, or Removal Date of Burial
Preston Idaho Apr 27 1931

20. Underwriter HENDRICKS PRESTON IDAHO

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74846

State File No.

PLACE OF DEATH

County of Franklin
City of Mink Creek

CERTIFICATE OF DEATH

Registration District No. 3427Primary Registration District No. 842119

(No.)

Local Registrar's No. 25

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Erickson(a) Residence. No. 11255 St. Sacramento Calif St. Sacramento Calif

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofSingle

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

1 73

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workLebor(b) General nature of industry,
business, or establishment in
which employed (or employer)None

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)St. Louis
Dennmark

10. NAME OF FATHER

Hans Erickson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Dennmark12. MAIDEN NAME OF MOTHER Marg Olsen13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Dennmark

14.

Informant
(Address)Sister Lena Nielson

15.

Filed 4-27-, 1931C. J. Cutler
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

(Month)

25

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Natural death
could not reason
probably, apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?..... Yes

What test confirmed diagnosis?

(Signed) M. H. Hendricks4-25-, 1931 (Address) Poston

19. Place of Burial, Cremation, or Removal

Date of Burial

Mink Creek Ida

19

20. Undertaker

Address

M. W. Hendricks

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74847

State File No.

PLACE OF DEATH

County of Franklin
City of Mapleton Idaho

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119Local Registrar's No. 24

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Caroline Jensen Allred

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widowed</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 31 1871

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
	<u>60</u>	<u>2</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) St Charles Idaho10. NAME OF FATHER Andrew Jensen11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden12. MAIDEN NAME OF MOTHER Ingra Jensen13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden14. Informant Boulah A. Hess
(Address) Paris15. Filed 19.....
Registrar. A. C. C. C.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

4 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 29 1931, to 4-20 1931
that I last saw her alive on 4-18 1931

and that death occurred, on the date stated above, at 12:30 pm.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Uremia
General arterio sclerosis
Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture of rt hip

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? her homeDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Chronic Nephritis(Signed) A. C. C. C., M. D.4-21 1931 (Address) Preston19. Place of Burial, Cremation, or Removal Paris Idaho Date of Burial Apr 23 193120. Undertaker M. W. Hendricks Address Preston Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74848
State File No. _____

PLACE OF DEATH

County of FranklinCity of Glendale

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119Local Registrar's No. 23

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Owens

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, <u>widowed</u> (write the word.)
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5a. If married, widowed, or divorced
HUSBAND of Richard Owens dec.
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 27 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>76</u>	<u>10</u>	<u>14</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England10. NAME OF FATHER Jasuah Wells11. BIRTHPLACE OF FATHER (city or town) (State or Country) England12. MAIDEN NAME OF MOTHER Margaret Earier13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England14. Informant Mrs Herbert Owens
(Address) Glendale15. Filed 4-12-1931
Registrar. G. R. Cirtler

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 11 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Apr 3 1931 to April 11 1931
that I last saw him alive on Apr 11 1931and that death occurred, on the date stated above, at 2 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) 4 yrs. 4 mos. 10 ds.
CONTRIBUTORY Diabetes
(Secondary)

(duration) 20 yrs. - mos. - ds.18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? Yes Date of ✓Was there an autopsy? YesWhat test confirmed diagnosis? Clinical(Signed) G. W. Stokes M. D.Apr 12 1931 (Address) Preston Ida19. Place of Burial, Cremation, or Removal Preston Idaho Date of Burial Apr 15 193120. Undertaker M. W. Hendricks Address Preston Idaho

Exact state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74849**

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Lem Registration District No. 6
City of Emmett Primary Registration District No. 1 Local Registrar's No. 179

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Cora Henrietta Jordan

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec 31-1861

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 3 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Indiana

10. NAME OF FATHER

James Henry Hogan

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Vermont

12. MAIDEN NAME OF MOTHER

Sarah M. Hoyt

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Vermont

14. Informant (Address)

Bessie Jordan Fresno Calif

15. Filed 4/27, 1931

J. H. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Apr 26, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 18, 1931, to April 24, 1931

that I last saw her alive on April 25, 1931

and that death occurred, on the date stated above, at 6 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

THE CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Myocarditis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Reynolds, M. D.

4/27, 1931 (Address) Emmett

19. Place of Burial, Cremation, or Removal

Date of Burial

Emmett Idaho 4/28, 1931

20. Undertaker

Address

C. S. Bucknum Emmett Idaho

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74850

State File No.

PLACE OF DEATH

County of *Ben*

Registration District No. *6*

City of *Emmett*

Primary Registration District No.

No.

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Fellie Fern Pitman*

(a) Residence No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*

4. COLOR OR RACE *White*

5. Single, Married, Widowed, or Divorced (write the word.) *Married*

6a. If married, widowed, or divorced

HUSBAND of *Sidney Pitman*
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *Mar 26-1893*

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

38

—

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Housewife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Idaho*
(State or country)

10. NAME OF FATHER *J. H. Gough*

11. BIRTHPLACE OF FATHER (city or town) *Not Known*
(State or Country)

12. MAIDEN NAME OF MOTHER *Sarah Corbett*

13. BIRTHPLACE OF MOTHER (city or town) *Not Known*
(State or Country)

14. Informant (Address) *Sidney Pitman Jr.*

15. Filed *4/25*, 19*31*

J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

Apr 23, 19*31*

17. I HEREBY CERTIFY, That I attended deceased from

April 20, 19*31*, to *April 23*, 19*31*

that I last saw her alive on *April 23*, 19*31*

and that death occurred, on the date stated above, at *40* m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

*Acute Pyelitis
Toxemia of pregnancy
at 8 months*

CONTRIBUTORY (Secondary)

Septic heart

18. Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *J. L. Reynolds*

4/26, 19*31* (Address) *Emmett*

Place of Burial, Cremation, or Removal

Date of Burial

Emmett Idaho

4/26, 19*31*

Undertaker

Address

W. L. Buckner

Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74851

State File No.

PLACE OF DEATH

County of Idaho Registration District No. 6City of Emmett Primary Registration District No. Local Registrar's No.

(No.)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Watson

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widow6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug 1 - 18657. AGE 65 Years 8 Months 9 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER Reever11. BIRTHPLACE OF FATHER (city or town) not known
(State or Country)12. MAIDEN NAME OF MOTHER "13. BIRTHPLACE OF MOTHER (city or town) "
(State or Country)14. Informant Mamie Pierce
(Address)15. Filed Apr 13, 1931 J. B. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 10 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
April 4, 1931, to April 10, 1931
that I last saw him alive on April 10, 1931
and that death occurred, on the date stated above, at 11 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Septic Pneumonia (Bronchial)
following influenza

(duration) yrs. mos. ds.

CONTRIBUTORY Mitral heart lesion
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. B. Reynolds D.
4/13, 1931 (Address) Emmett19. Place of Burial, Cremation, or Removal Emmett Idaho Date of Burial 4/13 193120. Undertaker C. D. Buckner Address Emmett Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74852**

PLACE OF DEATH

County of *Idaho* Registration District No. *1*City of *Emmett* Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Donald Henry Godfrey* *74a*

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word.) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *Feb. 11 - 1914*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
17 *2* *12*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *student*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Chertle*
(State or country) *Idaho*10. NAME OF FATHER *L. H. Godfrey*11. BIRTHPLACE OF FATHER (city or town)
(State or Country) *Idaho*12. MAIDEN NAME OF MOTHER *Sarah Cook*13. BIRTHPLACE OF MOTHER (city or town)
(State or County) *Idaho*14. Informant (Address) *L. H. Godfrey*15. Filed *4/25*, 19*31* Registrar. *J. H. Reynolds*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Apr. 23*, 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 22, 19*31*, to *April 23*, 19*31*
that I last saw him alive on *April 22*, 19*31*

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

*Cerebral hemorrhage
caused by fall from bicycle*

(duration) yrs. mos. ds.

CONTRIBUTORY *Hemophilia of*
(Secondary) *life standing - (inherited)*18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *J. H. Reynolds*, M. D.
4/25, 19*31* (Address)19. Place of Burial, Cremation, or Removal Date of Burial
Emmett Idaho *4/26*, 19*31*20. Undertaker Address
C. Buckner *Emmett Idaho*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAY 12 1931

DO NOT WRITE IN THIS SPACE

74853

State File No.

PLACE OF DEATH

County *Ben* Registration District No. *6*City of *Emmett* Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word.)6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *Feb 26-1931*7. AGE Years Months Days If LESS than 1 day,
- 1 20 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Infant*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Emmett*
(State or country) *Idaho*10. NAME OF FATHER *J. Howard Seiler*11. BIRTHPLACE OF FATHER (city or town) *Nebraska*
(State or Country)12. MAIDEN NAME OF MOTHER *Margaret Russell*13. BIRTHPLACE OF MOTHER (city or town) *Arizona*
(State or Country)14. Informant (Address) *J. Howard Seiler*15. Filed *4/16*, 1931 *W. Russell* Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Apr 16, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 1, 1931, to *Apr* 16, 1931that I last saw him alive on *Apr* 15, 1931and that death occurred, on the date stated above, at *a* m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Pneumonia*

(duration) yrs. mos. 2 ds.

CONTRIBUTORY *Whooping Cough*
(Secondary)

(duration) yrs. mos. 16 ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *none*(Signed) *R. W. Cunningham* M. D.*4/16*, 1931 (Address) *Emmett Idaho*

19. Place of Burial, Cremation, or Removal Date of Burial

Emmett Idaho *4/17* 1931

20. Undertaker Address

W. Russell *Emmett**Idaho*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAR 14 1931

DO NOT WRITE IN THIS SPACE

State File No. 74854

PLACE OF DEATH

County of Ben Registration District No. 6
City of Emmett Primary Registration District No. _____ Local Registrar's No. _____
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Brown

(a) Residence No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofNannie D Brown6. DATE OF BIRTH (month, day and year) Apr 28 - 1852

7. AGE 78 Years 11 Months 8 Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) _____
(State or country) Illinois10. NAME OF FATHER Samuel Brown11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) Not known12. MAIDEN NAME OF MOTHER Rebecca Rust13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country) Not known14. Informant Nannie D. Brown
(Address) Montours Idaho15. Filed 4/7, 1931J. J. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Apr 6 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 2, 1931, to _____, 19____.

that I last saw him alive on Apr 2, 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho pneumonia(duration) _____ yrs. _____ mos. 6 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) W. C. Cunningham, M. D.4/7, 1931 (Address) _____

19. Place of Burial, Cremation, or Removal

Date of Burial

Sweet, Idaho 4/8 31

20. Undertaker W. C. Cunningham Address Emmett

Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74856

State File No.

PLACE OF DEATH

County of Idaho
City of Kamiah

CERTIFICATE OF DEATH

Registration District No. 49
Primary Registration District No. 2127

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Mary English

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 7, 18447. AGE Years Months Days If LESS than 1 day, hrs. or min.
86 # 11 ?8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired9. BIRTHPLACE (city or town) Ohio
(State or country)10. NAME OF FATHER Robert English11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER Rebecca13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or Country)14. Informant (Address) W. J. Sullivan
Kamiah - Ida15. Filed 7/21/31 W. J. Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 19 31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from January, 1931, to March, 1931,
that I last saw her alive on 27 17th, 1931,
and that death occurred, on the date stated above, at 2 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Arterio. Hemorrhage(duration) yrs. mos. ds.
CONTRIBUTORY Nephritis - Inter
(Secondary) (duration) ? yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? val(Signed) W. J. Sullivan M. D.
7-20-31, 1931 (Address) Kamiah19. Place of Burial, Cremation, or Removal Kamiah Date of Burial 7/29 193120. Undertaker Funeral Home Address Kamiah

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74857

State File No.

PLACE OF DEATH

County of Idaho
City of Idaho

CERTIFICATE OF DEATH

Registration District No. 74Primary Registration District No. 2127Local Registrar's No. 6

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Linus Mathews

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. M COLOR OR RACE Indian 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of Amelia Mathews6. DATE OF BIRTH (month, day and year) 9-11-18907. AGE Years Months Days If LESS than 1 day, hrs. or min.
40 - 5 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer(b) General nature of industry, business, or establishment in which employed (or employer) Live Stock

(c) Name of employer

9. BIRTHPLACE (city or town) Platteau
(State or country) Idaho10. NAME OF FATHER Mathews A. Mathews11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Mathews13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Walter Marks
(Address)15. Filed 3/11 31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug. 1930 to about 1931
that I last saw him alive March 8 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Brucella AnthraxBovine Pneumonia(duration) 3 yrs. mos. ds.CONTRIBUTORY Brucella Pneumonia
(Secondary)(duration) yrs. mos. 5 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) W. Marks M. D.
3/10 1931 (Address) Idaho

19. Place of Burial, Cremation, or Removal

Idaho # 2

Date of Burial

3-11 1931

20. Undertaker

Funeral Home

Address

Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74858

State File No.

PLACE OF DEATH

County of Idaho
City of Idaho

CERTIFICATE OF DEATH

Registration District No. 49
Primary Registration District No. 2127

Local Registrar's No. 10

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

4-11

31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

September 1930 to June 1931

that I last saw him alive on April-10-31

and that death occurred, on the date stated above, at 1 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Perforation of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) 7 hrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? By Lab. Tests

(Signed)

M. D.

April 1931 (Address) Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho 4-12-31

20. Undertaker

Address

Funeral Home, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74859

State File No.

Local Registrar's No. 11

90

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 2181

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ed M. Herald

(a) Residence. No. Riggins Idaho St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Not known

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day and year)

7. AGE Years about 60 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) Croscuttor
(c) Name of employer

9. BIRTHPLACE (city or town) Not known
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Letters in person
(Address)

15. Filed 5-1- 1931 B. Chipman
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4-17- 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-16- 1931, to 4-16- 1931, that I last saw him alive on 4-16- 1931, and that death occurred, on the date stated above, at 5.4 m. The CAUSE OF DEATH* was as follows:
Cardiac Thrombosis

(duration) yrs. mos. ds. 1
CONTRIBUTORY Arteriosclerosis
(Secondary)

(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? Not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis Heart lesions
(Signed) B. Chipman M. D.

4-18- 1931 (Address) Grangeville Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Grangeville Ida Date of Burial 4-21- 1931

20. Undertaker Humeck Nf. Co. Address Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74860**

PLACE OF DEATH

County of **Idaho**
City of **Grangeville**

CERTIFICATE OF DEATH

Registration District No. **103**
Primary Registration District No. **1001**
(No. **At Home**)

Local Registrar's No. **12**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Martin Henry Baulch**

(a) Residence. No. **Grangeville, Idaho.** St.

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Widowed**

5a. If married, widowed, or divorced
HUSBAND of **Widowed**
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Dec. 17, 1860**

7. AGE Years **70** Months **4** Days **0** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Retired Farmer**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Arkansas**
(State or country)

10. NAME OF FATHER **Unknown**

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) **Unknown**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) **Unknown**

14. Informant **Bill Webb**
(Address) **Grangeville**

15. Filed **5-1-**, 19**31** **B. Chipman**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 17, 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 28, 1928, to **4-16-**, 19**31**
that I last saw him alive on **4-16-**, 19**31**

and that death occurred, on the date stated above, at **29** m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds. **20**
CONTRIBUTORY **Diabetes Mellitus**
(Secondary)

(duration) **8** yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? **no** Date of

Was there an autopsy? **no**

What test confirmed diagnosis? **Grounding Pain**
(Signed) **B. Chipman** M. D.
4-18-, 19**31** (Address) **Grangeville, Ida.**

19. Place of Burial, Cremation, or Removal **Grangeville** Date of Burial **4/14 1931**

20. Undertaker **Ailor Mortuary** Address **Grangeville**

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH

RECEIVED MAY 4 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho
City of CottonwoodRegistration District No. 105Primary Registration District No. 2183

(No. _____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Peter SEGENFile No. 74861

Registered No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

married

(Write the word.)

6. DATE OF BIRTH.

October 9 - 1841
(Month) (Day) (Year)

7. AGE

89 Yrs. 5 Mos. 17 ds.IF LESS than 1 day
how many hrs. or
..... min.?)

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer).....Civil War Veteran

9. BIRTHPLACE

(State or Country)

Holland

10. NAME OF FATHER

Fredrick Segen

11. BIRTHPLACE OF FATHER

(State or Country)

Holm Her.

12. MAIDEN NAME OF MOTHER

Do not know

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

John H. Segen

(Address)

Pacomie Wash

15.

Filed

Apr. 8 1931H. F. Overea

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 6th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 18 1921 to April 6 1931that I last saw him alive on April 6 1931and that death occurred on the date stated above, at 7:45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) H. A. Woodcock M. D.4-5-1931 (Address) Cottonwood, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cottonwood Id Apr. 9 1931

20. UNDERTAKER

ADDRESS

Man Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAY 4 1931

DO NOT WRITE IN THIS SPACE

74862

State File No.

PLACE OF DEATH

County of Idaho

City of Cottonwood

Registration District No. 105

Primary Registration District No. 2183

Local Registrar's No. 10

(No. Our Lady of Consolation)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Kathryn Fren

(a) Residence. No. Fenn, Idaho St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 15-1929

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 3 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Cottonwood
(State or country) Idaho

10. NAME OF FATHER James Fren

11. BIRTHPLACE OF FATHER (city or town) Indianapolis
(State or Country) Indiana

12. MAIDEN NAME OF MOTHER Elizabeth Brickmiller

13. BIRTHPLACE OF MOTHER (city or town) Bloomingsburg
(State or County) Iowa

14. Informant James Fren
(Address) Fenn, Idaho

15. Filed 4-1, 1931 W. F. Orr
per J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 31, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Mar 20, 1931, to Mar 31, 1931

that I last saw her alive on Mar 31, 1931
and that death occurred, on the date stated above, at 1:15 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Diffuse Bronchial Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted At Home
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Merley Orr, M. D.

3/31, 1931 (Address) Cottonwood, Idaho

19. Place of Burial, Cremation, or Removal Grangerville, Ida. Date of Burial 4-2 1931

20. Undertaker Granger Mortuary Address Granger

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 13 1931

DO NOT WRITE IN THIS SPACE

74863

State File No.

PLACE OF DEATH

County of JeromeCity of Jerome

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Clark

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single. Married. Widowed, or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 12/317. AGE Years Months Days If LESS than 1 day, hrs. or min. 30

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Jerome Idaho
(State or country)10. NAME OF FATHER Thomas Herbert Clark11. BIRTHPLACE OF FATHER (city or town) Colo
(State or Country)12. MAIDEN NAME OF MOTHER Elva E. Bond13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Thomas Herbert Clark
(Address) Jerome Idaho15. Filed 4/13, 1931 Chas. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 12, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 12, 1931, to April 12, 1931
that I last saw him alive on 4/12, 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Premature Infant
6 1/2 mos
Poor hygienic condition
of mother (duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed), M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

Jerome Idaho 4/13 1931

20. Undertaker Address

none

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74864

State File No.

PLACE OF DEATH

County of JeromeCity of JeromeRegistration District No. 18

Primary Registration District No.

(No. RFD # 2)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Mrs. Nancy Hoyman(a) Residence. No. Jerome RFD # 2 St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar. 27 18517. AGE Years 80 Months 0 Days 7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wiss.
(State or country)10. NAME OF FATHER Washington Ellis11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Va.12. MAIDEN NAME OF MOTHER Elizabeth Blair13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Va.14. Informant J. H. Giffen
(Address) Jerome RFD # 215. Filed 4/6, 1931. Chas. F. Zeller
Registral

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 4, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 17, 1931, to April 3, 1931that I last saw her alive on April 3, 1931

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Grandie probably due to a malignancy
(duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) John F. Chumstead M. D.4/6, 1931 (Address) Jerome Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Jerome Falls 4/7, 1931

20. Undertaker

Address

J. F. Grossman Jerome Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

Registration District No. 30Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 74865Local Registrar's No. 63(No. _____)
(If death occurred in a hospital or institution give its name instead of street and number.)2. FULL NAME Anna M. Huff(a) Residence. No. 616 Coeur d'Alene ave.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.4. COLOR OR RACE W.5. Single, Married, Widowed,
or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

~~HUSBAND~~ of
(or) WIFE of Edward M. Huff6. DATE OF BIRTH (month, day and year) - 3 - 3

7. AGE

Years 65

Months

Days

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) La Crosse Wis.10. NAME OF FATHER John M. Jung11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Germany12. MAIDEN NAME OF MOTHER Marie13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Penn.14. Informant Mrs. Earl H. Keller(Address) 616 Coeur d'Alene Ave15. Filed 4-29-31N. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

(Month)

6

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from —

April 5, 1931, to April 6, 1931that I last saw her alive on April 6, 1931and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy(duration) yrs. mos. 2 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted at Place of death
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical signs(Signed) E. R. Spohn M. D.4-8, 1931 (Address) Coeur d'Alene*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest-Cem. Coeur d'Alene6-81931

20. Undertaker

Address

Cassidy Funeral HomeCoeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **74866**

PLACE OF DEATH
County of *Kootenai*
City of *Coeur d'Alene*

Registration District No.
Primary Registration District No.

Local Registrar's No. *62*

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Kari Jensen*

(a) Residence. No. *102 - Miller* St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7.* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Simon Jensen*

6. DATE OF BIRTH (month, day and year) *1848-4-25*

7. AGE Years *82* Months *11* Days *12* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *House wife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Norway*
(State or country)

10. NAME OF FATHER *Unknown*

11. BIRTHPLACE OF FATHER (city or town) *Norway*
(State or Country)

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (city or town) *Norway*
(State or Country)

14. Informant *Mrs. Halvor Bratvold*
(Address) *702 Gov't. Way. Coeur d'Alene Ida.*

15. Filed *4-29, 1931* *N. J. Sturges*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *April* *12* *1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Mar 30*, 19*31*, to *Apr. 12*, 19*31*

that I last saw him alive on *Apr. 12*

and that death occurred, on the date stated above, at *4:25* *P.* m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. *14* ds.

CONTRIBUTORY *Influenza*
(Secondary)

(duration) yrs. *4* ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *J. Jensen* (M) D. *Apr. 16, 1931* (Address) *Coeur d'Alene Idaho*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Forest-Cem. Coeur d'Alene* Date of Burial *4-16 1931*

20. Undertaker *Cassedy Funeral Home* Address *Coeur d'Alene*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74867

State File No.

PLACE OF DEATH

County of BoolemanCity of Pouer d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050(No. Pouer d'Alene Home)Local Registrar's No. 749

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kristian S. Bjerkelo(a) Residence. No. Pouer d'Alene Home St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of -6. DATE OF BIRTH (month, day and year) April 14 18617. AGE Years 69 Months 11 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Norway
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant Pouer d'Alene Home for aged
(Address) Pouer d'Alene 2nd15. Filed 4-19, 1931 N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 10, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 30, 1930, to Mar 19, 1931that I last saw him alive on Mar 19, 1931and that death occurred, on the date stated above, at 12:45 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Apoplexy(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of Was there an autopsy? NoWhat test confirmed diagnosis?

(Signed)

Apr 15, 1931 J. C. Sturges, M. D.
(Address) Pouer d'Alene

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cemetery 4/13 1931

20. Undertaker

Address

R B Mooney Pouer d'Alene

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74868

State File No.

PLACE OF DEATH

County of TogitCity of C. d. d.

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 60

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Anna Dickinson(a) Residence. No. Post Falls St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 2 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWilliam Dickinson6. DATE OF BIRTH (month, day and year) June 28-18617. AGE Years 69 Months 9 Days 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Buffalo N. Y.10. NAME OF FATHER Thomas Benham11. BIRTHPLACE OF FATHER (city or town) (State or Country) N. Y.12. MAIDEN NAME OF MOTHER Anna C. Benham13. BIRTHPLACE OF MOTHER (city or town) (State or Country) N. Y.

14.

Informant
(Address)Mrs. C. Dickinson

15.

Filed, 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 8th 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Apr 1st 1931, to Apr 8 1931that I last saw her alive on Apr 8 1931
and that death occurred, on the date stated above, at 1:15 P.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
(Apoplexy)CONTRIBUTORY (Secondary) Arteriosclerosis
Chronic Indigestion18. Where was disease contracted if not at place of death? noDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Symptomatic
(Signed) F. L. M. Paulsen D.Apr 10 1931 (Address) Conrad's19. Place of Burial, Cremation, or Removal Post Falls Date of Burial 4/11 193120. Undertaker R. B. Moore Address Conrad's

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74869

State File No.

PLACE OF DEATH

County of Booleman
City of Poeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
(No.)

Local Registrar's No. 888

(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME William A Barker
(a) Residence. No. 1115 N Pennington St.
(Usual place of abode.)
Length of residence in city or town where death occurred. 10 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Barrie Barker
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 28 1860

7. AGE Years Months Days If LESS than 1 day.
70 6 14 hrs. 0 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) West Vir
(State or country)

10. NAME OF FATHER James Barker

11. BIRTHPLACE OF FATHER (city or town) W. Vir
(State or Country)

12. MAIDEN NAME OF MOTHER Annada Davis

13. BIRTHPLACE OF MOTHER (city or town) W. Vir
(State or Country)

14. Informant Mrs E J Powell
(Address) Poeur d'Alene, Ida.

15. Filed 4-29-1931 NJ Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 12, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1931, to Apr. 12, 1931
that I last saw him alive on Apr 12, 1931
and that death occurred, on the date stated above, at 145 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocardial disease

(duration) Not known yrs. 0 mos. 0 ds.
CONTRIBUTORY. Ch. Bronchitis with emphysema
(Secondary) attack one week prior to death.
(duration) 0 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death? -
Did an operation precede death? No Date of -
Was there an autopsy? No
What test confirmed diagnosis? Autopsy
(Signed) J. J. Sturges, M.D.
Apr 13, 1931 (Address) Cover & Allen Bldg.

19. Place of Burial, Cremation, or Removal Forest Cemetery Date of Burial 4/14, 1931
20. Undertaker R B Mooney Address Cal 9

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of BoatmanCity of Power & AleneRegistration District No. 30Primary Registration District No. 1050

(No. _____)

Local Registrar's No. 58

(If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul Haligura(a) Residence, No. 917 West Garden St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 10 yrs. mo. ds. How long in U. S. if of foreign birth? 50 yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Johanna Haligura6. DATE OF BIRTH (month, day and year) June 29-18617. AGE Years 69 Months 9 Days 11 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Lumber mill worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Austria
(State or country)10. NAME OF FATHER John H. Haligura11. BIRTHPLACE OF FATHER (city or town) Austria
(State or Country)12. MAIDEN NAME OF MOTHER Winkler13. BIRTHPLACE OF MOTHER (city or town) "
(State or Country)14. Informant Mrs Paul Haligura
(Address) Power & Alene Ida15. Filed 4-29-31 1931 H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 10, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 2, 1931, to April 10, 1931
that I last saw him alive on April 10, 1931and that death occurred, on the date stated above, at 9 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Apoplexy(duration) _____ yrs. _____ mos. 8 ds.
CONTRIBUTORY Hypertension
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted At place of death
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Clinical Signs(Signed) E. J. Sturges M. D.Apr 17, 1931 (Address) Power & Alene19. Place of Burial, Cremation, or Removal St Thomas Date of Burial 4/13 193120. Undertaker Mooney Mort Address Power & Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74871

State File No.

PLACE OF DEATH
County of Rootenac
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 57

749

(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME George Scott White
(a) Residence. No. 1071 - Fort Way St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Meggie White
6. DATE OF BIRTH (month, day and year) 6-24
7. AGE Years 88 Months Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Fruit grower
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England
10. NAME OF FATHER Dont know. White
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Scott
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant (Address) Mr. M. M. White
15. Filed 4-29-1931 W. J. Sturges Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 11 31
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb, 1929, to April 11, 1931
that I last saw him alive on 4-11, 1931
and that death occurred, on the date stated above, at 10:30 a. m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) E. H. Reed, M. D.
4-14-, 1931 (Address) Coeur d'Alene Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Forest Cem. Coeur d'Alene 4-15 1931
20. Undertaker Address
Cassedy Funeral Home Coeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO RECEIVED MAY 8 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74872

State File No.

PLACE OF DEATH

County of *Kootenai*City of *Hayden Lake*Registration District No. *30*Primary Registration District No. *1050*Local Registrar's No. *53*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Nellie May Carter*

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.*4. COLOR OR RACE *W.*5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of *John Carter*6. DATE OF BIRTH (month, day and year) *1883 - 2*

7. AGE

48

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *House wife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Warsaw*
(State or country) *Wis.*10. NAME OF FATHER *Don't-Know.*11. BIRTHPLACE OF FATHER (city or town) *Don't-Know.*
(State or Country)12. MAIDEN NAME OF MOTHER *Christina Morgard*13. BIRTHPLACE OF MOTHER (city or town) *Idaho*
(State or Country)14. Informant *John Carter*

(Address)

15. Filed *4-29*, 19*31*by *N. J. Sturges*

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 12

(Month)

(Day)

19*31*
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

December 15 19*30*, to *April 12*, 19*31*that I last saw *her* alive on *April 7*, 19*31*and that death occurred, on the date stated above, at *5:30* p. m.

The CAUSE OF DEATH* was as follows:

Addison's Disease(duration) *3* yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Clinical Signs*(Signed) *E. J. Spohn* M. D.19*31*(Address) *Boise & Alene*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

*Forest-Cem. C. D. Alene**Apr 14* 19*31*

20. Undertaker

Address

*Corsedy Funeral Home**C. D. Alene*

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74873

State File No.

PLACE OF DEATH

County of Boole
City of Post FallsRegistration District No. 30Primary Registration District No. 1050Local Registrar's No. 56(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W

5. Single, Married, Widowed, or Divorced (write the word)

Widowed5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Isabelle Horsington6. DATE OF BIRTH (month, day and year) 18-43-11-27

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

87427

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Vermont.

10. NAME OF FATHER

Hosea Horsington11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Vermont

12. MAIDEN NAME OF MOTHER

Dont-Know13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Dont-Know.

14. Informant

(Address)

G. Horsington
11th St.

15. Filed

4-291931N. J. Sturgeon
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April14th1930

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

Jan 8th, 1931, to Apr 11, 1931that I last saw him alive on Apr 11, 1931and that death occurred, on the date stated above, at 8:15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis(duration) 1 yrs. mos. ds.CONTRIBUTORY
(Secondary)arterio-sclerosis

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Syphilis

(Signed)

Apr 14, 1931 (Address) Carroll's Garage
Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest-Cem. CD Alene4-161917

20. Undertaker

Address

Cassidy Funeral HomeCD Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74874

State File No.

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James J. Brainard(a) Residence. No. Brainard Service Station St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of Mrs. A. J. Brainard6. DATE OF BIRTH (month, day and year) Sept. 3, 18747. AGE Years 56 Months 7 Day 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Service Station operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Marion, Illinois (State or country)10. NAME OF FATHER Lucien A. Brainard11. BIRTHPLACE OF FATHER (city or town) Illinois (State or Country)12. MAIDEN NAME OF MOTHER Alie E. Agnewhill13. BIRTHPLACE OF MOTHER (city or town) Illinois (State or Country)14. Informant (Address) R. L. Drayman15. Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at 9:30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Guy shot wound - 1 heart (Transmural)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of.....Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. B. Drayman, M. D. 4/7 1931 (Address) Coeur d'Alene19. Place of Burial, Cremation, or Removal Forest Cemetery Date of Burial 4/8 193120. Undertaker R. B. Drayman Address Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 8 1931
DO NOT WRITE IN THIS SPACE
74875
State File No.

PLACE OF DEATH

County of *Kootenai*
City of *Coeur d'Alene*

CERTIFICATE OF DEATH

Registration District No. *30*Primary Registration District No. *1050*Local Registrar's No. *70*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Gene Lewis Pete*(a) Residence. No. *213 - Garden* St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word.) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *1931 3-4*7. AGE Years Months Days If LESS than 1 day,
0 2 0 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Cottage Grove, Ore.*
(State or country)10. NAME OF FATHER *Glenn Pete*11. BIRTHPLACE OF FATHER (city or town) *Wis.*
(State or Country)12. MAIDEN NAME OF MOTHER *Julia Van Bloricon*13. BIRTHPLACE OF MOTHER (city or town) *Minn.*
(State or County)14. Informant *Glenn Pete*
(Address) *Coeur d'Alene*

15. Filed 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *May 4 1931*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *May 1 1931*, to *May 4 1931*,
that I last saw him alive on *May 4 1931*
and that death occurred, on the date stated above, at *6 p.m.**State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Lobar Pneumonia, right*(duration) yrs. mos. *1* ds.
CONTRIBUTORY *Pertussis*
(Secondary) (duration) yrs. mos. *10* ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *none*(Signed) *Harold T. Anderson* M. D.*May 6 1931* (Address) *Coeur d'Alene*19. Place of Burial, Cremation, or Removal *Forest Cem. Coeur d'Alene* Date of Burial *5-6 1931*20. Undertaker *Cassidy Funeral Home* Address *Coeur d'Alene*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of KootenaiCity of Co. A.Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 69

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sylvester H. Beatty(a) Residence. No. Lakeside Hotel

(Usual place of abode.)

St. _____

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 10 yrs. 0 mos. 0 ds.How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) 1846-March 267. AGE Years 85 Months 1 Days 1 If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Soldier

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Summit Co. Ohio.
(State or country)10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14.

Informant
(Address) Mr. Ryan
Lakeside Hotel

15.

Filed 4-29-1931N. J. Sturges
Registrar.

RECEIVED MAY 8 1931

DO NOT WRITE IN THIS SPACE

74876

State File No. _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 27, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

4-24, 1931, to 4-27, 1931that I last saw him alive on 4-26, 1931and that death occurred, on the date stated above, at 6 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic Intestinal Infection

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary) Age

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? noDid an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? E.H. Feed

(Signed)

4-29-1931 (Address) Grand Avenue 4419. Place of Burial, Cremation, or Removal Forest Cemetery

Date of Burial

4-29 193120. Undertaker R.D. MorreyAddress Cd. 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74877

State File No.

PLACE OF DEATH

County of *Kootenai*City of *Co. A.*

CERTIFICATE OF DEATH

Registration District No. *30*Primary Registration District No. *1050*Local Registrar's No. *18*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. *Thomas L. Collins*(Usual place of abode.) *Hayden Lake*

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

*White*5. Single, Married, Widowed,
or Divorced (write the word)*Married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

July 20 - 1842

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.*88**9**7*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Retail Soldier &*(b) General nature of industry,
business, or establishment in
which employed (or employer)*Farmer.*

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)*Indiana.*

10. NAME OF FATHER

*Elisha Collins*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)*U. S.*

12. MAIDEN NAME OF MOTHER

*Sarah Wharton*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)*Ohio.*

14.

Informant
(Address)*J. M. Collins*

15.

Filed

*4-29*19*31**W. J. Sturges*

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

(Month)

28

(Day)

19*31*
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 30, 19*31*, to *Apr 27*, 19*31*that I last saw him alive on *Apr 27*, 19*31*and that death occurred, on the date stated above, at *11:30 P. M.**State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Chronic Nephritis*(duration) yrs. *2* mos. ds.CONTRIBUTORY
(Secondary)*Prostatic (Delayed Prostate)*(duration) *2* yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Symptoms*

(Signed)

Apr 29, 19*31* (Address) *Cam. 1. Alon. Id.*

19. Place of Burial, Cremation, or Removal

Forest Cem.

Date of Burial

4/29 19*31*

20. Undertaker

R. B. Mooney

Address

C. H. H.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74878

State File No.

PLACE OF DEATH

County of *Kootenai*City of *Coeur d'Alene*Registration District No. *30*Primary Registration District No. *1050*Local Registrar's No. *67*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Edward Mahoney(a) Residence. No. *1310 - Coeur d'Alene Ave*

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. Single, Married, Widowed, or Divorced (write the word.)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *1909 - 7 - 2*

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

*22**1**29*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)*Minn.*

10. NAME OF FATHER

*Michael Mahoney*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)*Canada*

12. MAIDEN NAME OF MOTHER

*Elizabeth Regan*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)*Minn.*

14.

Informant
(Address)*Mrs E. Mahoney*
Coeur d'Alene, Ida

15.

Filed

*5-6, 1931**N.J. Sturges*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

*May**3**31*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

*April 6, 1931, to May 3, 1931*that I last saw him alive on *May 3, 1931*and that death occurred, on the date stated above, at *1:30 P.m.**State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Lobar Pneumonia, right*(duration) yrs. mos. *30* ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *none*(Signed) *Harold T. Anderson* M. D.*May 4, 1931* (Address) *Coeur d'Alene*

19. Place of Burial, Cremation, or Removal

Date of Burial

St Thomas Cem. Coeur d'Alene *5-5-1931*

20. Undertaker

Address

Corsed Funeral Home *CD Alene*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of *Kootenai*

City of *C. D. A.*

Registration District No. *30*

Primary Registration District No. *1050*

(No.)

Local Registrar's No. *66*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Emma L. Weimer*

(a) Residence. No. *1014 Hastings* St.

(Usual place of abode.)

Length of residence in city or town where death occurred. *1* yrs. *6* mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *W* 5. Single. Married. Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

John L. Weimer

6. DATE OF BIRTH (month, day and year)

7. AGE Years *63* Months *4* Days *—* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Wisconsin*
(State or country)

10. NAME OF FATHER

Carl Schurman

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Germany

12. MAIDEN NAME OF MOTHER

Caroline Buehly

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Germany

14.

Informant
(Address)

John L. Weimer
C. D. A.

15.

Filed

4-29-1931

N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 22, 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 25, 19*31*, to *April 22*, 19*31*

that I last saw her alive on *April 22*, 19*31*

and that death occurred, on the date stated above, at *2:30 P.M.*

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Terminal Bronchopneumonia
36 hours.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Influenza 6 days
Hypertension (duration) yrs. *6* mos. ds.

18. Where was disease contracted if not at place of death? *Do not know*

Did an operation precede death? *No* Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *none*

(Signed) *Harsed T. Anderson, M. D.*

April 23, 19*31* (Address *Coundale*)

19. Place of Burial, Cremation, or Removal

Date of Burial

Spokane Wn. *4/24 1931*

20. Undertaker

R. B. Worney *Coundale*

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of KootenaiCity of Poeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Franklin Robson(a) Residence, No. 1015 Sherman St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of Inez Robson
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 7 18567. AGE Years 74 Months 9 Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER Robert R. Robson11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER Margaret Allison13. BIRTHPLACE OF MOTHER (city or town) Poeur
(State or Country)14. Informant Mrs. Inez Robson
(Address) Poeur d'Alene Ida.

15. Filed....., 19..... Registrar.

RECEIVED MAY 8 1931

DO NOT WRITE IN THIS SPACE

74880

State File No.

Local Registrar's No. 65

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 19 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept. 9 1930, to April 19 1931,
that I last saw him alive on April 19 1931,
and that death occurred, on the date stated above, at 9:45 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pulmonary Edema(duration) yrs. mos. 1 1/2 ds.
CONTRIBUTORY Myocardial Degeneration
(Secondary)(duration) 2 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of.....Was there an autopsy? NoWhat test confirmed diagnosis? None(Signed) Harold T. Anderson, M. D.
April 21, 1931 (Address) Poeur d'Alene19. Place of Burial, Cremation, or Removal Forest Cemetery Date of Burial 4/21 193120. Undertaker R. B. Mooney Address Poeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

FILED MAY 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74881

State File No.

PLACE OF DEATH
County of Latah
City of Troy

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence A. Kitch

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 27 - 1854

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
77 0 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Penn.

10. NAME OF FATHER John M Kitch

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn.

12. MAIDEN NAME OF MOTHER Elizabeth M. Kitch

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penn.

14. Informant (Address) J. B. Kitch
Troy Ida

15. Filed May 5, 1931 Lucy M Pickard
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 29, 1931 to April 28, 1931
that I last saw him alive on March 1, 1931
and that death occurred, on the date stated above, at 7:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease
Chronic Myocarditis
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas. F. Meyer, M. D.
Apr. 29, 1931 (Address) Troy Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Dry Creek April 30, 1931

20. Undertaker Address

John J. Pickard Troy Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 4 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74882

State File No.

PLACE OF DEATH

County of Latah
City of Kendrick

CERTIFICATE OF DEATH

Registration District No. 63

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Keeler

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of Chas Keeler
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 7 1847

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
84 11 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town, State or country) England

10. NAME OF FATHER John Cowling

11. BIRTHPLACE OF FATHER (city or town, State or Country) England

12. MAIDEN NAME OF MOTHER Sarah Golden

13. BIRTHPLACE OF MOTHER (city or town, State or Country) England

14. Informant (Address) Chas Keeler

15. Filed Nov 18 1931 R. E. Meek Registrar.

16. DATE OF DEATH March 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1930 to Mar. 17 1931

that I last saw her alive on Mar. 17 1931

and that death occurred, on the date stated above, at 3:00 P.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Senility

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chas. Marchand M. D.

(Signed) 3-18- 1931 Address Kendrick, Ida.

19. Place of Burial, Cremation, or Removal Linden Ida Date of Burial March 19 1931

20. Undertaker John J. Rickard Address Troy Ida

RECEIVED MAY 4 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74883**

PLACE OF DEATH

County of IdahoCity of Santhwick

CERTIFICATE OF DEATH

Registration District No. 63
Primary Registration District No. 622143 Local Registrar's No. 31

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Garner

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMattie Garner

6. DATE OF BIRTH (month, day and year)

7. AGE Years 42 Months 4 Days 4 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Garner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) London, Idaho
(State or country)

10. NAME OF FATHER

James Garner11. BIRTHPLACE OF FATHER (city or town) Illinois
(State or Country)

12. MAIDEN NAME OF MOTHER

Matilda Huffman13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Mrs. Mattie Garner
(Address) Southland, Idaho15. Filed Apr 6, 19 31 B.F. Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 4, 19 31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 2, 19 29, to _____, 19 _____
that I last saw him alive on Feb. 16, 19 31

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pulmonary tuberculosis(duration) 2 yrs. 3 mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? NoDid an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? X-ray(Signed) Oliver Mosehead M. D.April 6, 19 31 (Address) Kendrick, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Lord Hill CemeteryApril 6 19 31

20. Undertaker

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED MAY 4 1931

STATE OF IDAHO

 DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74884

State File No.

PLACE OF DEATH

County of LatahCity of Donahue

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wesley Mattson

(a) Residence. No. St.

(Usual place of abode.)

X Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

 5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day and year) 1757
 7. AGE Years 74 Months Days If LESS than 1 day, hrs. or min.

 8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self
 X 9. BIRTHPLACE (city or town) Sweden
(State or country)

Y 10. NAME OF FATHER

 11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

 X 13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

 14. Informant Documents found in home
(Address)

 15. Filed April 20 1931
B. F. Neale
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 1931
(Month) (Day) (Year)

 17. I HEREBY CERTIFY, That I attended deceased from
Feb 4 1931, to Feb. 10 1931

 that I last saw h. in alive on Feb. 10 1931
and that death occurred, on the date stated above, at 7 A.M.

 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
with resultant hemiplegia.
(duration) yrs. 2 mos. 16 ds.
 CONTRIBUTORY arteriosclerosis &
(Secondary) high blood pressure (duration) several yrs. mos. ds.

 18. Where was disease contracted
if not at place of death?
Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical
 (Signed) Oliver M. Howard M. D.
4-14- 1931 (Address) Pendick, Ida

 19. Place of Burial, Cremation, or Removal Sweden Date of Burial 4/20 1931

 20. Undertaker Orlando Mortuary Address Orange

RECEIVED MAY 4 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74885**

PLACE OF DEATH

County of Latah
City of Southwick

CERTIFICATE OF DEATH

Registration District No. 63

Primary Registration District No. _____ Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Boy Davis

(a) Residence, No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Infant5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Apr. 28, 19317. AGE Years Months Days LESS than 1 day, 20 hrs. or min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Southwick, Ida.
(State or country)10. NAME OF FATHER Roy L. Davis11. BIRTHPLACE OF FATHER (city or town) Pomeroy
(State or Country) Wash.12. MAIDEN NAME OF MOTHER Velma Porter13. BIRTHPLACE OF MOTHER (city or town) Pomeroy
(State or Country) Wash.14. Informant Roy L. Davis
(Address) Southwick, Ida.15. Filed Apr. 29 1931 B. F. Nease
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April, 28, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Apr. 28, A.M. 31 (at birth), 1931,
that I last saw him alive on Apr. 28, 1931,
and that death occurred, on the date stated above, at 9 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Prematurely - between 5th & 6th mo. gestation

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? NoDid an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Histology - Observation(Signed) Oliver Moorehead M. D.4-29-1931 (Address) Kendrick, Ida.19. Place of Burial (Cremation, or Removal) Southwick, Ida. Date of Burial Apr 28 193120. Undertaker no Address _____

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 15 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74886

State File No.

PLACE OF DEATH

County of Latah

City of Genesee

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pauline F. Peterson

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
White

5. Single, Married, Widowed,
or Divorced (write the word)
Married

5a. If married, widowed, or divorced
HUSBAND of Ed. Peterson
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 30, 1970

7. AGE Years Months Days
60 7 6
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work At home

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sagnaw, Mich.
(State or country)

10. NAME OF FATHER Joseph Krick

11. BIRTHPLACE OF FATHER (city or town) Austria
(State or Country)

12. MAIDEN NAME OF MOTHER Magdelene Hermes

13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)

14. Informant Ed. Peterson
(Address) Genesee

15. Filed 4-9-, 1931
W. H. Short
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 6, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jul. 1925 Various times 3-15-, 1931

that I last saw her alive on about 3-15-31, 1931
and that death occurred, on the date stated above, at 4 A.m.

The CAUSE OF DEATH* was as follows:

Encephalitis lethargica

Severe attack 1925 slight recur-
now and then (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? Clarkston, Wn.

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Symptomatic

(Signed) W. H. Short M. D.

4/7/31 (Address) Lewiston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Genesee

4/9/31

20. Undertaker H. R. Short

Address Moscow

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

RECEIVED MAY 13 1931
CERTIFICATE OF DEATHState of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No.

County of

Primary Registration District No.

City of

(No.

St.)

Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

6. DATE OF BIRTH

7. AGE

IF LESS than 1 day
how many hrs. or
..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed

1931

C. F. Zeller

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

17. I HEREBY CERTIFY, That I attended deceased from

April 10 1931, to April 16 1931,

that I last saw him alive on April 15 1931,

and that death occurred on the date stated above, at 4:20 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia - influenza

(Duration) yrs. mos. 6 ds.

Contributory Multiple ulcer
(Secondary)

(Duration) 2 yrs. mos. ds.

(Signed) John F. Schmerstee M. D.

April 17 1931 (Address) Jerome, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Jerome, Cam

April 18 1931

20. UNDERTAKER

ADDRESS

J. R. Wiley

Jerome, Ida

RECEIVED MAY 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74888

State File No.

PLACE OF DEATH

County of Idaho
City of Salmon

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 41
2116

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Priscilla Lee Taylor

(a) Residence. No.

(Usual place of abode.)

Water St.Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn Taylor6. DATE OF BIRTH (month, day and year) Jan 20 - 18577. AGE Years Months Days If LESS than 1 day, hrs. or min.
74 2 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Terre Haute
(State or country) Indiana.

10. NAME OF FATHER

Bland Benson.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Park County Ind.

12. MAIDEN NAME OF MOTHER

Mary Jane Gary13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Clinton.
Indiana.14. Informant Leona Carlson.
(Address) Salmon Ida.15. Filed May 8, 1931 Chis Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 15, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 12, 1931, to Apr 15, 1931that I last saw her alive on Apr 15, 1931and that death occurred, on the date stated above, at 2-500 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Old age Epilepsy(duration) many years. yrs. mos. ds.CONTRIBUTORY
(Secondary)Epilepsy old age(duration) many years yrs. mos. ds.18. Where was disease contracted
if not at place of death? ?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? H.B. Wright(Signed) H.B. Wright, M. D.4/12, 1931 (Address) Salmon Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Salmon County4-19th 1931

20. Undertaker

Address

Wm C JacobsSalmon
Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74889

State File No.

PLACE OF DEATH

County of Lapwai
City of Salmou

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ella Grace Ayres Wells.(a) Residence. No. May Ida. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofNorman G. Wells.

6. DATE OF BIRTH (month, day and year)

7. AGE Years 25 Months 7 Days 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Haley Blaine, Idaho.10. NAME OF FATHER Charles A. Ayres.11. BIRTHPLACE OF FATHER (city or town) (State or Country) Hennsville Mo.12. MAIDEN NAME OF MOTHER Sarah Coffey.13. BIRTHPLACE OF MOTHER (city or town) (State or County) Wackcreek Mo.14. Informant (Address) Mrs. C. A. Ayres, Elk City, Ida.15. Filed May 8, 1931 Chas Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 1, 1931 4:45 P.m. (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to April 1, 1931that I last saw her alive on April 1, 1931and that death occurred, on the date stated above, at 4:45 P.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral hemorrhageCONTRIBUTORY (Secondary) Diabetes (duration) yrs. mos. ds. 10(duration) yrs. mos. ds. 518. Where was disease contracted May Ida if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Dr. Wright(Signed) Dr. Wright, M. D.T.H. 1931 (Address) Salmou19. Place of Burial, Cremation or Removal May Cemetery Date of Burial 4-2 193120. Undertaker John E. Doebler Address Salmou, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74890**

PLACE OF DEATH

County of Levi
City of Kamiah

CERTIFICATE OF DEATH

Registration District No. 49
Primary Registration District No. 2127 Local Registrar's No. 31

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F COLOR OR RACE Indian 5. Single, Married, Widowed, or Divorced Widowed

5a. If married, widowed or divorced
HUSBAND of Edward Newman
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 27-1859

7. AGE 71 Years 2 Months 16 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Grain

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)

10. NAME OF FATHER

Silas Whitman

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER

Jane Red wolf

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

PARENTS

14. Informant John Ramsey
(Address) Kamiah

15. Filed 3/11/1931 Registrar W. H. Mole

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from noon, 1930, to chance, 1931,
that I last saw her alive on 3/14, 1931,
and that death occurred, on the date stated above, at 1030 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? exam

(Signed) W. H. Mole M. D.

3-16-1931 (Address) Kamiah

19. Place of Burial, Cremation, or Removal Kamiah #2 Date of Burial 3/17 1931

20. Undertaker Funeral Home Address Kamiah

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74891

State File No.

PLACE OF DEATH

County of LeviCity of Hammond

CERTIFICATE OF DEATH

Registration District No. 49Primary Registration District No. 2127Local Registrar's No. 205a

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Randolph Henson

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElla Henson6. DATE OF BIRTH (month, day and year) Apr 3-1852

7. AGE <u>78</u>	Years	Months <u>11</u>	Days <u>29</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)Grain

(c) Name of employer

Mr. Vernon
Mo9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

Randolph Henson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Va.

12. MAIDEN NAME OF MOTHER

Grisenberry13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Va14. Informant (Address)
Bessie Grunewald
Hammond15. File 41831, 19 31
W. H. Henson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 18 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19 25, to June, 19 30
that I last saw him alive on Dec., 19 30and that death occurred, on the date stated above, at 2 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Progressive Muscular AtrophyCONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Ward(Signed) W. H. Henson, M. D.31 1931, 1931 (Address) Hammond

19. Place of Burial, Cremation, or Removal

Hammond Date of Burial 3/20 31

20. Undertaker

Funeral Home Address Hammond

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Lema
City of Parniah

CERTIFICATE OF DEATH

Registration District No. 49
Primary Registration District No. 2127

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James J. Jones

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Indian 5. Single, Married, Widowed, Divorced (write the word.) Married

5a. If married, widowed or divorced

HUSBAND of
(or) WIFE ofEmma J. Jones

6. DATE OF BIRTH (month, day and year)

7. AGE 96 approx Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

Retired

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Idaho

10. NAME OF FATHER

Kul Kul - free - meaning

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

W. A. - free - meaning

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Idaho

14.

Informant (Address)

May Allen Wilson

15.

Filed

Apr 9 1931J. W. Roberts

Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 74892Local Registrar's No. 88

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 8th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 24th 1931, to above 1931
that I last saw him alive on April - 7th 1931

and that death occurred, on the date stated above, at 1:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.
CONTRIBUTORY Arterio Sclerosis -
(Secondary)

(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) Dr. J. W. Roberts M. D.Date Apr 9 - 1931 (Address) Parniah

19. Place of Burial, Cremation, or Removal

Parniah #2

Date of Burial

4-10-31

20. Undertaker

Wm. E. Alstone

Address

Parniah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74893

State File No.

PLACE OF DEATH

County of LewiaCity of Ramiah

CERTIFICATE OF DEATH

Registration District No. 49Primary Registration District No. 2127

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Conrad Matthews

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1-14-31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Ramiah9. BIRTHPLACE (city or town) Ramiah
(State or country) Id.10. NAME OF FATHER Jess. C. Matthews11. BIRTHPLACE OF FATHER (city or town) Williamston
(State or Country) Michigan12. MAIDEN NAME OF MOTHER Peterson13. BIRTHPLACE OF MOTHER (city or town) Waukegan
(State or Country) Minnesota14. Informant (Address) J. C. Matthews15. Filed Feb. 21 W. Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 9 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb 6 1931, to chance 1931that I last saw him alive on 219- 1931
and that death occurred, on the date stated above, at 9 55 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
measles

..... (duration) yrs. mos. ds.

CONTRIBUTORY Infancy
(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) W. Robertson M. D.27-10- 1931 (Address) Ramiah19. Place of Burial, Cremation, or Removal Ramiah Date of Burial 2-10-3120. Undertaker W. Robertson Address Ramiah

RECEIVED APR 27 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74896

State File No.

PLACE OF DEATH

County of Lewis
City of Kamiah

CERTIFICATE OF DEATH

Registration District No. 47Primary Registration District No. 2127

(No.)

Local Registrar's No. One

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William H. West

(a) Residence. No.

St.

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX M 4. COLOR OR RACE Wh 5. Single, Married, Widowed, Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEdna West6. DATE OF BIRTH (month, day and year) Sept 17, 1870

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.60215

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workLabour(b) General nature of industry,
business, or establishment in
which employed (or employer)Lumber

(c) Name of employer

West Lumber Co.9. BIRTHPLACE (city or town)
(State or country)Idaho

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)Earl West

15.

Filed

Apr 4, 1931J. H. Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. WHEREBY CERTIFY, That I attended deceased from

Aug. 5th 1930, to 1/1 1931that I last saw him alive on 1/1 1931and that death occurred, on the date stated above, at 11 A. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma of Stomach(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date Oct 17-30Was there an autopsy? yesWhat test confirmed diagnosis? Biopsy & Pathology

(Signed)

Dr. J. H. Robertson, M. D.1/4

1931

(Address)

Kamiah

19. Place of Burial, Cremation, or Removal

Date of Burial

Kamiah1-17-31

20. Undertaker

Address

J. H. RobertsonKamiah

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74897

State File No.

PLACE OF DEATH

County of Lewis
City of Kamiah

CERTIFICATE OF DEATH

Registration District No. 49

Primary Registration District No. 2

Local Registrar's No. 7

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cecis Moffett

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M COLOR OR RACE Indian 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 3-1930

7. AGE X Years 9 Months 29 Days 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Apprentice

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

10. NAME OF FATHER Harry Moffett

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Lash Monteth

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant (Address) Harry Moffett

15. Filed 1-3-31 J. R. Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 10th 1930, to Jan 2 1931

that I last saw him alive on 1/2 1931

and that death occurred, on the date stated above, at 9 4 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

measles

(duration) yrs. mos. 2 ds.

CONTRIBUTORY Chicken Pox 2 weeks
(Secondary)

(duration) yrs. mos. 12 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. B. ... M. D.
1-3-31 1931 (Address) Kamiah

19. Place of Burial, Cremation, or Removal Kamiah 6-2 Date of Burial 1-3-31

20. Undertaker W. Robertson Address Kamiah

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74898

State File No.

PLACE OF DEATH

County of LewisCity of Kamiah

CERTIFICATE OF DEATH

Registration District No. 49Primary Registration District No. 2129

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Drake(a) Residence. No. Kamiah St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed or divorced
HUSBAND of H. J. Drake
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb. 18 - 18567. AGE 74 Years Months 11 Days 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife(b) General nature of industry, business, or establishment in which employed (or employer) Agriculture(c) Name of employer Brain9. BIRTHPLACE (city or town) Iowa
(State or country)10. NAME OF FATHER Not known11. BIRTHPLACE OF FATHER (city or town) Not known
(State or Country)12. MAIDEN NAME OF MOTHER Stevens13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant Louis Drake
(Address)15. Filed 1-30, 1931 A. P. Drake
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 28 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June 1931, to Jan 28 1931,
that I last saw her alive on Jan. 27 1931,
and that death occurred, on the date stated above, at 6-4 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Mitral insufficiency
Bronchus Campensationis(duration) 8 yrs. mos. ds.
CONTRIBUTORY Seizure
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) Dr. Drake, M. D.1/29, 1931 (Address) Kamiah19. Place of Burial, Cremation, or Removal Kamiah Date of Burial 1-30 193120. Undertaker Robertson Address Kamiah

RECEIVED MAY 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74900

PLACE OF DEATH

County of LewisCity of CraigmontRegistration District No. 60Primary Registration District No. 2129Local Registrar's No. 60

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Randolph Odenius

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Nora Odenius
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 17 18657. AGE Years Months Days If LESS than 1 day, hrs. or min.
65 10 148. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Postmaster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Nora Odenius
(Address) Craigmont15. Filed 4/26 1931 R E Deneff
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 2 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1920, to April 2, 1931,
that I last saw him alive on April 2, 1931,
and that death occurred, on the date stated above, at 9:35 A. M.

The CAUSE OF DEATH* was as follows:

myocardial infarction(duration) 2 yrs. mos. ds.CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Basil metabolic(Signed) E. A. Woodcock M. D.4-4-, 1931 (Address) Cottonwood, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Craigmont Ida Date of Burial 4-5 193120. Undertaker Craigmont Hdwel Address Craigmont

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 9

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74901

State File No.

PLACE OF DEATH

County of Latah
City of Mohler RFD

Registration District No. 30
Primary Registration District No. 2129

Local Registrar's No. 7

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elizabeth Wright

(a) Residence: No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

W. W. Wright

7. DATE OF BIRTH (month, day and year) October 25 1838

8. AGE Years Months Days If LESS than 1 day, hrs. or min.
92 5 30

9. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10. BIRTHPLACE (city or town) (State or country) Indiana

11. NAME OF FATHER Samuel Gibson

12. BIRTHPLACE OF FATHER (city or town) (State or Country) Kentucky

13. MAIDEN NAME OF MOTHER

14. BIRTHPLACE OF MOTHER (city or town) (State or Country) Kentucky

15. Informant R L Kalstin
(Address) Mohler RFD

16. Filed 4/25 31 of June
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

12 25 P.M. April 24 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19 26 April 24 19 31

that I last saw him or alive on Feb. 3 19 31

and that death occurred, on the date stated above, at 12 25 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

Nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? USUAL

(Signed) April 25, 1931 (Address) Craigmont Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Gifford Idaho Date of Burial 4-26 1931

20. Undertaker Craigmont Hardware Address Craigmont Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74902

State File No.

PLACE OF DEATH

County of LewisCity of Kamiah, Id.Registration District No. 49Primary Registration District No. 2127Local Registrar's No. 11(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Indian5. Single, Married, Widowed,
or Divorced (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May - 15th 1925

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

61012

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workChief(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Kamiah - Idaho

10. NAME OF FATHER

Walter Smith11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Yakima Wash

12. MAIDEN NAME OF MOTHER

Elizabeth Kraus13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Kamiah - Idaho

14. Informant

Arthur Moore

(Address)

Kamiah - Idaho

15. Filed

4-13-3131W. Roberts

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April - 12th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 1929, to April 1931that I last saw her alive on April 10th 1931and that death occurred, on the date stated above, at 622 E. 6th St. C.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? X Ray

(Signed)

April 13th 1931 (Address) Kamiah - Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kamiah First Church4/13/31 19

20. Undertaker

Address

Sco. H. TenaryKamiah Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74904

State File No.

PLACE OF DEATH

County of MadisonCity of Rexburg

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2178

(No.)

Local Registrar's No. 20

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arnold Goodliffe

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Single (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Feb. 5th 1900

7. AGE

31

Years

Months

2

Days

15If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workEmployed by the(b) General nature of industry,
business, or establishment in
which employed (or employer)Rexburg, Laundry.

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Stone county Idaho

10. NAME OF FATHER

Henry A Goodliffe11. BIRTHPLACE OF FATHER (city or town)
(State or Country)England

12. MAIDEN NAME OF MOTHER

Annie J Josephson13. BIRTHPLACE OF MOTHER (city or town)
(State or County)St Johns
Idaho

14.

Informant
(Address)Mrs H A Goodliffe
Rexburg, Idaho

15.

Filed

4/231931Registrar J. R. Young

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April21st31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 8, 1931, to April 21, 1931
that I last saw him alive on April 21, 1931and that death occurred, on the date stated above, at 9:04 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Relapse Septic peritonitisCONTRIBUTORY
(Secondary)(duration) yrs. mos. 12 da.Largenous appendicitis(duration) yrs. mos. 15 da.18. Where was disease contracted
if not at place of death?Place of death

Did an operation precede death?

YesDate of 4-9-31

Was there an autopsy?

No

What test confirmed diagnosis?

Autopsy

(Signed)

Forrest R. Rich

M. D.

4-231931

(Address)

Rexburg Idaho

19. Place of Burial, Cremation, or Removal

Rexburg, Idaho

Date of Burial

4-2431

20. Undertaker

Address

Wm J Keller RexburgIdaho

RECEIVED MAY 7

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74905

State File No. _____

PLACE OF DEATH

County of MadisonCity of Bearburg

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2178

(No. _____)

Local Registrar's No. 19

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Ann Eschew

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 11 - 18537. AGE 77 Years 9 Months 7 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home(b) General nature of industry, business, or establishment in which employed (or employer) Conclude for Post(c) Name of employer 2 years9. BIRTHPLACE (city or town) Georgia
(State or country)10. NAME OF FATHER Richard Shirley11. BIRTHPLACE OF FATHER (city or town) Laurens
(State or Country) Carolina12. MAIDEN NAME OF MOTHER Elizabeth Armstrong13. BIRTHPLACE OF MOTHER (city or town) South
(State or Country) Carolina14. Informant (Address) Mrs. Allen Siglin
Bearburg, Idaho15. Filed 4/19, 1931 W. J. Young
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 18th, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 14, 1931, to April 18, 1931that I last saw her alive on April 14, 1931and that death occurred, on the date stated above, at 11 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH* was as follows:
Senility

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Walter Nelson M. D.April 18, 1931 (Address) Bearburg, Idaho19. Place of Burial, Cremation, or Removal Sugar, Ida. Date of Burial April 20 193120. Undertaker Vern J. Keller Address Bearburg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74907

State File No.

PLACE OF DEATH

County of Madison
City of Rexburg

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178
(No.)

Local Registrar's No. 17

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Edward Berg(a) Residence No. Regis Hospital

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Not Known

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.43--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Not Known

10. NAME OF FATHER

Edward Berg

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Not Known

12. MAIDEN NAME OF MOTHER

Not Known

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Not Known

14.

Informant (Address)

P. M. Kelly
St. Anthony Idaho

15.

Filed

4/1319 31J. E. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April12th19 31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 8th19 31to April 12th19 31that I last saw him alive on April 12 19 31and that death occurred, on the date stated above, at 7 a. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Emphysema

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 3 ds.

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. M. Kelly M. D.
4/13 19 31 (Address) St. Anthony

19. Place of Burial, Cremation, or Removal

Date of Burial

St. Anthony Reveries April 13 19 31

20. Undertaker

Address

W. H. Hansen St. Anthony Idaho

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

RECEIVED MAY 4 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74908

State File No.

PLACE OF DEATH

County of MinidokaCity of Rupert

CERTIFICATE OF DEATH

Registration District No. 19Primary Registration District No. 2015Local Registrar's No. 5017

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert M. Kelly

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of✓

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

5 11 LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workInfant(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Rupert, Idaho

10. NAME OF FATHER

John L. Kelly11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Rochester, Ida.

12. MAIDEN NAME OF MOTHER

Helen Frodsham13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Rochester, Ida.

14.

Informant
(Address)John L. Kelly

15.

Filed 4-12, 1931E. H. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

4-11, 1931, to 4-11, 1931that I last saw him alive on 4-11, 1931and that death occurred, on the date stated above, at 3 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Premature delivery (a little
less than 7 mo. gestation) due
to chronic toxemia and acute
nephritis in mother
(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) E. H. Elmore, M. D.4-11, 1931 (Address) Rupert, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

19

20. Undertaker

Address

STATE **RECEIVED** MAY 4 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74909

State File No.

PLACE OF DEATH

County of MinidokaCity of Rupert

CERTIFICATE OF DEATH

Registration District No. 19Primary Registration District No. 2013Local Registrar's No. 16

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Broadhead

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. Single, Married, Widowed,
or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Ellen C Broadhead6. DATE OF BIRTH (month, day and year) Jan 31 1861

7. AGE

Years 70Months 7Days 28If LESS than 1 day,
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farmer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Nephi Utah.10. NAME OF FATHER David Broadhead11. BIRTHPLACE OF FATHER (city or town)
(State or Country) England12. MAIDEN NAME OF MOTHER Christ Betts13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) England

PARENTS

14. Informant
(Address) Carl B. Broadhead
Rupert ID 415. Filed 5-2, 1931Registrar. E. E. Elmore

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 28, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

4-28, 1931, to 4-28, 1931that I last saw him alive on April 28, 1931and that death occurred, on the date stated above, at 11:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Angina Pectoris(duration) yrs. mos. 2 ds.CONTRIBUTORY
(Secondary) arterio-sclerosis(duration) 2 1/2 yrs. mos. ds.18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) E. E. Elmore, M. D.5-2, 1931 (Address) Rupert, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Nephi, Utah 5-331, 1931Address Betty

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of MinnesotaCity of RupertRegistration District No. 19Primary Registration District No. 2010Local Registrar's No. 15

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vesta Alexander

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWilliam Lee Alexander6. DATE OF BIRTH (month, day and year) Aug. 2 - 1900

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.30716

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

North Dakota

10. NAME OF FATHER

Hyrum Hall

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Iowa

12. MAIDEN NAME OF MOTHER

Reta Coppers

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Idaho

14.

Informant (Address)

W. L. Alexander
Heyburn, Idaho

15.

Filed

4 - 6, 1931E. E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar 18, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 6th, 1931, to March 18, 1931that I last saw him alive on March 18, 1931and that death occurred, on the date stated above, at 6:15 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Peritonitis suppurative(Primary cause: Infestationinfection from wound followingMiscarriage (duration) yrs. mos. 10 ds.CONTRIBUTORY Miscarriage - withretention of placenta (duration) yrs. mos. 28 ds.

18. Where was disease contracted if not at place of death?

13-7-31Did an operation precede death? yes Date of 13-17-31Was there an autopsy? noWhat test confirmed diagnosis? Confirmed at operation(Signed) James H. Jones, M. D., 1931 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Heyburn, Idaho

19

20. Undertaker

Address

B. E. JohnsonBurley

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74911**

PLACE OF DEATH

County of BoiseCity of LewistonRegistration District No. 16Primary Registration District No. 1809Local Registrar's No. 749

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Bond(a) Residence No. 54 & B st. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant
(Address)15. Filed 4-17, 1931Registrar E. M. Lyle

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 13 31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
before 9th, 1931, to April 13, 1931
that I last saw him alive on 19and that death occurred, on the date stated above, at 4:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary) Chr. Interstitial Nephritis

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? path & physical findings(Signed) E. E. Carraway, M. D.4/15, 1931 (Address) Lewiston Idaho*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Lewiston, Ida 19

20. Undertaker Address

Vassar Mortuary

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74912

State File No.

PLACE OF DEATH

County of Nes Perce.
City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1809 Local Registrar's No.
(No. Whites Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Wood Cone.(a) Residence. No. Miller Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Widower.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) October 12th, 1858.7. AGE Years Months Days If LESS than 1 day,
72. 6. 20. hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Retired miner.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) N. H.10. NAME OF FATHER
Charles F. Cone.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) N. Y.12. MAIDEN NAME OF MOTHER Annie Wood.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Maine.14. Informant L. C. Cone
(Address) Spokane, Washington.15. Filed 4-10, 1931 J. M. Ryle
Byler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 2nd, 1931. 19.....
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
4-2-31, 19....., to 4-2-31, 19.....
that I last saw him alive on 4-2-31, 19.....and that death occurred, on the date stated above, at 11:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma of stomach
with metastasis to liver
and gall bladder.CONTRIBUTORY
(Secondary)(duration) 7 yrs. mos. ds.18. Where was disease contracted
if not at place of death? NoDid an operation precede death? No Date of.....Was there an autopsy? NoWhat test confirmed diagnosis? Signs & symptoms
Dr. Ryle(Signed) Dr. Ryle, M. D.4/4/31., 19..... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal Date of Burial

Lewiston, Idaho. 4/4/31 19.....

20. Undertaker Address

Brower-Wann Company. Lewiston, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74913

State File No.....

PLACE OF DEATH

County of MyerCity of LewistonRegistration District No. 96Primary Registration District No. 1009Local Registrar's No. 8(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Helen Slatter(a) Residence. No. near Leland Idaho St. Leland Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb 13 - 19127. AGE Years Months Days If LESS than 1 day, hrs. or min.
19 1 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Leland Idaho
(State or country)10. NAME OF FATHER Jacob Slatter11. BIRTHPLACE OF FATHER (city or town) New York
(State or Country)12. MAIDEN NAME OF MOTHER Rosa Raino13. BIRTHPLACE OF MOTHER (city or town) mo
(State or Country)14. Informant Mrs Rosa Slatter
(Address) Leland Idaho15. Filed 4-3-31 B. M. Hyle Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 2 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1931, to April 1, 1931
that I last saw him alive on Apr 1, 1931
and that death occurred, on the date stated above, at 1 a m.
The CAUSE OF DEATH was as follows:Scarlet Fever -
General SepticCONTRIBUTORY Shylockian infection
(Secondary) 9 kept alive
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) W. O. Clark M. D.
Apr 2, 1931 (Address) Lewiston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lewiston Date of Burial 4/3 193120. Undertaker Passer Undertaking Co Address Lewiston

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74914

State File No.

PLACE OF DEATH

County of Nez Perce.
City of Lewiston.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. 711 6th, Avenue.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie Cecelia Laurgaard.(a) Residence. No. 711 6th, Ave.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)
Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 8th, 1856.

7. AGE

Years

Months

Days

If LESS than 1 day,

.....hrs. or
.....min.74.9,26.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Housewife.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Skogn,Norway.

10. NAME OF FATHER

----- Lenhardt.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Slessvik,Denmark.

12. MAIDEN NAME OF MOTHER

----- Reinhardt.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Fosten,Norway.

14.

Informant
(Address)Mrs. A. J. Powell.
Lewiston, Idaho.

15.

Filed

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 3rd, 1931.

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

February 26, 1931, to April 3, 1931that I last saw him alive on April 3, 1931and that death occurred, on the date stated above, at 12:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Cardiac Dilatation(duration)yrs.mos. 1 ds.CONTRIBUTORY
(Secondary)hypertension(duration)yrs. 3 mos.ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of noWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) C. J. M. D.April 5th, 1931. (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.4/5/31.

19

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74915

State File No.

PLACE OF DEATH

County of Nez Perce
City of Lewiston

Registration District No. 96Primary Registration District No. 1009Local Registrar's No. 49(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME C J Norbo(a) Residence. No. Caldesac St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -6. DATE OF BIRTH (month, day and year) Apr 9 - 1861

7. AGE Years Months Days If LESS than 1 day.
69 11 25 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) General Merchandise
(c) Name of employer Self

9. BIRTHPLACE (city or town) Nor way
(State or country)10. NAME OF FATHER John Norbo11. BIRTHPLACE OF FATHER (city or town) Nor way
(State or Country)12. MAIDEN NAME OF MOTHER Mary Kooster13. BIRTHPLACE OF MOTHER (city or town) Nor way
(State or Country)

14. Informant Henry Smith
(Address) Caldesac Ida

15. Filed 4-17-31 B J M. Lyle
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 4 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 9 19 30 to Apr 4 19 31
that I last saw him alive on Apr 4 19 31
and that death occurred, on the date stated above, at 2 A m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Cecum(duration) yrs. 1 mos. 1 ds.CONTRIBUTORY
(Secondary)None known(duration) yrs. 1 mos. 1 ds.18. Where was disease contracted Caldesac Idaho
if not at place of death?Did an operation precede death? yes Date of Mar 2nd 31Was there an autopsy? noWhat test confirmed diagnosis? Laboratory findings(Signed) O B Carason M. D.4/5/31 19 31 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation or Removal Lewiston Idaho Date of Burial 4/5 19 31

20. Undertaker Passer Mortuary Inc Address Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74916**

PLACE OF DEATH

County of **Nez Perce.**

CERTIFICATE OF DEATH

City of

Registration District No. **96**Primary Registration District No. **1009**(No. **Lewiston Orchards.**)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Harriet Cora Finney.**

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word.) Widow.
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) **December 23rd, 1859.**

7. AGE 71.	Years	Months 3.	Days 11.	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. **At home.**(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Milwaukee,**
(State or country) **Wisconsin.**10. NAME OF FATHER
Thomas Franklin Fuller.11. BIRTHPLACE OF FATHER (city or town) **Rochester,**
(State or Country) **New York.**12. MAIDEN NAME OF MOTHER
Mary Eliza Eaton.13. BIRTHPLACE OF MOTHER (city or town) **Ohio.**
(State or Country)14. Informant **Mrs. Frank Rame**
(Address) **Lewiston, Idaho.**15. Filed **4-10**, 19**31** **J. M. Ryle**
By Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 4th, 1931.
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
April 1st, 19**31**, to **April 4th**, 19**31**that I last saw him alive on **April 4th**, 19**31**and that death occurred, on the date stated above, at **5 a.m.***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Cerebral Hemorrhage**(duration) yrs. mos. ds.
CONTRIBUTORY **Interstital Nephritis**
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **No** Date ofWas there an autopsy? **No**What test confirmed diagnosis? **Laboratory & Physical**(Signed) **J. M. Ryle**, M. D.**4/6/31.**, 19..... (Address) **Lewiston, Idaho.**

19. Place of Burial, Cremation, or Removal Date of Burial

Lewiston, Idaho. **4/7/31.** 19.....

20. Undertaker Address

Brower-Wann Company. **Lewiston, Idaho**

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74918
State File No.

PLACE OF DEATH

County of Nez Perce.
City of Lewiston.

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. Local Registrar's No.
(No. St. Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Baby Ellenwood.

(a) Residence. No. St. Lapwai, Idaho.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE Indian. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 6th, 1931.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
7 30 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

10. NAME OF FATHER Joseph Ellenwood.

11. BIRTHPLACE OF FATHER (city or town) Idaho.
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) Idaho.
(State or Country)

14. Informant (Address) Joe Ellenwood,
Lapwai, Idaho.

15. Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 6th, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
3 am Apr 16, 1931, to 12:30 am Apr 16, 1931.
that I last saw him alive on Apr 16, 1931.
and that death occurred, on the date stated above, at 12:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Prolonged Labor - Occiput Posterior Presentation.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY Fractured Skull.
(Secondary)
(duration) 3 yrs. 3 mos. 3 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Examination
(Signed) Ralph M. Alley, M. D.
4/7/31., 19 (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal Lapwai, Idaho. Date of Burial 4/7/31. 19

20. Undertaker Brower-Wann Company. Address Lewiston, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74919

State File No.

PLACE OF DEATH

County of **Nez Perce.**

CERTIFICATE OF DEATH

City of

Registration District No. **96**Primary Registration District No. **1009**(No. **Lewiston Orchards.**)Local Registrar's No. **90**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Mathias Winfield Creed.**

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male.** 4. COLOR OR RACE **White.** 5. Single, Married, Widowed, or Divorced (write the word.) **Married**5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) **January 4th, 1861.**7. AGE Years Months Days If LESS than 1 day, hrs. or min.
70. 3. 3.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Farmer.**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Benton,**
(State or country) **Illinois.**10. NAME OF FATHER **James Creed.**11. BIRTHPLACE OF FATHER (city or town) **Dallas,**
(State or Country) **Texas.**12. MAIDEN NAME OF MOTHER **Stacy Randolph,**13. BIRTHPLACE OF MOTHER (city or town) **Memphis,**
(State or County) **Tenn.**14. Informant **F. W. Creed.**
(Address) **Lewiston, Idaho.**15. Filed **4-10** 19**31** By **J. M. Lyle**
Nancy Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 7th, 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 4, 19**31**, to **Apr. 4**, 19**31**that I last saw him alive on **Apr. 7**, 19**31**

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Mural inefficiency**(duration) **3** yrs. mos. ds.
CONTRIBUTORY **bronchial asthma**
(Secondary)(duration) **2** yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? **No** Date ofWas there an autopsy? **No**What test confirmed diagnosis? **Physician's report**(Signed) **J. M. Lyle**, M. D.**4/8/31.**, 19..... (Address) **Lewiston, Idaho.**

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.**4/9/31.** 19

20. Undertaker

Address

Brower-Wann Company,**Lewiston, Idaho**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74920

State File No.

PLACE OF DEATH

County of Nezperce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. St Joseph Hospital)Local Registrar's No. 41

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosella Williams

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMartin D. Williams6. DATE OF BIRTH (month, day and year) August 12, 19137. AGE Years 17 Months 7 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Dashway, Montana
(State or country)10. NAME OF FATHER John Mc Farland11. BIRTHPLACE OF FATHER (city or town) Dashway, Montana
(State or Country)12. MAIDEN NAME OF MOTHER Jessie Paige13. BIRTHPLACE OF MOTHER (city or town) Dashway, Montana
(State or Country)14. Martin D Williams (Husband)
Informant (Address) Maple St, Clarkston, Wash.15. Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Apr 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 23 1931 to Apr 9 1931that I last saw h.e. alive on Apr 9 1931and that death occurred, on the date stated above, at 10 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Septicaemia, Gonococcus(duration) yrs. mos. ds.
CONTRIBUTORY Salpingitis - Bi-Lateral
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Do not know
if not at place of death?Did an operation precede death? yes Date of 24-Feb-1931Was there an autopsy? noWhat test confirmed diagnosis? Laboratory(Signed) Raeph M. Allen, M.D.Apr 17 1931 (Address) Lewiston, Ida.19. Place of Burial, Cremation, or Removal Lewiston, Ida. Date of Burial 4/12/3120. Undertaker H R Merchant Address Clarkston Wn

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74921

State File No.

PLACE OF DEATH

County of Boyer
City of Lewiston

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. Dr. Joseph
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barbara Bellinghausen

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Not known

7. AGE Years 75 Months --- Days --- If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Germany
(State or country)

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (city or town) Not known
(State or Country)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (city or town) Not known
(State or Country)

14. Informant Sister of Dr. Joseph
(Address) St. Joseph Hospital

15. Filed 4-11-31 Dr. M. Ryle
B. J. Ryle Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 5 1931, to Apr 11 1931, that I last saw her alive on Apr 11 1931, and that death occurred, on the date stated above, at --- m. The CAUSE OF DEATH* was as follows:

Carcinoma of Breast
(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Uniontown Pa
if not at place of death? No

Did an operation precede death? No Date of ---

Was there an autopsy? No

What test confirmed diagnosis? Visible tumors

(Signed) O. C. Cassano M. D.
4-11 1931 (Address) Lewiston Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Uniontown Pa Date of Burial 19

20. Undertaker Vassar Mortuary Address Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **74922**

Local Registrar's No. **90**

PLACE OF DEATH
County of **Boise**
City of **Lewiston**

Registration District No. **96**

Primary Registration District No. **1009**

(No. **323- Adams St.**)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Mrs. Milo Opraque**

(a) Residence. No. **323 - Adams St.** St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of **Milo Opraque**

6. DATE OF BIRTH (month, day and year) **July 22 1886**

7. AGE Years **44** Months **8** Days **20** If LESS than 1 day, min. hrs. or

8. OCCUPATION OF DECEASED **At Home**

(a) Trade, profession, or particular kind of work

(c) Name of employer

9. BIRTHPLACE (city or town) **Moscow Idaho.** (State or country)

10. NAME OF FATHER **Wm. H. Leasure**

11. BIRTHPLACE OF FATHER (city or town) **Mo.** (State or Country)

12. MAIDEN NAME OF MOTHER **Nancy Ross**

13. BIRTHPLACE OF MOTHER (city or town) **Indiana** (State or Country)

14. Informant **Milo Opraque** (Address) **Lewiston Idaho**

15. Filed **4-15**, 19**31** **By J. M. Ryle** Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **4** **12** **1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Aug 12**, 19**30**, to **Apr 12**, 19**31**
that I last saw **her** alive on **Apr. 10**, 19**31**
and that death occurred, on the date stated above, at **10 P. M.**

The CAUSE OF DEATH* was as follows:
Acute Cardiac Distention

(duration) yrs. mos. ds. **1**
CONTRIBUTORY **Diabetes mellitus**
(Secondary)
(duration) **3** yrs. mos. ds.

18. Where was disease contracted **at place of death**
if not at place of death? **at place of death**
Did an operation precede death? **no** Date of **no**
Was there an autopsy? **no**
What test confirmed diagnosis? **clinical**

(Signed) **J. M. Ryle** M. D.
4-15, 19**31** (Address) **Lewiston Idaho**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Creation, or Removal **Lewiston Idaho.** Date of Burial **4/15** 19**31**

20. Undertaker **Passer Mortuary Co. Lewiston Idaho** Address

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

74923

PLACE OF DEATH

County of Nez Perce.
City of Lewiston.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. St. Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME E. H. Hansen.

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single. (?)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
76.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Not known.10. NAME OF FATHER Not known.11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not known.12. MAIDEN NAME OF MOTHER Not known.13. BIRTHPLACE OF MOTHER (city or town) (State or County) Not known.14. Informant (Address) Victor Peterson
Grangeville, Idaho.

15. Filed....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 13th, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 3, 1930 to April 13, 1931
that I last saw him alive on Apr 13, 1931
and that death occurred, on the date stated above, at 20 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows

(Malaria) Chronic
Interstitial Nephritis(duration) yrs. mos. ds.
CONTRIBUTORY Pneumonia
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) W. O. Clark M. D.
April 16, 1931 (Address) Lewiston, Idaho19. Place of Burial, Cremation, or Removal
Lewiston, Idaho.Date of Burial
4/16/31. 19

20. Undertaker

Brower-Wann Company.

Address

Lewiston, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

MAY 2 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74924

State File No.

PLACE OF DEATH

County of NezPerce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. The White Hospital.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mabel C. Wilks.(a) Residence. No. Lewiston Orchards.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept. 3rd, 1884.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

48.7.12.

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workRetired Merchant.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pardeville,
(State or country) Wisconsin.

10. NAME OF FATHER

F. L. Carpenter.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14.

Informant
(Address)Lewiston, Idaho.

15.

Filed

4/11/31

19

J. M. Lyce
City Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 15th, 1931.

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3-14-31, 19....., to 4-15-31, 19.....that I last saw him alive on 4-15-31, 19.....and that death occurred, on the date stated above, at 4:45 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Cerebral hemorrhage.CONTRIBUTORY (duration) yrs. mos. ds.
High blood pressure
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Signs & symptoms

(Signed)

J. M. Lyce, M. D.
4/16/31., 19..... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Pardeville, Wisconsin.

19

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74925

State File No.

PLACE OF DEATH

County of *Myer*City of *Lewiston*Registration District No. *96*Primary Registration District No. *1009*

Local Registrar's No.

(No. *Whites Hospital*)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Alexander Miller*

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) *Dec 18th 1854*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
76 3 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER *Alexander Miller*

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER *Not known*

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant *Mrs G W. Palmer* (Address) *Colfax, Ida.*15. Filed *4-17-31* 19 *31* *J. M. Lyle* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *April 16th 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *4-10-31*, 19, to *4-16-31*, 19, that I last saw him alive on *4-16-1931*, 19, and that death occurred, on the date stated above, at *6:15 p. m.*

The CAUSE OF DEATH was as follows:
Acute dilatation of heart

(duration) yrs. mos. ds.
CONTRIBUTORY *Chronic cardio-renal*
(Secondary) *asthma* (duration) *20* yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Signs & symptoms*

(Signed) *J. M. Lyle* M. D.
4-17-31, 19 (Address) *Lewiston, Idaho.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Craigmont Idaho* Date of Burial *4/18 1931*

20. Undertaker *Vassar Mortuary* Address *Lewiston*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PARENTS

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74926

State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. 147 F. Street Court.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucinda C. Matlock.(a) Residence. No. 127 F. Street Court.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec. 5th, 1866.7. AGE Years Months Days If LESS than 1 day, hrs. or min.
64. 4. 11.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Tenn.10. NAME OF FATHER N. Elkins.11. BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia.12. MAIDEN NAME OF MOTHER Amos.13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not known.14. Informant (Address) Mrs F. R. Barclay.
Lewiston, Idaho.

15. Filed 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 16th, 1931. 19.....
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1931, to April 16, 1931
that I last saw h.w. alive on 19.....and that death occurred, on the date stated above, at 5 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH* was as follows:
Carcinoma of StomachCONTRIBUTORY (duration) yrs. mos. ds.
Mania, Bronchitis
(Secondary)
Pneumonia (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? W. O. Clark M. D.
(Signed) 4/17/31. 19..... (Address) Lewiston, Idaho.19. Place of Burial, Cremation, or Removal
Steptoe, Washington.Date of Burial
4/19/31. 19.....

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74927

State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. Whites Hospital.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mattie B. Nave.(a) Residence. No. Nave Apartments. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) January 19th, 1871.

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.60.3.---min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Housewife.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Ky.

10. NAME OF FATHER

Jess Wallace DeFaver.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ky.

12. MAIDEN NAME OF MOTHER

Bee Lawson.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Ky.

14.

Informant
(Address)Lewiston, Idaho.

15.

Filed

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 19th, 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 20th, 1931, to April 19th, 1931that I last saw her alive on April 19th, 1931and that death occurred, on the date stated above, at 3:00 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Alcohol & pre-ex-
isting morbid.(duration) yrs. 2 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Lewiston, Ida.
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) W. H. Mahan M. D.4/20/31. 19 (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.4/21/31. 19

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74928

State File No.

PLACE OF DEATH

County of Boz Perce
City of Edwiston

Registration District No.

Primary Registration District No.

(No. Raymond Hotel)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John W. Ashby(a) Residence. No. 1124 Idaho St.(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 30th 1862

7. AGE 68 Years 5 Months 25 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) W. Va.
(State or country)

10. NAME OF FATHER John Ashby

11. BIRTHPLACE OF FATHER (city or town) W. Va.
(State or Country)

12. MAIDEN NAME OF MOTHER Criss

13. BIRTHPLACE OF MOTHER (city or town) W. Va.
(State or Country)

14. Informant (Address) Jack R. Ashby, Portland Oregon

15. Filed 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at 5015 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. M. Brown M. D.4/24/31 (Address) Edwiston Idaho19. Place of Burial, Cremation, or Removal Edwiston IdahoDate of Burial 4/26/3120. Undertaker Brown Wm. C. Jewishy

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
74929
State File No.

PLACE OF DEATH
County of Nez Perce
City of New Lewiston

Registration District No. 46
Primary Registration District No. 1009

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John William Elliott

(a) Residence, No. Lewiston Exchange St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 5-1853

7. AGE Years 77 Months 9 Days 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kansas
(State or country)

10. NAME OF FATHER John Elliott

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Not known

14. Informant
(Address)

15. Filed 4/25/31, 19...

J. M. Lyle
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 23 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 23, 1931 to same date
that I last saw him alive on Apr 23, 1931
and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH was as follows:

apoplexy

(duration) 2 yrs. 2 mos. 2 ds.
CONTRIBUTORY (Secondary) Hypertension
(duration) ? yrs. ? mos. ? ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy?

What test confirmed diagnosis? Physician's

(Signed) J. M. Lyle, M. D.
4-25-31 (Address) Lewiston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Edgar Montana Date of Burial 19

20. Undertaker Chas. Mertray Address Lewiston

74 a

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74930

State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

Registration District No.

Primary Registration District No.

(No. 407 2nd, Avenue.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Merritt Charles Jenks.(a) Residence. No. 407 2nd, Avenue. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word.) Married.
------------------------	-----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) August 27th, 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71.		7.	26.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Retired carpenter.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Wisconsin.10. NAME OF FATHER
Franklin Jenks.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) N. Y.12. MAIDEN NAME OF MOTHER Harriet Newhall.13. BIRTHPLACE OF MOTHER (city or town)
(State or County) N. Y.

14.

Informant J. M. C. ...
(Address) Lewiston, Idaho.

15.

Filed 5/4/31 19...Registrar. J. M. C. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 23 1931.

(Month)

(Day)

19... (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 13, 1931, to Apr 23, 1931
that I last saw him alive on Apr 23, 1931and that death occurred, on the date stated above, at 2:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Hypertrophy of Prostate(duration) 1 yrs. 2 mos. 3 ds.CONTRIBUTORY
(Secondary) Uremia(duration) ... yrs. ... mos. 10 ds.18. Where was disease contracted
if not at place of death? —Did an operation precede death? no Date of ...Was there an autopsy? noWhat test confirmed diagnosis? Lab & Examination(Signed) Ralph M. Alley M. D.4/24/31. 19... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Lewiston, Idaho.

Date of Burial

4/24/31. 19...

20. Undertaker

Brower-Wann Company.

Address

Lewiston, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
74931
State File No.

PLACE OF DEATH

County of Nez Perce.
City of Lewiston.

Registration District No.

Primary Registration District No.

(No. St Joseph Hospital.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Webster T. Jamison.(a) Residence. No. 321 17th. Street. St.(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 17th, 1884.

7. AGE Years Months Days If LESS than 1 day,
47. 1. 8. hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work R. R. Employee.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Camas Prairie Railroad Company.9. BIRTHPLACE (city or town) Genesee,
(State or country) Idaho.10. NAME OF FATHER George Jamison.11. BIRTHPLACE OF FATHER (city or town) Missouri.
(State or Country)12. MAIDEN NAME OF MOTHER Arsula Malone.13. BIRTHPLACE OF MOTHER (city or town) Iowa.
(State or County)14. Informant Lewiston, Idaho.
(Address)

15. Filed., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 25th, 1931.

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from
Jan 29 1931, to April 25 1931
that I last saw him alive on April 25 1931

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Laboratory test
(Signed) of Lewiston, M. D.4/26/31., 19.... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Lewiston, Idaho.

Date of Burial

4/28/31. 19....

20. Undertaker

Brower-Wann Company.

Address

Lewiston, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74932

State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

Registration District No.

Primary Registration District No.

(No. South Snakeriver Avenue.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sherman Andrew Davenport.(a) Residence. No. South Snakeriver Avenue. St.(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
------------------------	-----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) September 14th, 1864.

7. AGE <u>66.</u>	Years	Months <u>7.</u>	Days <u>12.</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farmer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Indiana.10. NAME OF FATHER
Davenport.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Not known.12. MAIDEN NAME OF MOTHER
Not known.13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Not known.14. Informant
(Address) Lewiston, Idaho.15. Filed....., 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 26th, 1931. 19.....
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
April 12, 1931, to April 26, 1931
that I last saw him alive on April 15, 1931

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Organic heart diseaseCONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of.....Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Paul J. Brown M. D.
4/27/31., 19..... (Address) Lewiston, Idaho.19. Place of Burial, Cremation, or Removal
Lewiston, Idaho. Date of Burial
4/29/31. 19.....20. Undertaker
Brower-Wann Company. Address
Lewiston, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

EXACTLY.

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74933

State File No.

PLACE OF DEATH

County of Perce
City of Houston

Registration District No. 96Primary Registration District No. 2009(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)Local Registrar's No. 642. FULL NAME Walter Lehning(a) Residence. No. Gifford Idaho St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 6. DATE OF BIRTH (month, day and year) Oct 6th 1930

7. AGE Years Months Days If LESS than 1 day,
 6 22 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Infant9. BIRTHPLACE (city or town) Gifford Idaho.
(State or country)10. NAME OF FATHER W. H. Lehning11. BIRTHPLACE OF FATHER (city or town) Germany.
(State or Country)12. MAIDEN NAME OF MOTHER Marie Rasmussen13. BIRTHPLACE OF MOTHER (city or town) Kansas.
(State or Country)14. Informant W. H. Lehning
(Address)15. Filed 4/29/31 G. M. Lyle
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. 28 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 4-28, 1931, to 4-28, 1931,
that I last saw him alive on 4-28, 1931,
and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Stasis Lymphaticus
Symptoms 5 days.
(duration) yrs. mos. ds.CONTRIBUTORY Unknown
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death? noDid an operation precede death? no Date of Was there an autopsy? noWhat test confirmed diagnosis? Cardinal symptoms(Signed) E. L. White M. D.
4-29, 1931 (Address) Lewiston Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Gifford Idaho. Date of Burial 4/29 193120. Undertaker Essary Mortuary, Lewiston
(Address)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74934
State File No.

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No.
Primary Registration District No.
(No. Lewiston, Orchards.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ferdinand B. Laing.
(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.
6. DATE OF BIRTH (month, day and year) January 30th, 1853.
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
78. 2. 28.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Minister.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Virginia.
(State or country)

10. NAME OF FATHER Israel Laing.
11. BIRTHPLACE OF FATHER (city or town) Virginia.
(State or Country)
12. MAIDEN NAME OF MOTHER Allie Catleet.
13. BIRTHPLACE OF MOTHER (city or town) Virginia.
(State or Country)

14. Informant Mrs. F. L. Laing
(Address) Lewiston, Idaho.

15. Filed....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 28th, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1931, to April 28, 1931,
that I last saw him alive on April 28, 1931,
and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:
Propley

CONTRIBUTORY (Secondary)
(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis?.....

(Signed) Paul H. Johnson, M. D.
4/29/31., 19..... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal Lewiston, Idaho. Date of Burial 4/30/31. 19.....

20. Undertaker Address

Brower-Wann Company. Lewiston, Idaho

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74935
State File No.

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No.
Primary Registration District No.
(No. 319 Jefferson Street.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Horace Clay Quigley.
(a) Residence. No. 319 Jefferson Street. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced, (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 2nd, 1859.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
72. 2. 27.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa.

10. NAME OF FATHER William Miles Quigley.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) McConnelville, Iowa.

12. MAIDEN NAME OF MOTHER Julia Quigley.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Mobile, Alabama.

14. Informant (Address) Lewiston, Idaho.

15. Filed....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 29th, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from April 22 1931, to April 29 1931, that I last saw him alive on April 29 1931, and that death occurred, on the date stated above, at 5 PM.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds. Chr Intestinal Hepatic
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. +

18. Where was disease contracted if not at place of death? no
Did an operation precede death? no Date of.....
Was there an autopsy? no
What test confirmed diagnosis? Laboratory Test. + Physian
(Signed) J. B. Carson, M. D.
4/30/31., 19..... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal Lewiston, Idaho. Date of Burial 5/1/31. 19.....

20. Undertaker Brower-Wann Company. Address Lewiston, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

PHYSICIAN

PARENTS

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74936

State File No.

PLACE OF DEATH

County of PayetteCity of LewistonRegistration District No. 96Primary Registration District No. 1009(No. White Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Clarence Turpin(a) Residence. No. city St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Betty Turpin6. DATE OF BIRTH (month, day and year) Sept. 21, 19047. AGE Years 26 Months 7 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

at home9. BIRTHPLACE (city or town) Mabton Ore.
(State or country)10. NAME OF FATHER Thos. Turpin11. BIRTHPLACE OF FATHER (city or town) Oregon
(State or Country)12. MAIDEN NAME OF MOTHER Nellie Reed13. BIRTHPLACE OF MOTHER (city or town) Neb
(State or Country)14. Informant Mr. J. B. Chaffee
(Address) Lewiston, Idaho15. Filed 5/1/31 19 31
J. M. Kyle Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 22 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 7-25-30, 1931, to 4-22-, 1931
that I last saw him alive on 5 pm 7/25-, 1931
and that death occurred, on the date stated above, at 5 pm m.

The CAUSE OF DEATH* was as follows:

fracture of neck at 4th
5th cervical.Auto from date of accident
CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? noDid an operation precede death? no Date of 7-3/7/31Was there an autopsy? noWhat test confirmed diagnosis? phys & symptoms(Signed) J. B. Chaffee, M. D.

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lewiston Ida Date of Burial 4/26/3120. Undertaker Vassar Mortuary Address Lewiston

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74937

State File No.

PLACE OF DEATH

County of Nex Perce.
City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009
(No. 7th, Ave and sixth street.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Homer Powell MacFarlane.(a) Residence. No. 1622 15th, Avenue. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed,
or Divorced (write the word.) Single.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) November 26th, 1908.7. AGE Years Months Days If LESS than 1 day,
22. 4. 18. hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Mechanic.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Asotin,
(State or country) Washington.10. NAME OF FATHER E. G. MacFarlane.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ontario, Canada.12. MAIDEN NAME OF MOTHER Maude Powell,13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Washington.14. Informant E. G. MacFarlane.
(Address) Lewiston, Idaho.15. Filed 4-15-31, 1931 Jim Kyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 12th, 1931.

(Month)

(Day)

19
(Year)17. I HEREBY CERTIFY, That I attended deceased from
dead when called

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Sar asphyxiationCONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
(Signed) J. M. Kyle, M. D.
4-15-31 1931 (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Clarkston, Washington.4/14/31. 19

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74938

State File No.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

(No. 7th, Avenue and 5th, street.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lorence Irwin Prine.

(a) Residence. No. 7th, Ave. and 5th, St. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word.)

Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 20th, 1910.

7. AGE

20.

Years

Months

5.

Days

22.

If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Grocery clerk.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

10. NAME OF FATHER

Oren Prine.

11. BIRTHPLACE OF FATHER (city or town) Prinville,
(State or Country) Oregon.

12. MAIDEN NAME OF MOTHER

Alma Danielson.

13. BIRTHPLACE OF MOTHER (city or town) Mandan,
(State or County) North Dakota.

14.

Informant
(Address)

Oren Prine
Lewiston, Idaho.

15.

Filed

4-15-31

1931

By M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 12th, 1931.

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dead when called to, 19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Gas asphyxiation

Instant (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

4/12/31.

19.....

(Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Lewiston, Idaho.

Date of Burial

4/15/31. 19.....

20. Undertaker

Brower-Wann Company.

Address

Lewiston, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

181

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74939

State File No.

PLACE OF DEATH

County of Mayhew
City of LeovistonRegistration District No. 96Primary Registration District No. 1009

Local Registrar's No.

(No.)

death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emery Jents(a) Residence. No. 3127 - East Main St.

(Usual place of abode)

Residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married6. Married, widowed, or divorced
HUSBAND of
WIFE of7. DATE OF BIRTH (month, day and year) July 4th 1875Years 55 Months 8 Days 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Oregon
(State or country)10. NAME OF FATHER Henry Jents11. BIRTHPLACE OF FATHER (city or town) New York
(State or Country)12. MAIDEN NAME OF MOTHER Isabelle Clark13. BIRTHPLACE OF MOTHER (city or town) Indiana
(State or Country)14. Informant Mrs Emory Jents
(Address) 3127 - Main St15. Filed 5-1 - 1931J. M. Lyle
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Apr 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 20, 1931, to April 22, 1931that I last saw him alive on April 22, 1931and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

encephalitis tuberculosa
acute(duration) yrs. 1 mos. 17 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) J. M. Lyle, M. D.Apr 21, 1931 (Address) Leoviston, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Leoviston Ida

Date of Burial

19

20. Undertaker Chas MortuaryAddress Leoviston

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County Myer Perce State Idaho Registered No. 128
Township Off Reservation or Village 74940 or
City Mal Lewiston No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. Lapwai, Ida St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Indian 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE Years 45 Months - Days - If LESS than 1 day, --- hrs. or --- min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) Spalding
(State or country) Idaho

10 NAME OF FATHER Stephen Reuben

11 BIRTHPLACE OF FATHER (city or town) Lapwai
(State or country) Idaho

12 MAIDEN NAME OF MOTHER Amelia Miller

13 BIRTHPLACE OF MOTHER (city or town) Lapwai
(State or country) Idaho

14 Informant Corbett B. Laurier - Clerk
(Address) Lapwai, Idaho

15 Filed 2/24/1931 REGISTRAR W. H. Marshall

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21 1931

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw him alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Crushed Chest - Fractured Skull
Auto accident

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) E. M. Brown - Coroner
2/27/1931 (Address) Lewiston, Idaho

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Lapwai, Idaho Feb. 23 1931

20 UNDERTAKER ADDRESS

Brown - Warr Co. Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. R.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Pay Peree
City of Lapwai IdahoRegistration District No. 128

Primary Registration District No. _____

(No. _____ St.)

State File No. 74941

Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Stuart Deslewood

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Indian 3/4 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

(Write the word)

6. DATE OF BIRTH

Jan 14 1931
(Month) (Day) (Year)

7. AGE

4 Yrs. 2 Mos. 7 ds.IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

Child

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF

Father

John Deslewood

11. BIRTHPLACE OF FATHER

(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Viola Spencer

13. BIRTHPLACE OF MOTHER

(State or Country)

Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Viola Morris (Mother)

(Address)

Lapwai Idaho

15.

Filed

March1931George Guimard M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 21 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 12 1931 to March 20 1931, that I last saw him alive on March 20 1931, and that death occurred on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Measles(Duration) _____ yrs. _____ mos. 10 ds.

Contributory (Secondary)

Broncho-Pneumonia(Duration) _____ yrs. _____ mos. 5 ds.

(Signed)

George Guimard M.D.4/3/1931(Address) Lapwai Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted

if not at place of death?

Former or

usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Lapwai Idaho

DATE OF BURIAL

March 24 1931

20. UNDERTAKER

Brower-Wynn Co.

ADDRESS

Lewiston Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED MAY 15 1931
CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Van Buren*
City of *Caldwell Idaho*

Registration District No. *128*

Primary Registration District No. _____

(No. _____ St.)

State File No. *74942*

Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Mrs Lizzie Wright

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE *White*

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

Widowed
(Write the word)

6. DATE OF BIRTH

Feb 27 1844
(Month) (Day) (Year)

7. AGE

87 Yrs. *18* Mos. *ds.*

IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

at home

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Canada

10. NAME OF

Father

Dillworth

11. BIRTHPLACE
OF FATHER

(State or Country)

Ireland

12. MAIDEN NAME
OF MOTHER

Jane Griffith

13. BIRTHPLACE
OF MOTHER

(State or Country)

Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Wm E. Wright

(Address) *Caldwell Idaho*

15.

Filed

March

1931

George G. Gorman
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Jan. 5 - 1931* to *March 12 1931*, that I last saw her alive on *March 10 1931*, and that death occurred on the date stated above, at *7:35 PM*.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. *3* mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

George G. Gorman M. D.

March 1931 (Address) *Caldwell Idaho*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Caldwell Idaho

DATE OF BURIAL

3/19/31 19

20. UNDERTAKER

H. R. Merdiant

ADDRESS

Clarkston Wn.

CERTIFICATE OF DEATH

MAY 15 1931 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Ney Perce*
City of *Near Lapwai Idaho*Registration District No. *128*

Primary Registration District No.

(No. St.)

State File No. *74943*

Local Registrar's No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Leo Paul

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

*Male Indian 4/4**Single*
(Write the word)

6. DATE OF BIRTH

March 30 1918
(Month) (Day) (Year)

7. AGE

*12 Yrs 11 Mos 26 ds*IF LESS than 1 day how many
hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

Student

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF

Father

Edward Paul

11. BIRTHPLACE OF FATHER

(State or Country)

Not known

12. MAIDEN NAME OF MOTHER

Myra Moses

13. BIRTHPLACE OF MOTHER

(State or Country)

Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Lillian Moses

(Address)

Lapwai Idaho

15.

Filed

*3/26/31**George Gaignard*

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

*March 14 1931 to March 25 1931*that I last saw him alive on *March 25 1931*and that death occurred on the date stated above, at *M.*

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia(Duration) yrs. *12* mos. *12* ds.Contributory
(Secondary)*Latent Tuberculosis*(Duration) *3* yrs. *3* mos. *3* ds.

(Signed)

*George Gaignard M. D.**4/2/1931*(Address) *Caldwell Idaho*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Shalding Cemetery**3/27/ 1931*

20. UNDERTAKER

ADDRESS

*Gruver-Warren Co.**Lewiston Idaho*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74944

State File No.

PLACE OF DEATH

County of Nez Perce.City of Myrtle.

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marion Ervin Kelley.

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word.) Single.
------------------------	-----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 27th, 1931.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
----	----	----	7.	----

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. At home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Myrtle,
(State or country) Idaho.

10. NAME OF FATHER

Arthur Kelley.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Oklahoma.12. MAIDEN NAME OF MOTHER Ina E. Goans.13. BIRTHPLACE OF MOTHER (city or town) Albion,
(State or County) Washington.14. Informant Ina E. Goans
(Address) Myrtle, Idaho.15. Filed April 31 George Guimond Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 3rd, 1931. 19....
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
March 27, 1931, to....., 19....that I last saw him alive on March 27 - 1931

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Premature Birth.
7 months term

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of.....Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George Guimond, M. D.
4/4/31. 19.... (Address) Culdesac, Idaho.19. Place of Burial, Cremation, or Removal Albion, Washington. Date of Burial
19....20. Undertaker Brower-Wann Company. Address Lewiston, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

Registration District No. 128County of AdairCity of Blackfoot Idaho

Primary Registration District No. _____

(No. _____ St.)

State File No. 74945

Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Angeline Green

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Indian 1/4

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Single
(Write the word)

6. DATE OF BIRTH

August 10 1930
(Month) (Day) (Year)

7. AGE

7 Yrs. 25 Mos. ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).Infant

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF FATHER

Joseph Green

11. BIRTHPLACE OF FATHER

(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Cecilia Raymond

13. BIRTHPLACE OF MOTHER

(State or Country)

Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Corbett B. Lawyer

(Address)

Lapwai Idaho

15.

Filed

4/7/31 1931
George Gairner M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 5 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 25 1931 to April 4 1931, that I last saw her alive on March 31 1931, and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) Broncho-Pneumonia

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) George Gairner M.D.5/8/1931 (Address) Blackfoot Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Shuckhoo Cemetery 4/6/1931

20. UNDERTAKER

ADDRESS

Vassar Mortuary Lewiston Idaho

1. PLACE OF DEATH

County of OneidaCity of Arbon

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No. 2069

(No. St.)

2. FULL NAME Infant IzattState of Idaho
BOARD OF HEALTH
Bureau of Vital StatisticsFile No. 74246

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Infant
(Write the word.)6. DATE OF BIRTH April 12 1931
(Month) (Day) (Year)7. AGE 1 Yrs. 1 Mos. 1 ds.
IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work. nil

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) Oneida Co. Arbon10. NAME OF FATHER Alex M. Izatt

11. BIRTHPLACE OF FATHER

(State or Country) Logan Utah12. MAIDEN NAME OF MOTHER Eva. Anderson

13. BIRTHPLACE OF MOTHER

(State or Country) Logan Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Alex M. Izatt(Address) Arbon Idaho15. May 2 1931 J. M. Kees

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 13 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 12 1931 to April 13 1931that I last saw him alive on April 12 1931and that death occurred on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Brachy-presentation & precipitate labor

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

(Duration) Yrs. mos. ds.

(Signed) W. P. Grant M. D.May 2 1931 (Address) Island Ida.

State the Disease Causing Death; or in deaths from Violent Causes, state Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Arbon cemetery DATE OF BURIAL April 14 193120. UNDERTAKER none ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74947

State File No.

PLACE OF DEATH

County of Oseola
City of Malad

Registration District No. 20
Primary Registration District No. 2069

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.
(Usual place of abode)

St.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Charlotte C. Perkins
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 10-1848

7. AGE Years 82 Months 9 Days 7 LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) and stock raising

(c) Name of employer

9. BIRTHPLACE (city or town) Lincolnshire
(State or country) England

10. NAME OF FATHER John Palmer

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER Eleanor Dove

13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)

14. Informant William H. Palmer
(Address) Malad Ida.

15. Filed 4/30, 1931 J. H. Harris
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov., 1930, to Apr. 17, 1931

that I last saw him alive on Apr. 16, 1931

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Chronic nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY Euler's Disease
(Secondary)

(duration) 2 yrs. mos. ds.

18. Where was disease contracted Malad Ida
if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis Physician's certificate

(Signed) J. H. Harris M. D.

4/17, 1931 (Address) Malad Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Malad Idaho Date of Burial April 19 1931

20. Undertaker J. Guy Benson Address Malad Idaho

486

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74948

PLACE OF DEATH

County of Lincoln
City of Malad

Registration District No. _____

Primary Registration District No. 2069

Local Registrar's No. 13

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel T. Leigh

(a) Residence, No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Bernice Jones
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug - 14 - 1878

7. AGE Years 52 Months 7 Days 28 LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Malad
(State or country) Idaho

10. NAME OF FATHER Wm M. Leigh

11. BIRTHPLACE OF FATHER (city or town) Chubb Lake City
(State or Country) Utah

12. MAIDEN NAME OF MOTHER Jenneth Wooley

13. BIRTHPLACE OF MOTHER (city or town) Wales
(State or Country)

14. Informant Bernice Leigh
(Address) Malad Idaho

15. Filed 4/50, 1931 J. M. Carson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. 11 1931
(Month) (Day) (Year)

17. WHEREBY CERTIFY, That I attended deceased from Feb 15, 1931, to Apr 11, 1931
that I last saw him alive, on Apr 9, 1931
and that death occurred, on the date stated above, at 5:30 P. M.
The CAUSE OF DEATH* was as follows: Cancer of Liver.

(duration) yrs. 63 mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? X Ray.

(Signed) J. M. Carson
4/11 1931 (Address) Malad Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Malad Idaho Date of Burial Apr 15 1931

20. Undertaker J. L. Henson Address Malad Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74949

PLACE OF DEATH

County of Oneida
City of St. John

Registration District No. 26
Primary Registration District No. 2069

Local Registrar's No. 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Charity Hill
Mile 100 St.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr. 18-1913

7. AGE Years Months Days If LESS than 1 day,
17 11 22 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) St. John
(State or country) Idaho

10. NAME OF FATHER David Hill

11. BIRTHPLACE OF FATHER (city or town) St. John
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Charity L. Wolverton

13. BIRTHPLACE OF MOTHER (city or town) Plymouth
(State or Country) Mich.

14. Informant David Hill
(Address) R. F. D. #1

15. Filed 4/30, 1931
J. H. Kerns
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 29 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
April 5, 1931, to April 9, 1931

that I last saw her alive on April 9, 1931
and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH was as follows:

Septicemia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. H. Kerns M. D.
4/11, 1931 (Address) Medical Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

St. John Cda Apr. 11 1931

20. Undertaker

Address

J. J. Benson Medical Bldg.

RECEIVED MAY 5 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74950

PLACE OF DEATH

County of InsideCity of MaladRegistration District No. 26Primary Registration District No. 24 69Local Registrar's No. 11

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Thomas (Stillborn)

(a) Residence: No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Unwed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Apr. 6 - 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work nil(b) General nature of industry, business, or establishment in which employed (or employer) ✓(c) Name of employer ✓9. BIRTHPLACE (city or town) Malad Ida.
(State or country)10. NAME OF FATHER Josh W. Thomas11. BIRTHPLACE OF FATHER (city or town) Malad Ida.
(State or Country)12. MAIDEN NAME OF MOTHER Mary M. Jones13. BIRTHPLACE OF MOTHER (city or town) St. John Ida.
(State or Country)14. Informant Josh W. Thomas
(Address) Malad Ida.15. Filed 4/30 1931 J. M. Kerns
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 6 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Apr. 6, 1931, to 19that I last saw him alive on 19and that death occurred, on the date stated above, at ? m.

The CAUSE OF DEATH* was as follows:

Stillborn. No attributing cause.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) V. P. Gault M. D.April 7, 1931 (Address) Malad Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Malad Ida Apr. 7 1931

20. Undertaker Address

J. L. Benson Malad Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74951

PLACE OF DEATH

County of Pringle
City of Malad

Registration District No. 26
Primary Registration District No. 2069

Local Registrar's No. 10

(No. 26)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest Jones Colton

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widow
5a. If married, widowed, or divorced HUSBAND of Joseph H. Colton
(or) WIFE of
6. DATE OF BIRTH (month, day and year) Mar. 9-1860
7. AGE Years 71 Months Days 27 If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) North Ogden Utah
(State or country) Utah

10. NAME OF FATHER Morgan P. Jones

11. BIRTHPLACE OF FATHER (city or town) Wales
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Parry

13. BIRTHPLACE OF MOTHER (city or town) Wales
(State or Country)

14. Informant Morgan J. Colton
(Address) Malad, Ida

15. Filed 4/30, 1931
J. M. Kerns
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr - 4 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from Mar 15, 1931, to Apr 4, 1931
that I last saw her alive on Apr. 3, 1931
and that death occurred, on the date stated above, at 11 PM m.
The CAUSE OF DEATH was as follows:
Apoplexy
hypertension

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds. 20

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physician Exam.

(Signed) J. M. Kerns

4/4, 1931 (Address) Malad, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St. John Chh Date of Burial Apr. 7 1931

20. Undertaker J. S. Ryan Address Malad, Ida

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74952

PLACE OF DEATH

County of Owyhee
City of Malad

Registration District No. 26
Primary Registration District No. 2069

Local Registrar's No. 9

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred W. Thomas(a) Residence. No. Malad Id St. _____

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

~~HUSBAND of~~
(or) WIFE ofMary Thomas

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
61 1 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Malad Id
(State or country)10. NAME OF FATHER Fredrick Thomas11. BIRTHPLACE OF FATHER (city or town) Wales
(State or Country)12. MAIDEN NAME OF MOTHER Ruth Price13. BIRTHPLACE OF MOTHER (city or town) Wales
(State or Country)14. Informant Ruth E. Thomas
(Address) Malad Id15. Filed 4/30 1951 J. M. Kerns
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1951
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 5, 1951, to Apr 4, 1951that I last saw him alive on Apr 3, 1951and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Head. Acute Infect. Suppurative
Pneumonia. Enteritis(duration) yrs. mos. 28 ds.CONTRIBUTORY
(Secondary)(duration) yrs. mos. 28 ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed)

J. M. Kerns M. D.
4/4, 1951 (Address) Malad Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Malad Id Date of Burial 4/6 195120. Undertaker J. E. Benson Address Malad Id

MAKING RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Payette
City of PayetteRegistration District No. 5Primary Registration District No. 2009

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. William Scott Stewart

(Usual place of abode.)

St. Idaho

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofNot married6. DATE OF BIRTH (month, day and year) Oct 23 - 18617. AGE Years Months Days If LESS than 1 day,
64 69 5 18 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blackman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country) Mo10. NAME OF FATHER John Scott11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country) Mo12. MAIDEN NAME OF MOTHER Not known13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Geo. Nesbitt
(Address) Payette Ida15. Filed Apr 20, 1931 Wm J. Dwyer
Registrar.

RECEIVED MAY 5 1931

DO NOT WRITE IN THIS SPACE

74954

State File No.

Local Registrar's No. 6

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April1131

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 831

to

Apr 1131that I last saw him alive on Apr 9, 1931

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage or thrombus most probably thrombus affecting it side of brainCONTRIBUTORY Arteriosclerosis

(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of.....Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) Wm J. Dwyer M. D.4-16-, 1931 (Address) Payette Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Stewart Cem near Falk Apr 16 1931

20. Undertaker

Address

Peterson Turn Payette Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 1 1931

STATE OF IDAHO

1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74955

State File No.

PLACE OF DEATH

County of PayetteCity of Payette

CERTIFICATE OF DEATH

Registration District No. 4Primary Registration District No. 1008

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 92. FULL NAME Mrs. Leiana Roe(a) Residence. No. 238 - 14th Ave S. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single. Married. Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of M. Newton Roe
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 23 1854

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
76. 9 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wis.
(State or country)10. NAME OF FATHER Geo. Butler11. BIRTHPLACE OF FATHER (city or town) unknown
(State or Country)12. MAIDEN NAME OF MOTHER King13. BIRTHPLACE OF MOTHER (city or town) unknown
(State or Country)14. Informant James Roe
(Address) Payette15. Filed Apr 6 1931 J. B. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1931, to Apr. 5 1931,
that I last saw him alive on Apr. 5 1931

and that death occurred, on the date stated above, at 9.00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cardiovascular - renal diseaseindefinite (duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No. Date ofWas there an autopsy? No.What test confirmed diagnosis? none(Signed) Merrill A. Jones M. D.Apr. 6 1931 (Address) Payette, Ida.19. Place of Burial, Cremation, or Removal Union, Ore. Date of Burial April 7, 193120. Undertaker Glenn C. Linder Address Payette, Ida.

PLACE OF DEATH

Power

County of

City of American FallsSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 23Primary Registration District No. 2072

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawrence Roy(a) Residence. No. Roy, Idaho. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Ruth Roy

6. DATE OF BIRTH (month, day and year) Sept. 22nd 1896

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

34

7

2

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Texas
(State or country)

10. NAME OF FATHER

Henry Roy

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Not Known

12. MAIDEN NAME OF MOTHER Mary E. Laurence13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Not Known14. Informant Ruth Roy
(Address) Roy, Idaho15. Filed May 1, 1931 Emerson Nolt
Registrar

DO NOT WRITE IN THIS SPACE

State File No.

74956

Local Registrar's No. 13

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

(Month)

24

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. 27, 1931, to Apr. 5, 1931.that I last saw him alive on April 5, 1931.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Endocarditis (decompensated).
Parenchymatous nephritis(duration) Several yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? —Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

W. H. Dughart M. D.
April 24, 1931 (Address) Postville, Idaho*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

I.O.O.F. Cam.April 26 1931

20. Undertaker

Harrie

Address

Am. Falls, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74957**

PLACE OF DEATH

County of **Power**City of **American Falls,**Registration District No. **25**Primary Registration District No. **2072**Local Registrar's No. **12**(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME **Walter S. Sparks**

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Married
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of **Zulima Sparks**6. DATE OF BIRTH (month, day and year) **Jan. 21st, 1874**

7. AGE 57	Years 3	Months 2	Days min.	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work **Cattleman**(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Lampasas, Texas**
(State or country)10. NAME OF FATHER
Thomas Sparks11. BIRTHPLACE OF FATHER (city or town)
(State or Country) **Texas**12. MAIDEN NAME OF MOTHER **Coffee**13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) **Texas**14. Informant **W. S. Sparks Jr**
(Address) **Ladysburg, Nevada St 29**15. Filed **May 1, 1931** **Genevieve Nott**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Apr 23, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Dec 10, 1930, to Apr 23, 1931that I last saw him alive on **Apr 23, 1931**and that death occurred, on the date stated above, at **3:30 a. m.**

The CAUSE OF DEATH* was as follows:

**Cancer, originating
in inferior maxilla.**(duration) yrs. **10** mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? **yes**Did an operation precede death? **yes** Date of **Oct 1931**Was there an autopsy? **no**What test confirmed diagnosis? **pathology**(Signed) **C. J. Schmitt**, M. D.**4/24, 1931** (Address) **Am Falls, Id.***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.19. Place of Burial, Cremation, or Removal **L. O. O. F. Cam** Date of Burial **April 26 1931**20. Undertaker **L. Davis** Address **Am Falls, Id.**

RECEIVED MAY 7 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74958

PLACE OF DEATH

County of *Shoshone*City of *Wallace*

CERTIFICATE OF DEATH

Registration District No. *70*Primary Registration District No. *1011*Local Registrar's No. *32*

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME *Maudie Ellen Wellman*(a) Residence. No. *214 Cedar St.* St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* Single, Married, Widowed, Divorced (write the word.) *Married*

5a. If married, widowed, or divorced

HUSBAND or (or) WIFE of *Heador Wellman*6. DATE OF BIRTH (month, day and year) *Jan 10 - 1888*7. AGE Years *43* Months *3* Days *28* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Merchant.*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer *Model Shop.*9. BIRTHPLACE (city or town) *Epsom* (State or country) *England*10. NAME OF FATHER *Fred Steeter*11. BIRTHPLACE OF FATHER (city or town) *England* (State or Country)12. MAIDEN NAME OF MOTHER *Not Known*13. BIRTHPLACE OF MOTHER (city or town) *England* (State or Country)14. Informant *Ted Wellman* (Address) *Wallace, Idaho.*15. Filed *Apr 9 1931* *F. L. Ziegler* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *April 7 1931* (Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *April 7 1931* to *April 7 1931* that I last saw him alive on *April 7 1931* and that death occurred, on the date stated above, at *340 p. m.*

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Acute indigestion(duration) *6 hours* yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *James R. Dean*, M. D. *4/8/31* (Address) *Wallace*19. Place of Burial, Cremation, or Removal *Wallace, Idaho.* Date of Burial *Apr 9 1931*20. Undertaker *J. A. Bower* Address *Wallace, Idaho.*MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 7 1931
DO NOT WRITE IN THIS SPACE
State File No. 74960

PLACE OF DEATH

County of ShoshoneCity of Wallace

CERTIFICATE OF DEATH

Registration District No. 70Primary Registration District No. 1011

(No. _____)

Local Registrar's No. 35

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rollie Justus

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

(If non-resident give city or town and State.)
How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Lula Justus6. DATE OF BIRTH (month, day and year) Mar-25-1889

7. AGE <u>42</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work miner(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER William Justus11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER Melena Sine13. BIRTHPLACE OF MOTHER (city or town) Indiana
(State or Country)

14.

Informant
(Address) Walter Buchanan
Keelogg, Ida.

15.

Filed Apr 13, 1931
I. L. Quigley
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 9, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 9, 1931, to Apr 9, 1931
that I last saw him alive on Apr 9, 1931and that death occurred, on the date stated above, at 9:30 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Fracture Base of Skull(duration) _____ yrs. _____ mos. 1 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Max I. Smith M. D.4-13-31, 19 _____(Address) Wallace, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Apr 13, 1931 Keelogg, Ida.

20. Undertaker

Address

M. C. Thornhill Keelogg, Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAY 7 1931

DO NOT WRITE IN THIS SPACE

State File No. 74961

PLACE OF DEATH

County of ShoshoneCity of WallaceRegistration District No. 70Primary Registration District No. 1011(No. Co. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 362. FULL NAME Dorothy E. Hartnett(a) Residence. No. Millan, 2da

(Usual place of abode.)

St. Millan, Ida

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb-3-1901

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.30210

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Canada

10. NAME OF FATHER

George D. Cowden

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Bellefonte
Ontario

12. MAIDEN NAME OF MOTHER

Margaret Burton

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Ontario

14.

Informant
(Address)James F. Hartnett
Millan, Ida

15.

Filed

Apr 15, 1931F. L. Quigley
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April1331

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 131

to

April 1331

that I last saw her alive on

April 131931and that death occurred, on the date stated above, at 4:10 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Spinal Fever(duration) about 70 yrs. mos. ds.CONTRIBUTORY
(Secondary)(duration) about 70 yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

James K. Bean M. D.
4/14/31, 19 (Address) Wallace, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Wallace, IdaApril 15 31

20. Undertaker

Address

Ward and Co.Wallace, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Shoshone
City of WallaceRegistration District No. 70Primary Registration District No. 1011

(No. _____)

Local Registrar's No. 342. FULL NAME Angelo De Marco
(If death occurred in a hospital or institution, give its name instead of street and number.)(a) Residence. No. County Infirmary St. Wallace, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S. if of foreign birth 38 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofunknown6. DATE OF BIRTH (month, day and year) Mar. 2 18557. AGE Years Months Days If LESS than 1 day, hrs. or min.
76 1 9 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner, Lead(b) General nature of industry, business, or establishment in which employed (or employer) Mines(c) Name of employer Italy9. BIRTHPLACE (city or town) Italy
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant L. M. Rogers, Supt.
(Address) County Infirmary, Wallace, Ida.15. Filed Apr 11 1931 F. L. Zinsley
Registrar

RECEIVED MAY 7 1931

DO NOT WRITE IN THIS SPACE

74962

State File No. _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 11 31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 3-25- 1930, to 4-11- 1931
that I last saw him alive on 4-11- 1931
and that death occurred, on the date stated above, at 10:45 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral ApoplexyCONTRIBUTORY (duration) 6 yrs. 0 mos. 0 ds.
(Secondary) Arterio Sclerosis(duration) 4 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test/confirmed diagnosis? _____

(Signed) James H. Dean, M. D.
4/11/31 19 Wallace (Address)

19. Place of Burial, Cremation or Removal Date of Burial

Kellogg J. Co. April 11 193120. Undertaker Mike Churchill Address Kellogg J. Co.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of

City of

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs

mos.

ds.

St.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

Registrar.

RECEIVED MAY 4 1931

DO NOT WRITE IN THIS SPACE

State File No.

74963

Local Registrar's No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

3/26

1931, to

3/27

1931.

that I last saw him alive on

3/27

1931.

and that death occurred, on the date stated above, at 8 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Unusually long period of
cerebral pressure during labor.
resulting probably in cerebral
hemorrhage and paralysis.

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(Secondary)

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed)

4/17, 1931

(Address)

Kelllogg, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Kelllogg, Idaho

3/28 1931

20. Undertaker

Address

W. C. Thornhill

Kelllogg, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 7 1931
DO NOT WRITE IN THIS SPACE
State File No. 74964

PLACE OF DEATH

County of Shoshone
City of Wallace

CERTIFICATE OF DEATH

Registration District No. 70Primary Registration District No. 1011(No. Providence Hospital)Local Registrar's No. 38

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Clough(a) Residence. No. Burke, Idaho

(Usual place of abode.)

St. Burke Idaho

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

April 16 - 31

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Wallace
Idaho

10. NAME OF FATHER

Everett Clough11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Sandpoint
Idaho

12. MAIDEN NAME OF MOTHER

Luey Reese13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Montana

PARENTS

14. Informant
(Address)Everett Clough

15. Filed

Apr 18 31F. L. Deringer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 16
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 16, 1931, to April 16, 1931that I last saw him alive on April 16, 1931and that death occurred, on the date stated above, at 9pm m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Premature infant (about 6 mos)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

4/17/31 (Signed) James R. Bean, M. D.
Address Wallace

19. Place of Burial, Cremation, or Removal

Wallace Idaho

Date of Burial

April 17 1931

20. Undertaker

J. A. Bower
Ward and Co.

Address

Wallace Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 7 1931

DO NOT WRITE IN THIS SPACE

State File No. 74965

PLACE OF DEATH

County of Shoshone
City of Wallace

CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 1011
(No. Wallace Hospital)

Local Registrar's No. 37

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. Mullan, Ida.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 24-1910

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
20 10 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Gold Hunter Mng Co.

9. BIRTHPLACE (city or town) Mullan, Ida.
(State or country)

10. NAME OF FATHER Kust Almqvist

11. BIRTHPLACE OF FATHER (city or town) Liverdun
(State or Country)

12. MAIDEN NAME OF MOTHER Minnie Lundgren

13. BIRTHPLACE OF MOTHER (city or town) Svevden
(State or Country)

14. Informant (Address) Kust Almqvist
Mullan, Ida.

15. Filed Apr 16 1931 F. L. Dingley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11 1931, to April 14 1931, that I last saw him alive on April 14 1931, and that death occurred, on the date stated above, at 7 A. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Organic heart disease
(Mitral Stenosis)

(duration) 16 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

unknown (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical examination

(Signed) W. H. B. B. B. M. D.

April 14 1931 (Address) Wallace, Ida.

19. Place of Burial, Cremation, or Removal April 16-31 Mullan, Ida.

20. Undertaker J. A. Rower Address Wallace, Ida.

Ward and Co.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Joshua
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
(No. Providence)

Local Registrar's No. 402. FULL NAME Baby Eben(a) Residence. No. Mullan, Idaho

St.

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year) <u>April 17 - 1931</u>		
7. AGE	Years	Months Days
		If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		
9. BIRTHPLACE (city or town) <u>Wallace, Idaho</u> (State or country)		

PARENTS

10. NAME OF FATHER <u>Adam Eben</u>
11. BIRTHPLACE OF FATHER (city or town) <u>Iowa</u> (State or Country)
12. MAIDEN NAME OF MOTHER <u>Elsie Mahart</u>
13. BIRTHPLACE OF MOTHER (city or town) <u>Reardon</u> (State or Country) <u>Washington</u>
14. Informant <u>Adam Eben</u> (Address) <u>Mullan Idaho</u>
15. Filed <u>Apr 18 31</u> Registrar. <u>E. R. Zwigley</u>

DO NOT WRITE IN THIS SPACE

74966

State File No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 17 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 1930, to April 17, 1931
that I last saw her alive on April 17, 1931

and that death occurred, on the date stated above, at about 12 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature birth of
about 7 months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

222Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) F. W. Ruff M. D.
April 18, 1931 (Address) Mullan Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Wallace Idaho Apr 18 31
20. Undertaker J. A. Brown Address Wallace, Idaho
Ward and Co.

MARGIN RESERVE FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Shoshone

City of Wallace

Registration District No. 70

Primary Registration District No. 1211

(No. Wallace Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 39

2. FULL NAME Fred Nippin

(a) Residence. No. Burke, Idaho

(Usual place of abode.)

St. Burke, Idaho

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of (or) Maude Nippin

6. DATE OF BIRTH (month, day and year) Nov - 6 - 1888

7. AGE Years 42 Months 5 Days 11 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hecla Mining Co.

9. BIRTHPLACE (city or town) (State or country) Germany

10. NAME OF FATHER Arana Nippin

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant (Address) Mrs Maude Nippin
Spokane Wash.

15. Filed Apr 19 31 F. L. Ziegler Registrar

RECEIVED

DO NOT WRITE IN THIS SPACE

74967

State File No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1931, to April 17, 1931
that I last saw him alive on April 17, 1931

and that death occurred, on the date stated above, at 10 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Solar pneumonia

(duration) yrs. mos. ds. 6
CONTRIBUTORY Diabetes mellitus
(Secondary) unknown (duration) yrs. mos. ds.

18. Where was disease contracted Spokane, Wash
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination
(Signed) Samuel P. ...

Apr 17, 1931 (Address) Wallace, Idaho

19. Place of Burial, Cremation, or Removal Spokane, Wash. Date of Burial Apr 21, 1931

20. Undertaker J. A. Bever Ward and Co. Wallace, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAY 7 1931

DO NOT WRITE IN THIS SPACE

74968

State File No. _____

PLACE OF DEATH

County of Shoshone
City of Wallace

Registration District No. 70

Primary Registration District No. 1011
(No. Shoshone County Infirmary)

Local Registrar's No. 41

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clay Giles

(a) Residence. No. Shoshone County Infirmary St.

(Usual place of abode.)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 23/69

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>63</u>	<u>1</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer, Lead mine

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Philadelphia
(State or country) Penn.

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Unknown

14. Informant (Address) John Walker Shoshone County Infirmary

15. File Apr 22, 1931

E L Quigley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 20, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
April 4th, 1931, to April 20th, 1931
that I last saw him alive on April 15, 1931

and that death occurred, on the date stated above, at 4:30 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chr. Valerius

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) _____ M. D.

_____, 19____ (Address) _____

19. Place of Burial, Cremation, or Removal

Date of Burial

Kellogg Ida

Apr 22, 1931

20. Undertaker

Address

W. C. Thornhill

Kellogg Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED MAY 7 1931	
County of <u>Shoshone</u>		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
City of <u>Mace</u>		BUREAU OF VITAL STATISTICS		74969	
		CERTIFICATE OF DEATH		State File No.	
Registration District No. <u>70</u>		Primary Registration District No. <u>1011</u>		Local Registrar's No. <u>42</u>	
(No. <u>Residence</u>)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Wale Eason Kelly</u>					
(a) Residence. No. <u>Mace, Idaho</u> St. <u>Mace, Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>March-6-31</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
		<u>1</u>	<u>16</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Wallace</u> (State or country) <u>Idaho</u>					
13. NAME <u>Thomas Kelly</u>					
14. BIRTHPLACE (city or town) <u>Wallace</u> (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Kellen Riegner</u>					
16. BIRTHPLACE (city or town) <u>Wallace</u> (State or country) <u>Idaho</u>					
17. INFORMANT (Address) <u>Thomas Kelly</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wallace, Idaho</u> Date <u>1931</u>					
19. UNDERTAKER <u>John A. Brown - Wallace, Idaho</u> (Address) <u>Wallace, Idaho</u>					
20. FILED <u>Apr 24</u> , 1931. <u>F. L. Ziegler</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>April 22 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>April 22</u> , 1931, to <u>April 22</u> , 1931.					
I last saw him alive on <u>April 22</u> , 1931. Death is said to have occurred on the date stated above, at <u>8 p.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Pneumonia - Pneumonia</u>					
Date of onset <u>April 22</u>					
Other contributory causes of importance: <u>Lack of Resistance</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Stethoscope</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> . If so, specify _____					
(Signed) <u>Arthur B. Smith</u> (Address) <u>Wallace, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 74970	
County of <u>Shoshone</u>	City of <u>Wallace</u>	Registration District No. <u>70</u>	Primary Registration District No. <u>1011</u>	Local Registrar's No. <u>43</u>	
(No. <u>Providence Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>George Brown</u>					
(a) Residence. No. <u>Wallace, Idaho</u> St.					
Length of residence in city or town where death occurred. yrs. mos. ds.		(If nonresident give city or town and state) yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Lelia Brown</u>					
6. DATE OF BIRTH (month, day, and year) <u>March 6-1874</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>57</u>	<u>1</u>	<u>18</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hull Lease</u>				
	10. Date deceased last worked at this occupation (month and year) <u>2 years</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Biglax</u>		11. Total time (years) spent in this occupation <u>30 years</u>			
FATHER	13. NAME <u>M. J. Brown</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Rome N.Y.</u>				
MOTHER	15. MAIDEN NAME <u>Margaret Morisey</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>				
17. INFORMANT (Address) <u>Mrs Lelia Brown Wallace, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Providence Hospital</u> Date <u>April 27, 1931</u>					
19. UNDERTAKER (Address) <u>Wallace, Idaho</u>					
20. FILED <u>Apr 25, 1931</u> Registrar <u>F. P. Zwigley</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>April 24, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Apr 22, 1931</u> to <u>Apr 24, 1931</u>					
I last saw him alive on <u>Apr 24, 1931</u> ; death is said to have occurred on the date stated above, at <u>6:45 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Myocardial infarction</u>					
<u>hypertension</u>					
<u>coronary atherosclerosis</u>					
Other contributory cause of importance: <u>None</u>					
Name of physician <u>Reseachon Eiderooten</u> Date of <u>4/22</u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>4/24/31</u>					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>—</u>					
Nature of injury <u>—</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u>—</u>					
(Signed) <u>Dr. M. J. Zwigley</u>					
(Address) <u>Wallace, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 74971 State File No.....	
County of <u>Shoshone</u>	City of <u>Wallace</u>	Registration District No. <u>70</u>	Primary Registration District No. <u>1011</u>	Local Registrar's No. <u>44</u>	
(If death occurred in hospital or institution, give its name instead of street and number.) <u>Wallace Hospital</u>					
2. FULL NAME <u>Hans Kilen</u>					
(a) Residence. No. <u>Mullan, Idaho</u> St. <u>Mullan, Idaho</u>					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Nov-11-1902</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>28</u>	<u>5</u>	<u>11</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ideal Mngl.</u>				
	10. Date deceased last worked at this occupation (month and year) <u>April 1931</u>				
11. Total time (years) spent in this occupation <u>3 mos.</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Norway</u>					
MOTHER FATHER	13. NAME <u>Kjetil Kilen</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Norway</u>				
	15. MAIDEN NAME <u>Not Known</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Norway</u>					
17. INFORMANT (Address) <u>None Records Mullan, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Wigley, Ida</u> Date <u>Apr 30 1931</u>					
19. UNDERTAKER (Address) <u>G. Bever Wallace, Idaho</u>					
20. FILED <u>Apr 30 1931</u> <u>D. D. Wigley</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>April 23 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 1 1931</u> to <u>April 23 1931</u>					
I last saw him alive on <u>April 23 1931</u> ; death is said to have occurred on the date stated above, at <u>4 a. m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Tubercular Peritonitis</u> Date of onset <u>1931</u>					
<u>Tubercular Enteritis</u>					
Other contributory causes of importance:					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury. Nature of injury.					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>W. T. Smith</u> M. D. (Address) <u>Wallace, Idaho</u>					

RECEIVED MAY 7 1931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 74972 State File No.	
County of <u>Shoshone</u>	City of <u>Wallace</u>	Registration District No. <u>70</u>	Local Registrar's No. <u>46</u>		
		Primary Registration District No. <u>1011</u>			
		(No. <u>Co Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Arthur West</u>					
(a) Residence. No. <u>Mullan, Idaho</u> St. <u>Mullan, Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) <u>Agnes West</u>					
6. DATE OF BIRTH (month, day, and year) <u>Feb 22 - 1892</u>					
7. AGE <u>39</u> Years	<u>2</u> Months	<u>4</u> Days	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ministry</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gold Hunter</u>					
10. Date deceased last worked at this occupation (year) <u>1930</u>					
11. Total time (years) spent in this occupation <u>10 years</u>					
12. BIRTHPLACE (city or town) (State or country) <u>N.C.</u>					
13. NAME <u>Lin N. West</u>					
14. BIRTHPLACE (city or town) (State or country) <u>N.C.</u>					
15. MAIDEN NAME <u>Kelly Brown</u>					
16. BIRTHPLACE (city or town) (State or country) <u>N.C.</u>					
17. INFORMANT (Address) <u>Mrs Agnes West</u> <u>Mullan, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mullan, Ida.</u> Date <u>Apr 24 1931</u>					
19. UNDERTAKER (Address) <u>J. H. Brown - Wallace and Co.</u> <u>Wallace, Ida.</u>					
20. FILED <u>Apr 29</u> , 1931 Registrar <u>L. L. Loring</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Apr 26 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>November 10, 1930</u> to <u>Apr 20</u> , 1931					
I last saw him alive on <u>Apr 25</u> , 1931; death is said to have occurred on the date stated above, at <u>12:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Cerebral Apoplexy</u>					Date of onset <u>4/22/31</u>
Other contributory causes of importance:					
<u>Cerebral Apoplexy</u>					<u>1927</u>
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury....., 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify.....					
(Signed) <u>James K. Bean</u> , M.D.					
(Address) <u>Wallace, Idaho</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE OF DEATH

RECEIVED MAY 4 1931 State of Idaho

1. PLACE OF DEATH.
County of Shoshone
City of Mullan

Registration District No. 70
Primary Registration District No. 1011
(No. Residence St.)

BOARD OF HEALTH
Bureau of Vital Statistics
File No. _____
Registered No. 47

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Lila Viola Kangas (Premature)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Girl 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Infant
(Write the word.)

6. DATE OF BIRTH

April 28 1931
(Month) (Day) (Year)

7. AGE

5 hours
yrs. mos. ds.

IF LESS than 1 day
how many 5 hrs. or
min?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Mullan Ida.

10. NAME OF FATHER

Belden Kangas

11. BIRTHPLACE OF FATHER

(State or Country)

Columet, Mich.

12. MAIDEN NAME OF MOTHER

Verna Freesting

13. BIRTHPLACE OF MOTHER

(State or Country)

Mullan Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Belden Kangas
Mullan

15.

Filed

Apr 28 1931

L. L. Lutz
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 28 1931, to April 28 1931

that I last saw her alive on April 28 1931

and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Premature birth.

Died 5 hours

(Duration) yrs. mos. ds.

Contributory

(Secondary)

(Duration) yrs. mos. ds.

(Signed)

H. W. Ruff M. D.
April 28 1931 (Address) Mullan Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place

In the

of death. yrs. mos. ds. State. yrs. mos. ds.

Where was disease contracted,

If not at place of death?

Former or

usual residence.

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mullan Ida.

April 28 1931

20. UNDERTAKER

J. A. Bowen
Wardlaw Co.

ADDRESS

Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>	City <u>Near Wallace</u>	Registration District No. <u>70</u>	Primary Registration District No. <u>1011</u>	State File No. <u>74975</u>	Local Registrar's No. <u>48</u>
(No. <u>Residence</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Frank W. Strope</u>					
(a) Residence. No. <u>Near Wallace</u>		St. <u>Near Wallace</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Married</u>			
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Edith Strope</u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan 14-1899</u>					
7. AGE	Years <u>34</u>	Months <u>3</u>	Days <u>16</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as <u>Manager Garage</u> sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month, day, and year) <u>April 27-1931</u>					
11. Total time (years) spent in this occupation <u>11 years</u>					
12. BIRTHPLACE (city or town) <u>Wallace Idaho</u> (State or country)					
13. NAME <u>Chas Strope</u>					
14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
15. MAIDEN NAME <u>Lucia Niemi</u>					
16. BIRTHPLACE (city or town) <u>Iowa</u> (State or country)					
17. INFORMANT <u>Mrs Frank Strope</u> (Address) <u>Wallace Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wallace Idaho</u> Date <u>May 3, 1931</u>					
19. UNDERTAKER <u>J. R. Beer (Woodward Co)</u> (Address) <u>Wallace Idaho</u>					
20. FILED <u>May 3, 1931</u> Registrar <u>F. L. Quigley</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>April 30 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Apr 30</u> , 1931, to <u>Apr 30</u> , 1931.					
I last saw him live on <u>Apr 30</u> , 1931; death is said to have occurred on the date stated above, at <u>8:30 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Myocarditis</u>					
Date of onset <u>Know</u>					
Other contributory causes of importance <u>Influenza</u>					
Name of operation <u>None</u> Date of <u>—</u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 1931.					
Where did injury occur? <u>—</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>—</u>					
Manner of injury <u>—</u>					
Nature of injury <u>—</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u>—</u>					
(Signed) <u>Dr. M. D. Woodward</u> M. D.					
(Address) <u>Wallace Idaho</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of *Shoshone*City of *Stellerg*Registration District No. *123*Primary Registration District No. *2201*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *John Lemoff*

(a) Residence, No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day.
About 43 — — — hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Macadonia*

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address) *M. P. Thornhill*
*Stellerg, Ida.*15. Filed *4/28*, 19*31*. *Mrs. Helen B. Bude*
Registrar.

RECEIVED MAY 7 1931

DO NOT WRITE IN THIS SPACE

74976

State File No.

Local Registrar's No. *14*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *April 8*, 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19...., to 19....
that I last saw him alive onand that death occurred, on the date stated above, at *11:30 a.m.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. The CAUSE OF DEATH was as follows:

*Struck by fallen
gas house pipe, ruptured
lung, fractured rib, ruptured
heart, Kellogg* (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*

What last confirmed diagnosis?

(Signed) *M. P. Thornhill*

19. Place of Burial, Cremation, or Removal

Date of Burial

Stellerg, Ida. *Apr 10, 1931*

20. Undertaker

Address

M. P. Thornhill *Stellerg, Ida.*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

74977

PLACE OF DEATH

County of Shoshone
City of Pine Creek near
Kellogg, Idaho

Registration District No. 123Primary Registration District No. 2201

(No.)

Local Registrar's No. 15-

2. FULL NAME

(If death occurred in a hospital or institution, give its name instead of street and number.)

(a) Residence. No.

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced* (write the word)None

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Feb 26, 1879

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or52120

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workLaborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Sweden

10. NAME OF FATHER

Berglund11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Sweden

12. MAIDEN NAME OF MOTHER

no inf13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Sweden

14.

Informant
(Address)M. T. Thornhill
Kellogg, Ida.

15.

Filed

Apr. 28, 1931Mrs. Helen M. Berglund
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

(Month)

10

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH was as follows:

found dead in bed by
to gunshot wound to
head apparently
Revolver of the
subject

CONTRIBUTORY
(Secondary)Alcoholism
(duration) mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of.....Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed)

M. T. Thornhill
Apr 28, 1931 (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Kellogg, Ida.Apr 20, 1931

20. Undertaker

Address

M. T. Thornhill
Kellogg, Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74978

State File No.

PLACE OF DEATH

County of *Shoshone*City of *Kellogg*Registration District No. *123*Primary Registration District No. *2201*

(No.)

Local Registrar's No. *16*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Grace Eades*

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*4. COLOR OR RACE *White*5. Single, Married, Widowed, or Divorced (write the word.) *Married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of *Sam Eades*6. DATE OF BIRTH (month, day and year) *6th Sept 1882*

7. AGE

Years

Months

Days

LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work *Housewife*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) *Virginia*10. NAME OF FATHER *Calvin Prentice*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)12. MAIDEN NAME OF MOTHER *Henrietta Austin*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) *Virginia*

14.

Informant
(Address) *Sam Eades*
Kellogg Idaho

15.

Filed *4/28*, 19*31**Mo. Helen M. Zund*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Apr 23*, 19*31*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 10, 19*31*, to *Apr 23*, 19*31*that I last saw him alive on *Apr 21*, 19*31*and that death occurred, on the date stated above, at *9 A.* m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs.

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? *Don't know*Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *None*(Signed) *G. R. Mason* M. D.*Apr 27*, 19*31* (Address) *Kellogg, Ida.*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Kellogg, Ida**Apr 25*, 19*31*

20. Undertaker

Address

*M. P. Thornhill**Kellogg, Ida*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74979**

PLACE OF DEATH

County of LatahCity of DriggsRegistration District No. 77Primary Registration District No. 9176Local Registrar's No. 5

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Mattie Hansen(a) Residence. No. Tetonia, Ida. R. 1, Box 1 St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) M

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofPaul A. Hansen6. DATE OF BIRTH (month, day and year) Jan. 7, 18877. AGE Years 44 Months 2 Days 24 If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

Junetown, Utah

(c) Name of employer

9. BIRTHPLACE (city or town) Junetown, Utah
(State or country)10. NAME OF FATHER Lymon L. Johnson11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)12. MAIDEN NAME OF MOTHER Elizabeth Dalley13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or Country)14. Informant Mrs. Lot Portridge
(Address) Tetonia, Idaho15. Filed 4-29-, 1931 Martha Marker
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec., 1931 to April 1, 1931that I last saw her alive on March 31, 1931and that death occurred, on the date stated above, at 9.30 A.m.

The CAUSE OF DEATH* was as follows:

Acute pleurisy + effusion
(non-tubercular).
normal pneumonia of 17 days duration

(duration) yrs. mos. ds.

CONTRIBUTORY Chronic Myocarditis
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. R. Reser M. D.4/2, 1931 (Address) Driggs, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Alverson Cemetery, Idaho Date of Burial 4/5 193120. Undertaker V. J. Hille Address Driggs, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74980

PLACE OF DEATH

County of Idaho

City of _____

Registration District No. 77

Primary Registration District No. 2176

Local Registrar's No. 6

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louisa M. Peacock

(a) Residence. No. Idaho, 2nd, R. 1, D. 1 St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Peacock

6. DATE OF BIRTH (month, day and year) Aug. 17, 1862

7. AGE Years 68 Months 7 Days 18 If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Providence, Utah (State or country)

10. NAME OF FATHER Hopkin Mathews

11. BIRTHPLACE OF FATHER (city or town) Utah (State or Country)

12. MAIDEN NAME OF MOTHER Margaret Morris

13. BIRTHPLACE OF MOTHER (city or town) Utah (State or Country)

14. Informant William Poulson (Address) Idaho

15. Filed 4-29-1931 Martha Marker Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 6, 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to April 6, 1931, that I last saw her alive on April 6, 1931 and that death occurred, on the date stated above, at 1:40 P. m. The CAUSE OF DEATH* was as follows:

Gastric Canceroma

(duration) Several yrs. mos. ds. CONTRIBUTORY Probable Gastric Ulcer (Secondary) Several (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____

(Signed) W. T. Poulson, M. D. 4/7, 1931 (Address) Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Date of Burial 4/9, 1931

20. Undertaker _____ Address _____

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED MAY 4 1931
1 PLACE OF DEATH

STATE OF WYOMING
CERTIFICATE OF DEATH

BUREAU VITAL STATISTICS
CAPITOL BUILDING
CHEYENNE, WYOMING

Do Not Write in This Space

File No. 74981

Registered No. 7

County Teton

Township Victor Registration Dist. No. 77

City No. Primary Reg. dist. 9176

If death occurred in hospital or institution, give name of same.

2 FULL NAME Lois Cherry

(a) Residence. No. Victor Idaho St. Idaho Ward Idaho

Length of residence in city or town where death occurred (Usual place of above).
yrs. mos.

How long in U. S. if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Wallace Cherry

6 DATE OF BIRTH (month, day and year) Oct 26, 1908

7 AGE 22 years Months 3 Days 13 If less than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housewife

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Idaho Falls
(State or Country) Idaho

10 NAME OF FATHER Christian Peterson

11 BIRTHPLACE OF FATHER (city or town) Utah (State or country) Utah

12 MAIDEN NAME OF MOTHER Mary Tolles

13 BIRTHPLACE OF MOTHER (city or town) Utah (State or country) Utah

14 Informant Wallace Cherry
(Address) Victor, Idaho

15 Filed 4-29-1931 Martha Marker
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 28, 1931

I HEREBY CERTIFY, That I attended deceased from Oct 18, 1931 to Jan 18, 1931, that I last saw her alive on Oct 18, 1931, and that death occurred, on the date stated above at 3 PM, m. The CAUSE OF DEATH* was as follows:

Degeneration of Pituitary body causing complete paralytic intestinal and urinary organs
Death due to uraemia
CONTRIBUTORY (Secondary)

18 Where was disease contracted (duration) yrs. mos. ds.
if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Acting of Reflex

(Signed) Chas. A. Luff M. D.

19 (Address) Jackson, Wyo.

* State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)

19 Place of Burial, Cremation, or Removal Victor, Idaho Date of Burial 2-10-1931

20 UNDERTAKER ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED MAY 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74982

PLACE OF DEATH

County of Teton
City of Victor

CERTIFICATE OF DEATH

Registration District No. 77
Primary Registration District No. 2176
(No. _____)

Local Registrar's No. 8

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary E. Hatch

(a) Residence. No. Victor, Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widow-d, or Divorced (write the word.) widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Myron Hatch

6. DATE OF BIRTH (month, day and year) Sept. 8/1850

7. AGE Years Months Days 80 7 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Laurel Lake City Utah
(State or country)

10. NAME OF FATHER

Shepherd P. Hatchings

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Don't know

12. MAIDEN NAME OF MOTHER

Elizabeth Pecta

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Don't know

14.

Informant (Address)

C. M. Hatch

Victor Idaho

15.

Filed

4-29-1931

Martha Marker
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

13

1931

17. I HEREBY CERTIFY, That I attended deceased from

Aug. 21

1930

to April 13

1931

that I last saw him alive on April 9

and that death occurred, on the date stated above, at 4:00 P.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary)

Senility

(duration) Small yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed)

L. T. P. Pecta

M. D.

4/14

1931 (Address) Victor, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Victor Cemetery

Apr 15 1931

20. Undertaker

Address

Russell F. Lashum
Replung

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 4 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74983

PLACE OF DEATH

County of Madison

City of Driggs, Idaho

Registration District No. 77

Primary Registration District No. 2176

Local Registrar's No. 11

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Leigh Hood

(a) Residence. No. Driggs, Idaho St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Hood

6. DATE OF BIRTH (month, day and year) Oct. 9, 1849.

7. AGE Years 81 Months 6 Days 15 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Former rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Helena, Ill. (State or country)

10. NAME OF FATHER Jos. P. Hard

11. BIRTHPLACE OF FATHER (city or town) England (State or Country)

12. MAIDEN NAME OF MOTHER Ann Leigh

13. BIRTHPLACE OF MOTHER (city or town) England (State or Country)

14. Informant Lucy P. Andrews

(Address) Driggs, Idaho

15. Filed 4-29- 1931 Martha Marker Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 24, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1931, to April 24, 1931, that I last saw him alive on April 24, 1931 and that death occurred, on the date stated above, at 5:30 P.m. The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. nds.

CONTRIBUTORY (Secondary) Demility

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) H. T. Baker, M. D.

4/25, 1931 (Address) Driggs, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Bates, Idaho Date of Burial 4/27 1931

20. Undertaker _____ Address _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED APR 11 1931
DO NOT WRITE IN THIS SPACE

State File No.

74984

PLACE OF DEATH

County of Elmore
City of Elmore

Registration District No. 37

Primary Registration District No. 1086

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 483

2. FULL NAME

(a) Residence. No. Elmore 549 5th St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White Single, Married, Widowed, Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr 23/1890

7. AGE Years 40 Months 10 Days 17 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Elmore

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Elmore

14.

Informant (Address) Mrs. Seefeld
Elmore 549 5th

15.

Filed March 16, 1931

E. J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

8-30

16. DATE OF DEATH

Mar. 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 10 1931 to Mar 10 1931

that I last saw him alive on Mar 10 1931

and that death occurred, on the date stated above, at 8:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Infected gastric ulcer
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. J. Smith, M. D.

3-15, 1931 (Address) Elmore

19. Place of Burial, Cremation, or Removal

Date of Burial

Elmore 549 5th

3-13 1931

20. Undertaker

Address

Elmore 549 5th

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

RECEIVED MAY 13 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74985
State File No.

1
PLACE OF DEATH
County Idaho Falls
City of Idaho Falls

CERTIFICATE OF DEATH
Registration District No. 37
Primary Registration District No. 1085

Local Registrar's No. 64

(No. 92)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Nora Clemens
(a) Residence. No. Idaho Falls St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single. Married. Widowed. or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Edgar Clemens
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 22 / 1912

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
18 3 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Hart Center
(State or country) Nebraska

10. NAME OF FATHER Jacob C. Bright

11. BIRTHPLACE OF FATHER (city or town) Forest Home
(State or Country) Indiana

12. MAIDEN NAME OF MOTHER Clara

13. BIRTHPLACE OF MOTHER (city or town) Macedonia
(State or Country)

14. Informant (Address) Jacob C. Bright
Idaho Falls

15. Filed April 14th, 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Apr 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Mar 25, 1931, to Mar Apr 2, 1931
that I last saw her alive on Apr 1, 1931
and that death occurred, on the date stated above, at 1:30 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Embolism of lung

(duration) yrs. mos. ds.
CONTRIBUTORY Child birth
(Secondary)

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of 4

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J. E. Langenwetter, M. D.
Apr 2, 1931 (Address) Idaho Falls, Ida.

19. Place of Burial, Cremation, or Removal Idaho Falls Date of Burial Apr 4 1931

20. Undertaker J. E. Langenwetter Address Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 19 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74986

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085

Local Registrar's No. 80

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace Jauch

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

C. F. Jauch

6. DATE OF BIRTH (month, day and year) Nov 13 - 1859

7. AGE 71 Years 5 Months 17 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bavaria
(State or country) Germany

10. NAME OF FATHER Stephen Dawe

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Germany

14. Informant C. F. Jauch
(Address) 325 - 8th Ave E.

15. Filed May 2nd 1931 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

Cause of death
Bladder & Liver
Venous

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of c.....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. T. Smith M.D.
5-1 1931 (Address) Twin Falls, Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 5-2 1931

20. Undertaker White Mortuary Inc Twin Falls, Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74987

State File No.

PLACE OF DEATH

County of BlaineCity of Hammerby

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2081Local Registrar's No. 79

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME C. G. Underwood(a) Residence. No. Hammerby St. D. Davis

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept 3/18677. AGE 63 Years 7 Months 22 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Michigan
(State or country)10. NAME OF FATHER Benjamin Underwood11. BIRTHPLACE OF FATHER (city or town) Michigan
(State or Country)12. MAIDEN NAME OF MOTHER Cartha Lerch13. BIRTHPLACE OF MOTHER (city or town) Michigan
(State or Country)14. Informant Mrs C. G. Underwood
(Address) Hammerby, Idaho15. Filed May 2nd 1931 Elizabeth G. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. 25 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Apr. 21 1930, to Apr. 24 1931,
that I last saw him alive on Apr. 23 1931
and that death occurred, on the date stated above, at 11:55 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma of
Rt Kidney(duration) 1 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) J. S. Davis M. D.
4-26 1931 (Address) Hammerby, Idaho19. Place of Burial, Cremation, or Removal Hammerby Date of Burial Apr 28 193120. Undertaker J. B. Drake Address Hammerby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74988**

PLACE OF DEATH
County of Timballe
City of Idaho

Registration District No. 37Primary Registration District No. 1085-(No. 804 4th Ave West)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 772. FULL NAME Virginia Ross(a) Residence. No. 804 4th Ave West St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and Dec 19 19307. AGE Years Months Days If LESS than 1 day.
4 3 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Timballe Ida
(State or country)10. NAME OF FATHER John Ross11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Essie Howell13. BIRTHPLACE OF MOTHER (city or town) Albion
(State or Country) Idaho14. Informant John Ross
(Address) 804 4th Ave West Timballe15. Filed May 2nd 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 22 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Apr 22 1931 to Apr 22 1931
that I last saw h alive on Apr 22 1931
and that death occurred, on the date stated above, at 12-30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia(duration) yrs. mos. 1 ds.CONTRIBUTORY
(Secondary) Influenza(duration) yrs. mos. 7 ds.18. Where was disease contracted
if not at place of death? at homeDid an operation precede death? No Date of —Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) H. B. Smith M. D.Apr 24th 1931 (Address) Timballe

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Albion Idaho 4/24 1931

20. Undertaker Address

H. B. Smith Timballe

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74989

State File No.

PLACE OF DEATH

County of Lincoln

City of Idaho Falls

Registration District No. 37

Primary Registration District No. 2085

(No. Co. Gen. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 78

100 a

2. FULL NAME Eli Dean

(a) Residence. No. Mustang St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) July 22, 1864

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
66 9 —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Merchant

9. BIRTHPLACE (city or town) (State or country) Ohio

10. NAME OF FATHER Eli Dean

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ky.

12. MAIDEN NAME OF MOTHER Mary Selvage

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ky.

14. Informant Mrs. Eli Dean (Address) Mustang

15. Filed May 2nd, 1931 Eli Dean Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to April 22, 1931 that I last saw him alive on April 22, 1931 and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

CONTRIBUTORY (Secondary) Acute Hypertension
(duration) yrs. mos. ds. 8

18. Where was disease contracted if not at place of death? Mustang, Id.
Did an operation precede death? no Date of no
Was there an autopsy? no
What test confirmed diagnosis? clinical

(Signed) M. Davis M. D.
Apr. 23, 1931 (Address) Kimberly

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Date of Burial April 25, 1931

20. Undertaker P. J. Grossman (Address) Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74990

State File No.

PLACE OF DEATH

County ShoshoneCity of ShoshoneRegistration District No. 37Primary Registration District No. 2085Local Registrar's No. 76

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME L. H. Hanky(a) Residence. No. Shoshone

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Jan 18/1867

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

PARENTS

14.

Informant
(Address)

15.

Filed

May 2nd 1931Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

4-141931to 4-181931that I last saw him alive on 4-18and that death occurred, on the date stated above, at 3:30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Emboli(duration) yrs. mos. 4 ds.CONTRIBUTORY
(Secondary)7. Bulbar (duration) 10 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Chloral

(Signed)

C. Russell Weaver M. D.4-301931(Address) Shoshone

19. Place of Burial, Cremation, or Removal

Date of Burial

ShoshoneApr. - 1931

20. Undertaker

Address

S. E. SnakeShoshone

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74991
State File No.

PLACE OF DEATH

County of Idaho
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 75

(If death occurred in a hospital or institution, give its name instead of street and number.)
No.

2. FULL NAME

(a) Residence. No. Idaho Falls

St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 66 Years 10 Months 5 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant (Address)

15.

Filed April 2nd, 1931.

Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Apr. 18, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 26, 1931, to April 18, 1931
that I last saw him alive on April 16, 1931

and that death occurred, on the date stated above, at 8:15 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Fatal stroke

CONTRIBUTORY (Secondary)

Hemorrhage of the brain (duration) yrs. 2 mos. 23 ds.

18. Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) H. J. Self M. D.
4-20-31 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal Date of Burial
Idaho Falls, Id. Apr 20 1931

20. Undertaker Address
J. E. Drake Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **74992**

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085

Local Registrar's No. 74

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Monroe Hendrix

182

(a) Residence. No. Twin Falls Ida St.

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 17 - 1928

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
3 2 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Gooding Ida
(State or country)

10. NAME OF FATHER Leslie Hendrix

11. BIRTHPLACE OF FATHER (city or town) Mo.
(State or Country)

12. MAIDEN NAME OF MOTHER Ladine Evilsizer

13. BIRTHPLACE OF MOTHER (city or town) Mo.
(State or Country)

14. Informant Leslie Hendrix
(Address) 1412 - 8th Ave E.

15. Filed April 22nd 1921 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 18 1921
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:

Accidental drowning

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. Russell Weaver M. D.
4-20 1921 (Address) Twin Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 4-20 1921

20. Undertaker White Mortuary Inc Address Twin Falls Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74993

State File No.

Local Registrar's No. 73

159C

PLACE OF DEATH
County of Twin Falls
City of Twin FallsRegistration District No. 37
Primary Registration District No. 1085(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Emory Elton Gillespie(a) Residence. No. 251 - 5th Ave E. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 17, 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
20 no 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9. BIRTHPLACE (city or town) Twin Falls
(State or country)10. NAME OF FATHER J. E. Gillespie11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Alice Ruth Nye13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant J. E. Gillespie
(Address) 251 - 5th Ave E.15. Filed April 22, 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 18, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 17, 1931, to April 18, 1931
that I last saw him alive on April 18, 1931
and that death occurred, on the date stated above, at 2 pm, m.

The CAUSE OF DEATH* was as follows:

congenital malformation of abdominal wall; hernia of liver,

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Operation(Signed) Howard Wilson, M. D.April 18, 1931 (Address) Twin Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 4-20 193120. Undertaker White Mortuary Inc Address Twin Falls.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74994

PLACE OF DEATH
County of Lincoln
City of Lincoln Falls

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 72

(No. 751 2nd Ave East)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Burnham Allen

(a) Residence. No. 751 2nd Ave East St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 18 1850

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
81 1 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Council Bluffs Iowa
(State or country)

10. NAME OF FATHER

Andrew Burnham

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

N. H.

12. MAIDEN NAME OF MOTHER

Harriet Kimmel

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

N. H.

14. Informant Mrs Frank Webb
(Address) 751 2nd Ave E. Lincoln Falls

15. Filed April 22nd, 1931. Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 27th, 1931, to April 15th, 1931
that I last saw her alive on April 15th, 1931
and that death occurred, on the date stated above, at 1 p.m.
The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Arterio-sclerosis General

(duration) 1 yrs. mos. ds.

18. Where was disease contracted ✓
if not at place of death?

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Chemical

(Signed) Dr. Wm. J. Allen, M. D.

4-16/31, 1931 (Address) Lincoln Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lincoln Falls Ida Date of Burial 4/17 1931

20. Undertaker J. Grossman Address Lincoln Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.
Exact statement of OCCUPATION is very important.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74995

State File No.

PLACE OF DEATH

County of Van Falls
City of Van Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2081Local Registrar's No. 71

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ray Hamby(a) Residence. No. Hammerley Ln

St.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs mos. ds.

Length of residence in city or town where death occurred. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec 31 / 1922

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.8320

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Student9. BIRTHPLACE (city or town)
(State or country)N. C.

10. NAME OF FATHER

G. L. Hamby11. BIRTHPLACE OF FATHER (city or town)
(State or Country)N. C.

12. MAIDEN NAME OF MOTHER

Nellie Powell13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)N. C.

14.

Informant
(Address)G. L. Hamby
Hammerley Ln

15.

Filed April 22nd 1931Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Apr. 12at 8-45

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 6 - 1931, to April 12, 1931that I last saw him alive on April 12, 1931and that death occurred, on the date stated above, at 8:45 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Arterial SclerosisCONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

Septicemia

(duration) yrs. mos. ds.

18. Where was disease contracted Kindred's
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Dr. Davis M. D.Apr. 14, 1931 (Address) Kindred's

19. Place of Burial, Cremation, or Removal

Date of Burial

Van Falls Apr 14 1931

20. Undertaker

Address

F. L. Drake Van Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Joan Falls
City of Joan FallsSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1083

DO NOT WRITE IN THIS SPACE

74996

State File No.

Local Registrar's No. 69

(No.)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances Rebecca Bellville(a) Residence. No. 263-5th E St.

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFrank Bellville6. DATE OF BIRTH (month, day and year) July 31 - 18877. AGE Years 48 Months 8 Days 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Cincinnati
(State or country) Ohio10. NAME OF FATHER J. E. Bellville11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER May Lorraine13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or Country)14. Informant Frank Bellville
(Address) 263-6th Ave E15. File April 14th 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 10 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 28th 1930, to April 10th 1931
that I last saw h.w. alive on April 10th 1931
and that death occurred, on the date stated above, at 11:15 a.m.
The CAUSE OF DEATH* was as follows:Endo-myo-Pericarditis following
Acute Respiratory infection
(duration) yrs. 6 mos. ds.CONTRIBUTORY Septicemia General
(Secondary)
(duration) yrs. 2 mos. ds.18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? 10 Date of ✓Was there an autopsy? 10What test confirmed diagnosis? B.M.P. - X-ray Radiology
(Signed) James H. Thompson, M.D.4/10/31 19 (Address) Joan Falls Id.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Joan Falls Cemetery Date of Burial 4-12 193120. Undertaker White Mortuary Inc Address Joan Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74997

State File No.

Local Registrar's No. 70

PLACE OF DEATH

County of Lincoln

City of Ellettsville

Registration District No. 37

Primary Registration District No. 2085

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Buht Ida R.F.D.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

W.

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE

Years

Months

Days

1 If LESS than
day, 2 hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Buht Ida R.F.D.

10 NAME OF FATHER

Wm Breeding

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Highland Kas

12 MAIDEN NAME OF MOTHER

Marie Gunn

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Sheridan Co. Kas

14 Informant

A. G. Newberry

(Address)

Ellettsville

15 Filed April 14, 1931

Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 9

31

(Month)

(Day)

19 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1931 to April 9, 1931 that I last saw him alive on April 9, 1931 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity (5 1/2 mo)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. G. Newberry, M. D.

apl 9, 1931 (Address) Peter's

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

Breeding Ranch

April 10 1931

20. Undertaker

Address

Father

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
74998
State File No.

PLACE OF DEATH
County Boyer Falls
City of Boyer Falls

CERTIFICATE OF DEATH
Registration District No. 37
Primary Registration District No. 1085

Local Registrar's No. 68

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Mary Lois Cooper
(a) Residence. No. 1410 Maple Ave St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph. Percy Cooper

6. DATE OF BIRTH (month, day and year) Mar 12 / 1858

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
73 — 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

10. NAME OF FATHER Samuel Cornell

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Martha G. Speller

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant (Address) Mary S. Richards
Boyer Falls

15. Filed April 14th 1931 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended decedent from Jan 1st 1930, to Apr 9th 1931,
that I last saw him alive on Apr 9th 1931,
and that death occurred, on the date stated above, at 3 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cardio vascular Disease
myocarditis

(duration) 5 yrs. mos. ds.
CONTRIBUTORY (Secondary) Edema of the lungs
(duration) yrs. mos. ds. 3 mos

18. Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? examined

(Signed) H. E. Richards M. D.
Apr 14th 1931 (Address) Boyer Falls

19. Place of Burial, Cremation, or Removal Date of Burial
Cory Cemetery Apr. 1931

20. Undertaker Address
F. C. Drake Boyer Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MAY 19 1931

DO NOT WRITE IN THIS SPACE

71999

State File No.

PLACE OF DEATH

County of Twin Falls,

City of Twin Falls,

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 67

(No. County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby J. T. Dunn

(a) Residence. No. 437--4th. Ave West St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year) <u>April 8th-1931</u>		
7. AGE <u>0</u> Years <u>0</u> Months <u>0</u> Days		If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (city or town) Twin Falls, Idaho.
(State or country)

10. NAME OF FATHER James T. Dunn

11. BIRTHPLACE OF FATHER (city or town) Utah.
(State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth Davis

13. BIRTHPLACE OF MOTHER (city or town) Utah.
(State or Country)

14. Informant James T. Dunn
(Address) 437--4th, Ave West, Twin Falls

15. Filed April 14th 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 8th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
4-8 4-8 19 31
that I last saw him/her alive on 4-7 19 31
and that death occurred, on the date stated above, at 3.36AM

The CAUSE OF DEATH* was as follows:
Josephine of Pregnancy up
marked hyper-
extension of albuminuria
(duration) yrs. mos. ds.
CONTRIBUTORY Premature Birth
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John T. Linsley

4-9 19 31 (Address) Twin Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Date of Burial 19

20. Undertaker P. J. Grossman Address Twin Falls,

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75000

State File No.

PLACE OF DEATH

County of Juniper
City of Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085Local Registrar's No. 66

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 252 4th St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 5 / 1865

7. AGE Years Months Days 65 8 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Conn.14. Informant Mrs. Betty Cherry (Address) Juniper Falls15. Filed April 14th 1931 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Apr. 8, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

4/4, 1931, to 4/7, 1931
that I last saw him alive on 4/7, 1931

and that death occurred, on the date stated above, at 5 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

E. J. Meador M. D.4/8, 1931 (Address) Juniper Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Falls Apr 10 1931

20. Undertaker

Address

J. E. Drake Juniper Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 18 1931

DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
CITY OF MINNESOTA

DO NOT WRITE IN THIS SPACE

75001

County of St. Louis Registration District No. 37
City of St. Louis Primary Registration District No. 2085 Local Registrar's No. 65
(No. 151)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Mamie Glee Wyatt County Hospital
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced
HUSBAND of Dr. Wyatt
(or) WIFE of
6. DATE OF BIRTH (month, day and year) Sept 10 / 1884
7. AGE Years 46 Months 6 Days 23 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Chiropractor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Laura
(State or country)

PARENTS

10. NAME OF FATHER W. F. Howard
11. BIRTHPLACE OF FATHER (city or town) Lynn
(State or Country)
12. MAIDEN NAME OF MOTHER Christina Larsen
13. BIRTHPLACE OF MOTHER (city or town) Norway
(State or Country)

14. Informant Dr. Wyatt
(Address) St. Louis

15. Filed April 14th 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. 3 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Mar. 29, 1931, to April 3, 1931.
that I last saw her alive on April 3, 1931.
and that death occurred, on the date stated above, at 1 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Gangrenous Appendix
& Mesentery of Bowel

(duration) yrs. mos. ds.
CONTRIBUTORY Peritonitis
(Secondary)
(duration) yrs. mos. 7 ds.

18. Where was disease contracted
if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) John R. Morgan M. D.
4/3/31, 1931 (Address) St. Louis, Mo.

19. Place of Burial, Cremation, or Removal St. Louis Date of Burial Apr. 6 1931

20. Undertaker L. E. Drake Address St. Louis

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
File No. 75002

PLACE OF DEATH

County of Lincoln
City of Lincoln

Registration District No. 34
Primary Registration District No. 2087

Local Registrar's No. 31

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank E. Daily
(a) Residence. No. _____ St. Castelford Idaho
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE white 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Mrs. Helen Daily (or) WIFE of
6. DATE OF BIRTH (month, day and year) Aug 26 1901
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
29 7 29
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Kansas
(State or country)

10. NAME OF FATHER Robert Daily

11. BIRTHPLACE OF FATHER (city or town) Ind.
(State or Country)

12. MAIDEN NAME OF MOTHER Hettie Vaughn

13. BIRTHPLACE OF MOTHER (city or town) Kansas
(State or Country)

14. Informant Lela J. Daily
(Address) Castelford Idaho

15. Filed 4-25, 1931. J. H. Humphrey
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1931, to April 25, 1931, that I last saw him alive on April 25, 1931, and that death occurred, on the date stated above, at 4:30 A.M.
The CAUSE OF DEATH* was as follows:

Tubercular meningitis

(duration) _____ yrs. _____ mos. 3 ds.
CONTRIBUTORY Pulmonary tuberculosis
(Secondary)
(duration) 4 yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? + stain of spinal fluid

(Signed) A. B. Morrison, M. D.

April 25, 1931 (Address) Castelford Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Hamlego Kansas Date of Burial 4-26-31

20. Undertaker Perilla Sperry Address _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75003

State File No.

PLACE OF DEATH

County of *Quinn Falls*

City of *Near Murtough*

Registration District No. *39*

Primary Registration District No. *2087*

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Frank Scott Achenbach*

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred *2* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Euby Achenbach*

6. DATE OF BIRTH (month, day and year) *July 26 - 1904*

7. AGE Years *26* Months *8* Days *24* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED *Sheep Shearer*

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Ayrton* (State or country) *Calo.*

10. NAME OF FATHER *Emanuel Achenbach*

11. BIRTHPLACE OF FATHER (city or town) *Line Grove, Penna.* (State or Country)

12. MAIDEN NAME OF MOTHER *Nancy Ellen Scott*

13. BIRTHPLACE OF MOTHER (city or town) *Missouri* (State or Country)

14. Informant *Emanuel Achenbach* (Address) *Agawam, Mass.*

15. Filed *4-21*, 1931 *J. H. Murphy* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *April 19*, 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Apr 14th*, 19*31*, to *Apr 19th*, 19*31*, that I last saw him alive on *Apr 14th*, 19*31*, and that death occurred, on the date stated above, at *4 P.* m.

The CAUSE OF DEATH* was as follows:
fracture of skull at base of brain, and rupture of both legs (duration) mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? *at Murtough*

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis? *Aspirin*

(Signed) *H. C. Taylor* M. D.

Apr 20th, 19*31* (Address) *Quinn Falls*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Burial Lds* Date of Burial *4/21*, 19*31*

20. Undertaker *L. J. Schuman* Address *Burial Lds*

RECEIVED MAY 5 1931
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75004**Local Registrar's No. **1612**

PLACE OF DEATH

County of LinnCity of BuhlRegistration District No. 39Primary Registration District No. 2087

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Shriver(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, <u>6</u> hrs. or min.
	<u>X</u>	<u>X</u>	<u>X</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Buhl, Ida
(State or country)10. NAME OF FATHER Noyle Shriver11. BIRTHPLACE OF FATHER (city or town) Winfield, Kansas
(State or Country)12. MAIDEN NAME OF MOTHER Lady's Vinegar13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Noyle Shriver
(Address) Buhl, Ida15. Filed April 16, 1931
J. T. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 16 31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 4/16, 1931, to , 19 that I last saw her alive on 4/16, 1931and that death occurred, on the date stated above, at 10³⁰ A. M.

The CAUSE OF DEATH* was as follows:

Premature birth - 3 mo.(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) A. A. Morrison M. D.4/16, 1931 (Address) Buhl, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl, Ida Date of Burial 4/16 193120. Undertaker L. Johnson Address Buhl, Ida

RECEIVED MAY 5 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75006

PLACE OF DEATH
 County of Latah
 City of Hamlet
Hospital

Registration District No. 39
 Primary Registration District No. 2-087

Local Registrar's No. 107

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orville Duncan

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
 HUSBAND of Mildred Duncan
 (or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 18th. 1903

7. AGE Years 28 Months 1 Days 20 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lineman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town, State or country) Marion, Kan.10. NAME OF FATHER H. L. Duncan11. BIRTHPLACE OF FATHER (city or town, State or Country) Virginia12. MAIDEN NAME OF MOTHER Bessie Liden13. BIRTHPLACE OF MOTHER (city or town, State or Country) Missouri14. Informant H. L. Duncan
(Address) Trinitas, Idaho15. Filed 4-13 1931 J. T. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. 10 1931
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 7th, 1931, to Apr 10th, 1931, that I last saw him alive on Apr 10th, 1931, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Edema of lungs
and shock due to an
electric burn
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? at Pomer plant.Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? physical(Signed) H. L. Duncan M. D.Apr 11th, 1931 (Address) Trinitas, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Vegetarian Date of Burial 4-13 1931

20. Undertaker D. Duncan Address Trinitas

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 75007

PLACE OF DEATH
County of Quinn Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087

Local Registrar's No. 1016

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Timothy L. Hardwick

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) March 15 - 1875

7. AGE Years 56 Months 4 Days 26 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Grecktown Ind.
(State or country)

10. NAME OF FATHER Thomas Milton Hardwick

11. BIRTHPLACE OF FATHER (city or town) Clinton County - Mo
(State or country)

12. MAIDEN NAME OF MOTHER Jane Barrett

13. BIRTHPLACE OF MOTHER (city or town) Clinton County, Indiana
(State or country)

14. Informant J. J. Hardwick
(Address) Buhl, Ida.

15. Filed 4-13, 1931 J. J. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 - 10 - 31
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to April 10, 1931
that I last saw him alive on April 10, 1931
and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Chronic Indurated
(Secondary) suppuritis (duration) 1 yrs. _____ mos. _____ ds.

18. Where was disease contracted Buhl Ida
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. E. Smith M. D.
April 12, 1931 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal _____ Date of Burial 4-11-31

20. Undertaker _____ Address _____

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75008**

PLACE OF DEATH

County of Lewis Falls

City of Beck

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No. 880

(No. 1)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christine Jacobsen

(a) Residence. No. 1 St.

(Usual place of abode)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Jacobsen

6. DATE OF BIRTH (month, day and year)

7. AGE Years 74 Months 7 Days 13 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mr. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Denmark
(State or country)

10. NAME OF FATHER Dan Knaw

11. BIRTHPLACE OF FATHER (city or town) Denmark
(State or Country)

12. MAIDEN NAME OF MOTHER Hella Nilsson

13. BIRTHPLACE OF MOTHER (city or town) Denmark
(State or Country)

14. Informant Walter Jacobsen
(Address) Opice Wash

15. Filed 4-10, 1931 J. N. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 8 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-8-31, 1931, to 4-9-31, 1931, that I last saw her alive on 4-8-31, 1931, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:
Probably myocarditis - fracture of thigh sustained (some duration)

(duration) yrs. mos. ds.
CONTRIBUTORY Scrubty
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No

What test confirmed diagnosis? Clinical
(Signed) E. L. Barry M. D.
4-10, 1931 (Address) Beck Idh

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Huntington Utah Date of Burial 1931

20. Undertaker J. N. Murphy Address Beck Idh

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75009

PLACE OF DEATH
County of *Wash. D.C.*
City of *Bethesda*

Registration District No. *39*
Primary Registration District No. *2027*

Local Registrar's No. *1572*

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Joanne Fae Thompson*

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) *March 30 1931*

7. AGE Years Months Days *Seven* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at Home*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Bethesda* (State or country)

10. NAME OF FATHER *Gen. L. Thompson*

11. BIRTHPLACE OF FATHER (city or town) *Kan.* (State or Country)

12. MAIDEN NAME OF MOTHER *Bessie Green*

13. BIRTHPLACE OF MOTHER (city or town) *Kan.* (State or Country)

14. Informant *Gen. L. Thompson* (Address)

15. Filed *April 16 1931* *J. H. Murphy* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Apr 5 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *3-30 1931* to *Apr 5 1931* that I last saw her alive on *Apr 5 1931* and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:
Congenital obstruction at junction of esophagus with stomach
(duration) _____ yrs. _____ mos. *6* ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? *no* Date of _____
Was there an autopsy? *no*
What test confirmed diagnosis? *X-ray exam*
(Signed) *E. H. Thompson* M. D.
4-16 1931 (Address) *Bethesda*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Bethesda* Date of Burial *4/6 1931*

20. Undertaker *L. H. Hume* Address *Bethesda*

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75010

State File No.

Local Registrar's No. 15

PLACE OF DEATH
Valley
County of
City of McCall, Idaho

Registration District No.
Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Minnie Belle Rowland

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
56 4 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Phillips
(State or country) Jones Co Kansas

10. NAME OF FATHER Marion Davis

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER Blanch A Willey

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) St. Claire Mich

14. Informant D. F. Rowland
(Address)

15. Filed April 16, 1931 W. C. Gadsden
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 15 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
April 12, 1931, to April 15, 1931
that I last saw her alive on April 12, 1931
and that death occurred, on the date stated above, at 8:30 a m.
The CAUSE OF DEATH* was as follows:
Gastric ulcer

(duration) 1 yrs. 0 mos. 0 ds.
CONTRIBUTORY (Secondary) Hemorrhage from
gastric ulcer (duration) 0 yrs. 0 mos. 7 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Roscoe C. Ward M. D.
4/16/31, 19 (Address) Cascade Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Spink Cemetery April 17 1931
20. Undertaker W. C. Gadsden Address

RECEIVED MAY 4 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75011

State File No.

PLACE OF DEATH

County of WashingtonCity of WesleyRegistration District No. 86Primary Registration District No. 2112

(No.)

Local Registrar's No. 21

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Corroll Thomas Coats(a) Residence. No. main creek St. 1019(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) widowed5a. If married, widowed, or divorced
HUSBAND of minnie Coats
(or) WIFE OF6. DATE OF BIRTH (month, day and year) May 19-18677. AGE 63 Years 10 Months 4 Days IF LESS than 1 day, hrs. or min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mo
(State or country)10. NAME OF FATHER John Coats11. BIRTHPLACE OF FATHER (city or town) Tenn.
(State or Country)12. MAIDEN NAME OF MOTHER Paulina Boswell13. BIRTHPLACE OF MOTHER (city or town) Dout Know
(State or County)14. Informant Lula Hayes
(Address) La Grange, Ark.15. Filed May 2, 1931 W. R. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 23, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1931, to Mar. 23, 1931that I last saw him alive on Mar. 22, 1931and that death occurred, on the date stated above, at 5 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Lobar Pneumonia(duration) yrs. mos. ds.
CONTRIBUTORY asthma & High blood pressure
(Secondary) (duration) 3 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Chylous fluid(Signed) F. L. Schmitt, M. D.3-24-, 1931 (Address) Wesley, Ark.19. Place of Burial, Cremation, or Removal Main Creek Date of Burial 3-25-193120. Undertaker L. C. Northam Address Wesley, Ark.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

M H M.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED MAY 4 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75012
State File No.

PLACE OF DEATH
County of Washington
City of Wicks

CERTIFICATE OF DEATH
Registration District No. 86
Primary Registration District No. 1010
(No.)

Local Registrar's No. 20

2. FULL NAME James W. Andrews
(If death occurred in a hospital or institution, give its name instead of street and number.)

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wht 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of Emma Andrews
(or WIFE of)

6. DATE OF BIRTH (month, day and year) May 3 - 1860

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
70 10 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Douglas
(State or country)

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (city or town) Don't Know
(State or Country)

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (city or town) Don't Know
(State or Country)

14. Informant J.W. Andrews
(Address) Wicks Idaho

15. Filed May 2 1931 W. R. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 23, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 20th, 1931, to March 23rd, 1931,
that I last saw him alive on March 23rd, 1931,
and that death occurred, on the date stated above, at 8 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia right

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted no
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) L. L. Cavanaugh, M. D.
3/24/31, 19... (Address) Wicks Idaho

19. Place of Burial, Cremation, or Removal Hillcrest Cemetery Date of Burial 3-25-1931

20. Undertaker L. L. Northam Address Wicks Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
RECEIVED MAY 4 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75013

State File No.

PLACE OF DEATH

County of WashingtonCity of WenatcheeRegistration District No. 86Primary Registration District No. 2012Local Registrar's No. 19

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Hessemer(a) Residence. No. Council IdSt. Id

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m4. COLOR OR RACE whr5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Don't know7. AGE 60 Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Indiana10. NAME OF FATHER Don't know11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't know12. MAIDEN NAME OF MOTHER Don't know13. BIRTHPLACE OF MOTHER (city or town) (State or County) Don't know

14.

Informant (Address) L.H. Bentsushow
Council Idaho

15.

Filed May 2, 1931W.R. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April51931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1931, to April 5, 1931, that I last saw him alive on April 4, 1931, and that death occurred, on the date stated above, at 5:30 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Septicemia(duration) yrs. mos. 14 ds.CONTRIBUTORY (Secondary) Cancer(duration) several yrs. mos. ds.18. Where was disease contracted No if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None(Signed) W.R. Hamilton

M. D.

4-71931(Address) Wenatchee

19. Place of Burial, Cremation, or Removal

Date of Burial

Council Id4-7 1931

20. Undertaker

Address

L.B. NorthamWenatchee

RECEIVED MAY 4 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75014

PLACE OF DEATH
County of Washington
City of Wenatchee

Registration District No.

Primary Registration District No.

Local Registrar's No. 18

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Edward Bowles(a) Residence. No. 744 West 3rd St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wht 5. Single, Married, Widowed, or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 31-19267. AGE Years Months Days If LESS than 1 day, hrs. or min.
5 5 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER L. E. Bowles11. BIRTHPLACE OF FATHER (city or town) Wyoming
(State or Country)12. MAIDEN NAME OF MOTHER Jola Sue Davis13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant L. E. Bowles
(Address) Wenatchee Idaho

15. Filed..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 29 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Dec 13th 1930, to March 29th 1931
that I last saw him alive on March 29th 1931
and that death occurred, on the date stated above, at 6:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Intestinal Myelitis(duration) 6 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? 7/10 Date ofWas there an autopsy? 7/10What test confirmed diagnosis? Urinary analysis(Signed) D. R. K. Smith, M. D.

(Address)

19. Place of Burial, Cremation, or Removal Wenatchee Cemetery Date of Burial 3/31-193120. Undertaker L. E. Northam Address Wenatchee

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 4 1931

 DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75015

State File No.

PLACE OF DEATH

 County of Washington
City of Wesley

CERTIFICATE OF DEATH

Registration District No. 86Primary Registration District No. 1010Local Registrar's No. 17

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Grace D. Lawrence

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX F 4. COLOR OR RACE wh 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND
(or) WIFE ofRaymond De Somere6. DATE OF BIRTH (month, day and year) Dec 29-1910
 7. AGE 20 Years 3 Months 10 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER Noah Ritzke11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Sadie E Beigh13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or County)14. Informant Sadie E. Beigh
(Address) Wesley Idaho15. Filed May 2, 1931 W. R. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 10, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 7, 1931, to April 10, 1931,
that I last saw him alive on April 10, 1931,and that death occurred, on the date stated above, at 4 P. M.
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
obstruction to bowels
caused by adhesions.(duration) yrs. mos. 3 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of April 10-31Was there an autopsy? noWhat test confirmed diagnosis? of malignancy(Signed) F. A. Schmitt M. D.April 11, 1931 (Address) Wesley Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Hillcrest Cemetery4-12-1931

20. Undertaker

Address

L. B. NorthamWesley Idaho

m 14 m

RECEIVED MAY 4 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75016

PLACE OF DEATH

County of WashingtonCity of WesleyRegistration District No. 86Primary Registration District No. 1010

(No. _____)

Local Registrar's No. 16

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Camp U. Rees Park, Issaquah St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

married

5a. If married, widowed, or divorced

(or) WIFE of

Edwin C. Evans

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

35

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer Picking apples and all kinds of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Don't Know

10. NAME OF FATHER

Ray Mathen Eva Evans
531 E 3rd St
Nutcracker Kansas

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Don't Know

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Don't Know

14. Informant (Address)

Telegram Mrs Eva Evans
531 E 3rd St Nutcracker Kansas

15. Filed

May 2, 1931W. R. Hamilton
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March1331

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Murdered by Husband
Edwin C. Evans. pistol
shot in head.
No Inquest

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed)

L. B. NorthamMarch 7 311931 (Address) Wesley Idg

19. Place of Burial, Cremation, or Removal

Wesley Cemetery

Date of Burial

3-13-1931

20. Undertaker

L. B. Northam

Address

Wesley Idg

RECEIVED MAY 4 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75017

State File No.

PLACE OF DEATH

County of Washington
City of Weir

Registration District No. 86

Primary Registration District No. 1010

(No.)

Local Registrar's No. 15

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin Clyde Evans

(a) Residence. No. Camp U. Post Park Trancient St.

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE wht 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of Willie Evans
(or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day and year)

7. AGE 38 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Don't Know

10. NAME OF ~~FATHER~~ Step Mother, Eva Evans
531 E. 3rd St
Hutchinson Kansas

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't Know

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Don't Know

14. Informant (Address) Telegram Eva Evans
531 E. 3rd St Hutchinson Kan

15. Filed May 2, 1931 W. R. Hamlet Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Suicide. by shooting self
in head, with 32. automatic
revolver. No Inquest
(duration)yrs.mos.ds.

CONTRIBUTORY (Secondary) (duration)yrs.mos.ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis? Coroner
(Signed) L. B. Northam
March 23, 1931 (Address) Weir Ida

19. Place of Burial, Cremation, or Removal Whecrest Cemetery Date of Burial 3-23 1931

20. Undertaker L. B. Northam Address Weir Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

EXACTLY.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 4 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75018

State File No.

PLACE OF DEATH

County of Washington
City of Wenatchee

CERTIFICATE OF DEATH

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 14

(No. 179)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marcella Lolley

(a) Residence. No. 811 E. Main St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wht 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 22 - 1929

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 5 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

10. NAME OF FATHER Walter Lolley

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Edith Frank

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho

14. Informant (Address) Walter Lolley
Wenatchee

15. Filed March 17 1931 W. R. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 7 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 26, 1931, to Mar 7, 1931

that I last saw him alive on Mar 7 - 1931

and that death occurred, on the date stated above, at 6 0 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Accidental Burn.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Visiting

(Signed) F. A. Lolley M. D.

Mar 8, 1931 (Address) Wenatchee

19. Place of Burial, Cremation, or Removal Date of Burial
Heelerest Cemetery 3-9-1931

20. Undertaker Address
L. B. Northman Wenatchee

11-11-31

RECEIVED MAY 4 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75019

PLACE OF DEATH

County of Washington
City of Weiser

CERTIFICATE OF DEATH

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 13

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary D. Mc Clement

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 30, 1858

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
72 2 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wis.

10. NAME OF FATHER James Mc Clement

11. BIRTHPLACE OF FATHER (city or town) (State or Country) N. Y.

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Don't Know

14. Informant (Address) Anna Mc Clement
24 No Delphia Ave. Port Jervis

15. Filed March 17 1931 W.R. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
March 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Feb 10 31 to Mar 15 31
that I last saw her alive on Mar 15 31

and that death occurred, on the date stated above, at 39 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cardiac dilatation

(duration) yrs. mos. ds. 2
CONTRIBUTORY Senility & Toxaemia
(Secondary) from strangulated Hernia yrs. mos. ds. 35

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of Feb 12

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. Marshall, M. D.
Mar 17 1931 (Address) Weiser

19. Place of Burial, Cremation, or Removal Date of Burial
Weiser Mont 3-20-1931

20. Undertaker Address
L. C. Northaus Weiser Id.

M. N. M.

WRITE PERMANENTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75020

PLACE OF DEATH

County of Washington

City of Wesepe

CERTIFICATE OF DEATH

Registration District No. 86

Primary Registration District No. 2010

Local Registrar's No. 12

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Wells

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Wht 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March. 13-1931

7. AGE Years Months Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho (State or country)

10. NAME OF FATHER Harry Wells

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER Gladys Jones

13. BIRTHPLACE OF MOTHER (city or town) Idaho (State or Country)

14. Informant (Address) Harry Wells

15. Filed March 17, 1931 W. R. Hamilton Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March. 13, 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1931, to March 13, 1931, that I last saw him alive on March 13, 1931, and that death occurred, on the date stated above, at 9 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Infection
Pneumonia

(duration) yrs. mos. 1/4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? 7. diaries

Did an operation precede death? No Date of.

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) Dr. R. Hamilton M. D.

March 17, 1931 (Address) Wesepe Idaho

19. Place of Burial, Cremation, or Removal Hillcrest Cemetery Date of Burial 3-15-1931

20. Undertaker L. B. Northman Address Wesepe Idaho

RECEIVED MAY 4 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75021

PLACE OF DEATH

County of Washington
City of Weiser

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 11

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

George W. Owens

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wht 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mary Owens

6. DATE OF BIRTH (month, day and year) Dec 13 - 1852

7. AGE Years Months Days If LESS than 1 day.
78 2 17 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah

10. NAME OF FATHER Robert Owens

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't know

12. MAIDEN NAME OF MOTHER D. Weeber

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho

14. Informant (Address) Mary Owens
Weeber & Sons

15. Filed March 17, 1931 W.R. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 6, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Mar 6, 1931.
that I last saw him alive on Mar 6, 1931.

and that death occurred, on the date stated above, at 6 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Popoplexy

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. R. Marshall M. D.
Mar 7, 1931 (Address) Weiser

19. Place of Burial, Cremation, or Removal Smithville, Utah Date of Burial 3-9-1931

20. Undertaker L.B. Northam Address Weiser Idaho

RECEIVED MAY 4 1931
STATE OF IDAHO

W.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75022

State File No.

PLACE OF DEATH

County of Washington
City of Wesley

CERTIFICATE OF DEATH

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 10

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Loorh Emma Abercrombie

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wht 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

~~HUSBAND~~ of J.M. Abercrombie
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 5-1857

7. AGE Years 73 Months 4 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Leavenworth
(State or country)

10. NAME OF FATHER Wm. Molony

11. BIRTHPLACE OF FATHER (city or town) Texas
(State or Country)

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (city or town) Don't Know
(State or Country)

14. Informant Walter Abercrombie
(Address) Wesley, Ida

15. Filed March 17, 1931 W.R. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

probably cancer of the
throat

.....(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

.....(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L.B. Northrup Coroner
Feb 20, 1931 (Address) Wesley, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Heavenly Cemetery 2-21-1931

20. Undertaker

Address

L.B. Northrup Wesley, Ida

M.N.M.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

PARENTS

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75023

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1004

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orrie Cole(a) Residence. No. 112 East Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widowed

5a. If married, widowed, or divorced

HUSBAND of Ella Bown Cole
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 2, 18427. AGE Years 89 Months 1 Days 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) New Braintree
(State or country) Massachusetts

10. NAME OF FATHER

Seth Pierce Cole11. BIRTHPLACE OF FATHER (city or town) Randolph
(State or Country) Vermont

12. MAIDEN NAME OF MOTHER

Sarah Almira Thrasher13. BIRTHPLACE OF MOTHER (city or town) Vermont
(State or Country)

14.

Informant
(Address)O. S. Cole
112 East Idaho St. Boise Idaho

15.

Filed

5-22, 1931W. W. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 18, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 10, 1931, to May 18, 1931
that I last saw him alive on May 18, 1931and that death occurred, on the date stated above, at 5 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Cardiac
Vascular disease(duration) 3 yrs. mos. ds.CONTRIBUTORY
(Secondary)Senile (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?BoiseDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical Exam(Signed) F. W. Almud, M. D.5-22, 1931 (Address) Boise

19. Place of Burial, Cremation, or Removal

Date of Burial

Pioneer Cemetery 5/20 1931

20. Undertaker

Address

Schneiber & W. Baum Boise Id

Dr. Almud

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of AdaCity of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 8Primary Registration District No. 2004(No. V.A., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ANDREW B. ALBRO(a) Residence. No. 405 West Fourth St.St. Reno, Nevada

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word)
single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofXX

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs. min.66

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. XX9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. XX10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) M. W.

MOTHER FATHER

13. NAME XX14. BIRTHPLACE (city or town)
(State or country) XX15. MAIDEN NAME XX16. BIRTHPLACE (city or town)
(State or country) XX17. INFORMANT L. H. Beaman
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place Reno, Nev. Date 5-12, 193119. UNDERTAKER Ross Burke
(Address) Reno, Nevada20. FILED 5-13, 1931 W. H. Rhoda
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 75024Local Registrar's No. 36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from

January 25, 1931, to May 11, 1931I last saw him alive on May 11, 1931; death is saidto have occurred on the date stated above, at 7.45 Pm.

The principal cause of death and related causes of importance

were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Paraplegia

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) P. C. Smith, Reg. Med. Off., M. D.(Address) V.A., Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75025

State File No.

PLACE OF DEATH

County of Bannock
City of Peratello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 81

(No. Sidewalk front Maytag Appliance Shop
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Moroni Jensen Clark

(a) Residence. No. U. S. Valley Apartments

Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 170 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Edith Bailey Clark (or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 1, 1896

7. AGE Years 36 Months 4 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Traveling Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) General Foods

(c) Name of employer Products Co

9. BIRTHPLACE (city or town) Lima, Mont. (State or country)

10. NAME OF FATHER Daniel Clark

11. BIRTHPLACE OF FATHER (city or town) England (State or Country)

12. MAIDEN NAME OF MOTHER Eliza Jensen

13. BIRTHPLACE OF MOTHER (city or town) Norway (State or Country)

14. Informant John McAlamy (Address) Provo Utah

15. Filled 5-3, 1931 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from May 2, 1931, to May 2, 1931, that I last saw him alive on May 2, 1931, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Sun shot wound penetrating
hard palate, base of skull and
through mid brain
(duration) yrs. mos. ds.

CONTRIBUTORY Probable temporary (Secondary) derangement due to intoxication
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Suicidal

(Signed) Arthur W. Hall, M. D.

5/3, 1931 (Address) Peratello, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Provo, Utah Date of Burial 5-5 1931

20. Undertaker Hall Mortuary Address Peratello, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1931

STATE OF IDAHO

PLACE OF DEATH

County of Bannock
City of Pocatello

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2/6/

(No. Sidewalk front Maytag Sales Store)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 7a ALocal Registrar's No. 8

2. FULL NAME Moroni Jensen Clark
(a) Residence. No. Woolley Apartments St. Pocatello, Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Ethel Bailey Clark
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 1, 1896

7. AGE Years 36 Months 4 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Travelling Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Foods Products Co.

10. Date deceased last worked at this occupation (month and year) May 1, 1931 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lima, Montana
(State or country)13. NAME Daniel Clark14. BIRTHPLACE (city or town) England
(State or country)15. MAIDEN NAME Eliza Jensen16. BIRTHPLACE (city or town) Norway
(State or country)17. INFORMANT John McAdams
(Address) Provo, Utah18. BURIAL, CREMATION, OR REMOVAL
Place Provo, Utah Date May 5, 193119. UNDERTAKER Stall Mortuary
(Address) Pocatello, Idaho20. FILED 53, 1931 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2 1931

22. I HEREBY CERTIFY, That I attended deceased from....., 1931, to....., 1931

I last saw h..... alive on....., 1931; death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance

were as follows: Gun-shot wound penetrating Date of onsethard palate, base of skulland through mid-brain(suicidal)

Other contributory causes of importance:

Probable temporary de-rament due tointoxication

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 5/2 1931Where did injury occur? Pocatello, Idaho

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public

place. Public PlaceManner of injury Gun-shot woundNature of injury Penetrating brain

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Arthur J. Hall Thomas(Address) Pocatello M.D.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

75026
DO NOT WRITE IN THIS SPACE

State File No. **75026**

PLACE OF DEATH
County of **Latah**
City of **Near Troy**

Registration District No. **64**
Primary Registration District No. **2144**

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Otis J. Gentry**

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Sept - 13 - 1895**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
35 7 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Barber**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Galena Mo**
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant **C. V. Lack**
(Address) **Troy Ida**

15. Filed **May 14, 1931** **Lucy M Pickerd**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

Gunshot wound in head
Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **H. R. Short**
5/13, 1931 (Address) **Moscow Ida**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Moscow Idaho** Date of Burial **May 14 1931**

20. Undertaker **John J. Pickerd** Address **Troy Ida**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75027**PLACE OF DEATH
County of **Ada**
City of **Boise**Registration District No. **8**
Primary Registration District No. **2004**
(No. **V.A., Boise, Idaho**)Local Registrar's No. **45**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **SEILONEN, August**

(a) Residence. No. _____

St. **St. Maries, Idaho**

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. Single, Married, Widowed, or Divorced, (write the word) **single**5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of **XX**6. DATE OF BIRTH (month, day, and year) **Dec. 12, 1890**7. AGE Years **40** Months **5** Days **20** If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **XX**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Finland**
(State or country)13. NAME **XX**
14. BIRTHPLACE (city or town) **XX**
(State or country)15. MAIDEN NAME **XX**
16. BIRTHPLACE (city or town) **XX**
(State or country)17. INFORMANT **L. H. Beaman**
(Address) **V.A., Boise, Idaho**18. BURIAL, CREMATION, OR REMOVAL
Place **Morris Hill Cem.** Date **6-4**, 193119. UNDERTAKER **Schreiber & McCann**
(Address) **Boise, Idaho**20. FILED **6-4**, 1931 **W. V. Rhodes**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **June 2, 1931**22. I HEREBY CERTIFY, That I attended deceased from **May 30**, 1931, to **June 2**, 1931I last saw him alive on **June 2**, 1931, at **1.45 p.m.**; death is said to have occurred on the date stated above, at **1.45 p.m.**

The principal cause of death and related causes of importance were as follows:

V.H.D. Mitral regurgitation and stenosis and aortic regurgitation with cardiac decompensation.

Date of onset

Other contributory causes of importance:
Coronary thrombosisName of operation **XX** Date of _____What test confirmed diagnosis? **Clin.** Was there an autopsy? **no**23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931.Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____(Signed) **F. C. SMITH, Reg. Med. Officer**
V.A., Boise, Idaho (Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		BUREAU OF VITAL STATISTICS		State File No. <u>7575028</u>	
City of <u>Boise</u>		CERTIFICATE OF DEATH			
		Registration District No. <u>8</u>		Local Registrar's No. <u>44</u>	
		Primary Registration District No. <u>2004</u>			
		(No. <u>V.A., Boise, Idaho</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>DAVIS, John J.</u>					
(a) Residence. No. <u>1508 Denver St.,</u> St. <u>Boise, Idaho</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mrs. Catherine Davis</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>52</u>	<u>1</u>	<u>16</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>XX</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Missouri</u> (State or country)					
MOTHER FATHER	13. NAME <u>XX</u>				
	14. BIRTHPLACE (city or town) <u>XX</u> (State or country)				
	15. MAIDEN NAME <u>XX</u>				
	16. BIRTHPLACE (city or town) <u>XX</u> (State or country)				
17. INFORMANT <u>L.H. Beaman</u> (Address) <u>V.A., Boise, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill</u> Date <u>May 31, 1931</u>					
19. UNDERTAKER <u>Schreiber & McCann</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>6-1</u> , 1931 <u>W. & I. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 30</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 27</u> , 193 <u>1</u> , to <u>May 30</u> , 193 <u>1</u> .					
I last saw him alive on <u>May 30</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>2.15 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
					Date of onset
<u>Pneumonia</u>					
Other contributory causes of importance:					
<u>XX</u>					
Name of operation <u>XX</u> Date of					
What test confirmed diagnosis? <u>Clin.</u> Was there an autopsy? <u>NO</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>XX</u> Date of injury, 193 <u>1</u>					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Melgie Ward</u> M. D.					
(Address) <u>Boise, Idaho</u> Act. Reg. Med. Off.					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75075029

PLACE OF DEATH

County of LewisiCity of Salmon

Registration District No. _____

Primary Registration District No. _____ Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Alvin Mc Bride(a) Residence. No. Salmon Idaho St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 1 mos. 14 ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE 14 Years 11 Months 1 Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise City
(State or country) Idaho10. NAME OF FATHER Chas. R. Mc Bride11. BIRTHPLACE OF FATHER (city or town) Hyrum
(State or Country) Utah12. MAIDEN NAME OF MOTHER Frances E. Ferguson13. BIRTHPLACE OF MOTHER (city or town) Gailey
(State or County) Idaho14. Informant Chas. R. Mc Bride
(Address) Salmon Idaho

15. Filed _____, 19____, _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 24th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 1:30 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Accidentally drowned when araft on which he was riding
struck a snag in the Salmon
River.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Am C. JoeblerJune 2nd, 1931 (Address) Salmon, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Salmon Cemetery June 3rd 1931

Undertaker

Address

Am C. Joebler SalmonIdaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Bannock

CERTIFICATE OF DEATH

State File No. 75-85030City of PocatelloRegistration District No. 28Primary Registration District No. 2167Local Registrar's No. 80(No. Apt. 104 Woolley Apartments)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Lawrence Innes(a) Residence. No. Woolley Apartments St.

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAnna Grant Innes6. DATE OF BIRTH (month, day, and year) April 18, 18917. AGE Years 40 Months 0 Days 14 If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Travelling Salesman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Borden Malted Milk Co10. Date deceased last worked at this occupation (month and year) May 2, 1931 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Paris, Idaho
(State or country)13. NAME J. B. Innes14. BIRTHPLACE (city or town) Ogden, Utah
(State or country)15. MAIDEN NAME Ada Nutt16. BIRTHPLACE (city or town) England
(State or country)17. INFORMANT J. B. Innes
(Address) Provo, Utah18. BURIAL, CREMATION, OR REMOVAL
Place Provo Date May 5, 193119. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho20. FILED 5-3, 1931 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2 193122. I HEREBY CERTIFY, That I attended deceased from , 1931, to , 1931.I last saw him alive on , 1931: death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance

were as follows:

Gun-shot wound penetrating right common iliac; Vain hemorrhage (homicide)

Date of onset

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 5/2, 1931Where did injury occur? Pocatello
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Apartment houseManner of injury Gun-shot woundNature of injury Penetrating iliac

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify (Signed) Arthur W. Hall Borden(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 3 1931
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

75041

1. PLACE OF DEATH

County Canyon State IDAHO Registered No. _____
Township _____ or Village _____
City Nampa No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

George Redman Allen
(a) Residence: No. Barma Ida Ward. 202
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Margaret Allen
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 8-1874

7. AGE Years 60 Months 2 Days 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) McClain Co. Illinois
(State or country)

13. NAME John Allen

14. BIRTHPLACE (city or town) North Carolina
(State or country)

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) North Carolina
(State or country)

17. INFORMANT Margaret E. Allen
(Address) Barma Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Barma Ida Date May 7, 1931

19. UNDERTAKER V. Peckham
(Address) Idaho

20. FILED June 1, 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5, 1931

22. I HEREBY CERTIFY That I attended deceased from Apr 30, 1931 to May 2, 1931

I last saw him alive on May 5, 1931; death is said to have occurred on the date stated above, at _____ A. M.

The principal cause of death and related causes of importance were as follows:

Injury to chest by
fractured ribs

Related cause - lung
abscess and pneumonia

also injury to liver

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of Injury 3-6, 1931

Where did injury occur? at home Barma Ida
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of Injury in home
by fractured ribs

Nature of Injury traumatic injury to chest

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify farm work

(Signed) Dr. E. Mangum, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		RECEIVED JUN 13 1931 DO NOT WRITE IN THIS SPACE 75032 State File No.	
County of <u>Shoshone</u>	City of <u>Wallace</u>	Registration District No. <u>70</u>	Primary Registration District No. <u>1011</u>	Local Registrar's No. <u>75032</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.) <u>Wallace Hospital</u>					
2. FULL NAME <u>Jens Jurgens Fredberg</u>					
(a) Residence No. <u>Paige, Idaho</u> St. <u>Paige Idaho</u>					
Length of residence in city or town where death occurred <u>5</u> yrs. mos. ds. How long in U. S., if of foreign birth? <u>12</u> yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Edna Fredberg</u>					
6. DATE OF BIRTH (month, day, and year) <u>Sept 3, 1889</u>					
7. AGE	Years <u>41</u>	Months <u>5</u>	Days <u>7</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Timberman</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Federal Mng. Co.</u>				
	10. Date deceased last worked at this occupation (month and year) <u>1 year</u>				
	11. Total time (years) spent in this occupation <u>5 years</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>					
FATHER	13. NAME <u>Not Known</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>				
	15. MAIDEN NAME <u>Not Known</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>				
MOTHER	17. INFORMANT <u>Mrs Edna Fredberg</u> (Address) <u>Wallace, Idaho</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Wallace</u> Date <u>5/10</u> 1931				
19. UNDERTAKER <u>J. A. Bowen (Ward & Co.)</u> (Address) <u>Wallace, Idaho</u>					
20. FILED <u>May 10</u> , 1931 <u>F. L. Truigley</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 7</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 7</u> , 1931, to <u>May 7</u> , 1931					
I last saw him alive on <u>May 7</u> , 1931; death is said to have occurred on the date stated above, at <u>11:45 p.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Compound fracture of skull</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide <u>Accident</u> Date of injury <u>5-7-31</u>					
Where did injury occur? <u>Page 22nd</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Industry</u>					
Manner of injury <u>Fell down off</u>					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Max T. Smith</u> , M. D. (Address) <u>Wallace Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH		State File No. <u>75033</u>	
City of <u>Boise</u>		Registration District No. <u>2</u>		Primary Registration District No. <u>1-1-4</u>	Local Registrar's No. <u>179</u>
(No. <u>St. Alphonsus</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Peter Christensen</u>					
(a) Residence. No. <u>St. Mini: Home Ida</u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. <u>4</u> ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed or divorced HUSBAND of <u>Marie Christensen</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>July 31-1891</u>					
7. AGE	Years <u>39</u>	Months <u>10</u>	Days <u>13</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>					
13. NAME <u>Christensen</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>					
15. MAIDEN NAME <u>Don't Know</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>					
17. INFORMANT <u>Mrs. Lillian Spangler</u> (Address) <u>147 Jefferson St. Boise</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Boise</u> Date <u>6/18, 1931</u>					
19. UNDERTAKER <u>Schreibler & W. Camm</u> (Address) <u>Boise, Ida</u>					
20. FILED <u>6/18, 1931</u>		Registrar. <u>W. H. Rhodes</u>			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>6-13, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>6/9</u> , 1931, to <u>6/13</u> , 1931.					
I last saw him alive on <u>6/13</u> , 1931; death is said to have occurred on the date stated above, at <u>1:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows:					
Peritonitis following Ruptured appendix					
Other contributory causes of importance: <u>Lymphatic Leukemia</u>					
Name of operation <u>Appendectomy</u> Date of <u>6/10/31</u>					
What test confirmed diagnosis? <u>ap.</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Fred A. Pittenger</u> , M. D.					
(Address) <u>Boise, Idaho</u>					

75073

RECEIVED JUN 13 1931

75034

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75034**

PLACE OF DEATH

County of Shoshone
City of WallaceRegistration District No. 70Primary Registration District No. 10.11Local Registrar's No. 52

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melvin Washington Paddock

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed or divorced, ~~HUSBAND~~ of Julia E Paddock
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 17th7. AGE Years 57 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Baraboo
(State or country) Wis.10. NAME OF FATHER Hattie B Paddock11. BIRTHPLACE OF FATHER (city or town)
(State or Country) England12. MAIDEN NAME OF MOTHER Ellen Phoenix13. BIRTHPLACE OF MOTHER (city or town) Maine
(State or Country)14. Informant Mrs M. W Paddock
(Address) Wallace Id15. Filed Apr 16, 1931 P. L. Quigley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 14 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 1931 to Apr 14, 1931
that I last saw him alive on Apr 14, 1931
and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Pneumonia BronchCONTRIBUTORY (secondary) Influenza several ds.
asthma several ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. M. W. Paddock, M. D.4/15, 1931 (Address) Wallace Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation or Removal Wallace Idaho Date of Burial Apr 16 1931Undertaker Emuel G. Norvell Address Wallace

RECEIVED JUN 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75039

State File No.

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1004(No. St. Lukes Hospital.)Local Registrar's No. 157

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Mabel L. DeWitt(a) Residence. No. 205 E. Jefferson St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 7 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) September 17-1879

7. AGE

51

Years

Months

7

Days

4If LESS than 1 day,
----- hrs. or
----- min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workMachine Operator Class #1(b) General nature of industry,
business, or establishment in
which employed (or employer)U. S. Veterans Bureau.

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Calif.

10. NAME OF FATHER

John F. Borton.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ohio

12. MAIDEN NAME OF MOTHER

Emily Garfield.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Pa.14. Informant Dorothy DeWitt.

(Address)

Boise, Idaho.

15.

Filed 5-25-31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 21st 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19.

that I last saw h. or alive on , 19.and that death occurred, on the date stated above, at 7:20A m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Surgical Shock
24 hours Post Operative
Abdominal tumor
Boorah, Embryonal
Associated With Kidney
CONTRIBUTORY
(Secondary)(duration) 3 yrs. mos. ds.18. Where was disease contracted
if not at place of death? BoorahDid an operation precede death? Yes Date Aug 17 1931Was there an autopsy? NoWhat test confirmed diagnosis? Biopsy findings(Signed) James Stewart, M. D.5/23/31, 19 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.5/24/31

20. Undertaker

Wm. McBratney.

Address

Boise, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 75040	
County of <u>Ada</u>		Registration District No. <u>8</u>		Local Registrar's No. <u>41</u>	
City of <u>Barber</u>		Primary Registration District No. <u>2004</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Joseph Ubercraga</u>					
(a) Residence. No. _____ St. <u>Barber</u> <u>Ida</u> <u>182</u>					
(Usual place of abode) Length of residence in city or town where death occurred, <u>16</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 10-1913</u>					
7. AGE	Years <u>18</u>	Months <u>-</u>	Days <u>14</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Saw Mill Laborer</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation <u>2</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Boise Ida</u>					
13. NAME <u>Domingo Ubercraga</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Mytilene Spain</u>					
15. MAIDEN NAME <u>Dominiana Ubercraga</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Boise Idaho</u>					
17. INFORMANT <u>Mrs. Mariquita</u> (Address) <u>Boise Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. John's Cemetery</u> Date <u>5-27, 1931</u>					
19. UNDERTAKER <u>Schreiner & McLean</u> (Address) <u>Boise Ida</u>					
20. FILED <u>5-27, 1931</u> <u>W. S. R. H.</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 24, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 24, 1931</u> to <u>May 24, 1931</u>					
I saw him <u>dead</u> <u>May 24, 1931</u> ; death is said to have occurred on the date stated above, at <u>3:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Drown in Boise river while swimming</u> <u>Accidental</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Chas. E. Summers</u> Coroner (Address) <u>Boise Idaho 2d & 9th</u>					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75041

PLACE OF DEATH

County of Ada

City of _____

CERTIFICATE OF DEATH

Registration District No. 8Primary Registration District No. 2002(No. 16th mi. S. of Boise)Local Registrar's No. 40

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Le Roy Chase.(a) Residence. No. Idaho City, Idaho. St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>white</u>	5. Single. Married. Widowed. or Divorced (write the word.) <u>Divorced.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) June. 18.1885.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>45.</u>		<u>10.</u>	<u>19.</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Miner and Laborer.(b) General nature of industry,
business, or establishment in
which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Utah.
(State or country)

10. NAME OF FATHER

Joseph Chase.11. BIRTHPLACE OF FATHER (city or town) Salt Lake
(State or Country) Utah.

12. MAIDEN NAME OF MOTHER

Unknown.13. BIRTHPLACE OF MOTHER (city or town) _____
(State or County) Unknown.14. Informant Mrs. Rachel Card.
(Address) Oxford Hotel, Boise, Idaho.15. Filed 5-25-31 1931 W. G. Glavin
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

About May. 7.1931. 19____
(Month) (Day) (Year)17. I HEREBY CERTIFY, ~~that~~ saw I attended deceased from _____May. 21.1931; to _____, 19____and that death occurred, on the date stated above, at _____ m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Suicide, Found body in MasonCreek feeder, 16 miles southof Boise, Been dead about2 weeks. (duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

_____, (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirms diagnosis? _____

(Signed) Chas. E. Summers, M.D.May. 25.1931. (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery, May. 25.1931.

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75042

State File No. _____

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 10004 Local Registrar's No. 151
(No. Soldiers Home)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fredrick Beckham

(a) Residence. No. Soldiers Home St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr. 17-1844

7. AGE Years 87 Months 1 Days — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Elmira
(State or country) New York

10. NAME OF FATHER Green Beckham

11. BIRTHPLACE OF FATHER (city or town) Elmira
(State or Country) N. Y.

12. MAIDEN NAME OF MOTHER Dout Knicker

13. BIRTHPLACE OF MOTHER (city or town) New Jersey
(State or Country)

14. Informant Clarence C. Beckham
(Address) Orlando Ida

15. Filed 5-19 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 5 May 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 5 1931, to May 17 1931
that I last saw him alive on May 10 1931
and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Smility Aortic Sclerosis
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Cerebral Hemorrhage
(Secondary)
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) Fred A. Pittenger M. D.
5/18 1931 (Address) Boise Ida

19. Place of Burial, Cremation, or Removal Horris Hill Cemetery Date of Burial 5/18 1931

20. Undertaker Schneider & W. Baum Address Boise

RECEIVED JUN 8 1931
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. _____

75043

PLACE OF DEATH

 County of Ada
 City of 4 mi. S. Melba

CERTIFICATE OF DEATH

 Registration District No. 7
 Primary Registration District No. 2006
Local Registrar's No. 63

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Qualman(a) Residence. No. 4 mi. south Melba St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

 5a. If married, widowed, or divorced.
 HUSBAND of _____
 (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) May 2nd 1931
 7. AGE Years Months Days INLESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Melba
(State or country) Idaho10. NAME OF FATHER John Qualman11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)12. MAIDEN NAME OF MOTHER Dellam Decker13. BIRTHPLACE OF MOTHER (city or town) Texas
(State or Country)

14. Informant (Address) _____

15. Filed 5-2 1931 Death Registrar.

MEDICAL CERTIFICATE OF DEATH

 16. DATE OF DEATH May 2 1931
 (Month) (Day) (Year)

 17. I HEREBY CERTIFY, That I attended deceased from May 2 1931, to May 2 1931,
 that I last saw him alive on May 2 1931,
 and that death occurred, on the date stated above, at 3 P. m.

 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 The CAUSE OF DEATH* was as follows:

Prematurity; 7 mo. intra-uterine gestation.
Premature separation of placenta 15 minutes (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Clinical Signs(Signed) Samuel A. Swane, M. D.May 2 1931 (Address) Nampa, Id.19. Place of Burial, Cremation, or Removal Melba Cemetery Date of Burial 5-2 193120. Undertaker Wm D. Talley Address Nampa, Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75044

State File No.

PLACE OF DEATH

County of Ada.

CERTIFICATE OF DEATH

City of Boise.

Registration District No.

Primary Registration District No.

(No. St. Lukes Hospital.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Chapman Jr.

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
------------------------	-----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 30th 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>0</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER

Donald Chapman.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Holstein, Iowa.

12. MAIDEN NAME OF MOTHER

Eva Young.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Neb.14. Informant Donald Chapman.

(Address)

Boise, Idaho.

15.

Filed 5-2

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 30th 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 30 1931 to April 30 1931
that I last saw him alive on April 30 1931and that death occurred, on the date stated above, at 11 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Premature birth
(6 months)

(duration) yrs. mos. ds.

CONTRIBUTORY

Premature separation of placenta due to over exertion
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

4/30/31

19

(Address) Boise, Idaho.

M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.5/1/31

19

20. Undertaker

Wm. McBratney.

Address

Boise, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75045

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St Alphonsus Hospital)Local Registrar's No. 158

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Bish.(a) Residence. No. 1820 N. 10 th Street. St.

(Usual place of abode.)

(If non-resident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>
--------------------------	-----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May. 26. 1931.

7. AGE	Years	Months	Days	5. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work None.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER

Claude. W. Bish.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Missouri.

12. MAIDEN NAME OF MOTHER

Madalene Robins.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Grangeville.
Idaho.14. Informant Claude. W. Bish.(Address) 1820. N. 10 th Streetm Boise, Id.15. Filed 5-27, 31 1931W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 26 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
June of Birth 11 a.m. to Death at 4 p.m. 1931
that I last saw her may 26 alive on may 26 1931
and that death occurred, on the date stated above, at 4 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Premature
7 months infant

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) J. H. Wahl, M. D.5/27 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.May. 27. 31.

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

RECEIVED JUN 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75046

PLACE OF DEATH

County of Ada.

CERTIFICATE OF DEATH

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 151

(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty Jane Adams

(a) Residence No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 20, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 0 0 0 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho. (State or country)

10. NAME OF FATHER

Samuel B. Adams.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wyo.

12. MAIDEN NAME OF MOTHER Irene Miller.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wyo.

14. Informant Mrs. Irene Adams. (Address) Boise, Idaho.

15. Filed 5-22, 1931 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 21st 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20th 1931, to May 21st 1931, that I last saw her or alive on May 21st 1931, and that death occurred, on the date stated above, at 4 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Premature birth - 6 1/2 months fetus -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. B. M. D. 5/21/31 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Kemmerer, Wyoming. Shipped Burial 5/22/31

Underwriter Wm. McBratney. Address Boise, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **75047**

PLACE OF DEATH

County of **Ada.**
City of **Boise.**

CERTIFICATE OF DEATH

Registration District No. **3**
Primary Registration District No. **2247** Local Registrar's No. **1122**
(No. **St. Lukes Hospital.**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Max Arthur Welton**
Boise, Idaho. St.
(a) Residence. No. (Usual place of abode.)
Length of residence in city or town where death occurred. **8** yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male.** 4. COLOR OR RACE **White.** 5. Single, Married, Widowed, or Divorced (write the word.) **Single.**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **March 24th 1903**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
28 1 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Convict.**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) **Redington, Neb.**
(State or country)

10. NAME OF FATHER **Arthur W. Welton.**

11. BIRTHPLACE OF FATHER (city or town) **DeWitt, Mich.**
(State or Country)

12. MAIDEN NAME OF MOTHER **Minty Grubb.**

13. BIRTHPLACE OF MOTHER (city or town) **Ill.**
(State or Country)

14. Informant **Mrs. A. W. Welton.**
(Address) **Flader, Colo.**

15. Filed **5-5**, 19 **1931**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **May 2nd 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **April 25**, 19**31**, to **May 2**, 19**31**
that I last saw him alive on **May 2**, 19**31**
and that death occurred, on the date stated above, at **12 a.m.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Gangrene appendix with extension of into mesenteric glands
(duration) yrs. mos. **8** ds.

CONTRIBUTORY (Secondary) **none**
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? **D. S. P.**

Did an operation precede death? **yes** Date of **4-25-31**

Was there an autopsy? **yes**

What test confirmed diagnosis? **Surgical**

(Signed) **T. W. Almond** M. D.
5/4/31, 19 (Address) **Boise, Ida.**

19. Place of Burial, Cremation, or Removal **Lisco, Neb.** **Shipped**
5/5/31 19

20. Undertaker **Wm. McBratney.** **Boise, Ida.**
Address

RECEIVED JUN 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75048

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1024Local Registrar's No. 147(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glenn Jay Carter(a) Residence. No. R.F.D. #5St. Nampa, Idaho

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) Oct. 4th 19267. AGE Years Months Days If LESS than 1 day, hrs. or min.
4 7 11 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Nampa
(State or country) Idaho10. NAME OF FATHER D. A. Carter11. BIRTHPLACE OF FATHER (city or town) Mineral
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Lydia Squires13. BIRTHPLACE OF MOTHER (city or town) Harlin
(State or County) Utah14. Informant D. A. Carter
(Address) Nampa, Idaho15. Filed 5-15, 1931
Registrar. Wm. D. Talley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May151931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 1, 1931, to May 14, 1931
that I last saw him alive on May 14, 1931and that death occurred, on the date stated above, at 8 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Gunfire of toilet(duration) _____ yrs. _____ mos. 16 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ✓Was there an autopsy? No Date ✓What test confirmed diagnosis? Lab. State(Signed) W. C. Freeborn, M. D.
5-15-1931 (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlawn-Nampa 5-17-1931

20. Undertaker

Address

Wm. D. Talley Nampa, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75049

State File No.

PLACE OF DEATH

County of Ada.City of Boise.Registration District No. 2Primary Registration District No. 2(No. St. Alphonsus Hospital.)Local Registrar's No. 131

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Elizabeth Thompson(a) Residence. No. Horseshoe Bend, Idaho. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
--------------------------	-----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFrank Thompson6. DATE OF BIRTH (month, day and year) February 17th 1884

7. AGE <u>47</u>	Years	Months <u>2</u>	Days <u>16</u>	If LESS than 1 day, ----- hrs. or ----- min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Placerville, Idaho.
(State or country)

10. NAME OF FATHER

Wm. E. Shelley.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Holland.

12. MAIDEN NAME OF MOTHER

Drucilla Woods.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Ark.14. Informant Frank Thompson.

(Address)

Horseshoe Bend, Ida.15. Filed 5-4 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 3rd 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 15th 1931, to May 3rd 1931that I last saw her alive on May 2nd 1931and that death occurred, on the date stated above, at 60 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:Arterial poisoningCONTRIBUTORY (Secondary) hypertension & arteriosclerosis
(duration) 5 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

5/4/31

19

(Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.5/5/31 19

20. Undertaker

Wm. McBratney.

Address

Boise, Idaho

RECEIVED JUN 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75050

State File No.

PLACE OF DEATH

County of Ada

CERTIFICATE OF DEATH

City of

Registration District No. 8

Primary Registration District No. 2004

(No.)

Local Registrar's No. 43

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orien. V. Sebern.

(a) Residence No. 1. Mile west of Boise. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 10 yrs.

How long in U. S. if of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Lois Velma Sebern.

6. DATE OF BIRTH (month, day and year) March. 13. 1855.

7. AGE

Years

Months

Days

If LESS than 1 day,

76.

2

14.

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Benton, Iowa.
(State or country)

10. NAME OF FATHER

Abram. H. Sebern.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Kentucky.

12. MAIDEN NAME OF MOTHER

Leah Van Nice.

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

Indiana.

14. Informant Glen. E. Sebern.
(Address) Mayfield, Idaho.

15. Filed 5-28-31 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May-27
(Month)

27
(Day)

31
(Year)

1. I HEREBY CERTIFY, That I attended deceased from

Jan 26, 1931, to May 27, 1931

that I last saw in alive on May 27, 1931

and that death occurred, on the date stated above, at 9 P m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Nephritis

(duration) 2 yrs. mos. ds.
CONTRIBUTORY Endocarditis
(Secondary)

(duration) 2 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual

Dr. Suterney, M. D.
(Address) Boise

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery. May 29. 31. 19

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED JUN 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75051

State File No.

PLACE OF DEATH

County of AdaCity of BoiseRegistration District No. 8Primary Registration District No. 2004(No. U.S.V.B., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 342. FULL NAME WALKER, Thomas(a) Residence. No. Soldiers' Home St. Boise, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept. 26, 18537. AGE Years 77 Months 7 Days 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Plasterer and Miner(b) General nature of industry, business, or establishment in which employed (or employer) XX(c) Name of employer XX9. BIRTHPLACE (city or town) England
(State or country)10. NAME OF FATHER XX11. BIRTHPLACE OF FATHER (city or town) XX
(State or Country)12. MAIDEN NAME OF MOTHER XX13. BIRTHPLACE OF MOTHER (city or town) XX
(State or Country)14. Informant L. H. Beaman
(Address) V. A., Boise, Idaho15. Filed May 7, 1931 W. H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 29, 1931, to May 5, 1931that I last saw him alive on May 5, 1931and that death occurred, on the date stated above, at 5.06 p. m.

The CAUSE OF DEATH* was as follows:

Appendicitis, acute, gangrenous

(duration) yrs. mos. ds.

CONTRIBUTORY Peritonitis
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of 4-29-31Was there an autopsy? noWhat test confirmed diagnosis? Clinical findings(Signed) P. C. SMITH, Reg. Med. Officer, M. D.
May 6, 1931 (Address) V. A., Boise, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery May 7 1931

20. Undertaker

Summer & Krebs

Address

Boise, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75052

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004

(No.)

Local Registrar's No. 151

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

John Albert Pearson(a) Residence No. 1213 W. Bannock St.

(Usual place of abode.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJean Ella Pearson

6. DATE OF BIRTH (month, day and year)

Dec. 3, 1871

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.5-95 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workMining(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Grangeville Idaho

10. NAME OF FATHER

William Pearson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Iowa

12. MAIDEN NAME OF MOTHER

Isabel Crooks13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Iowa

14.

Informant
(Address)Mrs. J. A. Pearson
1213 Bannock St. Boise

15.

Filed 5-21, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 191931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 17, 1931that I last saw him alive on May 18, 1931and that death occurred, on the date stated above, at 11 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Aortic Aneurysm

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Parkinson's Disease

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of —Was there an autopsy? NoWhat test confirmed diagnosis? x-ray(Signed) Edwin H. Davis, M. D.May 21, 1931 (Address) Boise

19. Place of Burial, Cremation, or Removal

Date of Burial

Graveside Cemetery, May 22, 1931

20. Undertaker

Address

Sumner & Co. Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada.</u>		CERTIFICATE OF DEATH		State File No. <u>75053</u>	
City of <u>Ustick</u>		Registration District No. <u>8</u>		Local Registrar's No. <u>37</u>	
		Primary Registration District No. <u>2044</u>			
		(No. <u>Ustick, Idaho.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Martin Luther Rice.</u>					
(a) Residence. No. <u>Ustick, Idaho.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>21</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Annie Rice.</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 14-1850</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. min.
<u>81</u>		<u>2</u>	<u>27</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Penn.</u> (State or country)					
MOTHER FATHER	13. NAME <u>Dan Rice.</u>				
	14. BIRTHPLACE (city or town) <u>Penn.</u> (State or country)				
	15. MAIDEN NAME <u>Lucy Earhart.</u>				
16. BIRTHPLACE (city or town) <u>Penn.</u> (State or country)					
17. INFORMANT <u>Mrs. M. L. Rice.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cemetery</u> Date <u>5/14/31</u> 193					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>5-15</u> , 193 <u>W. H. Chal.</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>5/11/31</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 2</u> , 193 <u>0</u> , to <u>May 11</u> , 193 <u>1</u> .					
I last saw him alive on <u>Apr 16</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>9:55 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
					Date of onset
<u>Cardio Vascular degeneration</u>					
<u>Senility</u>					
Other contributory causes of importance:					
<u>Myocarditis</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> .					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>W. H. Chal.</u> , M. D.					
(Address) <u>Boise, Idaho</u>					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75054**

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1
(No. St. Luke's Hospital)
Local Registrar's No. 145

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 7th 1892

7. AGE 38 Years 7 Months 9 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Invalid—formerly laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Tacoma
(State or country) Washington

10. NAME OF FATHER

Eugene H. Huntley

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) North Dakota

12. MAIDEN NAME OF MOTHER

Rosa M. Higgins

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Penn

14. Informant (Address) James H. Huntley
Shoshone Idaho

15. Filed 5-18, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 16, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 10, 1931, to May 16, 1931
that I last saw him alive on May 16, 1931

and that death occurred, on the date stated above, at 10:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

aortic insufficiency

CONTRIBUTORY

(Secondary) —
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? not known

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. D. Springer, M. D.
May 18, 1931 (Address) Boise Idaho

19. Place of Burial, Cremation or Removal Wartsburg, Wash Date of Burial 5/18, 1931

20. Undertaker Schreibler & M. Baum Address Boise

RECEIVED JUN 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75055

State File No.

PLACE OF DEATH

County of Ada

City of

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No. 8

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eula Isabelle Toothacre.(a) Residence. No. 2 Miles East, One Half Mile Northst. Jarbridge, Nevada.

(Usual place of abode.)

Length of residence in city or town where death occurred. of Meridian. yrs. 5 mos. 5 ds. How long in U. S. if of foreign birth? yrs. 5 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female.	White.	Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofG.N. Toothacre6. DATE OF BIRTH (month, day and year) April. 27.1884.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>47</u>	<u>0</u>	<u>21.</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Illinois.
(State or country)

10. NAME OF FATHER

John Runchey.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Illinois.

12. MAIDEN NAME OF MOTHER

Elizabeth Holden.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Ill.14. Informant G.N. Toothacre.
(Address)Jarbridge, Nevada.15. Filed May 19 1931J.F. Neal
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 18 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 18 1931 to May 19 1931
did not see her alive
that I last saw her alive on May 18 1931

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Palsy

(duration)yrs.mos.ds.

CONTRIBUTORY

(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed)

J.F. Neal M. D.
5-20 1931 (Address) Meridian

19. Place of Burial, Cremation, or Removal

Date of Burial

Meridian CemeteryMay 23 1931

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1931

PLACE OF DEATH

County of AdaCity of Meridian
 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 11Primary Registration District No. 2003

DO NOT WRITE IN THIS SPACE

75056

State File No.

Local Registrar's No. 10
 (No.)
 (If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME George Nesbitt(a) Residence. No. Meridian Id.
 (Usual place of abode)
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed

 5a. If married, widowed, or divorced —
 HUSBAND OF (or) WIFE OF Doctor Minnie S. Nesbitt
6. DATE OF BIRTH (month, day, and year) July 10,
 7. AGE Years Months Days If LESS than 1 day, hrs. or min.
87 10 13

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil War Veteran
retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

 11. Total time (years) spent in this occupation 14 years

 12. BIRTHPLACE (city or town) (State or country) Pittston, Penn.
U. S. A.

 13. NAME Robert Nesbitt

 14. BIRTHPLACE (city or town) (State or country) America

 15. MAIDEN NAME Ruth Ann La Barr

 16. BIRTHPLACE (city or town) (State or country) America
U. S. A.

 17. INFORMANT (Address) Jay Nesbitt Alwater
Meridian Ida.

 18. BURIAL, CREMATION, OR REMOVAL Place Buried Date 1931

 19. UNDERTAKER (Address) Schreiber & McClam

 20. FILED 5-24, 1931 J. F. Neal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-23 1931

22. I HEREBY CERTIFY, That I attended deceased from

1-10, 1931, to 5-23, 1931I last saw him alive on 5-21, 1931; death is saidto have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance

were as follows: Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1931.

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. F. Neal, M. D.

(Address).....

886

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75057

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Niels Moultrie(a) Residence. No. 109. South 5 th Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 30 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single. Married. Widowed,
or Divorced (write the word.)Widower.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May. 20. 1872.

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or59.05.

..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workLaborer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Huntsville, Utah.
(State or country)

10. NAME OF FATHER

William Moultrie.11. BIRTHPLACE OF FATHER (city or town) Virginia.
(State or Country)

12. MAIDEN NAME OF MOTHER

Unknown.18. BIRTHPLACE OF MOTHER (city or town)
(State or County)Unknown.14. Informant Orville Moultrie.(Address) 109. South 5 th Street, Boise, Id.

15.

Filed

5-19-31

1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May151931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 151931to May 151931that I last saw him alive on May 15, 1931and that death occurred, on the date stated above, at HA m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Myocarditis(duration) yrs. mos. ds.
CONTRIBUTORY Chronic Nephritis
(Secondary)(duration) 4 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical findings(Signed) Dr. B. B. Edwards M. D.5/16 (Address) Boise, Id.

19. Place of Burial, Cremation, or Removal

Date of Burial

o. Morris Hill Cemetery, May. 17. 1931

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75058

State File No.

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 8Primary Registration District No. 2004(No. Ada County Hospital.)Local Registrar's No. 33

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Virginia White.(a) Residence. No. Boise, Idaho. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>black</u>	5. Single, Married, Widowed, or Divorced, (write the word.) <u>Married.</u>
--------------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
-----6. DATE OF BIRTH (month, day and year) May 16th 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or
<u>84</u>	<u>11</u>	<u>15</u>	<u>15</u>	<u>---</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) New Haven, Conn.
(State or country)10. NAME OF FATHER
Unknown.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) "12. MAIDEN NAME OF MOTHER "13. BIRTHPLACE OF MOTHER (city or town)
(State or County) "14. Informant Ben Johansen.
(Address) Boise, Idaho.15. Filed 5-4, 1931 W. M. Mobratney
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 1st 1931 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 1 1931, to May 1 1931
that I last saw h. or alive on Apr 29 1931
and that death occurred, on the date stated above, at 1:15 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Spinal lateral sclerosisCONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) 3 yrs. mos. ds.
3 yrs. mos. ds.18. Where was disease contracted Place of Death
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None(Signed) J. M. Bratton, M. D.
5/1/31, 1931 (Address) Boise, Idaho.19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 5/5/31 193120. Undertaker Wm. Mobratney. Address Boise, Idaho

RECEIVED JUN 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75059

State File No.

PLACE OF DEATH

County of Ada
City of BoiseRegistration District No. 8
Primary Registration District No. 2004Local Registrar's No. 32

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas P. Rawlings(a) Residence. No. South of Maple Grove, Boise, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant

(Address)

15. Filed

5-4-31

W. A. Phillips

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 29th, 1931, to May 2nd, 1931that I last saw him alive on May 2nd, 1931

and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis -

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical symptoms

(Signed)

M. D.

May 4th - 1931 (Address) Boise, Ida*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Meridian Cemetery

5-6 1931

20. Undertaker

Address

W. A. Phillips Meridian Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75060

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adosha Engelhart(a) Residence. No. St. Alphonsus Hos. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 31 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced Divorced

5a. If married, widowed, or divorced
HUSBAND of Divorced
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1840

7. AGE Years 91 Months — Days — If LESS than 1 day, — hrs. or — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ind.
(State or country)

PARENTS

10. NAME OF FATHER Not obtainable11. BIRTHPLACE OF FATHER (city or town) " "
(State or Country)12. MAIDEN NAME OF MOTHER " "13. BIRTHPLACE OF MOTHER (city or town) "
(State or Country)14. Informant A. Schieff
(Address) Boise, Ida.15. Filed 5-20 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 1, 1925, to May 11, 1931
that I last saw her alive on Jan 1, 1931
and that death occurred, on the date stated above, at 6 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

CONTRIBUTORY (Secondary)

Myocarditis
(duration) 6 yrs. 10 mos. 10 ds.

18. Where was disease contracted if not at place of death? Ada CountyDid an operation precede death? No Date of —Was there an autopsy? NoWhat test confirmed diagnosis? None(Signed) J. M. Brantman, M. D.May 12, 1931 (Address) Boise Idaho19. Place of Burial, Cremation or Removal St. John's Cemetery Date of Burial 5/15 193120. Undertaker Schieff & W. Baum Address Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75061

PLACE OF DEATH
County of Ada
City of Meridian

Registration District No.
Primary Registration District No.

Local Registrar's No. 9

742

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME James H Hatfield
(a) Residence No. Meridian Id. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If married, widowed, or divorced HUSBAND of Sarah Hatfield (or) WIFE of
6. DATE OF BIRTH (month, day and year) Sept 16 - 1844
7. AGE Years 86 Months 8 Days 16 If LESS than 1 day, hrs. min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Schuyler Co (State or country)
10. NAME OF FATHER Charles Hatfield
11. BIRTHPLACE OF FATHER (city or town) Merper Co (State or Country) Kentucky
12. MAIDEN NAME OF MOTHER Polly LaMaster
13. BIRTHPLACE OF MOTHER (city or town) Kentucky (State or Country)

14. Informant Grace Mason (Address) Meridian Id
15. Filed 5122, 1931 JH Neal Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 21 1931
(Month) (Day) (Year)
17. I HEREBY CERTIFY That I attended deceased from 1-1 1931, to 5-21 1931, that I last saw him alive on 5-20 1931, and that death occurred, on the date stated above, at 1:14 A. m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis JH-F. Neal M. D.
(Signed) 5-21 1931 (Address) Meridian Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Meridian Cemetery Date of Burial May 22 1931
20. Undertaker W S Matur Address Meridian Id

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75062

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1000
(No.)

Local Registrar's No. 125

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Henry Westrope.(a) Residence. No. 2522. Madison Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mary Westrope.6. DATE OF BIRTH (month, day and year) May. 23. 1853.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
77 11 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Merchant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Belmont, Wisconsin.
(State or country)

10. NAME OF FATHER

Austin Westrope.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Wisconsin.

12. MAIDEN NAME OF MOTHER

Unknown.13. BIRTHPLACE OF MOTHER (city or town) Unknown.
(State or Country)14. Informant Austin Westrope.
(Address) Wellman Apt, Boise, Idaho.15. Filed 5-2, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 1, 1931, to April 30, 1931
that I last saw him alive on April 29, 1931
and that death occurred, on the date stated above, at 6:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds. 1
CONTRIBUTORY Arteriosclerosis
(Secondary)

(duration) yrs. mos. ds. 10

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Arvidson M. D.
May 1, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.May. 2. 31.

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75063

State File No.

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. St. Luke & Hope

Primary Registration District No. 1004

Local Registrar's No. 145

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Berdina Davidson

(a) Residence. No. St. Meridian, Ida

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Grover Davidson
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 25, 1896

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
35 2 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) So. Dakota
(State or country)

10. NAME OF FATHER W. A. Hoobler

11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)

12. MAIDEN NAME OF MOTHER Alada Barrington

13. BIRTHPLACE OF MOTHER (city or town) Wisconsin
(State or Country)

14. Informant G. C. Davidson
(Address) Meridian, Ida

15. Filed 5-6, 1931 W. H. Robinson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 6th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-1, 1931, to 5-6, 1931
that I last saw her alive on 5-6, 1931
and that death occurred, on the date stated above, at 1:10 P. M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

CONTRIBUTORY (Secondary) HBP and Diabetes
(duration) yrs. mos. ds. 2- mos.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Neal M. D.
6-6-, 1931 (Address) Meridian, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Meridian, Ida Date of Burial May 8 1931

20. Undertaker B. W. Robinson Address Meridian, Ida

RECEIVED JUN 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75064

State File No.

PLACE OF DEATH

County of AdaCity of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 7004

(No.)

Local Registrar's No. 31

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Janet Rogerson.(a) Residence. No. 3 Miles West of Boise. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word.)

Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May. 8.1860.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

70.1122.

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Scotland.

10. NAME OF FATHER

Robert Rogerson.

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Scotland.

12. MAIDEN NAME OF MOTHER

Ester Wells.

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Scotland.

14.

Informant (Address)

James Rogerson.R.D. # 2. Boise, Idaho.

15.

Filed 5-1, 1931Registrar. W.H. Phoebe

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

4-301931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 7, 1931, to April 30, 1931that I last saw her alive on April 30, 1931and that death occurred, on the date stated above, at 5 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

pernicious anemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

4-30, 1931(Address) 500 Eastman Bldg

M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery, May. 3.31.19

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75065

PLACE OF DEATH

County of Ada

City of Boise

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Anna Richert

(a) Residence. No. 1711 N. 12 St. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 31 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Peter Richert

6. DATE OF BIRTH (month, day and year) March 17 - 1845

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
86 1 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Scotland
(State or country)

10. NAME OF FATHER McCabe

11. BIRTHPLACE OF FATHER (city or town) Scotland
(State or Country)

12. MAIDEN NAME OF MOTHER Hunt Ruvier

13. BIRTHPLACE OF MOTHER (city or town) Don't know
(State or Country)14. Informant Beatrie Richert
(Address) 1711 N. 12 St.

15. Filed 5-21-31 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 30 to May 14 1931

that I last saw him alive on May 13 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH was as follows:

Cancer of Rectum

General Semblance

CONTRIBUTORY (Secondary) General Semblance
(duration) 6 yrs. mos. ds.

(duration) 2 yrs. mos. ds.

18. Where was disease contracted Boise Id
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Biopsy

(Signed) J. M. D.

May 18 1931 (Address) Boise Id

19. Place of Burial, Cremation, or Removal St John's Cemetery Date of Burial May 16 1931

20. Undertaker Address

Schrecker McLean Boise Id

RECEIVED JUN 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **75066**

PLACE OF DEATH

County of Ada.
City of Boise

CERTIFICATE OF DEATH

Registration District No. 8
Primary Registration District No. 2000 Local Registrar's No. 38
(No. Boise, Idaho. Route #1)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Anna Pallesen.

(a) Residence. No. Boise, Idaho. Route #1 St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

P. C. Pallesen

6. DATE OF BIRTH (month, day and year) Sept. 7th 1879

7. AGE Years Months Days
52 7 8
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sweden.
(State or country)

10. NAME OF FATHER

Unknown.

11. BIRTHPLACE OF FATHER (city or town) Sweden.
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (city or town) Sweden.
(State or Country)

14. Informant P. C. Pallesen.
(Address) Boise, Idaho.

15. Filed 5-18-31 19 20
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
May 15th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
May 13 1931, to May 13 1931
that I last saw her alive on May 13 1931
and that death occurred, on the date stated above, at 6:30 P.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) P. C. Johnson
5/16/31 19 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 5/18/31 19

20. Undertaker Wm. McBratney. Address Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 10 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75067

State File No.

PLACE OF DEATH

County of Ida
City of Boise

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1804(No. St. Alphonsus Hospital)Local Registrar's No. 146

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Edward McWilliam(a) Residence. No. St. Mountain Home

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 13, 1911

7. AGE Years Months Days If LESS than 1 day,
19 11 25 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mountain Home
(State or country)10. NAME OF FATHER George Byron McWilliam11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Elizabeth C. Munro13. BIRTHPLACE OF MOTHER (city or town) Scotland
(State or Country)14. Informant (Address) Donald Munro McWilliam
mt. Home, Ida15. Filed 5-9 1931 W. H. Rhoads
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 5 8 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

4/13, 1931, to 5/7, 1931,
that I last saw him alive on 5/7, 1931,
and that death occurred, on the date stated above, at 11 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.
CONTRIBUTORY Deafness, Mellitus
(Secondary)

(duration) 3 yrs. mos. ds.18. Where was disease contracted if not at place of death? ✓Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical

(Signed) Jed A. Pitts, M. D.
5/8, 1931 (Address) Boise, Ida

19. Place of Burial, Cremation, or Removal mt. Home, Ida Date of Burial 5-8 1931

20. Undertaker Schreber & McCall Address Boise, Ida

RECEIVED JUN 8 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75072

PLACE OF DEATH

County of

City of

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

..... hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant

(Address)

15. Filed

5-24, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 22nd, 1931, to May 22nd, 1931that I last saw him ^{dead} ~~alive~~ on or about 6:00 p.m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

gun shot wound accidentally

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. J. Houde, acting Coroner, M.D.

May 22nd, 1931 (Address) Pacatello, Idaho*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75073**

PLACE OF DEATH
County of **Bannock**
City of **Pocatello**

Registration District No. **2**Primary Registration District No. **2161**Local Registrar's No. **83**(No. **St Anthony Hospital**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Willard Jean Jones**(a) Residence. No. **815 East Sublette**

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Single**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) **May 6, 1931**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Pocatello Idaho13. NAME **Austin A. Jones**14. BIRTHPLACE (city or town) (State or country) **Menan Idaho**15. MAIDEN NAME **Mary Dillon**16. BIRTHPLACE (city or town) (State or country) **Kansas**17. INFORMANT **Austin A. Jones**
(Address) **Pocatello Idaho**18. BURIAL, CREMATION, OR REMOVAL Place **Menan** Date **May 10**, 193119. UNDERTAKER **Arthur W. Hall**
(Address) **Pocatello Idaho.**20. FILED **5-10**, 1931 **D. C. Ray**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **May 9**, 193122. I HEREBY CERTIFY, That I attended deceased from **May 6**, 1931, to **May 9**, 1931I last saw him alive on **May 9**, 1931; death is said to have occurred on the date stated above, at **5 P.** m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Patent foramen ovale

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **W. W. Brithen, D.**(Address) **Pocatello Idaho**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1931

STATE OF IDAHO

PLACE OF DEATH
County of Bannock
City of Pocatello

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 75074

Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 87(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Box(a) Residence. No. Pocatello, Idaho. St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 20, 1931

7. AGE Years 0 Months 0 Days 1 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.13. NAME A. C. Box14. BIRTHPLACE (city or town) (State or country) Missouri15. MAIDEN NAME Theora Jensen16. BIRTHPLACE (city or town) (State or country) Rockland, Idaho.17. INFORMANT A. C. Box (Address) Jerome, Idaho.18. BURIAL, CREMATION, OR REMOVAL Place Jerome, Idaho. Date May 22, 1931.19. UNDERTAKER Arthur W. Hall (Address) 451 West Lewis St. Poca., Ida.20. FILED 5/21/31 493 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21, 1931.22. I HEREBY CERTIFY, That I attended deceased from 5/20 9 PM, 1931, to 5/20 10 PM, 1931.I last saw her alive on 5/21 12 AM, 1931; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Patent Foramen
Ovum Blue Body

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Shaped 7 Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) O. F. Case, M. D.(Address) Pocatello, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75075

State File No.

PLACE OF DEATH

County of Bannock
City of Lava Hot Spring

Registration District No. 84
Primary Registration District No. 2161

Local Registrar's No. 219

(No. _____)
If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ledona Margaret Robertson

(a) Residence. No. Pellett Bancroft St.

(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lava Hot Spring, Ida.
(State or country)

10. NAME OF FATHER Claude L. Robertson

11. BIRTHPLACE OF FATHER (city or town) Sharon Tenn
(State or Country)

12. MOTHER'S NAME OF MOTHER Mrs. Edna Kuykendall

13. BIRTHPLACE OF MOTHER (city or town) Marmaduke Ark.
(State or Country)

14. Informant Claude L. Robertson
(Address) Bancroft Idaho

15. Filed June 1, 1931 Mrs. L. E. Felt
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 7 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1931, to May 7, 1931, that last saw her alive on May 7, 1931

and that death occurred, on the date stated above, at 11:00 a.m.

The CAUSE OF DEATH was as follows:
Premature delivery
7 months gestation

(duration) yrs. mos. ds.
CONTRIBUTORY General run down condition of Mother
(Secondary) (duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of _____

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. F. Rich, M. D.,
5-7-, 1931 (Address) Lava Hot Spring

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial 19

20. Undertaker Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
Bannock		BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		75076	
County of	Pocatello	Registration District No.	2	State File No.			
City of	Pocatello	Primary Registration District No.	2161	Local Registrar's No.	86		
		(No. Pocatello General Hospital)					
(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME		Bonnie Jean Horton					
(a) Residence. No.		Pocatello, Idaho.		St.		1619	
(Usual place of abode)							
Length of residence in city or town where death occurred.		yrs. mos. 10ds.		How long in U. S., if of foreign birth?		yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)					
Female	White	Single					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) May 8, 1931.							
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.			
	0	0	10				
OCCUPATION							
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant							
10. Date deceased last worked at this occupation (month and year)							
11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.							
MOTHER FATHER							
13. NAME Leslie Horton							
14. BIRTHPLACE (city or town) (State or country) South Dakota							
15. MAIDEN NAME Bertha Bowser							
16. BIRTHPLACE (city or town) (State or country) Colorado							
17. INFORMANT (Address) Leslie Horton Pocatello, Idaho.							
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date May 18, 1931.							
19. UNDERTAKER (Address) Arthur W. Hall 451 West Lewis St. Poca., Ida.							
20. FILED 5/18/1931. D C Ray Registrar.							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) May 18, 1931.							
22. I HEREBY CERTIFY, That I attended deceased from 5/8, 1931, to 5-18, 1931.							
I last saw her alive on 5/18, 1931; death is said to have occurred on the date stated above, at m.							
The principal cause of death and related causes of importance were as follows: Pregnancy - 7 mo - (Abscess of uterus in Mother)							
Date of onset							
Other contributory causes of importance:							
Name of operation Date of							
What test confirmed diagnosis? history Was there an autopsy? No							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.							
Where did injury occur? (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury							
Nature of injury							
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. Pocatello, Idaho.							

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO JUN 8 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75077
State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161
(No.) Local Registrar's No. 85

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Asy Brown Lawrence Jr.

(a) Residence. No. 228 N. 5th. west St.

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 21-1852

7. AGE Years 78 Months 6 Days 15 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Arkansas
(State or country)

PARENTS

10. NAME OF FATHER Wm Lawrence

11. BIRTHPLACE OF FATHER (city or town) Memphis
(State or Country)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (city or town) Memphis
(State or Country)

14. Informant (Address) Mr. W. B. Black
228 N. 5th. west

15. Filed 8-13 1931
Registrar. D C Ray

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1-31, 1931, to May 12, 1931, that I last saw him alive on May 12, 1931, and that death occurred, on the date stated above, at 10:30 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic nephritis

CONTRIBUTORY (Secondary) mitral insufficiency
(duration) yrs. 10 mos. ds.

18. Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical exam
(Signed) Dr. Brown, M. D.
3/13/31, 1931 (Address) Pocatello

19. Place of Burial, Cremation, or Removal Mt. View Cemetery Date of Burial May 15 1931

20. Undertaker H. L. McKean Address Pocatello, Ida.

RECEIVED JUN 8 1931
STATE OF IDAHODEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75078

State File No.

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Pocatello General Hospital)Local Registrar's No. 84

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ray Coffman(a) Residence. No. Ranch North Of city St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of Asenith Coffman
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug. 11, 18857. AGE Years Months Days If LESS than 1 day, hrs. or min.
46 9 8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Car repairman O.S.L.R.R.(b) General nature of industry, business, or establishment in which employed (or employer) Railroad Co.

(c) Name of employer

9. BIRTHPLACE (city or town) Delphos
(State or country) Kansas10. NAME OF FATHER
Millard Coffman11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Kentucky12. MAIDEN NAME OF MOTHER Bell R. Lander13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) ILL.14. Informant Mrs. A. Coffman
(Address) Pocatello Ida.15. Filed 5-13, 1931D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 11 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Jan. 20, 1931, to May 11, 1931
that I last saw him alive on May 11, 1931and that death occurred, on the date stated above, at 9 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Diffuse Suppuration
of the lungs

(duration) yrs. mos. ds.

CONTRIBUTORY Tuberculosis primaries
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No. Date of 3Was there an autopsy? NoWhat test confirmed diagnosis? Biopsy(Signed) [Signature], 1931 (Address) Pocatello

19. Place of Burial, Cremation, or Removal

Date of Burial

Mt. View Cemetery5-14-31

20. Undertaker

Address

H. L. McHanPoca. Ida.WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75079**

PLACE OF DEATH

County of Bannock
City of Grace

CERTIFICATE OF DEATH

Registration District No. 84
Primary Registration District No. 2164

Local Registrar's No. 217

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Andrew Allen(a) Residence No. St. Grace, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of Fay H. Allen
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 20 1882

7. AGE 48 Years Months Days 26
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Richmond Utah10. NAME OF FATHER Andrew B. Allen11. BIRTHPLACE OF FATHER (city or town) (State or Country) Harriman Utah12. MAIDEN NAME OF MOTHER Susana E. Preece13. BIRTHPLACE OF MOTHER (city or town) (State or County) Franklin Idaho14. Informant Lenard Allen
(Address) Buhl, Idaho15. Filed April 27, 1931

Mary Tit
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

4/16/31

(Month)

(Day)

19. (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sep. 13th, 1930, to 4/16/, 1931that I last saw him alive on 4/16/31 A.M., 1931and that death occurred, on the date stated above, at 10 min.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis.(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 0 yrs. mos. ds.18. Where was disease contracted if not at place of death? -Did an operation precede death? 0 Date of 0Was there an autopsy? 0What test confirmed diagnosis? Ex. Urine.

(Signed) Ellis Mackley, M. D.
4/20/31, 19..... (Address) Soda Springs, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Grace IdahoApr 17 31

20. Undertaker

Address

M.W. HeadrickPreston Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1931

STATE OF IDAHO

PLACE OF DEATH
County of **Bannock**
City of **Pocatello**

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75080

State File No.

Registration District No. 2Primary Registration District No. 2161Local Registrar's No. 91(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Royal Palmer Rupp(a) Residence. No. 254 Randolph Ave.

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Husband of Mary E. Haas
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 18, 1896.

7. AGE Years 34 Months 10 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane-operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. L. R. R. Tie plant

10. Date deceased last worked at this occupation (month and year) May, 1931. 11. Total time (years) spent in this occupation 6 Yrs.

12. BIRTHPLACE (city or town) Utah.
(State or country)

13. NAME G. M. Rupp

14. BIRTHPLACE (city or town) Ohio
(State or country)

15. MAIDEN NAME Elizabeth Palmer

16. BIRTHPLACE (city or town) Utah.
(State or country)

17. INFORMANT G. M. Rupp
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Ida. Date May 31, 1931.

19. UNDERTAKER Arthur W. Hall
(Address) 451 West Lewis St. Poca.,

20. FILED 5/29/31 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27, 1931.

22. I HEREBY CERTIFY, That I attended deceased from 5-23, 1931, to 5-27, 1931.

I last saw him alive on 5-27, 1931; death is said to have occurred on the date stated above, at 11:45 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute gangrenous appendicitis

Other contributory causes of importance:

acute general peritonitis

Name of operation Appendectomy Date of 5-23-31What test confirmed diagnosis? Path. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 1931.

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No(Signed) W. W. Brothers M. D.(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		City of <u>McCammon</u>		State File No. <u>75081</u>	
Registration District No. <u>28</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>95</u>	
A. W. Wagener ranch McCammon, Idaho. (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>John Taylor</u>					
(a) Residence. No. <u>Unknown</u>		St. <u>Unknown</u>			
Length of residence in city or town where death occurred. yrs. mos. <u>3</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Unknown</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Unknown</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Unknown</u>					
7. AGE <u>About 60</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unknown</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>					
10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
MOTHER FATHER					
13. NAME <u>Unknown</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
15. MAIDEN NAME <u>Unknown</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
17. INFORMANT <u>A. W. Wagener</u> (Address) <u>McCammon, Idaho.</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>June 4, 1931</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>6/4/31.</u> 1931 <u>D. C. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 19, 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 1931, to I last saw h..... alive on to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: <u>Found dead in bed</u> <u>Perforated ulcer of stomach</u> Other contributory causes of importance: Name of operation Date of What test confirmed diagnosis? <u>Post-mortem</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Arthur W. Hall</u> <u>Coroner</u> M. D. (Address) <u>Pocatello, Idaho.</u>					

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Bannock
City of Lava Hot Springs

CERTIFICATE OF DEATH

Registration District No. 84
Primary Registration District No. 2161
(No. Riverside Hotel)Local Registrar's No. 217

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Mc Kean Fowler(a) Residence. No. 706 East 3rd South

(Usual place of abode.)

St. Salt Lake City, Ut

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEdith Penny Bowler6. DATE OF BIRTH (month, day and year) Aug. 3, 19877. AGE Years 43 Months 8 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wholesaler(b) General nature of industry, business, or establishment in which employed (or employer) Merchandise(c) Name of employer Self.9. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah10. NAME OF FATHER Thos. S. Fowler11. BIRTHPLACE OF FATHER (city or town) Not Known
(State or Country) Ireland12. MAIDEN NAME OF MOTHER Eliz. Hughes13. BIRTHPLACE OF MOTHER (city or town) Not Known
(State or Country) Scotland14. Informant A.S. Fowler
(Address) 51 South 8th East, Salt Lake City15. Filed June 1, 1931Mr. G. G. Felt
Registrar

DO NOT WRITE IN THIS SPACE

75082

State File No. _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April
(Month)5
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 22, 1931, to Apr 5, 1931that I last saw him alive on Mar 20, 1931and that death occurred, on the date stated above, at 10 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Coronary Thrombosis(duration) a few hours. yrs. mos. ds.CONTRIBUTORY Arterio sclerosis (Arterio)
(Secondary)(duration) ? yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? YesWhat test confirmed diagnosis? Autopsy findings.(Signed) Greenwood M.D.
Apr 6, 1931 (Address) Salt Lake City

19. Place of Burial, Cremation, or Removal

Date of Burial

Salt Lake City

19

20. Undertaker

S.M. Taylor

Address

Salt Lake

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<u>Bannock</u>	Registration District No.		<u>28</u>		Primary Registration District No.		<u>2161</u>	
City of	<u>Pocatello</u>	(No. <u>Saint Anthony's Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No.		<u>82</u>	
2. FULL NAME		<u>Charles Albert Raymond</u>						<u>92</u>	
(a) Residence. No.		<u>234 North Fifth Ave. Poca., St.</u>							
(Usual place of abode)									
Length of residence in city or town where death occurred		<u>17</u> yrs. mos.		ds.		How long in U. S., if of foreign birth?		yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX	<u>Male</u>	4. COLOR OR RACE	<u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)	<u>Married</u>				
5a. If married, widowed, or divorced	<u>Caroline</u>								
HUSBAND of (or) WIFE of	<u>Husband of</u>	<u>Gaw</u>							
6. DATE OF BIRTH (month, day, and year)	<u>Aug. 9, 1853.</u>								
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.					
	<u>77</u>	<u>9</u>	<u>0</u>						
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Watchman & Janitor</u>						
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>National Laundry Poca., Ida.</u>						
	10. Date deceased last worked at this occupation (month and year)		<u>April 13, 31.</u>		11. Total time (years) spent in this occupation		<u>10</u>		
12. BIRTHPLACE (city or town) (State or country)		<u>Bountiful, Utah.</u>							
FATHER	13. NAME		<u>Charles J. Raymond</u>						
	14. BIRTHPLACE (city or town) (State or country)		<u>New York.</u>						
MOTHER	15. MAIDEN NAME		<u>Catherine (Unknown)</u>						
	16. BIRTHPLACE (city or town) (State or country)		<u>New York.</u>						
17. INFORMANT		<u>Mrs. Charles A. Raymond</u>							
(Address)		<u>234 North Fifth Ave. Poca.</u>							
18. BURIAL, CREMATION, OR REMOVAL									
Place		<u>Pocatello, Ida.</u>		Date		<u>May 10, 1931.</u>			
19. UNDERTAKER		<u>Arthur W. Hall</u>							
(Address)		<u>451 West Lewis St. Poca., Ida.</u>							
20. FILED		<u>5/9/31.</u>		<u>1931</u>		<u>W. L. Ray</u>			
						Registrar.			
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) <u>May 8, 1931.</u>									
22. I HEREBY CERTIFY, That I attended deceased from <u>April 5</u> , 1931, to <u>May 8</u> , 1931.									
I last saw him alive on <u>May 8</u> , 1931; death is said to have occurred on the date stated above, at <u>12:30</u> m.									
The principal cause of death and related causes of importance were as follows:									
<u>Thrombo arteriosclerosis obliterans - shoes following amputation of leg</u>									
Other contributory causes of importance:									
<u>mitral lesion</u>									
Name of operation <u>amputation</u> Date of <u>5-7-31</u>									
What test confirmed diagnosis? Was there an autopsy? <u>No</u>									
23. If death was due to external causes (violence) fill in also the following:									
Accident, suicide, or homicide? Date of injury 1931.									
Where did injury occur? (Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place.									
Manner of injury									
Nature of injury									
24. Was disease or injury in any way related to occupation of deceased?									
If so, specify									
(Signed) <u>J. Miller</u> , M. D.									
(Address) <u>Pocatello, Idaho.</u>									

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

 PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28Primary Registration District No. 2161(No. 215 North Sixth Ave. Poca., Ida.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hewett J. Jones(a) Residence. No. 215 North Sixth Ave. St. _____(Usual place of abode)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced
HUSBAND of Husband of Minerva Shelton
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) June 7, 1847.
 7. AGE Years 83 Months 11 Days 24 If LESS than 1 day, hrs. or min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) Retired 11. Total time (years) spent in this occupation. 60 Yrs.
12. BIRTHPLACE (city or town) (State or country) Tennessee13. NAME David Jones14. BIRTHPLACE (city or town) (State or country) Missouri15. MAIDEN NAME Lucy Gale Duffy16. BIRTHPLACE (city or town) (State or country) Illinois17. INFORMANT Mrs. C. H. Price
(Address) Pocatello, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Blackfoot, Ida. Date June 1, 1931.19. UNDERTAKER Arthur W. Hall
(Address) 451 West Lewis St. Poca.,20. FILED 6/1/31, 193

Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 75084Local Registrar's No. 92

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30, 1931.22. I HEREBY CERTIFY, That I attended deceased from hrs., 1930, to May 29, 1931I last saw him alive on May 30, 1931; death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:Initial Regurgitation

Other contributory causes of importance:

SenilityName of operation None Date of _____What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) J. S. Miller, M. D.(Address) Pocatello, Idaho.

RECEIVED JUN 8 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75085

State File No.

PLACE OF DEATH

County of Bannack
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 90

(No. St. Anthony Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Edward Titus

(a) Residence. No. 606 - N. Main St. St.

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of Mrs. Pearl Titus
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 4 - 1875

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
56 6 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Butcher & Watch City

(b) General nature of industry, business, or establishment in which employed (or employer) Watchmaking

(c) Name of employer City, Pocatello, Ida.

9. BIRTHPLACE (city or town) (State or country) Michigan 3 Rivers

10. NAME OF FATHER Wm. Titus

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant (Address) Mrs. Pearl Titus Pocatello, Ida.

15. Filed 2-24-1931 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 18 1931, to May 22 1931
that I last saw him alive on May 20 1931
and that death occurred, on the date stated above, at 6:20 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) Chronic chole cystitis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) A M. Vetter M. D.

May 23 1931 (Address) Pocatello, Ida.

19. Place of Burial, Cremation, or Removal Date of Burial
Mt. View Cemetery 5-24-1931

20. Undertaker Address
H. L. McKean Pocatello, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 2 1931
DO NOT WRITE IN THIS SPACE
75086
State File No.

PLACE OF DEATH

County of B. MackCity of Lago

CERTIFICATE OF DEATH

Registration District No. 84Primary Registration District No. 2161

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Maretha Coon. Bassett

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWm. H. Bassett

6. DATE OF BIRTH (month, day and year)

March 17

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

75126

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Cedar Fork Utah

10. NAME OF FATHER

Henry J. Coon11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Michigan

12. MAIDEN NAME OF MOTHER

Sophonia Strobidge13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Michigan

PARENTS

14.

Informant
(Address)Henry J. Bassett

15.

Filed

May 14, 1931Mar. J. G. Fitz
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May
(Month)10
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

5/8/31, 1931, to 5/10/31, 1931that I last saw her alive on 5/8/31, 1931and that death occurred, on the date stated above, at 7 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma Stomach(duration) 1 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? ✓ Date ofWas there an autopsy? ✓What test confirmed diagnosis? Physical Exam(Signed) E. J. K. A. B., M. D.5/13/31, 1931 (Address) 8 cde Gray St

19. Place of Burial, Cremation, or Removal

Date of Burial

Lago Idaho May 13 1931

20. Undertaker

Address

M. W. Hendricks Proton, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		75087	
City of <u>Robin</u>		Registration District No. <u>84</u>		Primary Registration District No. <u>2161</u>		State File No.	
(No. <u>Residence</u>)		(If death occurred in hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>221</u>		376	
2. FULL NAME <u>Allen Gregg Toler</u>							
(a) Residence. No. <u>Robin, Idaho.</u>							
Length of residence in city or town where death occurred. <u>25</u> yrs. mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>May 22, 1931</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		6. DATE OF BIRTH (month, day, and year) <u>July 29, 1888.</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>April 20, 1931, to May 22, 1931</u>		I last saw him alive on <u>May 20, 1931</u> ; death is said to have occurred on the date stated above, at <u>1:30 P. M.</u>	
7. AGE Years <u>42</u> Months <u>9</u> Days <u>24</u>		If LESS than 1 day, hrs. or min.		The principal cause of death and related causes of importance were as follows:		Date of onset	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>		10. Date deceased last worked at this occupation (month and year) <u>March 1931.</u>		11. Total time (years) spent in this occupation <u>25 Yrs.</u>	
12. BIRTHPLACE (city or town) (State or country) <u>Virginia</u>		13. NAME <u>John Wm. Toler</u>		14. BIRTHPLACE (city or town) (State or country) <u>Virginia</u>		15. MAIDEN NAME <u>Laura Nuckols</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Virginia</u>		17. INFORMANT (Address) <u>Mrs. Laura Toler Robin, Idaho.</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u>Robin, Idaho.</u> Date <u>May 24, 1931.</u>		19. UNDERTAKER (Address) <u>Arthur W. Hall 451 West Lewis St. Poca., Ida.</u>	
20. FILED <u>5/28/31</u> , 1931		21. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>C. A. Rich</u> (Address) <u>Lava Hot Springs, Ida.</u>		22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury. Nature of injury.		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury. Nature of injury.	

June 1-31

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75088**

PLACE OF DEATH

County of BannockCity of Lava Hot SpringsRegistration District No. 84Primary Registration District No. 2161Local Registrar's No. 217

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Anna Elizabeth Stone Higley(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos. 5 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of John Warren Higley6. DATE OF BIRTH (month, day and year) Oct 6, 1905

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

2563

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

None9. BIRTHPLACE (city or town) Coalville Utah
(State or country)10. NAME OF FATHER Wm Stone11. BIRTHPLACE OF FATHER (city or town) Wyoming
(State or Country)12. MAIDEN NAME OF MOTHER Martha M. Wright13. BIRTHPLACE OF MOTHER (city or town) Coalville, Utah.
(State or Country)14. Informant Warren Higley(Address) Lava Hot Springs Idaho15. Filed 4/10/31, 1931by Mr. J. L. F.

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April91931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 4, 1931, to April 9, 1931
that I last saw her alive on April 9, 1931and that death occurred, on the date stated above, at 6:45 a.m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro-spinal meningitis(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

None

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Lava Hot Springs IdahoDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Exam of spinal fluid(Signed) A. T. Rich M. D.4-9-, 1931 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lava Hot Springs, Ida.4/10/31.19

20. Undertaker

Arthur W. HallAddress Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75089**

PLACE OF DEATH

County of **Bannock**City of **Lava Hot Springs**Registration District No. **84**Primary Registration District No. **2161**Local Registrar's No. **220**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Rapriel Willis Arane**(a) Residence. No. **Lava Hot Springs St.**

(Usual place of abode)

Length of residence in city or town where death occurred. **18** yrs. **0** mos. **9** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**4. COLOR OR RACE **White**5. Single, Married, Widowed, or Divorced (write the word) **Married**5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of **Susana Prudence Eastman**6. DATE OF BIRTH (month, day and year) **Jan 9, 1870**

7. AGE

Years **61**Months **3**Days **23**

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Contractor-Carpenter**(b) General nature of industry, business, or establishment in which employed (or employer) **Arane & Sons, Cont.**(c) Name of employer **Self.**9. BIRTHPLACE (city or town) **Hooper, Utah**
(State or country)10. NAME OF FATHER **Nelson Arane**11. BIRTHPLACE OF FATHER (city or town) **New York**
(State or Country)12. MAIDEN NAME OF MOTHER **Mary Ann Williams**13. BIRTHPLACE OF MOTHER (city or town) **England**
(State or Country)14. Informant **Mrs. H. W. Arane**
(Address) **Lava Hot Springs, Ida**15. Filed **June 1, 1931****Mrs. B. J. Fitz**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **May 2, 1931**

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

April 30, 1931, to May 2, 1931that I last saw him alive on **May 2, 1931**

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Influenza(duration) yrs. **3** mos. ds.CONTRIBUTORY
(Secondary) **Broncho pneumonia**(duration) yrs. mos. **3** ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? **No** Date of _____Was there an autopsy? **No**What test confirmed diagnosis? **Physical exam**(Signed) **Dorothy Rich, M. D.****May 2, 1931** (Address) **Lava Hot Springs**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lava Hot Springs, Ida.**5/8/31. 19**

20. Undertaker

Arthur W. Hall

Address

Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-12 M. 6-15-17.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 88

1. PLACE OF DEATH

County of Benewah
City of De Smit

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31

Primary Registration District No.

(No. St.)

2. FULL NAME

Susan Arapa

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

Indian

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

widowed
(Write the word.)

6. DATE OF BIRTH

(Month)

(Day)

(Year)

1829

7. AGE

92

Yrs. Mos. ds.

IF LESS than 1 day
how many hrs. or
..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

Housewife

9. BIRTHPLACE

(State or Country)

C. D. A. Res Idaho

10. NAME OF FATHER

Gregory Schizui

11. BIRTHPLACE OF FATHER

(State or Country)

C. D. A. Res Idaho

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

C. D. A. Res Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Haris Cay Arapa
De Smit Idaho

15.

Filed

May 121931John Post

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May171931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 1 1930 to May 12 1931that I last saw him alive on April 12 1931and that death occurred on the date stated above, at 12:30 A.M.

The CAUSE OF DEATH* was as follows:

Resecty
(General Paralysis)

(Duration)

Yrs.

mos.

ds.

Contributory
(Secondary)

(Duration)

Yrs.

mos.

ds.

(Signed)

(Address)

May 12 1931 J. L. Nelson M. D.
De Smit Idaho

State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place

In the

of death yrs. mos. days, State yrs. mos. days

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

De Smit Idaho

DATE OF BURIAL

5-14 1931

20. UNDERTAKER

C. L. Schulerud

ADDRESS

De Smit Idaho

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary) may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebro-*

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"), *Lobar pneumonia, Broncho pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms, *Measles; Whooping cough, Chronic valvular heart disease; Chronic intestinal nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms of terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

276

276

RECEIVED JUN 6 1931

FORM V. S. No. 5-12 M. 6-15-17.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No.
Registered No. ... 6 ...
If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

1. PLACE OF DEATH
County of *Beneviah* Registration District No. *46*
City of *Plummer R. I.D.* Primary Registration District No. *2123*
If death occurs away from
usual residence, give facts
called for under special
information. (No., St.)

2. FULL NAME *Alice Burris*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED.

Female *white* *married*

6. DATE OF BIRTH *October 26 1870*
(Month) (Day) (Year)

7. AGE IF LESS than 1 day
60 Yrs. *7* Mos. ds. how many hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work *Housewife*
(b) General nature of in-
dustry, business, or estab-
lishment in which em-
ployed (or employer)

9. BIRTHPLACE

(State or Country) *Freetown Ind.*

10. NAME OF
FATHER

Samuel Poor

11. BIRTHPLACE
OF FATHER

(State or Country) *Jackson Co. Ind.*

12. MAIDEN NAME
OF MOTHER

Julia Wineger

13. BIRTHPLACE
OF MOTHER

(State or Country) *Tenn. **

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *J. J. Burris*
(Address) *Plummer I. d. R. I.D.*

15. *2/26 31*
Filed *1931* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *May 26 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
April 1931 to *May 26 1931*
that I last saw h... alive on *May 26 1931*
and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

*Sarcoma of left
gluteal region*

(Duration) Yrs. mos. ds.

Contributory *Birth marks*
(Secondary)

(Duration) Yrs. *74* mos. ds.

(Signed) *Le B. C. C. C.* M. D.

5-26-1931 (Address) *Freetown Ind.*

*State the Disease Causing Death; or in deaths from Violent
Causes, state (1) Means of Injury; and (2) whether Accidental,
Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place In the
of death yrs. mos. days, State yrs. mos. days

Where was disease contracted
if not at place of death?

Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Likoa. W. I. *5-30-1931*

20. UNDERTAKER ADDRESS
Carl Schulz *Likoa. W. I.*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement
of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 10 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75093**

PLACE OF DEATH

County of Renewal
City of St. MariesRegistration District No. 32Primary Registration District No. 2049(No. Platte Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 15

749

2. FULL NAME

Willie Robinson(a) Residence. No. _____ St. Pedee, Ida.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND
(or) WIFE ofW W Robinson6. DATE OF BIRTH (month, day and year) Aug 19 - 1887

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.43812min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Marion County
(State or country) Arkansas

10. NAME OF FATHER

Lee Martin11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Mrs. Lee Martin13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown

14.

Informant

W W Robinson

(Address)

St Maries Ida

15.

Filed

June 8 1931Walter Boberg

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May311931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 3 - 41931

to

May 311931

that I last saw him alive on

and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

Cardiac Leakage, GenAnaemia

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

Dr. W. J. Platt

June 1st

1931

(Address)

St. Maries, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

St MariesJune 2 1931

20. Undertaker

Address

Black MitchellSt Maries

PLACE OF DEATH

County of BenewahCity of St. Maries.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No.)

DO NOT WRITE IN THIS SPACE

75095

State File No.

Local Registrar's No. 77(If death occurred in a hospital or institution, give its name instead of street and number.)
Mrs. Anna Johannah Waligura.

2. FULL NAME

(a) Residence. No. 719 W. Garden

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word)Widowed.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWidow of Paul Waligura.6. DATE OF BIRTH (month, day and year) July 1864.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

672?

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Housewife.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Germany10. NAME OF FATHER John Martinedes.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Germany12. MAIDEN NAME OF MOTHER Mary ?13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Germany.

14.

Informant
(Address)Frank Seagraves.C.D.A.

15.

Filed

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 10, 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 5th, 1931 to May 10th, 1931that I last saw her alive on May 9th, 1931

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pleuro pneumonia(duration) yrs. mos. 5 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed)

M. D.

May 12, 1931 (Address) st maries ida

19. Place of Burial, Cremation, or Removal

Date of Burial

St. Thomas Cemetery5/15 1931

20. Undertaker

Address

R.K. Mooney.C.D.A.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75096

State File No.

PLACE OF DEATH

County of Blaine
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022
(No.)

Local Registrar's No. 12

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norman Victor Smith

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Color 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 30 - 1915

7. AGE Years Months Days If LESS than 1 day,
15 6 18 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pocatello - Ida
(State or country)10. NAME OF FATHER Jess O. Smith11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Addie Bell Clisum13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant (Address) Jess O. Smith
Pocatello Ida.15. Filed 5-31-31 1931 R. H. Wright.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 18 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 5/16 1931 to 5-18 1931
that I last saw him alive on 4 a.m. 5/18, 1931and that death occurred, on the date stated above, at 4 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Violent Death Accidental
Hole Punched in Abdomen
Internal Hemorrhage and
Traumatic Peritonitis
(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) W. H. Smith M. D.5/23 1931 (Address) Hailey, Ida.19. Place of Burial, Cremation, or Removal Hailey Ida Date of Burial May 19 193120. Undertaker Harris & Amos Address Hailey Ida.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75097

PLACE OF DEATH

County of BlaineCity of GarnettRegistration District No. 59Primary Registration District No. 2022Local Registrar's No. 11

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John C. Gillihan

(a) Residence No.

St. Wright

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X6. DATE OF BIRTH (month, day and year) Aug 11-18457. AGE Years 85 Months 9 Days 4 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fanner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Macomb, Ill.
(State or country)10. NAME OF FATHER Stephen Gillihan11. BIRTHPLACE OF FATHER (city or town) Kentucky
(State or Country)12. MAIDEN NAME OF MOTHER Clarke13. BIRTHPLACE OF MOTHER (city or town) Kentucky
(State or County)14. Informant Mrs. Sadie Floyd
(Address) Garnett, Idaho15. Filed 5-31, 1931 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 15, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 1-14, 1931, to 5-13, 1931that I last saw him alive on 5-7, 1931
and that death occurred, on the date stated above, at 10 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Progressive Paralysis & Arterio SclerosisCONTRIBUTORY Infirmities of old age
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted if not at place of death? noDid an operation precede death? no Date of ✓Was there an autopsy? no ClinicalWhat test confirmed diagnosis? Robert H. Wright
(Signed) 5/16, 1931 (Address) Hailey, Ida.19. Place of Burial, Cremation, or Removal Picabo, Ida. Date of Burial May 17, 193120. Undertaker Harris & Amos Address Hailey, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECORDED 100

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

75098

PLACE OF DEATH

County of BinghamCity of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194

(No.)

Local Registrar's No. 98

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Owen Dayley(a) Residence. No. Riverside. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElizabeth Dayley6. DATE OF BIRTH (month, day and year) Feb. 14, 1860

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.7131

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarming(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)RichmondUtah

10. NAME OF FATHER

Enoch R. Dayley11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Penn.

12. MAIDEN NAME OF MOTHER

Jenneta Cooley13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)GrantsvilleUtah

PARENTS

14.

Informant
(Address)Riverside, Idaho

15.

Filed

June 1, 193131 Mos. Walter E. Patrick

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May
(Month)30
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 30, 1931, to May 30, 1931
that I last saw him alive on May 1, 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Myocarditis(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)Arteriosclerosis
(duration) Probably 10 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

W. W. Beck, M. D.6/1, 1931(Address) Blackfoot, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Thomas Riverside CemJune 3, 1931

20. Undertaker

Address

Blackfoot

RECEIVED JUN 4 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75099

State File No.

PLACE OF DEATH

County of BinghamCity of BlackfootRegistration District No. 121Primary Registration District No. 2194Local Registrar's No. 97

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nessie M. Adams(a) Residence. No. Brookland St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-------------------------	----------------------------------	---

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Edsel Adams</u>
--

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>38</u>	<u>5</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Riverdale Ida
(State or country)10. NAME OF FATHER Nathan T. Parker11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Mo.12. MAIDEN NAME OF MOTHER Elvira Spachow13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Utah14. Informant Edsel T. Adams
(Address) Blackfoot Ida15. Filed May 29 1931 Miss M. E. K. K. K.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from

May 11 1931 to May 26 1931
that I last saw her alive on May 26 1931and that death occurred, on the date stated above at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Obstruction(duration) _____ yrs. 1 mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? Clinical symptoms(Signed) J. O. Humphrey M. D.
5-29 1931 (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Riverdale Ida
Date of Burial 5-30-193120. Undertaker Modern Mortuary - Blackfoot
Address

STATE OF IDAHO
RECEIVED JUN 4 1931
DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

75100

PLACE OF DEATH

BINGHAM

County of

City of

BLACKFOOT

Registration District No.

121

CERTIFICATE OF DEATH

Primary Registration District No.

2194

(No. STATE HOSPITAL SOUTH)

Local Registrar's No.

96

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Helen A. Tiedeman

(a) Residence. No.

St.

Arco,

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos. 5

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

FEMALE

4. COLOR OR RACE

WHITE

5. Single, Married, Widowed,
or Divorced (write the word.)

MARRIED

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

J. F. Tiedeman

6. DATE OF BIRTH (month, day and year) July 1871

7. AGE

59 Years

10 Months

26 Days

If LESS than 1 day,

..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.....

Housewife

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Germany
(State or country)

10. NAME OF FATHER Frederick Stricher

11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Busch

13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)14. Informant Records of State Hospital, South
(Address) Blackfoot, Idaho.

15. Filed

May 27, 1931

Mrs. Helen A. Tiedeman

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 26th, 1931

(Month)

(Day)

19

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 21st, 1931 19 to May 26th, 1931.

that I last saw her alive on May 26th, 1931

8:30P

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Post Encephalitis

Began, following influenza
in 1918

(duration) yrs. mos. ds.

CONTRIBUTORY Progressive paralysis

of left side and muscles of deglu
tation. (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. K. ...

M. D.

May 26, 1931 (Address) Blackfoot, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Arco Idaho

5-27 1931

20. Undertaker

Address

E. J. Turk

Blackfoot

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75101

State File No.

PLACE OF DEATH

County of BinghamCity of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 1007

(No.)

Local Registrar's No. 95

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Thomas Jackson(a) Residence. No. South Meridian St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 30, 1855

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
	<u>76</u>		<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farming(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Vermont

10. NAME OF FATHER

John Jackson11. BIRTHPLACE OF FATHER (city or town)
(State or Country) England12. MAIDEN NAME OF MOTHER Eliza Jane Brown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) England14. Informant
(Address)

15. Filed

May 25 1931
Mr. Walter E. Porter Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 22, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
May 22, 1931, to May 22, 1931
that I last saw him alive on May 22, 1931and that death occurred, on the date stated above, at 1:30 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Accidental overdose
of 7 fluid extract of Nuxis Vomica
(duration) yrs. 30 min.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. Beck, M. D.
5/25, 1931 (Address) Blackfoot, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Grove City CemeteryMay 26, 19

20. Undertaker

Address

E. J. FinkBlackfoot

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75102

State File No.

PLACE OF DEATH.

County of BinghamCity of Shelly

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194Local Registrar's No. 94

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 1 mile So of Shelly

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Lulu Cox (or) WIFE of Dec 26, 18686. DATE OF BIRTH (month, day and year) Dec 26-18687. AGE Years 62 Months 4 Days 26 If LESS than 1 day, 0 hrs. 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work F. armer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town, State or country) Hubbard, Ohio10. NAME OF FATHER Edward Cox11. BIRTHPLACE OF FATHER (city or town, State or Country) England12. MAIDEN NAME OF MOTHER Mary Ann Smith13. BIRTHPLACE OF MOTHER (city or town, State or Country) England14. Informant Mrs Lulu Cox (Address) Shelly Idaho15. Filed May 24, 1931 Miss Mattie E. Patrick Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 22 1931
(Month) (Day) (Year)

HEREBY CERTIFY, That I attended deceased from

, 1931, to May 22, 1931that I last saw her alive on May 22, 1931and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Hung by the neck.
Suicide
Verdict of coroners jury
(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) 0 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? 0 Date of 0Was there an autopsy? 0

What test confirmed diagnosis?

(Signed) Ray McCallum M. D.May 24, 1931 County CoronerBlackfoot Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Parmer Idaho Date of Burial 5/25 193120. Undertaker V. F. M. Hand Idaho Address Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75103

State File No.

PLACE OF DEATH

County of *Bingham*City of *Blackfoot*Registration District No. *121*Primary Registration District No. *1007*Local Registrar's No. *903*(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME *Betty Louise Monteer*(a) Residence. No. *Ash* St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *5-16-31*7. AGE Years Months Days If LESS than 1 day,
13 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Blackfoot Ida*
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) *Salt Lake*
(State or Country) *Utah*

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) *Ogden*
(State or Country) *Utah*14. Informant *Ervin Monteer*
(Address) *Blackfoot, Ida*15. Filed *May 17, 1931* *McNall* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

5-17 19 *31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

5-16, 19*31*, to *5-16*, 19*31*
that I last saw her alive on *5-16*, 19*31*
and that death occurred, on the date stated above, at *6 A. m.*

The CAUSE OF DEATH* was as follows:

*unknown probably
congenital heart
condition*
(duration) yrs. mos. ds. *12 hrs*CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? *✓*Did an operation precede death? *✓* Date of *✓*Was there an autopsy? *no*What test confirmed diagnosis? *✓*(Signed) *J. O. Hunsicker* M. D.
5-17, 19*31* (Address) *Blackfoot Ida**State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.19. Place of Burial, Cremation, or Removal *Grass City Cem* Date of Burial *5-18 1931*20. Undertaker *Ervin Monteer* Address *Blackfoot*
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75104**

PLACE OF DEATH

County of BinghamCity of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194

(No.)

Local Registrar's No. 91

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie Long Earl(a) Residence. No. North of Fair Grounds No of City

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofClyde Earl

6. DATE OF BIRTH (month, day and year)

Feb 25 1878

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or
.....min.53217

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHouse Wife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Booth
Texas

10. NAME OF FATHER

Richard Rice11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Tenn.

12. MAIDEN NAME OF MOTHER

Susie Duffie13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Virginia

14.

Informant
(Address)Mattie Perry
Blackfoot Idaho

15.

Filed

May 13 1931Walter E. Patrie
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

5 - 12
(Month) (Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

5 - 4, 1931, to 5 - 12, 1931that I last saw her alive on 5 - 12, 1931and that death occurred, on the date stated above, at 4:30 pm*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pulmonary Tuberculosis(duration) 4 yrs. mos. ds.CONTRIBUTORY
(Secondary)Acute Bronchitis(duration) yrs. mos. 16 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? yesWhat test confirmed diagnosis? Physical finding

(Signed)

J. O. Thompson5 - 13, 1931 (Address) Blackfoot Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Home City Cemetery May 13 1931

20. Undertaker

Address

E. J. Park BlackfootIdaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75105**

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007

Local Registrar's No. 90

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Keith James Ockerman

(a) Residence. No. 700 East Court St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Infant
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day and year) April 29, 1931
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
9
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Blackfoot, Idaho
(State or country)

10. NAME OF FATHER
James Olin Ockerman

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)
Moreland, Idaho

12. MAIDEN NAME OF MOTHER
Janet Durrant

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant James O. Ockerman
(Address) Blackfoot Idaho

15. Filed May 8, 1931 Mr. Walter E. Latimer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
May 8th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, that I attended deceased from
April 29, 1931, to May 8th, 1931
that I last saw him alive on May 8th, 1931
and that death occurred, on the date stated above, at 6:30 A.M.

The CAUSE OF DEATH* was as follows:
premature birth less than 7 mo. due mother lifting
(duration) yrs. mos. 7 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.
18. Where was disease contracted
if not at place of death? no

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. O. Humphrey, M. D.
5-8-31, 1931 (Address) Blackfoot Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Grove City Cemetary May 8, 31¹⁹
20. Undertaker Address
Modern Mortuary Blackfoot

RECEIVED JUN 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75106**

PLACE OF DEATH

County of BinghamCity of BlackfootRegistration District No. 121Primary Registration District No. 1007Local Registrar's No. 89(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Eliza Muir Oram(a) Residence. No. So. Shilling St.

(Usual place of abode)

Length of residence in city or town where death occurred. 30 rs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)
Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofJames G. Oram6. DATE OF BIRTH (month, day and year) Aug.- 4-1854.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

7691

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Utah.
(State or country)

10. NAME OF FATHER

Wm. S. Muir11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Scotland

12. MAIDEN NAME OF MOTHER

Mary Ann Berry13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)England.14. Informant Helen M Davis

(Address)

Blackfoot, Ida.15. Filed May 7, 1931 Mrs Hattie E. Davis

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May. 5. 1931. 19

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1931, to May 5, 1931
that I last saw her alive on May 4, 1931and that death occurred, on the date stated above, at 4:45 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus(duration) 10 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

W W Beck M. D.
May 6, 1931 (Address) Blackfoot, Ida*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.19. Place of Burial, ~~Cremation~~, or Removal

Date of Burial

Idaho Falls. Ida.May-7-1931.

20. Undertaker

Address

Modern Mortuary, Blackfoot, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 4 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75107

State File No.

PLACE OF DEATH

County of Bingham.

CERTIFICATE OF DEATH

City of Blackfoot.

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 88

(No. Mrs. Dora France' Hospital W. Judicial St.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Atcheson Rankin.

(a) Residence. No. Pingree, Precinct. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 27 yrs.

mos.

ds.

How long in U. S. if of foreign birth? 33 yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Always Single

6. DATE OF BIRTH (month, day and year) March 2, 1853.

7. AGE Years 79 Months 2 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fur Trapper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9. BIRTHPLACE (city or town) Garvard Grange, Scotland
(State or country)

10. NAME OF FATHER

Alex. Rankin.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Scotland

12. MAIDEN NAME OF MOTHER Isabell Atcheson.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Scotland.

14.

Informant
(Address)

Blackfoot, Idaho.

15.

Filed May 6, 1931

31

W. E. Lathrop

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 5-th 1931

(Month)

(Day)

19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 10-th 31, to May 5-th, 1931

that I last saw him alive on May 4-th 1931 19....

and that death occurred, on the date stated above, at 2:00A m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cholecystitis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY Ruptured Gall Bladder.
(Secondary)

(duration) yrs. mos. 5 ds.

18. Where was disease contracted At Home
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. signs

(Signed)

May 6, 1931 (Address) Blackfoot

19. Place of Burial, Cremation, or Removal

Date of Burial

Riverside- Thomas Cem.

5/6/31 19

20. Undertaker

Address

E. J. Rank Blackfoot
Idaho.

PLACE OF DEATH

County of Ft. Hall Reservation CERTIFICATE OF DEATHCity of Registration District No. 121Primary Registration District No. 2194-R(No. At Ranch)Local Registrar's No. 81

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jimmie Yupe

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Shoshone
Ind. 4/45. Single, Married, Widowed,
or Divorced (write the word.)Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAugatsea Smith6. DATE OF BIRTH (month, day and year) --- 1855

7. AGE

Years

Months

Days

If LESS than 1 day,

76----..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

Retired Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)16 years

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Ft. Hall Reservation

10. NAME OF FATHER

Wood-a-cup

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Hay-wan-dis

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Unknown

14.

Informant
(Address)Susie Yupe,Ft. Hall, Idaho.

15.

Filed May 25,1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 5, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

No Doctor attending

....., 19....., to....., 19.....

that I last saw him..... alive on....., 19.....

and that death occurred, on the date stated above, at 10: A m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Apoplexy.-cerebral..... (duration) yrs. mos. 1 ds.

CONTRIBUTORY

(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted

if not at place of death? ---Did an operation precede death? No Date of.....Was there an autopsy? NoWhat test confirmed diagnosis? Phys. signs

(Signed)

Henry R. P. Butler, M. D......, 19..... (Address) Ft. Hall, Idaho.

19. Place of Burial, Cremation, or Removal

Birch Creek Cem.Ft. Hall Reservation

Date of Burial

Apr. 8, 1931

20. Undertaker

Ben Jackson

Address

Pauline, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

Ft. Hall Jurisdiction, Current STATE OF IDAHO Complete
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75109
 State File No.

PLACE OF DEATHCounty of **Ft. Hall Reservation** **CERTIFICATE OF DEATH**City of Registration District No. **121**Primary Registration District No. **2194-R.**(No. **At Ranch. No Hospital**)Local Registrar's No. **84**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Soopee.**

(a) Residence. No. St.

(Usual place of abode.)
 Length of residence in city or town where death occurred. **65** yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female	4. COLOR OR RACE Shoshone Ind. 4/4	5. Single, Married, Widowed, or Divorced (write the word.) Widow
-------------------------	--	---

5a. If married, widowed, or divorced
 HUSBAND of **Joe Wheeler**
 (or) WIFE of6. DATE OF BIRTH (month, day and year) **** 1852 --**

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79	--	--	--	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **None**(b) General nature of industry, business, or establishment in which employed (or employer) **Household**

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) **Ft. Hall Reservation**10. NAME OF FATHER **Unknown**11. BIRTHPLACE OF FATHER (city or town) (State or Country) **Unknown**12. MAIDEN NAME OF MOTHER **Pin-dod-dah**13. BIRTHPLACE OF MOTHER (city or town) (State or County) **Ft. Hall Reservation**14. Informant **Caroline Madzuweyu**
 (Address) **Ft. Hall, Idaho**15. Filed **May 25, 31** **Walter E. Putnam**
 Registrar.**MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH
April 22, 1931
 (Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
No Doctor attending
 19... to 19...that I last saw h..... alive on 19...
 and that death occurred, on the date stated above, at **9: A. m.***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 The CAUSE OF DEATH* was as follows:**Apoplexy, -cerebral**..... (duration) yrs. mos. **1** ds.
 CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.18. Where was disease contracted
 if not at place of death? **--**Did an operation precede death? **no** Date ofWas there an autopsy? **no**What test confirmed diagnosis? **Phys. signs**(Signed) **Walter E. Putnam**, M. D.
 19... (Address) **Ft. Hall, Ida.**19. Place of Burial, Cremation, or Removal **Mt. Putnam Cemetery,**
Ft. Hall Reservation Date of Burial **4/24/31**20. Undertaker **Brown-Eldredge,**
Blackfoot, Idaho. Address

Ft. Hall Jurisdiction, Current STATE OF IDAHO Complete

April 1931

DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

75110

State File No.

PLACE OF DEATH

BUREAU OF VITAL STATISTICS

County of **Ft. Hall Reservation** CERTIFICATE OF DEATHCity of Registration District No. **181**Primary Registration District No. **2194 R.**(No. **At Ranch.** **No Hospital**)Local Registrar's No. **823**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Wesley Taquaynah.**

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred **44** yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Bannock Ind. 4/4	5. Single, Married, Widowed, or Divorced (write the word.) Married
-----------------------	---	---

5a. If married, widowed, or divorced

HUSBAND of **Elmira Beversack**
(or) WIFE of6. DATE OF BIRTH (month, day and year) **---- 1887----**

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	--	--	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Farming**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **-----**
(State or country) **-----**

10. NAME OF FATHER

James Taquaynah11. BIRTHPLACE OF FATHER (city or town)
(State or Country)**Ft. Hall Reservation**12. MAIDEN NAME OF MOTHER **Mavona California**13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)**Ft. Hall Reservation**14. Informant **Elmira Taquaynah.**(Address) **Ft. Hall, Idaho**15. Filed **May 25,** 19 **31** **Wm. Walter E. Patrick**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 19, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
No Doctor attending

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at **3: A. m.***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Tuberculosis of the Lungs.**(duration) **3** yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? **---**Did an operation precede death? **---** Date of.....Was there an autopsy? **---**What test confirmed diagnosis? **Microscopic**(Signed) **Henry R. Wheeler,** M. D.19..... (Address) **Ft. Hall, Ida**

19. Place of Burial, Cremation, or Removal

Date of Burial

**Butte Cemetery
Ft. Hall Reservation****4,23/ 1931**

20. Undertaker

Address

**Brown-Eldredge,
Blackfoot, Idaho.**

RECEIVED JUN 3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75111

State File No.

PLACE OF DEATH

County of Bingham
City of Springfield

Registration District No. 116

Primary Registration District No. 2198

Local Registrar's No. 7

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Irene Bedurel(a) Residence. No. Springfield, Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
5a. If married, widowed, or divorced <u>HUSBAND of</u> (or) WIFE of <u>Wayne Bedurel</u>		
6. DATE OF BIRTH (month, day and year) <u>Jan. 18, 1909</u>		
7. AGE <u>22</u>	Years <u>3</u>	Months <u>19</u>
Days <u>19</u>		
If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>H. Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) Orangeville, Utah
(State or country)10. NAME OF FATHER Charles Lewis Allen11. BIRTHPLACE OF FATHER (city or town) Pipe Spring, Arizona
(State or Country)12. MAIDEN NAME OF MOTHER Martha Gale13. BIRTHPLACE OF MOTHER (city or town) Orderville, Utah
(State or Country)14. Informant Wayne Bedurel
(Address) Springfield, Ida15. Filed 79, 1931 M. C. Morkinn
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 8 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 28, 1931, to May 8, 1931
that I last saw her alive on May 7, 1931
and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Purpural Septicemia
following attack at 4th mo(duration) yrs. mos. 10 ds.CONTRIBUTORY
(Secondary) Pulmonary Embolism(duration) yrs. mos. 6 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) M. C. Morkinn, M. D.
May 8, 1931 (Address) Aldersee, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Springfield, Ida 5/9 1931

20. Undertaker

Address

Frieder Springfield

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ft. Hall Jurisdiction, Current

STATE OF IDAHO

Complete

April 1931

RECEIVED JUN 4 1931
DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75112

State File No.

PLACE OF DEATH

County of Ft. Hall Reservation

CERTIFICATE OF DEATH

City of

Registration District No. 121Primary Registration District No. 2194-RLocal Registrar's No. 87

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia Hootchew.

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 2 yrs. -- mos. -- ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Shoshone
Ind. 4/45. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWilliam Hootchew6. DATE OF BIRTH (month, day and year) --- 1850

7. AGE

Years

Months

Days

If LESS than 1 day,

81-----hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Chesterfield, Idaho.

10. NAME OF FATHER

Wan-to-natse11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Rockland, Idaho

12. MAIDEN NAME OF MOTHER

Waz-jacup13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Rockland, Idaho

14.

Informant
(Address)William HootchewPauline, Idaho

15.

Filed

May 25,19 31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 25, 1931

(Month)

(Day)

19.....
(Year)17. I HEREBY CERTIFY, That I attended deceased from
No Doctor attending19....., to....., 19.....
that I last saw h..... alive on....., 19.....and that death occurred, on the date stated above, at 4:14 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Flu(duration) yrs. mos. 5 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry D. Wheeler

M. D.

19..... (Address) Ft. Hall, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Portneuf Cemetery
Ft. Hall Reservation,4/27/ 31 1920. Undertaker
Agency Carpenter
Ft. Hall, Idaho.

Address

Ft. Hall Jurisdiction,

Current STATE OF IDAHO Complete April 1931
 RECEIVED JUN 4 1931
 DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

75113

State File No.

PLACE OF DEATH

County of Ft. Hall Reservation CERTIFICATE OF DEATHCity of Registration District No. 121Primary Registration District No. 2194- R. Local Registrar's No. 82(No. At Ranch. No Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rudolph Nevada.

(a) Residence. No. St.

 (Usual place of abode.)
 Length of residence in city or town where death occurred. 3 yrs. 21 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE Shoshone Ind. 4/4 5. Single, Married, Widowed, or Divorced (write the word.) Single

 5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of -----

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>3</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer) -----

(c) Name of employer -----

9. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation10. NAME OF FATHER Samuel Nevada11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lemhi Reservation12. MAIDEN NAME OF MOTHER Annie Taylor13. BIRTHPLACE OF MOTHER (city or town) (State or County) Lemhi Reservation14. Informant Samuel Nevada (Address) Ft. Hall Reservation15. Filed May 25, 1931 Mr. Walter E. Patz Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 7, 1931
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar. 20, 1931, to Apr. 7, 1931
that I last saw h er alive on Apr. 4, 1931and that death occurred, on the date stated above, at 2: A. m.
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 The CAUSE OF DEATH* was as follows:
Whooping Cough.
 (duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? -----

Did an operation precede death? no Date of -----Was there an autopsy? noWhat test confirmed diagnosis? phys. signs(Signed) Harry D. McElroy M. D., 19..... (Address) Ft. Hall, Ida
 19. Place of Burial, Cremation, or Removal Portneup Cem. Date of Burial 4/8/31 19

 20. Undertaker Ft. Hall Reservation Address Agency Carpenter, Ft. Hall reservation.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DO NOT WRITE IN THIS SPACE

75114

State File No.

Registration District No. 121
Primary Registration District No. 1007

Local Registrar's No.92.....

(No. _____)
If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Luis A. Salazar

(a) Residence. No. 800 20th Avenue St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
5a. If married, widowed or divorced		

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 01 - 3 - 1930

7. AGE	Years	Months	Days	If LESS than 1 day,
	0	7	12	hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Blackfoot
(State or country)

10. NAME OF FATHER Arnell Katesnes

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER *Ada Bingham*

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Baltimore, Md.

14. Informant Ada Katesanes
(Address) Blakely

15. Filed May 17, 1931 Mrs. Walter E. Vetter
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May-15- 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to May 15, 1931, that I last saw him alive on May 14, 1931 and that death occurred, on the date stated above, at 8:30 a m.

The CAUSE OF DEATH* was as follows:

Whooping Cough
(duration) _____ yrs. _____ mos. 14 ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death?..... Date of.....

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) W. W. Leek, M. D.

5/17, 1931 (Address) Blackfoot, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

2. Place of Burial, Cremation, or Removal	Date of Burial
Grove City Cem.	5-17-1931

20. Undertaker	Address
Modern Mortuary	Blackfoot

Ft. Hall Jurisdiction, Current STATE OF IDAHO Complete

April 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75115

State File No.

PLACE OF DEATH

County of Ft. Hall Reservation CERTIFICATE OF DEATHCity of Registration District No. 121Primary Registration District No. 2194-R(No. At Ranch. No Hospital)Local Registrar's No. 86

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Devier Ramsay

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 5 yrs. 3 mos. 12

How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Shoshone</u> <u>Ind. 4/4</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-----------------------	--	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
-----6. DATE OF BIRTH (month, day and year) Jan 13, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>5</u>	<u>3</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. None(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Ft. Hall Reservation10. NAME OF FATHER
Frank Ramsey11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ft. Hall Reservation12. MAIDEN NAME OF MOTHER Elsie Smith13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Ft. Hall Reservation14. Informant Elsie Ramsey
(Address) Ft. Hall, Idaho15. Filed May 25, 1931 Wm. H. Wheeler
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 25, 1931, 19.....
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Apr. 1, 1931, to Apr. 25, 1931that I last saw him alive on Apr. 24, 1931, 19.....
and that death occurred, on the date stated above, at 11:A m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Whooping Cough..... (duration) yrs. mos. 24 ds.
CONTRIBUTORY Bronch. Pneumonia
(Secondary) (duration) yrs. mos. 5 ds.18. Where was disease contracted
if not at place of death? ---Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Phys. Exams
(Signed) Wm. H. Wheeler M. D.
Ft. Hall, Ida
....., 19..... (Address)19. Place of Burial, Cremation, or Removal
Bannock Cemetery
Ft. Hall Reservation, Date of Burial 4/30/31 19.....20. Undertaker Frank Ramsey,
Ft. Hall, Idaho Address

Ft. Hall Jurisdiction

Current

STATE OF IDAHO

Complete

April 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75116

State File No.

PLACE OF DEATH

County of Ft. Hall Reservation CERTIFICATE OF DEATHCity of Registration District No. 121Primary Registration District No. 2194-R(No. At Ranch. No Hospital)Local Registrar's No. 85

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Genevieve Lewis.

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mo. 24

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Shoshone</u> <u>Ind. 4/4</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-------------------------	--	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
-----6. DATE OF BIRTH (month, day and year) Feb. 1, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work None(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Ft. Hall Reservation

10. NAME OF FATHER

Homer Lewis11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ft. Hall Reservation12. MAIDEN NAME OF MOTHER Jennette James13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Ft. Hall Reservation14. Informant Homer Lewis
(Address) Ft. Hall, Idaho15. Filed May 25, 19 31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 24, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
Apr. 1, 19 31, to Apr. 24, 1931that I last saw h 8r alive on Apr. 23, 1931, 19and that death occurred, on the date stated above, at 7: A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Whooping Cough(duration) yrs. mos. 22 ds.CONTRIBUTORY Pneumonia, Bronchial
(Secondary)(duration) yrs. mos. 4 ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry R. Wheeler19. (Address) Ft. Hall, Ida.19. Place of Burial, Cremation, or Removal
Butte Cemetery

Date of Burial

Ft. Hall Reservation4/26/31 1920. Undertaker
Agency Carpenter,
Ft. Hall, Idaho.

Address

RECEIVED JUN 14 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

75117

PLACE OF DEATH

County of Boise

City of

Registration District No.

Primary Registration District No.

Local Registrar's No. 29(No. Lied 22 miles East of Arrow Rock Dam. on Boise River)2. FULL NAME Catherine Brady York(a) Residence. No. 1508, N 180 St.(Usual place of abode.) Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofSam. A. York6. DATE OF BIRTH (month, day and year) Feb-22-18727. AGE Years Months Days If LESS than 1 day, hrs. or min.
59 2 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wisconsin
(State or country)10. NAME OF FATHER Peter Brady11. BIRTHPLACE OF FATHER (city or town) Ireland
(State or Country)12. MAIDEN NAME OF MOTHER Mary13. BIRTHPLACE OF MOTHER (city or town) Ireland
(State or County)14. Informant Sam. A. York
(Address) 1508 N 180 St Boise Idaho15. Filed 5-19-31 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 17 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY that I saw deceased fromMay 17 1931 to May 17 1931that I last saw her at May 17 1931and that death occurred, on the date stated above at 3:15 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Fracture of skull, Killed when Automobile rolled over Mountain Grade

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? examination(signed) Chas. E. Summers Coroner517 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery May 20 1931

20. Undertaker

Address

Summers & Truf Boise Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 5 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. _____
 Township _____ or Village _____ or
 City Sandpoint No. 521-N-4th Ave. St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 30 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

George Malcolm Walker
 (a) Residence: No. 521-N-4th Ave. St., _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Walker
 6. DATE OF BIRTH (month, day, and year) Aug 3, 1867
 7. AGE Years 63 Months 9 Days 26 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Men's Clothing Store
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Santiago (State or country) Minn.

13. NAME Samuel Walker
 14. BIRTHPLACE (city or town) New Brunswick (State or country) Canada

15. MAIDEN NAME Hannah E. Gordon
 16. BIRTHPLACE (city or town) _____ (State or country) Vermont

17. INFORMANT Tree Walker (Address) Sandpoint Ida.

18. BURIAL CREMATION, OR REMOVAL Place Greencrest Cemetery Date June 1, 1931

19. UNDERTAKER Lawrence J. Mason (Address) Sandpoint Idaho

20. FILED June 1, 1931 Ugola Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1925, to May 29, 1931

I last saw him alive on May 29, 1931; death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Mitral regurgitation
Arterio sclerosis
Chronic interstitial nephritis

Other contributory causes of importance:

Hypertrophied prostate

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) C. P. Stachhouse, M. D.

(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 78
 Township _____ or Village _____ or
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 1 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Henry L. Hayes

(a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of <u>Bella Hayes</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Feb. 28, 1860</u>		
7. AGE <u>71</u>	Years <u>2</u>	Months <u>8</u>
		Days <u>1</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Foreman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railroad</u>		
10. Date deceased last worked at this occupation (month and year) <u>Feb. 1930</u>		
11. Total time (years) spent in this occupation <u>30</u>		

12. BIRTHPLACE (city or town) (State or country) <u>New York</u>
13. NAME <u>Unknown</u>
14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>
15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>
17. INFORMANT <u>Harry J. Hayes</u> (Address) <u>Sandpoint Idaho</u>
18. BURIAL, CREMATION, OR REMOVAL Place <u>Springfield</u> Date <u>May 8, 1931</u>
19. UNDERTAKER <u>L. D. Noon</u> (Address) <u>Sandpoint Idaho</u>
20. FILED <u>May 8, 1931</u> <u>Nicola Allen</u> <u>Deputy Registrar</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from
did not attend 19____ to _____ 19____
 I last saw him alive on _____ 19____; death is said
 to have occurred on the date stated above, at 7 p m.
 The principal cause of death and related causes of importance
 were as follows:
Cerebral hemorrhage

Date of onset
May 4, 1931

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of Injury _____ 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Flora E. Allen M. D.
 (Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

8-2091
V. S. No. 88

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 5 1931
STANDARD CERTIFICATE OF DEATH

75120
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 78
Township _____ or Village _____
City Sandpoint No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

James Solomon Rash.
(a) Residence: No. _____ St. _____ Ward. Vay, Idaho.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of Bee R. Rash (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 31, 1862

7. AGE 69 Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owns Farm
10. Date deceased last worked at this occupation (month and year) Feb 1931 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) New Hampshire (State or country) Ohio

13. NAME John Rash

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME S. R. V. Lockhart.

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Mrs. Bee Rash (Address) Vay Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Idaho Date May 4, 1931

19. UNDERTAKER L. H. Shoon (Address) Sandpoint Idaho

20. FILED May 4, 1931 Violet Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 1, 1931

22. I HEREBY CERTIFY That I attended deceased from April 25, 1931 to May 1, 1931

I last saw him alive on May 1, 1931; death is said to have occurred on the date stated above, at 12:50 pm.

The principal cause of death and related causes of importance were as follows:

Prostatic Hypertrophy Date of onset

Other contributory causes of importance:

Bladder occlusion

Name of operation Cystotomy Date of 4/29/31

What test confirmed diagnosis? _____ Was there an autopsy? 770

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. P. Stachour, M. D.

(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

9-3007
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 5 1931
STANDARD CERTIFICATE OF DEATH

75121 40
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH:

County Bonner State IDAHO Registered No. 78
Township _____ or Village _____
City Sandpoint No. Page Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 17 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Helen Myrtle Shepard
(a) Residence: No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Frank Shepard

6. DATE OF BIRTH (month, day, and year) Jan 14, 1897

7. AGE Years 34 Months 3 Days 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) May 2, 1931 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Missoula (State or country) Montana

13. NAME Chas. Jones Gehringler

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Melissa Jane

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Frank Shepard (Address) Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Idaho Date May 5, 1931

19. UNDERTAKER L. S. Moon (Address) Sandpoint, Idaho

20. FILED May 6, 1931 Violet Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____; death is said

to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Infection from Bacillus aerogenus capsulatus originating from uterine infection

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 710

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify L. S. Moon

(Signed) L. S. Moon

(Address) Sandpoint, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75122

State File No.

PLACE OF DEATH

Bonner

County of

City of Kootenai

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2155

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Mrs. Martha L. Koffel

(a) Residence. No.

Kootenai

St.

(Usual place of abode.)

Length of residence in city or town where death occurred 33

yrs.

mos.

ds.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)
married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Harvey H. Koffel

6. DATE OF BIRTH (month, day and year) August 5 1857

7. AGE

Years
73Months
9Days
11If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

none

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ohio
(State or country)

10. NAME OF FATHER

Wm Weaver

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Ohio

12. MAIDEN NAME OF MOTHER unobtainable

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Ohio

14. Roy Koffel

Informant
(Address)

Kootenai Idaho

15.

Filed May 19 1931

Viola Allen
deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May

16

1931

19

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 30 1930, to May 16 1931
that I last saw him alive on May 16 1931
9 p.m.

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma Bladder

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

19

(Address)

19. Place of Burial, Cremation, or Removal

Lakeview Cemetery

Date of Burial

5/19/31

20. Undertaker

Turnbull Co

Address

Sandpoint

Dr. Page

42

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 78
 Township _____ or Village _____
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Ernest Earl Boies
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Blanche Boies (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 28, 1883

7. AGE Years 46 Months 3 Days 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Company

10. Date deceased last worked at this occupation (month and year) May 1931 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Wisconsin

13. NAME W. A. Boies

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Blanche Boies (Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Emment Cemetery Date May 17, 1931

19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho.

20. FILED May 17, 1931 Richard Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from January 1931 to May 14, 1931
 I last saw him alive on May 13, 1931; death is said to have occurred on the date stated above, at one a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset Jan 1931

Other contributory causes of importance:

Influenza Jan 1931

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. H. Page M. D.

(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75124

State File No.

PLACE OF DEATH

County of Bonner
City of Priest River

CERTIFICATE OF DEATH

Registration District No. 85Primary Registration District No. 2185Local Registrar's No. 10

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John McKay

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 20 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Ida McKay6. DATE OF BIRTH (month, day and year) March 14, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>59</u>	<u>1</u>	<u>18</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Camp Foreman(b) General nature of industry,
business, or establishment in
which employed (or employer) Lumber(c) Name of employer Retired two years9. BIRTHPLACE (city or town) Grand Rapids
(State or country) Mich.10. NAME OF FATHER
Unknown11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country) "12. MAIDEN NAME OF MOTHER
Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County) "14. Informant Mrs. Ida McKay
(Address) Priest River, Idaho15. Filed May 5, 1931 T. E. Wessa
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 2, 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 23, 1931, to May 2, 1931
that I last saw him alive on May 2, 1931and that death occurred, on the date stated above, at 10:50 PM*State the DISEASE CAUSING DEATH, or in deaths from VIOLEN
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Hemorrhage from ruptured
aneurism of ascending
AortaAcute (duration) yrs. mos.CONTRIBUTORY Lues
(Secondary)Many years (duration) yrs. mos.18. Where was disease contracted Questionable
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? yesWhat test confirmed diagnosis? Findings(Signed) Harold C. Jones, M.D. M.May 4, 1931 (Address) Priest River, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Woodmen CemeteryMay 5 1931

20. Undertaker

Moon Mortuary, Priest River, Ida

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 75125
Township _____ or Village Hope St. _____ Ward _____
City _____ No. _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Louesa Garrelts

(a) Residence: No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of George Garrelts

6. DATE OF BIRTH (month, day, and year) Sept. 9, 1838

7. AGE Years 92 Months 8 Days 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) York
(State or country) Pa.

13. NAME John Fisher

14. BIRTHPLACE (city or town) _____
(State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Miss Alice Gerralts
(Address) Hope, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Mc Pherson, Kan. Date May 23, 1931

19. UNDERTAKER L. G. MOON
(Address) SANDPOINT, IDAHO.

20. FILED May 23, 1931 John Larson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1931, to May 19, 1931.
I last saw her alive on May 19, 1931; death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Senility

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of Injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____
Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Floyd C. Wendt M. D.
(Address) Sandpoint, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75126

State File No.

PLACE OF DEATH

County of BonnerCity of Clarksfork, Ida

CERTIFICATE OF DEATH

Registration District No. 88Primary Registration District No. 2157(No. Clarksfork Ida)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1122. FULL NAME Cale P. Meredith(a) Residence. No. Clarksfork Ida St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male4. COLOR OR RACE white5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLusana Meredith6. DATE OF BIRTH (month, day and year) Feb 14

7. AGE

Years 82

Months

Days

If LESS than 1 day.

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. none(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Iowa10. NAME OF FATHER Cale Meredith11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Iowa12. MAIDEN NAME OF MOTHER unobtainable13. BIRTHPLACE OF MOTHER (city or town)
(State or County) ..

14.

Informant
(Address) C. F. Meredith
Clarksfork Idaho

15.

Filed May 13
193131 John Larson

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May

(Month)

1

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased April - 28th 1931that I last saw him alive on April - 28, 1931

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Bronchial Asthma
Chronic Valvular
Heart DiseaseSeveral (duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Larson M. D.May 3 1931 (Address) Sandpoint, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Clarksfork Ida5/3 1931

20. Undertaker

Address

W. E. JohnstonClarksfork

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 75127
 Township _____ or Village _____
 City Hope No. _____ St. _____ Ward _____
 Length of residence in city or town where death occurred 24 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Reuben Reinoehl
 (a) Residence: No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Reinoehl

6. DATE OF BIRTH (month, day, and year) June 23, 1851

7. AGE Years 79 Months 10 Days 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1930

11. Total time (years) spent in this occupation 64 yrs

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Philip Reinoehl

14. BIRTHPLACE (city or town) (State or country) Ill.

15. MAIDEN NAME Sarah Saul

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Eliza Reinoehl
(Address) Hope Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Hope Ida. Date May 15, 1931

19. UNDERTAKER L. D. Moon
(Address) Sandpoint Ida.

20. FILED May 14, 1931 John Larson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14, 1931.

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1931, to May 14, 1931
 I last saw him alive on May 13, 1931; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Chronic valvular heart disease
Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Hope Larson M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 4
 Township _____ or Village Clarksfork 75128 or
 City Clarksfork No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 5 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME CHARLES QUINBY RICE

(a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) MARRIED

5a. If married, widowed, or divorced HUSBAND of ADELLA RICE (or) WIFE of

6. DATE OF BIRTH (month, day, and year) DEC. 13, 1890

7. AGE Years 40 Months 5 Days 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ELECTRICIAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MINING COMPANY

10. Date deceased last worked at this occupation (month and year) May 1931 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) Harvard (State or country) Nebraska

13. NAME Albert Quinby Rice

14. BIRTHPLACE (city or town) Illinois (State or country)

15. MAIDEN NAME Anna Nichols

16. BIRTHPLACE (city or town) Illinois (State or country)

17. INFORMANT Mrs. Adella Rice (Address) Clarksfork, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Clarksfork, Idaho Date May 30, 1931

19. UNDERTAKER L. G. MOON (Address) Sandpoint, Idaho.

20. FILED 5-29-31 John L. Lacroix Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at 8:00a.m.

The principal cause of death and related causes of importance were as follows:

Accidental Electric Shock. Date of onset _____
Came in contact with live wires
while making connection on live
high voltage line to floatation
mill.

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 5/26, 1931

Where did injury occur? Clarksfork, Idaho. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Industry

Manner of Injury Electric Shock

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify Contact with live wires

(Signed) L. G. Moon CORONER, M. D.

(Address) SANDPOINT, IDAHO.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75129
State File No.

PLACE OF DEATH

County of Bonner
City of Lacleda

CERTIFICATE OF DEATH

Registration District No. 85
Primary Registration District No. 2185
(No.)

Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Brazington

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 11, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 2 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lacleda
(State or country) Idaho

PARENTS

10. NAME OF FATHER D. R. Brazington

11. BIRTHPLACE OF FATHER (city or town) Ridgeview
(State or Country) Penn.

12. MAIDEN NAME OF MOTHER Ethel Harris

13. BIRTHPLACE OF MOTHER (city or town) Hendricks
(State or Country) Idaho

14. Informant (Address) D. R. Brazington
Lacleda Idaho

15. Filed May 11, 1931 R. E. Wasson
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 11, 1931, to May 11, 1931,
that I last saw him alive on May 11, 1931,
and that death occurred, on the date stated above, at 10:00 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Infection with

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cryptococci finding
(Signed) Harold C. Jones, M. D.
May 11, 1931 (Address) East 2nd St. Lacleda

19. Place of Burial, Cremation, or Removal Lacleda Idaho Date of Burial May 11 1931

20. Undertaker D. R. Brazington Address Lacleda Idaho
Father

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1931

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75132

County of BonnevilleCity of Idaho FallsRegistration District No. 73Primary Registration District No. 21.1.10Local Registrar's No. 91(If death occurred in a hospital or institution, give its name instead of street and number.)
(No. L. G. S. Hospital)2. FULL NAME J. Dean Lewis(a) Residence No. Idaho Falls Rf #1 St. (Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) March 5, 19277. AGE Years 4 Months 2 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reiburg, Idaho13. NAME Melburn E. Lewis14. BIRTHPLACE (city or town) (State or country) Rockport, Utah15. MAIDEN NAME Thelma Fay Hamilton16. BIRTHPLACE (city or town) (State or country) Murray, Utah17. INFORMANT Frank Hamilton
(Address) Idaho Falls, Idaho18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date May 7, 193119. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho20. FILED May 7, 1931 W. H. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5, 193122. I HEREBY CERTIFY, That I attended deceased from May 5, 1931, to May 5, 1931I last saw him alive on May 5, 1931; death is saidto have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Accidental Crushing Injury to chest.

Other contributory causes of importance:

Name of operation None Date of What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury May 5, 1931Where did injury occur? Idaho Falls, Idaho
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. At homeManner of injury Force runaway horseNature of injury Chest crushed.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. P. Soderstrom M. D.(Address) Idaho Falls, Idaho

MARGIN BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM NO. 34 (2-1-17)

RECEIVED JUN 6 1931

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Bannock
City of Paie

Registration District No. 23
Primary Registration District No. 2150
(No. _____ St.)

State File No. 75133
Local Registrar's No. 75133

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Ronald Le Roy Bowler

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the word)

6. DATE OF BIRTH

October 18 1929
(Month) (Day) (Year)

7. AGE

2 Yrs. 6 Mos. 22 ds.

IF LESS than 1 day how many
_____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

Child

9. BIRTHPLACE

(State or Country)

Pigby, Idaho

10. NAME OF FATHER

Arthur L. Bowler

11. BIRTHPLACE OF FATHER

(State or Country)

Nephi, Utah

12. MAIDEN NAME OF MOTHER

Leah Alice Lovell

13. BIRTHPLACE OF MOTHER

(State or Country)

Shelton, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Arthur L. Bowler

(Address)

Pigby #2, Idaho

15.

Filed

May 2 1931

1931

Definied

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 28 1931, to April 28 1931, that I last saw him alive on April 28 1931, and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Drowning

(Duration) yrs. mos. ds.
Contributory (Secondary) Traumatic Shock

(Signed) H. R. Abbott M. D.
(Address) Paie, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Paie, Idaho

April 30 1931

20. UNDERTAKER

Jack G. Wood

ADDRESS

Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County of BonnervilleCity of Idaho FallsRegistration District No. 73Primary Registration District No. 21V-0(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edith Mae Staples

(a) Residence. No.

(Usual place of abode)

St. Idaho Falls Rt. #5

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) May 12, 19317. AGE Years # Months # Days # If LESS than 1 day, 1 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crypt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho13. NAME Paul A. Staples14. BIRTHPLACE (city or town) Monroe
(State or country) Utah15. MAIDEN NAME Edith Jones16. BIRTHPLACE (city or town) Hammon
(State or country) Idaho17. INFORMANT Paul A. Staples
(Address) Idaho Falls Rt. 318. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date May 13 193119. UNDERTAKER Jack A. Wood
(Address) Idaho Falls20. FILED 7 13, 1931 W. H. H. H. H.
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 75134Local Registrar's No. 97

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 12 193122. I HEREBY CERTIFY, That I attended deceased from May 12, 1931, to May 12, 1931.I last saw her alive on May 12, 1931; death is saidto have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

6 mos. term

Other contributory causes of importance:

Unable to determine

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. H. H., M. D.(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Conneville</u>		RECEIVED JUN 16 1931		75135	
City of <u>Idaho Falls</u>		CERTIFICATE OF DEATH		State File No.	
Registration District No. <u>73</u>		Primary Registration District No. <u>214-7</u>		Local Registrar's No. <u>95</u>	
(No. <u>L. O. S. Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Virginia Violet Fisher</u>					
(a) Residence. No. St. (Usual place of abode)					
Length of residence in city or town where death occurred. <u>17</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 12, 1913</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>17</u>	<u>6</u>	<u>24</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Idaho Falls</u> <u>Idaho</u>					
13. NAME <u>Ira C. Fisher</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Young America</u> <u>Indiana</u>					
15. MAIDEN NAME <u>Bessie A. Clyne</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>					
17. INFORMANT <u>Ira C. Fisher</u> (Address) <u>134 - 9th St. Idaho Falls</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho Falls</u> Date <u>May 11, 1931</u>					
19. UNDERTAKER <u>Jack A. Wood</u> (Address) <u>Idaho Falls</u>					
20. FILED <u>May 9</u> , 1931 <u>F. C. Harrison</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 6, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 6, 1931</u> to <u>May 6, 1931</u>					
I last saw him alive on <u>May 6, 1931</u> ; death is said to have occurred on the date stated above, at <u>6 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Acute Gas to Enteritis</u>					
Date of onset <u>May 11-1931</u>					
Other contributory causes of importance: <u>Autopsy reports not complete</u>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify. <u>Cholera</u>					
(Signed) <u>F. C. Harrison</u> , M. D.					
(Address) <u>Idaho Falls, Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1931

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County of BonhommeCity of Idaho FallsRegistration District No. 73Primary Registration District No. 2440

DO NOT WRITE IN THIS SPACE

75136

State File No.

Local Registrar's No. 1017

(If death occurred in a hospital or institution, give its name instead of street and number.)

(No. Spencer Hospital)2. FULL NAME Barbara Lawrence

(a) Residence. No.

(Usual place of abode)

St. Idaho Falls Reg. # 3 Idaho

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Febr. 22, 1931

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.229

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Idaho Falls
Idaho

MOTHER FATHER

13. NAME

Collie Lawrence

14. BIRTHPLACE (city or town) (State or country)

Iowa

15. MAIDEN NAME

Mattie Phillips

16. BIRTHPLACE (city or town) (State or country)

Ammon
Idaho

17. INFORMANT (Address)

Collie Lawrence
Reg. # 3 Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL

Place AmmonDate May, 24 1931

19. UNDERTAKER (Address)

Jack A. Wood
Idaho Falls

20. FILED

May 23, 1931Idaho Falls

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from

May 20, 1931, to May 21, 1931.I last saw her alive on May 21, 1931; death is saidto have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gastro-intestinal infection May 11-14/31

Other contributory causes of importance:

Malnutrition
Artificial feeding since birth.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Colin J. ..., M. D.(Address) Idaho Falls Idaho

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instruction on back of certificate.

RECEIVED JUN 6 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

75137

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Bonanza
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 71140

Local Registrar's No. 106

(No. 200 S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Cutler

(a) Residence. No. Cutter Point St.

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Hilda Cutter (or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 1 1875

7. AGE Years 56 Months 4 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hotel Proprietor

(b) General nature of industry, business, or establishment in which employed (or employer) manager

(c) Name of employer

9. BIRTHPLACE (city or town) Peoria Ill. (State or country)

10. NAME OF FATHER Job. Cutter

11. BIRTHPLACE OF FATHER (city or town) Peoria Ill. (State or Country)

12. MAIDEN NAME OF MOTHER Margaret Flackerty

13. BIRTHPLACE OF MOTHER (city or town) Maine (State or Country)

14. Informant Mrs Hilda Cutter (Address) Idaho Falls Ida.

15. Filed May 24 1931 Edwin Finn Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to May 23, 1931, that I last saw him alive on May 22, 1931, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:

Inter Pneumonia

(duration) yrs. mos. 5 1/2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted ✓ if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Culture (Signed) , M. D.

(Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida. Date of Burial May 24 1931

20. Undertaker V. F. McHann Address Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75138	
County of <u>Bonneville</u>		City of <u>Idaho Falls</u>		State File No.	
Registration District No. <u>73</u>		Primary Registration District No. <u>2140</u>		Local Registrar's No. <u>107</u>	
(No. <u>L.P.S. Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Victorio Martinez</u>					
(a) Residence. No. St. (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? <u>17</u> yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Not Known</u>					
7. AGE <u>About 27</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day Laborer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>					
13. NAME <u>Not Known</u>					
14. BIRTHPLACE (city or town) (State or country)					
15. MAIDEN NAME <u>Not Known</u>					
16. BIRTHPLACE (city or town) (State or country)					
17. INFORMANT <u>Letter found in clothes</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho Falls</u> Date <u>May 27</u> 1931					
19. UNDERTAKER <u>Jack J. Woods</u> (Address) <u>Idaho Falls</u>					
20. FILED <u>May 27</u> , 1931. <u>C. J. ...</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 22</u> 1931					
I HEREBY CERTIFY, That I attended deceased from <u>May 17</u> , 1931, to <u>May 22</u> , 1931.					
I last saw him alive on <u>May 22</u> , 1931; death is said to have occurred on the date stated above, at <u>8 a. m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Bilateral lobar pneumonia</u>					
Date of onset <u>May 14-21</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of <u> </u>					
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 1931.					
Where did injury occur? <u> </u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u> </u>					
Manner of injury <u> </u>					
Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u> </u>					
(Signed) <u>A. R. ...</u> M. D. (Address) <u>Idaho Falls, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1931

PLACE OF DEATH
County of Bonnerville
City of Idaho Falls
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75139

State File No.

Registration District No. 73Primary Registration District No. 2140Local Registrar's No. 94

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maria De Luca

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 21, 1926

7. AGE Years 4 Months 7 Days 15 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

13. NAME Dominicus De Luca

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Raffaella Mauro

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date May 10, 1931

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls

20. FILED May 7, 1931 V. C. H. Jensen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1931, to May 6, 1931.

I last saw her alive on May 6, 1931; death is said

to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset May 2, 1931

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Edmund Crisler, M. D.

(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M 1-19 JUN 8 1931

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 23

Primary Registration District No. 21

(No. L. C. S. Hospital St.)

State File No. 75140

Local Registrar's No. 21

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ronald H. M. McDonald

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Single

(Write the word)

6. DATE OF BIRTH

May 30 1930
(Month) (Day) (Year)

7. AGE

10 Yrs. 27 Mos. 27 ds.

IF LESS than 1 day how many
hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

Infant

9. BIRTHPLACE

(State or Country) Idaho Falls, Idaho

10. NAME OF FATHER

Lauchlin J. M. McDonald

11. BIRTHPLACE OF FATHER

(State or Country) Maine

12. MAIDEN NAME OF MOTHER

Mable N. Stanport

13. BIRTHPLACE OF MOTHER

(State or Country) Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

L. C. S. Hospital
Libma Montana

15.

Filed

1931

Edmund

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 13 1931, to April 27 1931,
that I last saw him alive on April 27 1931,
and that death occurred on the date stated above, at 12:45 PM.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 21 ds.

Contributory (Secondary)

Whooping Cough

(Duration) yrs. mos. 35 ds.

(Signed)

W. L. Williams M. D.

4/27/1931 (Address) Idaho Falls, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Libma Montana

April 30 1931

20. UNDERTAKER

ADDRESS

Jack G. Wood

Idaho Falls

RECEIVED STATE OF IDAHO JUN 6 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75141**

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 2100Local Registrar's No. 919

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John O'Neill(a) Residence No. 399 1/2 St. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced, HUSBAND of Mrs Elizabeth O'Neill (or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 7 18627. AGE Years 68 Months 4 Days 5 If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Furniture Dealer(b) General nature of industry, business, or establishment in which employed (or employer) Auto Top Repairer

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kentucky10. NAME OF FATHER Michel O'Neill11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland12. MAIDEN NAME OF MOTHER Mary Cannon13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland14. Informant Marie Malan (Address) Idaho Falls Idaho15. Filed May 11, 1931 W. J. M. Hand Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

In 1930, about 3 weeks
that I last saw him alive on May 8, 1931
and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

AneurysmCONTRIBUTORY (Secondary) High Blood Pressure
arteriosclerosis

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Autopsy(Signed) W. J. M. Hand M. D.
May 11, 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida. Date of Burial 5/12 193120. Undertaker W. J. M. Hand Address Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75142

State File No.

Local Registrar's No. / 00

County of Conneville Registration District No. 7
City of Idaho Falls Primary Registration District No. 2100

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Nagano(a) Residence. No. Rural St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Japanese 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 13/317. AGE Years Months Days If LESS than 1 day, hrs. or min.
No No 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls
(State or country) Ida10. NAME OF FATHER Tsutaieki Nagano11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Japan12. MAIDEN NAME OF MOTHER Haruye Ando13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Japan14. Informant Tsutaieki Nagano
(Address) Idaho Falls Ida15. File May 14 19 31 Continued
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 14 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from May 13th 1931 to May 13th 1931
that I last saw her alive on May 13th 130PM
and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

The failure of a certain heart valve very close at time of birth
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Blue baby(Signed) B. W. Perzleton M. D.May 14 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida Date of Burial 5/14 193120. Undertaker R. E. McHan Address Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1931

STATE OF IDAHO

PLACE OF DEATH

County of BonnevilleCity of Malheur FallsDEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 23Primary Registration District No. 21.0-2(No. L. O. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Agnes Edith Taylor(a) Residence, No. 90

(Usual place of abode)

St. Wells, Wyoming

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luther Taylor6. DATE OF BIRTH (month, day, and year) September 10, 19027. AGE Years 28 Months 8 Days 6 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Omaha, Neb. (State or country)13. NAME A. P. Smith14. BIRTHPLACE (city or town) Idaho (State or country)15. MAIDEN NAME Margaret Smithland16. BIRTHPLACE (city or town) Idaho (State or country)17. INFORMANT Luther Taylor (Address) Wells, Idaho18. BURIAL, CREMATION, OR REMOVAL Place Wells, Wyoming Date May 18, 193119. UNDERTAKER Edna Taylor (Address) Malheur Falls, Idaho20. FILED file, 1931 W. J. Smith Registrar

DO NOT WRITE IN THIS SPACE

75143

State File No.

Local Registrar's No. 103

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16, 193122. I HEREBY CERTIFY, That I attended deceased from May 15, 1931 to May 16, 1931I last saw her alive on May 16, 1931; death is saidto have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Myocardial Regeneration ?

Other contributory causes of importance:

Chronic Myocarditis ?Name of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Smith, M. D.(Address) Malheur Falls, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

1. PLACE OF DEATH

County of Bonnerville
City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Registration District No. 73
Primary Registration District No. 2100
(No. L. P. S. Hospital St.)

Maey Mae Aland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 75144
Local Registrar's No. 6

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Single
(Write the word)

6. DATE OF BIRTH

May 2 1931
(Month) (Day) (Year)

7. AGE

IF LESS than 1 day how many
.....hrs. or min?
Yrs. Mos. ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

Infant

9. BIRTHPLACE

(State or Country)

Idaho Falls, Idaho

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER

(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed

May 2

1931

Confirmed

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 1 1931, to May 2 1931,
that I last saw her alive on May 2 1931,
and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

(Heart)
Patent Foremen valve

Contributory
(Secondary)

(Duration) yrs. mos. ds.

Greenstare 3 or 4 hrs

(Signed)

Idaho Falls N. D.
1931 (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs. mos. 2 days. In the State.....yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Idaho Falls, Idaho May 3 1931

20. UNDERTAKER

ADDRESS

Jack G. Wood Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1931

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County of BonnerCity of Shoshone FallsRegistration District No. 73Primary Registration District No. 2142State File No. 75145Local Registrar's No. 102(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Andrew G. Andersen(a) Residence. No. 225-13 St. _____(Usual place of abode)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Eliza Andersen
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Dec. 2, 18527. AGE Years 78 Months 5 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grotup
(State or country) Denmark13. NAME Christian Andersen14. BIRTHPLACE (city or town) Denmark
(State or country)15. MAIDEN NAME Kirsten Sand16. BIRTHPLACE (city or town) Denmark
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Shoshone Falls Date May 13, 193119. UNDERTAKER Jack A. Wood
(Address) Shoshone Falls, Ida.20. FILED May 13, 1931, Idaho
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11 193122. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1931, to May 11, 1931I last saw him alive on May 9, 1931; death is said to have occurred on the date stated above, at 4 a. m.The principal cause of death and related causes of importance were as follows: Chronic myocarditis
and arteriosclerosis Date of onsetOther contributory causes of importance: NoneName of operation None Date ofWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John O'Mellor, M. D.(Address) Shoshone Falls, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75146

PLACE OF DEATH

CERTIFICATE OF DEATH

County of BonnevilleCity of Idaho FallsRegistration District No. 73Primary Registration District No. 73(No. Re D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 922. FULL NAME John Goldsworthy(a) Residence. No. Idaho Falls, 2nd St.

(Usual place of abode)

Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

malewhitemarried

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

54126

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

General

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

England

10. NAME OF FATHER

James Goldsworthy

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

England

12. MAIDEN NAME OF MOTHER

Grace

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

England

14. Informant (Address)

Mrs John Goldsworthy
Idaho Falls

15. Filed

May 7, 1931 Adm Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 5, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY That I attended deceased from

Jan 28, 1931, to May 5, 1931that I last saw him alive on May 5, 1931and that death occurred, on the date stated above, at 11:20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
and Atherosclerosis(duration) P yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

adenomatous goiter(duration) P yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 5, 1931

Was there an autopsy?

What test confirmed diagnosis? clinical

(Signed)

May 7, 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) WHETHER ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls, 5/8, 1931

20. Undertaker

Address

V. F. McHardy Idaho Falls

RECEIVED JUN 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75147

State File No.

PLACE OF DEATH

County of Bonneville,City of Idaho Falls.

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 2100(No. Idaho Falls L. D. S. Hosp.)Local Registrar's No. 88

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harold Clay Hutchens.Rigby, Idaho. 880

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos. 14 ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single. Married, Widowed,
or Divorced. (write the word.)Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 29 1914

7. AGE

Years

Months

Days

If LESS than 1 day,

16725..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Self.9. BIRTHPLACE (city or town)
(State or country)Labelle, Idaho.

10. NAME OF FATHER

William Aaron Hutchens.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ogden, Utah.

12. MAIDEN NAME OF MOTHER

Martha Alvina Anglesey.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Idaho.

14.

Informant
(Address)Rigby, Idaho. R. #3

15.

Filed April 4, 1931Registrar. C. J. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March26 1931

19.....

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 18, 1931, to Mar 26, 1931that I last saw him alive on Mar 26, 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Recurrent Endo-
carditis Rheumatic
in type.(duration) yrs. 1 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? YesWhat test confirmed diagnosis? Post

(Signed)

M. D.

Mar 1, 1931, (Address) Rigby Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Annis, Idaho.3/29/31

19

20. Undertaker

Address

W. B. Eckert Rigby.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75148**

PLACE OF DEATH
County of Bonawille
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2

Local Registrar's No. 97

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Kirk

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 16-1846
7. AGE Years 84 Months 8 Days 22 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work F armer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Ohio.
(State or country)*

10. NAME OF FATHER Unknown-Kirk
11. BIRTHPLACE OF FATHER (city or town) Unknown.
(State or Country)
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (city or town) Unknown.
(State or Country)

14. Informant Robert W. Beal.
(Address) Idaho Falls, Ida

15. Filed May 11, 1931 C. E. Hammond
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 8 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
that I last saw him live on....., 19.....
and that death occurred, on the date stated above, at 8.30 A.M.

The CAUSE OF DEATH* was as follows:
Chronic Paralysis agitans.

..... (duration) yrs. mos. ds.
CONTRIBUTORY old age.
(Secondary)
..... (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no

What test confirmed diagnosis?
(Signed) Dr. B. H. Allen coroner
May 8, 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida Date of Burial 5/10 1931

20. Undertaker V. F. M. Han. Address Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1931 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
PLACE OF DEATH
COUNTY OF Bonerville
CITY OF Idaho Falls
REGISTRATION DISTRICT NO. 5
PRIMARY REGISTRATION DISTRICT NO. 2147
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 75149

Local Registrar's No. 90

749

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Winifred Ballantyne
(a) Residence No. 378 So Ridge Ave St. _____
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) April 19-1876
7. AGE Years 55 Months 0 Days 15 If LESS than 1 day, hrs. min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Brooklyn
(State or country) Mass

10. NAME OF FATHER Robert R. Ballantyne

11. BIRTHPLACE OF FATHER (city or town) Smith Falls
(State or Country) Ontario

12. MAIDEN NAME OF MOTHER Louise Holmes

13. BIRTHPLACE OF MOTHER (city or town) Sussex
(State or Country) New Brunswick

14. Informant Miss Grace Ballantyne
(Address) Idaho Falls, Ida

15. Filed May 5 1931 Idaho Falls Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* was as follows:
Apoplexy
arteriosclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) High Blood Pressure
arteriosclerosis (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) Dr. J. F. McHann (Address) Idaho Falls, Ida

May 5 1931 (Address) Idaho Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida Date of Burial 5/7 1931

20. Undertaker J. F. McHann Address Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUNE 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75150

State File No.

Local Registrar's No. 104

PLACE OF DEATH

County of Bonnerville
City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2150

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alvira T. Ellis

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Jack R. Ellis (or) WIFE of

6. DATE OF BIRTH (month, day and year) October 24 1868

7. AGE Years 62 Months 6 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Franklin Idaho (State or country)

10. NAME OF FATHER Alexander Stalker

11. BIRTHPLACE OF FATHER (city or town) Scotland (State or Country)

12. MAIDEN NAME OF MOTHER Orlencia Smith

13. BIRTHPLACE OF MOTHER (city or town) Amherst Ohio (State or Country)

14. Informant J. R. Ellis (Address) Idaho Falls Idaho

15. Filed May 17, 1931 W. J. M. Han Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 17 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1931, to May 17, 1931, that I last saw her alive on May 17, 1931, and that death occurred, on the date stated above, at 6:50 P. m. The CAUSE OF DEATH* was as follows:

Central Nervous System 3 yrs. mos. ds. (duration)

CONTRIBUTORY (Secondary) Arteriosclerosis 3 yrs. mos. ds. (duration)

18. Where was disease contracted if not at place of death? no Did an operation precede death? no Date of _____ Was there an autopsy? no

What test confirmed diagnosis? micro (Signed) _____, M. D. (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Idaho Date of Burial 5/20 1931

20. Undertaker W. J. M. Han Address Idaho Falls Idaho

RECEIVED JUN 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75151

State File No.

PLACE OF DEATH

County of DonnervilleCity of Eda Falls

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 120

(No.)

Local Registrar's No. 93

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Ladell Terry

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May 26 - 1929

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.1117

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workInfant(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Hubbard, Idaho
(State or country)

10. NAME OF FATHER

G. F. Terry11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Fairview
Utah

12. MAIDEN NAME OF MOTHER

Bulah Clements13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Hubbard
Idaho

14.

Informant
(Address)G. F. Terry
Hubbard, Idaho

15.

Filed

May 9 1931Edna

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May3rd

(Month)

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 22 31 to May 3 1931that I last saw him alive on May 3 1931

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebro Spinal
Tubercular Meningitis

(duration)

yrs.

7 wks

mos.

CONTRIBUTORY

(Secondary)

(duration)

yrs.

mos.

ds.

18. Where was disease contracted Rexburg
if not at place of death?Did an operation precede death? only spinal punctureWas there an autopsy? noWhat test confirmed diagnosis? spinal puncture

(Signed)

5/8

(Address)

Idaho Falls

M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

Barber, IdahoMay 6 1931

20. Undertaker

Address

Wm J KellyRexburg

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75152

State File No.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 23
Primary Registration District No. 2140

Local Registrar's No. 109

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Steven J. Walker

(a) Residence. No. Empire Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 25

7. AGE Years 58 Months 5 Days 2 If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kochi Utah (State or country)

10. NAME OF FATHER Steven Smith Walker

11. BIRTHPLACE OF FATHER (city or town) Cedar City Utah (State or Country)

12. MAIDEN NAME OF MOTHER Jane Hall

13. BIRTHPLACE OF MOTHER (city or town) England (State or Country)

14. Informant Mrs Jane Hall Walker (Address) Idaho Falls Idaho

15. File May 29 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 27 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 29, 1930 to May 27, 1931

that I last saw him alive on May 21, 1931

and that death occurred, on the date stated above, at 4 25 P.M.

The CAUSE OF DEATH* was as follows:

Gastric carcinoma with metastases to surrounding structures
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Yps

Did an operation precede death? Yes Date of Sept 23, 1929

Was there an autopsy? Examined by

What test confirmed diagnosis? Examination by

(Signed) John C. Mellon M. D.

May 29, 1931 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Idaho Date of Burial 5/29 1931

20. Undertaker F. F. M. Han Address Idaho Falls Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Idaho Falls

RECEIVED JUN 6 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75153

State File No.

Registration District No. 23Primary Registration District No. 214-0Local Registrar's No. 108

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Lorna Marie Weekes
(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 6 - 1929

7. AGE Years Months Days If LESS than
2 4 17 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sunnyvale
(State or country) Idaho

13. NAME Arthur C. Weekes

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Pearl Bee

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT A. C. Weekes
(Address) archer, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Date May 21, 1931

19. UNDERTAKER Idaho
(Address)

20. FILED May 21, 1931 Idaho
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23 1931

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to May 23, 1931.

I last saw him alive on May 23, 1931; death is said to have occurred on the date stated above, at 2:30 P. m.
The principal cause of death and related causes of importance were as follows:

meningeal cocci
Cerebral spinal
meningitis
Date of onset about May 16/1931

Other contributory causes of importance:

Name of operation Lab Date of May 23

What test confirmed diagnosis? Lab Was there an autopsy? Y

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Dr. H. H. H. H. M. D.

(Address) Idaho Falls, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75154

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Bonanza

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 140

(No. 228 Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 29

2. FULL NAME Amos Charles Stoddard

(a) Residence. No. RT Shelley Ida

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

none

6. DATE OF BIRTH (month, day and year)

3-4-1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

1

6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

babe

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Shelley RT

10. NAME OF FATHER

Wilford H. Stoddard

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Hooper

Idaho

12. MAIDEN NAME OF MOTHER

Ireta Winward

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Luna

Idaho

14. Informant

(Address)

Wilford H. Stoddard
Shelley Idaho

15. Filed

May 4

1931

J. G. Gorman

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

4 (Month)

10 (Day)

1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

3-4-1931, to 4-10-1931

that I last saw him alive on 4-9-1931

and that death occurred, on the date stated above, at 3:20 a.m.

The CAUSE OF DEATH* was as follows:

whooping cough

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary)

Broncho Pneumonia

(duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death?

at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

clinical

(Signed)

Edwin Miller, M. D.

4-11-1931 (Address) Shelley

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Shelley Cemetery

4-11-1931

20. Undertaker

Address

none

RECEIVED JUN 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSDO NOT WRITE IN THIS SPACE
75155
State File No.

PLACE OF DEATH

County of *Butte*
City of *Martinsburg*

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Patrick J. McInnes*

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred *8* yrs. *0* mos. *0* ds. How long in U. S. if of foreign birth *39* yrs. *0* mos. *0* ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *Unknown*7. AGE Years *58* Months *0* Days *0* If LESS than 1 day, *0* hrs. or *0* min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Miner*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Monahan Co. Idaho*
(State or country)10. NAME OF FATHER *Patrick J. McInnes*11. BIRTHPLACE OF FATHER (city or town) *Ireland*
(State or Country)12. MAIDEN NAME OF MOTHER *Unknown*13. BIRTHPLACE OF MOTHER (city or town) *Ireland*
(State or County)14. Informant *P. J. McInnes*
(Address)15. Filed *May 15*, 19*31* *J. T. Salt*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *May 14*, 19*31*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *April 30*, 19*31*, to *May 14*, 19*31*,
that I last saw him alive on *May 14*, 19*31*,
and that death occurred, on the date stated above, at *4 A* M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Chronic interstitial
nephritis*
(duration) *6* yrs. *0* mos. *0* ds.CONTRIBUTOR *Urinary regurgitation*
(Secondary) (duration) *1* yrs. *0* mos. *0* ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *Yes*What test confirmed diagnosis *Physical exam*(Signed) *E. W. Fox* M. D.
May 15, 19*31* (Address) *Hayden, Ida.*19. Place of Burial, Cremation, or Removal *Bozrah, Nevada* Date of Burial *May 1931*20. Undertaker *Old Buck* Address *Bozrah, Nevada*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

EXACTLY.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75156

State File No. _____

PLACE OF DEATH

County of CanyonCity of Caldwell

Registration District No. _____

Primary Registration District No. 2005Local Registrar's No. 57

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Flary Lawrence Jr

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Single
----------------	---------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 18-31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
-	-	-	1	2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work _____(b) General nature of industry,
business, or establishment in
which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Caldwell Idaho
(State or country)10. NAME OF FATHER Flary Lawrence11. BIRTHPLACE OF FATHER (city or town) Cimarron
(State or Country) Kansas12. MAIDEN NAME OF MOTHER Leonor McConnell13. BIRTHPLACE OF MOTHER (city or town) Delamar
(State or Country) Idaho14. Informant Flary Lawrence
(Address) Caldwell Idaho15. Filed 5-19-31 John M. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 18-31

(Month)

(Day)

19____
(Year)17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to May 18, 1931that I last saw him alive on May 18, 1931and that death occurred, on the date stated above, at 11 a m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Stillbirth - cause unknown

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) W. Montgomery, M. D.5-19, 1931 (Address) Caldwell19. Place of Burial, Cremation, or Removal
Canyon HillDate of Burial
5-20-31 19____20. Undertaker
Paul L. CaseAddress
Caldwell Idaho

RECEIVED JUN 8 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of CanyonCity of Nampa

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7Primary Registration District No. 2006

(No. _____ St.)

File No. 75157Registered No. 75157

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Margaret May Stover

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the word.)6. DATE OF BIRTH Jan 25 1926
(Month) (Day) (Year)7. AGE 6 Yrs. 0 Mos. 0 ds. IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Idaho

10. NAME OF FATHER

Fred E. Stover

11. BIRTHPLACE OF FATHER

(State or Country) New Jersey

12. MAIDEN NAME OF MOTHER

Edith May Woods

13. BIRTHPLACE OF MOTHER

(State or Country) Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Don Byars(Address) Nampa Idaho15. Filed 5/15 1931 Death on way
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 18 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 6-3 1930, to 8-15 1931that I last saw him alive on 8-15 1931and that death occurred on the date stated above, at 1:30 AM.

The CAUSE OF DEATH* was as follows:

Hydrocephalus - (Ex-laminar)(Duration) since birth yrs. 0 mos. 0 ds.

Contributory (Secondary)

(Duration) 0 yrs. 0 mos. 0 ds.(Signed) Don Byars M. D.19 (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 11 yrs. 12 mos. 12 days. In the State 0 yrs. 0 mos. 0 daysWhere was disease contracted if not at place of death? Weiser IdahoFormer or usual residence Weiser Idaho

19. PLACE OF BURIAL OR REMOVAL

Weiser Idaho

DATE OF BURIAL

19

20. UNDERTAKER

F. F. Robinson

ADDRESS

Nampa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 56
Township _____ or Village 1005 75158 or
City Caldwell No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Summie Sheets
(a) Residence: No. 1224 Belmont St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) May 17-1931

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or 12 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Caldwell (State or country) Idaho

13. NAME Reed Sheets

14. BIRTHPLACE (city or town) Idaho (State or country) Idaho

15. MAIDEN NAME Elizabeth Sheets

16. BIRTHPLACE (city or town) Caldwell (State or country) Idaho

17. INFORMANT Reed Sheets (Address) 1224 Belmont

18. BURIAL CREMATION, OR REMOVAL Place Canyon Date 5-17-1931

19. UNDERTAKER J. Dickman (Address) Caldwell

20. FILED 5-20-1931 John S. Meyers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17, 1931

22. I HEREBY CERTIFY That I attended deceased from May 17, 1931, to May 17, 1931

I last saw him alive on May 17, 1931; death is said

to have occurred on the date stated above, at 11:26 A.M.

The principal cause of death and related causes of importance were as follows:

Maternal toxemia

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Carl Wagner M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 55
 Township _____ or Village 1005 75159 or
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Robbie Sheets
 (a) Residence: No. 1224 Belmont St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) May 17-1931
 7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or 10 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Caldwell
 (State or country) Idaho

13. NAME Reid Sheets

14. BIRTHPLACE (city or town) Gray
 (State or country) North Carolina

15. MAIDEN NAME Elizabeth Allen

16. BIRTHPLACE (city or town) Caldwell
 (State or country) Idaho

17. INFORMANT Reid Sheets
 (Address) 1224 Belmont

18. BURIAL, CREMATION, OR REMOVAL
 Place Canyon City Date 5-17-1931

19. UNDERTAKER C. V. Beckham
 (Address) Caldwell Idaho

20. FILED 5-20-1931 John M. Meyer
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17, 1931
 22. I HEREBY CERTIFY, That I attended deceased from May 17 1931 to May 17 1931
 I last saw him alive on May 17 1931 death is said to have occurred on the date stated above, at 11:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Maternal toxemia

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1931

Where did injury occur? _____

(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Carl Warner M. D.(Address) Caldwell Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75160

State File No.

PLACE OF DEATH

County of Canyon
City of Naupa

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1006(No. Meray Hospital)Local Registrar's No. 25

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen May Hedrick(a) Residence. No. 102-19 Fair 3 St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 3-31

7. AGE Years Months Days 17 LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. ✓

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Naupa, Idaho
(State or country)10. NAME OF FATHER A. J. Hedrick11. BIRTHPLACE OF FATHER (city or town) Chicago
(State or Country) Ill12. MAIDEN NAME OF MOTHER Martha C. Smith13. BIRTHPLACE OF MOTHER (city or town) Wasser
(State or Country) Idaho14. Informant (Address) A. J. Hedrick
Naupa, Idaho15. Filed 5-4, 1931 Debra J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 3, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1931, to May 3, 1931.

that I last saw him alive on May 3, 1931,
and that death occurred, on the date stated above, at 7 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature Birth 6 1/2
mo. Cause
Placenta Previa
(duration) 4 hours yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? General(Signed) V. SteelMay 4, 1931 (Address) Naupa, Idaho19. Place of Burial, Cremation, or Removal Kohlerlayon Date of Burial 5-4 193120. Undertaker J. K. Roberts Address NaupaIdaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 10 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 75161
Township _____ or Village 2005
City Caldwell No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____

2. FULL NAME

Rally Tiffin Richards
(a) Residence: No. 211 Wilder St. Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Jan 29</u>		
7. AGE <u>63</u>	Years <u>3</u>	Months <u>29</u>
Days <u>29</u>		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) _____		

12. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>
13. NAME <u>Wm Richards</u>
14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>
17. INFORMANT (Address) <u>John Richards</u> <u>Enterprise, Oregon</u>
18. BURIAL, CREMATION, OR REMOVAL Place <u>Presnell, Ida.</u> Date <u>5-31-1931</u>
19. UNDERTAKER (Address) <u>C. W. Peckham</u>
20. FILED <u>6-5-1931</u> <u>John B. Meyers</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1931, to May 28, 1931.
I last saw him alive on May 28, 1931; death is said to have occurred on the date stated above, at 8:40 P.m.
The principal cause of death and related causes of importance were as follows:
Myocardial Infarction
Date of onset _____

Other contributory causes of importance:
Uremia

Name of operation no Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of Injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of Injury _____
Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Dr. E. M. Manning M. D.
(Address) ampa, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75162

State File No.

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006

(No.)

Local Registrar's No. 66

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fenneth Dale Stephenson(a) Residence. No. 116 7th ave North St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 1st 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Nampa Ida
(State or country)10. NAME OF FATHER Charles M Stephenson11. BIRTHPLACE OF FATHER (city or town) Indiana
(State or Country)12. MAIDEN NAME OF MOTHER Emma Lou King13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or Country)14. Informant (Address) Chas M Stephenson15. Filed 5/9 1931 Beth Conway
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 9 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from May 1 1931 to May 9 1931
that I last saw him alive on May 8 1931
and that death occurred, on the date stated above, at 2 9 m*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Immature birth 6 1/2 months old(duration) yrs. mos. ds. 9CONTRIBUTORY (Secondary) ☒

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clizigal(Signed) Grace Stephenson, M. D.5-9 1931 (Address) Nampa19. Place of Burial, Cremation, or Removal Nampa Ida Date of Burial 5/9 193120. Undertaker Paul L Case Address Caldwell Ida

RECEIVED JUN 8 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State IDAHO Registered No. 74
 Township _____ or Village _____
 City Near Welder No. 280 St. 75163 or Ward 100A

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Earl Charles Compton
 (a) Residence: No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-8-83

7. AGE Years 47 Months 3 Days 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo
(State or country)

13. NAME John Compton

14. BIRTHPLACE (city or town) Mo
(State or country)

15. MAIDEN NAME Susie Featherston

16. BIRTHPLACE (city or town) Ark
(State or country)

17. INFORMANT Mrs. E. C. Compton
(Address) Welder, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date _____, 19____

19. UNDERTAKER F. W. Robinson
(Address) Nampa, Idaho

20. FILED 5/29/1931 Idaho
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1931 to May 29, 1931

I last saw him alive on May 29, 1931; death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

Flu (Bronchitis Pneumonia)

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. B. ... M. D.

(Address) Welders, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75164	
PLACE OF DEATH			
County of <u>Canyon</u>		State File No.	
City of <u>Naupaka</u>			
Registration District No. <u>7</u>			
Primary Registration District No. <u>1000</u>		Local Registrar's No. <u>60</u>	
(No. <u>Damaritan Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Nellie Pearl Green</u>		50	
(a) Residence. No. <u>Kuna</u> St.			
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>O. W. Green</u>			
6. DATE OF BIRTH (month, day, and year) <u>1-27-83</u>			
7. AGE	Years <u>48</u>	Months <u>8</u>	Days <u>4</u>
	If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Bedford, Mo.</u>			
MOTHER FATHER	13. NAME <u>Charles Stephens</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>		
	15. MAIDEN NAME <u>Ruth Adams</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>		
17. INFORMANT <u>O. W. Green</u> (Address) <u>Kuna, Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Kuna</u> Date <u>5-31</u> , 1931			
19. UNDERTAKER <u>F. K. Robinson</u> (Address) <u>Naupaka, Idaho</u>			
20. FILED <u>6-2</u> , 1931 <u>Bertha Conway</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>May 15</u> , 1931, to <u>May 27</u> , 1931			
I last saw her alive on <u>May 27</u> , 1931; death is said to have occurred on the date stated above, at <u>8:30 P. m.</u>			
The principal cause of death and related causes of importance were as follows:			
<u>Fibroid uterus</u>			
Other contributory causes of importance: <u>Obstruction of bowels</u>			
Name of operation Date of <u>5-26-31</u>			
What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? Date of injury, 1931			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify			
(Signed) <u>W. E. Mangum</u> , M. D.			
(Address) <u>Naupaka, Idaho</u>			

RECEIVED JUN 8 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75165

State File No.

PLACE OF DEATH

County of Canyon

City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 1006

(No. 723-9th Ave. So.)

Local Registrar's No. 61

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Paul Hall

(a) Residence. No. 723-9th Ave. So. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. 11 yrs. 10 mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced, (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 27th 1919

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
11 10 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

10. NAME OF FATHER Lewis E. Hall

11. BIRTHPLACE OF FATHER (city or town) Moscow
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Helma Longstreet

13. BIRTHPLACE OF MOTHER (city or town) Moscow
(State or Country) Idaho

14. Informant Mrs. Lewis E. Hall
(Address) Nampa, Idaho

15. Filed 5-3, 1931 Deeth Conroy
Registrar

16. DATE OF DEATH

May 2nd, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at 9 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Hydrocephalus

11 years (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mumps

(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) W. C. Holt, M. D.
5/4 31 (Address) Nampa

19. Place of Burial, Cremation, or Removal Moscow, Idaho Date of Burial

20. Undertaker Wm. D. Talley Address Nampa, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

EXACTLY.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75166

State File No.

PLACE OF DEATH

County of Canyon
City of Nashua

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. Samaritan Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 62

2. FULL NAME

(a) Residence. No. Middleton

St.

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Jun 13-1866

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

641019

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Unknown

10. NAME OF FATHER

John Flood

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Mays

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Unknown

14.

Informant
(Address)Austin Flood
Middleton, Ida

15.

Filed

5/5 1931 Death Canyon

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May21931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

5-219315-21931

that I last saw him alive on

5-21931and that death occurred, on the date stated above, at 9:30 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Natural Insufficiency

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Thos E. Mangum, M. D.May 4, 1931 (Address) Nashua, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Middleton, Ida5-5 1931

20. Undertaker

Address

J. K. Robinson NashuaIda

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED JUN 10 1931

1. PLACE OF DEATH

County Canyon State IDAHO Registered No. 54
 Township _____ or Village 1005-
 City Caldwell No. 75167 or _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Fred Goette
 (a) Residence: No. 3" + Freshport St. _____ Ward. 74 9
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>12 - 18 - 1874</u>		
7. AGE Years <u>56</u>	Months <u>8</u>	Days <u>23</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>blacksmith</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		

12. BIRTHPLACE (city or town)
(State or country) Germany

FATHER
 13. NAME Joseph Goette
 14. BIRTHPLACE (city or town)
(State or country) Borgentrich Germany

MOTHER
 15. MAIDEN NAME Matilda Drees
 16. BIRTHPLACE (city or town)
(State or country) Borgentrich Germany

17. INFORMANT Fred Goette
(Address) San Francisco

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 5-15 1931

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 5216, 1931. James Meyers
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Found dead in bed - history of very bad poisoning from neglected teeth, also of poor heart action. Probably cerebral hemorrhage.

Other contributory causes of importance:

Pyrosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. V. Peckham

(Address) Caldwell, Idaho

RECEIVED JUN 3 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75168

State File No.

PLACE OF DEATH

County of Canyon
City of Parma

Registration District No. 5

Primary Registration District No. 120

Local Registrar's No. 8

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Franklin Snyder

(a) Residence, No. Parma St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M.

6. DATE OF BIRTH (month, day and year) Oct 25 - 1867

7. AGE 63 Years Months 7 Days 19 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Dixon Iowa (State or country)

10. NAME OF FATHER C. B. Snyder

11. BIRTHPLACE OF FATHER (city or town) Ohio (State or Country)

12. MAIDEN NAME OF MOTHER Harnett S. Hale

13. BIRTHPLACE OF MOTHER (city or town) Iowa (State or Country)

14. Informant J. F. Snyder (Address) Parma Idaho

15. Filed June 1, 1931 Registrar V. Beckham

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 18 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 18, 1931 to May 18, 1931
that I last saw him alive on May 18, 1931
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Apoplexy
(duration) _____ yrs. _____ mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) D. M. Mitchell M. D.
5/18, 1931 (Address) Parma Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Parma Cemetery Date of Burial 5-21 1931

20. Undertaker V. Beckham Address Calderwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

RECEIVED JUN 10 1931

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 9 IDAHO Registered No. 59
 Township _____ or Village 1005 75169 or
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Hamilton Nathan Peckham 749

(a) Residence: No. 1422 Cleave St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adreinne Peckham

6. DATE OF BIRTH (month, day, and year) July 16-1844

7. AGE Years 85 Months 9 Days 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT C. V. Peckham
(Address) Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon, Id. Date 5-27-1931

19. UNDERTAKER Fred Robinson
(Address) Nampa Idaho

20. FILED 5-29-1931 John S. Meyers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25, 1931

22. I HEREBY CERTIFY That I attended deceased from Feb. 27, 1930 to May 25, 1931

I last saw him alive on May 22, 1931; death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset May 25, 1931

Other contributory causes of importance:

Cerebral Hemorrhage
March - 1930.

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? X

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) C. P. Whittenberger D.O.

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 58
 Township _____ or Village 1005 75170 or
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Jesse Dotson Rowland
 (a) Residence No. West aven St St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Rowland
 6. DATE OF BIRTH (month, day, and year) Feb 22 - 1844
 7. AGE Years 87 Months 3 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ray Co. Missouri
 (State or country)

13. NAME Morton A. Rowland
 14. BIRTHPLACE (city or town) Ray Co. Mo.
 (State or country)

15. MAIDEN NAME Ruth Woods
 16. BIRTHPLACE (city or town) Ray Co. Missouri
 (State or country)

17. INFORMANT Frances Rowland
 (Address) Caldwell West aven

18. BURIAL, CREMATION, OR REMOVAL Place Home on Hill Canyon Rd Date May 25, 1931

19. UNDERTAKER C. J. Beckman
 (Address) Caldwell Ida

20. FILED 5-25-1931 John H. Meyer
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22, 1931
 22. I HEREBY CERTIFY That I attended deceased from May 21, 1931 to May 22, 1931
 I last saw him alive on May 22, 1931; death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

age

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) M. J. Poley M.D.
 (Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

RECEIVED JUN 10 1931

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 61
 Township _____ or Village 1005 75171 or
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Dr. Forest De Cunnut
 (a) Residence: No. 401 Grant St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 16 1879

7. AGE Years 51 Months 5 Days 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Santa Cruz
(State or country) Calif.

13. NAME Wm a. De Cunnut

14. BIRTHPLACE (city or town) not known
(State or country)

15. MAIDEN NAME Nellie R. Rice

16. BIRTHPLACE (city or town) Colorado
(State or country)

17. INFORMANT Mrs. J. J. De Cunnut
(Address) Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 6-4-1931

19. UNDERTAKER C. J. Beckham
(Address) Caldwell Idaho

20. FILED 6-15-1931 John S. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31, 1931

22. I HEREBY CERTIFY That I attended deceased from May 28, 1931, to May 31, 1931

I last saw him alive on May 31, 1931; death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. J. De Cunnut

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1931

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		State File No. 75172	
County of Canyon		City of Nampa.		Registration District No. 7	
		Primary Registration District No. 1006		Local Registrar's No. 71	
(No. 7) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME George Washington Lamson.					
(a) Residence. No. 5th St. Between 10 + 11 2nd St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
Male	White	Widowed			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) 1861 Feb. 22					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
70	2	26			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) Berwick, (State or country) Ill.					
MOTHER FATHER	13. NAME Will Lamson.				
	14. BIRTHPLACE (city or town) Penn. (State or country)				
	15. MAIDEN NAME Unknown.				
16. BIRTHPLACE (city or town) Penn. (State or country)					
17. INFORMANT Francis T. Lamson. (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place Kohlerlawn. Date 5-24-31 1931					
19. UNDERTAKER F.K. Robinson. (Address) Nampa, Ida.					
20. FILED 5/24 , 1931 See the County Registrar.					
21. DATE OF DEATH (month, day, and year) 5-18 1931					
22. I HEREBY CERTIFY, That I attended deceased from....., 1931, to....., 1931					
I last saw h..... alive on....., 1931; death is said to have occurred on the date stated above, at..... m.					
The principal cause of death and related causes of importance were as follows:					
Found dead in bed Probable cause Apoplexy or Cerebral Hemorrhage					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury....., 1931					
Where did injury occur?..... (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) E. V. Beckham , J.E.D.					
(Address) Calwell Carroll					

J. da

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75173

State File No.

Local Registrar's No. 68

PLACE OF DEATH

County of Canyon

City ofampa

Registration District No. 7

Primary Registration District No. 2006

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Bell King

(a) Residence No. Meridian Idaho Route 3- St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

O. H. King of Meridian

6. DATE OF BIRTH (month, day and year) June 11 - 1891

7. AGE Years 60 Months 4 Days 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teacher and Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Iowa (State or country)

10. NAME OF FATHER Charles Langford

11. BIRTHPLACE OF FATHER (city or town) Van Buren Co Iowa (State or Country)

12. MAIDEN NAME OF MOTHER Anna Cretcher

13. BIRTHPLACE OF MOTHER (city or town) Van Buren Co - Iowa (State or Country)

14. Informant Billie A. Vale (Address) 612-S 10th Streetampa Id

15. Filed 5-14-1931 Death Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 13 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 27, 1931, to 19

that I last saw him alive on May 11, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Cerebrovascular paralysis of left side of face & leg

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J. E. May M. D. 5-14-1931 (Address) Meridian Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Meridian Cemetery Date of Burial May 15 1931

20. Undertaker W. S. Walter Meridian Id Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED JUN 8 1931	
County of <u>Canyon.</u>		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
City of <u>Nampa.</u>		BUREAU OF VITAL STATISTICS		State File No. <u>75174</u>	
Registration District No. <u>7</u>		Primary Registration District No. <u>1006</u>		Local Registrar's No. <u>67</u>	
(No. <u>Samaritan Hosp't.</u>)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Charles Thomas Williams.</u>					
(a) Residence. No. <u>308-23rd Ave. S.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>1857-9-14</u>					
7. AGE <u>73</u> Years	Months <u>11</u>	Days <u>28</u>	If LESS than 1 day, hrs. or min.		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Wisconsin.</u>					
MOTHER FATHER					
13. NAME <u>Will Williams.</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Unknown.</u>					
15. MAIDEN NAME <u>Emma Hubberd.</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Unknown.</u>					
17. INFORMANT (Address) <u>20 N. Williams</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Kohlerlawn</u> Date <u>5-15</u> , 1931					
19. UNDERTAKER <u>F.K. Robinson.</u> (Address) <u>Nampa, Ida.</u>					
20. FILED <u>5-22</u> , 1931 <u>See the survey</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 12</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 7</u> , 1931, to <u>May 12</u> , 1931					
I last saw him alive on <u>May 12</u> , 1931; death is said to have occurred on the date stated above, at <u>9:20 A.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Apoplexy - rt. side</u> <u>paralyzed</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Thos. E. Morgan</u> , M. D.					
(Address) <u>Nampa, Ida.</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75175

PLACE OF DEATH

County of Canyon
City of Nearampa

Registration District No. 7
Primary Registration District No. 2006
(No. San)

Local Registrar's No. 63

2. FULL NAME

(a) Residence. No. Rural

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. moi. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 24 - 97

7. AGE 34 Years 11 Months 20 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Blackfoot Idaho
(State or country)10. NAME OF FATHER J. L. Bingham11. BIRTHPLACE OF FATHER (city or town) S. Carolina
(State or Country)12. MAIDEN NAME OF MOTHER Anna McPherson13. BIRTHPLACE OF MOTHER (city or town) Kansas
(State or County)14. Informant Mrs. Eris Miller
(Address) Nampa, Idaho15. Filed 5-11-1931 Dr. H. Conway
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 3, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 18, 1930 to May 3, 1931
that I last saw him alive on May 3, 1931
and that death occurred, on the date stated above, at 2 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cancer of Throat

(duration) 1 yrs. — mos. — ds.
CONTRIBUTORY None
(Secondary) (duration) — yrs. — mos. — ds.

18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? Yes Date of June 18, 30Was there an autopsy? NoWhat test confirmed diagnosis? Path. Report(Signed) V. C. Seelbach, M. D.May 11, 1931 (Address) Nampa, Idaho19. Place of Burial, Cremation, or Removal Kohlerlawn Cem. Date of Burial 5-5-193120. Undertaker J. K. Robinson Address Nampa

Jde

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Canyon</u>	City of <u>Naupaka</u>	Registration District No. <u>7</u>	Primary Registration District No. <u>1006</u>	Local Registrar's No. <u>22</u>	State File No. <u>75176</u>
		(No. <u>Damaritan Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Alvin Victor Maxson</u>					
(a) Residence. No. <u>803 - Holly St</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>1-22-78</u>					
7. AGE	Years <u>52</u>	Months <u>8</u>	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
MOTHER FATHER	13. NAME <u>Truman Maxson</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Maxson</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>N.Y.</u>				
17. INFORMANT (Address) <u>Mrs. A. V. Maxson</u> <u>803 - Holly St</u>					
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 193					
19. UNDERTAKER <u>L. K. Robinson</u> (Address) <u>Naupaka Idaho</u>					
20. FILED <u>5-22</u> , 193 <u>1</u> <u>Bertha Smiley</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 19</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar. 2</u> , 193 <u>1</u> , to <u>May 19</u> , 193 <u>1</u>					
I last saw him alive on <u>May 18</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>12:30 A. M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Carcinoma of the lungs</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>X-ray</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) <u>W. C. White M.D.</u> (Address) <u>Naupaka, Idaho</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1931

DO NOT WRITE IN THIS SPACE

75177

State File No.

PLACE OF DEATH

County of CanyonCity of ampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. 102-124 ave. no.)Local Registrar's No. 73

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maggie Williams(a) Residence. No. 102-124 Ave No.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred 9 yrs. 9 mos. 0 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. Single, Married, Widowed or Divorced (write the word) <u>divorced</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE <u>65</u> Years	Months	Days	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Cook.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Mo.10. NAME OF FATHER unk name11. BIRTHPLACE OF FATHER (city or town)
(State or Country) "12. MAIDEN NAME OF MOTHER "13. BIRTHPLACE OF MOTHER (city or town)
(State or County) "14. Informant (Address) Metropolitan Life Ins. Co.15. Filed 5/26, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 1, 1931, to May 1, 1931
that I last saw her alive on May 1, 1931and that death occurred, on the date stated above, at 4:45 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cancer of uterus

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of —Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W.C. Smith M.D.May 25, 1931 (Address) ampa, Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Kohler-Lawn-ampa 19

20. Undertaker Address

Mrs. Nina M. Talley ampa, Ida

RECEIVED JUN 8 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75178

PLACE OF DEATH

County of Canyon.
City of Nampa.

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006
(No. Mercy Hospital)

Local Registrar's No. 75

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles. W. Mc Dowell.

(a) Residence. No. Star, Idaho. St. Star, Idaho.

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) November. 26. 1858

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
72. 6 4. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Knox County, Illinois
(State or country)

10. NAME OF FATHER Samuel Mc Dowell.

11. BIRTHPLACE OF FATHER (city or town) Unknown.
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (city or town) Unknown.
(State or County)

14. Informant Edward Williams.
(Address) Star, Idaho.

15. Filed 6-1, 1931, Seethonum
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 5-30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-25, 1931, to 5-30, 1931

that I last saw him alive on 5-30, 1931

and that death occurred, on the date stated above, at 130 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Star Idaho.
if not at place of death?

Did an operation precede death? No Date of 5-30

Was there an autopsy? No

What test confirmed diagnosis? T. Ray

(Signed) E. Horton, M. D.
6-1, 1931 (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal Star Idaho. Date of Burial June. 2. 31

20. Undertaker Summers & Krebs, Boise, Idaho. Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO RECEIVED JUN 8 1931		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. 75179	
County of <u>Canyon.</u>		Registration District No. <u>7</u>		Local Registrar's No. <u>69</u>	
City of <u>Nampa;</u>		Primary Registration District No. <u>1006</u>			
(No. <u>Samariton Hosp't.</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Marshall Hammock.</u>					
(a) Residence. No. <u>15 miles Southwest of Nampa.</u> St. <u>119</u>		(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>62</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Kentucky.</u>					
MOTHER FATHER	13. NAME <u>Marshall Hammock.</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Ireland.</u>				
	15. MAIDEN NAME <u>Malinda Harfield.</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Tenn.</u>					
17. INFORMANT (Address) <u>Henry Hammock Boise Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Kohlerlawn</u> Date <u>5-19</u> , 193 <u>1</u>					
19. UNDERTAKER <u>F.K/ Robinson.</u> (Address) <u>Nampa, Ida.</u>					
20. FILED <u>5-22</u> , 193 <u>1</u> <u>Sertha Conway</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 15</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Apr. 21</u> , 193 <u>1</u> , to <u>May 15</u> , 193 <u>1</u>					
I last saw him alive on <u>May 15</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>10:15 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Flu</u>					
Other contributory causes of importance: <u>Pneumonia</u>					
Name of operation <u>none</u> Date of <u>-</u>					
What test confirmed diagnosis? <u>Was there an autopsy?</u> <u>210</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>Where did injury occur?</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Thos E. Thompson, M.D.</u>					
(Address) <u>Nampa, Ida.</u>					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75180

State File No.

PLACE OF DEATH

County of GariboreCity of Soda Springs

CERTIFICATE OF DEATH

Registration District No. 82Primary Registration District No. 7159Local Registrar's No. 51

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jersey E. Gardner(a) Residence. No. Blackfoot Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos. 14 ds.

How long in U. S. if of foreign birth? yrs.

mo.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of =6. DATE OF BIRTH (month, day and year) April 10 - 1914

7. AGE

Years 17Months 1Days 7

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School boy.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Marionville Mo.
(State or country)10. NAME OF FATHER Roy Gardner11. BIRTHPLACE OF FATHER (city or town) Fort River
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Myrtle Chapell13. BIRTHPLACE OF MOTHER (city or town) Marionville Mo.
(State or Country)

14.

Informant
(Address) Roy Gardner
Soda Springs Ida

15.

Filed 5-30, 19311931Dr. Russell F. J. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May
(Month)17
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Accidental Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. S. WhitmanMay 30, 1931 (Address) Soda Springs

19. Place of Burial, Cremation, or Disposal

Date of Burial

Soda Springs Ida 5-30-1931

20. Undertaker

Address

E. S. Whitman Soda Springs
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75181
State File No.

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Garnett
City of Canda, Idaho

Registration District No. 92
Primary Registration District No. 2159
(No.)

Local Registrar's No. 50

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Allen Hemenet(a) Residence. No. Canda Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 27-1927

7. AGE Years Months Days If LESS than 1 day.
4 0 28 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Canda Idaho
(State or country)10. NAME OF FATHER Karl Allen Hemenet11. BIRTHPLACE OF FATHER (city or town) Paris Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Fusie C. Skinner13. BIRTHPLACE OF MOTHER (city or town) Canda Springs Idaho
(State or Country)14. Informant (Address) W. G. Kinder
Canda, Idaho15. Filed 5-24, 1931. Dr. Russell Sigurd Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 24, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 24, 1931, to April 24, 1931
that I last saw him alive on _____, 19____
and that death occurred, on the date stated above, at _____m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Gastro-
Enteritis

(duration) _____yrs. _____mos. 1ds.
CONTRIBUTORY (Secondary) whooping cough
(duration) _____yrs. _____mos. 28ds.

18. Where was disease contracted Same
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Physical Ex.(Signed) Russell Sigurd M. D.May 30, 1931 (Address) Canda Springs Idaho19. Place of Burial, Cremation, or Removal Canda Springs Idaho Date of Burial April 26 193120. Undertaker C. S. Hutman Address Canda Springs Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75182

State File No.

PLACE OF DEATH

County of CaribouCity of Soda Springs

CERTIFICATE OF DEATH

Registration District No. 82Primary Registration District No. 2159

(No.)

Local Registrar's No. 49

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John G. Zumbro(a) Residence No. Coopersville Wyo. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed or divorced
HUSBAND of Mary Zumbro
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 4th 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>59</u>	<u>—</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Switzerland
(State or country)10. NAME OF FATHER Albert Zumbro11. BIRTHPLACE OF FATHER (city or town) Switzerland
(State or Country)12. MAIDEN NAME OF MOTHER Magdalena Kemp13. BIRTHPLACE OF MOTHER (city or town) Switzerland
(State or Country)14. Informant (Address) Rudolph Zumbro
Coopersville Wyo.15. Filed May 13, 1931 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May - 12 - 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from May 12, 1931 to May 12, 1931
that I last saw him alive on May 12, 1931
and that death occurred, on the date stated above, at 10:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:
Laborer - Right Lower
PneumoniaCONTRIBUTORY (Secondary) (duration) yrs. mos. ds. 518. Where was disease contracted if not at place of death? ✓Did an operation precede death? ✓ Date ofWas there an autopsy? ✓What test confirmed diagnosis? Ph.(Signed) E. H. Williams, M. D.
5/12/1931 (Address) Soda Springs, Idaho19. Place of Burial, Cremation, or Removal Montpelier Idaho Date of Burial May 17 - 193120. Undertaker Wm Williams Address Montpelier Idaho

RECEIVED JUN 9 1931 STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75183

State File No.

PLACE OF DEATH

County of Carbon
City of Soda Springs

CERTIFICATE OF DEATH

Registration District No. 82

Primary Registration District No. 2159

Local Registrar's No. 48

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. Soda Springs Ida St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND Eliza Schmidt
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 3 - 1858

7. AGE Years 72 Months 11 Days 7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Wool buyer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Eppingen Germany
(State or country)

10. NAME OF FATHER James Schmidt

11. BIRTHPLACE OF FATHER (city or town) Germany.
(State or Country)

12. MAIDEN NAME OF MOTHER Eva Beutz

13. BIRTHPLACE OF MOTHER (city or town) Germany.
(State or County)

14. Informant George Schmidt
(Address) Soda Springs Ida

15. Filed 5-6, 1931 Dr. Russell Light
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May, 5th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to May 5, 1931
that I last saw him alive on May 5, 1931

and that death occurred, on the date stated above, at 9:50 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Organic Heart Disease
Myocardial Infarction

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? 0 Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) W. K. Kain, M. D.

5-6, 1931 (Address) Soda Springs

19. Place of Burial, Cremation, or Removal

Date of Burial

Soda Springs Ida 5-7-1931

20. Undertaker

Address

W. H. Hittman Soda Springs Ida

90

PARENTS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 13 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75185
State File No.

PLACE OF DEATH

County of SageCity of Burley

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas David Scott

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.4. COLOR OR RACE W5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar. 2 - 1860

7. AGE

Years 71Months 2Days 22If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Ill.10. NAME OF FATHER Not Known11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Not Known12. MAIDEN NAME OF MOTHER Not Known13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Not Known

14.

Informant
(Address) F. S. Scott
Burley

15.

Filed 6-10-1931Idaho
F. H. Cutler
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 24, 1931(Month) May(Day) 24(Year) 1931

17. I HEREBY CERTIFY, That I attended deceased from

May 23, 1931, to May 24, 1931that I last saw him alive on May 24, 1931and that death occurred, on the date stated above, at 8 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

1. Arteriosclerosis2. Duodenal Ulcer

(duration) yrs. mos. ds.

CONTRIBUTORY Arteriosclerosis
(Secondary) Abdominal(duration) 10 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? No(Signed) Frank J. Johnson, M. D.19. (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley, Ida.May 29 1931

20. Undertaker

Address

R. E. JohnsonBurley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO *Sater*
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **75186**

PLACE OF DEATH

County of *County*City of *Cassia**Deeds*

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME *Fred. J. Vashburg*

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mo. ds. How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *Nov 1 1904*7. AGE
26

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Clark*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)*Springfield Mo*

10. NAME OF FATHER

*Fred C Vashburg*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)*New York*

12. MAIDEN NAME OF MOTHER

*Katherine Vashburg*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)*Iowa*14. Informant
(Address)*Katherine Vashburg
2069 W 31st St. S. A.*

15.

Filed *G-10-*, 19*31**J. H. Hunter*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 13

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

*Apr 6 1931 to Apr 13 1931*that I last saw him alive on *Apr 6 1931*and that death occurred, on the date stated above, at *3 A.* m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Pulmonary Tuberculosis*(duration) *4* yrs. mos. ds.CONTRIBUTORY
(Secondary)*None*

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? *Los Angeles*Did an operation precede death? *No*. Date ofWas there an autopsy? *No*What test confirmed diagnosis? *usual*

(Signed)

May 29 31, 19*31* (Address) *Malta Idaho*

19. Place of Burial, Cremation, or Removal

Date of Burial

Los Angeles

19

20. Undertaker

Address

W. G. Goodman Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
County of Clark
City of Dubois
Registration District No. 125
Primary Registration District No. 2203

DO NOT WRITE IN THIS SPACE

State File No. **75187**Local Registrar's No. 125(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Sarah A. Kendrick(a) Residence. No. Dubois, Idaho St. _____Length of residence in city or town where death occurred. 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced, (write the word) Widowed5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Francis M. Kendrick6. DATE OF BIRTH (month, day, and year) November 10, 18487. AGE Years 82 Months 5 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lowell (State or country) Arkansas13. NAME George Thorberry14. BIRTHPLACE (city or town) U. S. (State or country)15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) Not known (State or country)17. INFORMANT John Hays (Address) Dubois, Ida.18. BURIAL, CREMATION, OR REMOVAL Place Dubois, Ida. Date May 6, 193119. UNDERTAKER Jack A. Wood (Address) Ledy Falls, Ida.20. FILED May 18, 1931 W. E. Jones M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3, 193122. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1931, to April 30, 1931.I last saw her alive on April 30, 1931; death is saidto have occurred on the date stated above, at 1:27 P. M.
The principal cause of death and related causes of importance were as follows:Pneumonia Date of onset 4/29/31Other contributory causes of importance:
Unexcited heart. Sincere about 2 months previously

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify _____ (Signed) W. E. Jones, M. D.(Address) Dubois, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75188 State File No.	
PLACE OF DEATH County of <u>Elmore</u> City of <u>King Hill Idaho</u>		CERTIFICATE OF DEATH Registration District No. <u>35</u> Primary Registration District No. <u>2021</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>74</u>	
2. FULL NAME <u>Mrs. Emma Johnson</u>			
(a) Residence. No. <u>King Hill Idaho</u> St.			
Length of residence in city or town where death occurred <u>25</u> yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Gust Johnson</u>			
6. DATE OF BIRTH (month, day, and year) <u>9-27-1864</u>			
7. AGE	Years <u>66</u>	Months <u>7</u>	Days <u>20</u>
If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>		
	10. Date deceased last worked at this occupation (month and year) <u>April 29-1931</u>		
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>			
MOTHER FATHER	13. NAME <u>John Bengstrom</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>		
	15. MAIDEN NAME <u>unknown</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>unknown</u>		
17. INFORMANT (Address) <u>Gust Johnson King Hill Idaho</u>			
18. BURIAL, CREMATION OR REMOVAL Place <u>Bose Idaho</u> Date <u>May 20 1931</u>			
19. UNDERTAKER (Address) <u>McC Jachew - Mt Home</u>			
20. FILED <u>5-20</u> , 1931 <u>Mrs Mary L Sullivan</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>May 17 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>April 29</u> , 1931, to <u>May 17</u> , 1931.			
I last saw her alive on <u>May 17</u> , 1931; death is said to have occurred on the date stated above, at <u>9:30</u> p.m.			
The principal cause of death and related causes of importance were as follows:			
<u>Cerebral embolism and thrombosis. Left hemiplegia and aphasia.</u>			Date of onset <u>April 1-1931</u>
Other contributory causes of importance:			
Name of operation <u>no</u> Date of <u>—</u>			
What test confirmed diagnosis? <u>Neurological</u> Was there an autopsy? <u>No</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? Date of injury, 1931.			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury.			
Nature of injury.			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			
If so, specify			
(Signed) <u>M. Tuenkeling</u> M. D.			
(Address) <u>Glenns Ferry Idaho</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 75189 State File No.	
County of <u>Elmore</u>	City of <u>Glenn Ferry</u>	Registration District No. <u>35</u>	Primary Registration District No. <u>2021</u>	Local Registrar's No. <u>19</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mrs. Maggie Cecelia Malloy Branscom</u>					
(a) Residence. No. <u>Glenns Ferry Ida</u> St.					
Length of residence in city or town where death occurred. <u>5 yrs 3 mos</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Henry Augustus Branscom</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug 25 - 1872</u>					
7. AGE	Years <u>59</u>	Months <u>9</u>	Days <u>6</u>	If LESS than 1 day, hrs. min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>					
10. Date deceased last worked at this occupation (month and year) <u>Jan 1931</u>					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>New York City N.Y.</u>					
13. NAME <u>Malloy</u>					
14. BIRTHPLACE (city or town) (State or country) <u>unknown</u>					
15. MAIDEN NAME <u>unknown</u>					
16. BIRTHPLACE (city or town) (State or country) <u>unknown</u>					
17. INFORMANT <u>Mrs John Rosevear</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Glenns Ferry</u> Date <u>5-3-1931</u>					
19. UNDERTAKER <u>J.C. Zacher - My Home Ida</u> (Address)					
20. FILED <u>5-5</u> , 1931 <u>Mrs Mary L Sullivan</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 1 - 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 18</u> , 1930, to <u>May 1</u> , 1931.					
I last saw her alive on <u>May 1</u> , 1931; death is said to have occurred on the date stated above, at <u>7:25</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
<u>Primary carcinoma of the pancreas</u>					
Other contributory causes of importance:					
Date of onset					
Exploratory Laparotomy <u>Sept 22 - 1930</u>					
Name of operation Date of operation					
What other operations were there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>M. J. Fuendeling</u> M. D.					
(Address) <u>Glenns Ferry Ida</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Elmore</u>		CERTIFICATE OF DEATH		State File No. <u>75190</u>	
City of <u>King Hill, Ida.</u>		Registration District No. <u>35</u>		Local Registrar's No. <u>18</u> ✓	
		Primary Registration District No. <u>2021</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Clarence L. Welch</u>					
(a) Residence. No. <u>King Hill Idaho</u> St. _____ (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. <u>2</u> yrs. <u>—</u> mos. <u>—</u> ds. How long in U. S., if of foreign birth? <u>—</u> yrs. <u>—</u> mos. <u>—</u> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced (or) <u>Husband of Hallie Welch</u>					
6. DATE OF BIRTH (month, day, and year) <u>not known</u>					
7. AGE	Years <u>28</u>	Months <u>—</u>	Days <u>—</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School teacher</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>King Hill school</u>				
	10. Date deceased last worked at this occupation (month and year) <u>April 27, 1931</u>				
MOTHER FATHER	11. Total time (years) spent in this occupation <u>not known</u>				
	12. BIRTHPLACE (city or town) (State or country) <u>not known</u>				
	13. NAME <u>not known</u>				
MOTHER FATHER	14. BIRTHPLACE (city or town) (State or country) <u>" "</u>				
	15. MAIDEN NAME <u>" "</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>" "</u>				
MOTHER FATHER	17. INFORMANT (Address) <u>Rev. S. D. Rees, King Hill Idaho</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Blamath</u> Date _____, 1931				
	19. UNDERTAKER (Address) <u>Glenn C. Zacher</u>				
20. FILED <u>5-24</u> , 1931 <u>Mrs. Mary Sullivan</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>April 27, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw h. _____ alive on _____, 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Drowned in Snake River near King Hill Idaho. accidental</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Dr. C. Zacher, Elmore Co.</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide _____ Date of injury <u>4-27, 1931</u>					
Where did injury occur <u>Snake River near King Hill Idaho</u> (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury <u>Drowning</u>					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) _____, M. D.					
(Address) _____					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75191

State File No.

PLACE OF DEATH

County of Preston Idaho

CERTIFICATE OF DEATH

City of Greytown N.J. Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robin Douglas Edwards(a) Residence. No. 330 16 2nd East St. Preston Idaho

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug. 26, 19087. AGE Years 22 Months 22 Days 8 If LESS than 1 day, hrs. or min. 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Greytown N.J.
(State or country)10. NAME OF FATHER Edwin Seldon Edwards11. BIRTHPLACE OF FATHER (city or town) Tai Tai N.J.
(State or Country)12. MAIDEN NAME OF MOTHER Alice Virginia Edwards13. BIRTHPLACE OF MOTHER (city or town) Mauriceville N.J.
(State or Country)14. Informant Mrs Edwards
(Address) Preston Idaho15. Filed AP. Miller 19 31
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 16 19 31
Month (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from May 1 19 31 to May 16 19 31
that I last saw him alive on May 15 19 31and that death occurred, on the date stated above, at 12 p.m.

State the DISEASE CAUSING DEATH (or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic Pulmonary Heart DiseaseCONTRIBUTORY Over Exertion
(Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) J. H. Hanning M.D.
May 16 19 31 (Address) Preston, Ida.19. Place of Burial, Cremation, or Removal Whitney Idaho Date of Burial May 19 3120. Undertaker M. Hendricks Address Preston

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75192

State File No. _____

PLACE OF DEATH

County of Franklin
City of Preston

Registration District No. _____

Primary Registration District No. _____

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie Christens Peterson

(a) Residence. No. _____

(Usual place of abode.)

St. _____

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. _____

yrs. _____

mos. _____

ds. _____

How long in U. S. if of foreign birth? _____

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widowed</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of Ephriam Peterson
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 2 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>73</u>			<u>15</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Denmark
(State or country)10. NAME OF FATHER Nelse Christensen11. BIRTHPLACE OF FATHER (city or town) Denmark
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) Denmark
(State or Country)14. Mrs Francis LuthyInformant
(Address)

15.

Filed _____, 19____

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

5 / 16 / 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

5-12, 1931, to 5-16, 1931that I last saw her alive on 5-14, 1931and that death occurred, on the date stated above, at 10 A. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic interstitial Nephritis

(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) several yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Physical(Signed) A. P. Chiles, M. D.

_____, 19____ (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Minkcreek Idaho May 20 31¹⁹

20. Undertaker

M. W. H.ChidricksPreston

RE D JUN 4 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75195

State File No.

PLACE OF DEATH

County of FranklinCity of Franklin

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Holden

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec. 25 - 18 717. AGE Years Months Days If LESS than 1 day, hrs. or min.
90 5 26 11 P. M. 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Overdoun, England
(State or country)

10. NAME OF FATHER

J Tom Robinson Holden11. BIRTHPLACE OF FATHER (city or town)
(State or Country)England

12. MAIDEN NAME OF MOTHER

Ann Holden13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)England

14. Informant (Address)

15. Filed 19.....
R. T. Kelley
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

5 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on.....

and that death occurred, on the date stated above, at 11:15 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Natural deathCause not known

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) Dr. Charles, M. D......, 19..... (Address) Corpor

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 28 1931

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Gooding
City of Pondera
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. _____
(No. _____ St.)

State File No. 75197
Local Registrar's No. _____
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Anna L Head

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(Write the word)

6. DATE OF BIRTH Aug 16 1860
(Month) (Day) (Year)

7. AGE 70 Yrs. 7 Mos. 16 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Utah

10. NAME OF FATHER Charles Sponberg

11. BIRTHPLACE OF FATHER (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Regina Funt

13. BIRTHPLACE OF MOTHER (State or Country) Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. L. Head

(Address) Pondera

15. Filed Mar 31 1931 E. L. Brimmon
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15 1930 to Mar 28 1931, that I last saw her alive on March 28 1931, and that death occurred on the date stated above, at 10:30 AM.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach

7 (Duration) yrs. 7 mos. ds.

Contributory (Secondary) Aged

(Duration) yrs. mos. ds.

(Signed) R. H. Greene M. D.
Mar 31 1931 (Address) Nagerman Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death Idaho In the State Idaho yrs. mos. ds.
Where was disease contracted if not at place of death?

Former or usual residence Preston Idaho

19. PLACE OF BURIAL OR REMOVAL Preston Idaho DATE OF BURIAL 19

20. UNDERTAKER ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 4 1931

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of GOODING
City of GOODINGRegistration District No. 24

Primary Registration District No. _____

(No. _____, _____ St.)

File No. 75199Registered No. 756If death occurs away from
usual residence, give facts
called for under special in-
formation.

2. FULL NAME

IRA PENNOCKIf death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCEDMALE WHITEVIPOWER
(Write the word.)

6. DATE OF BIRTH

FEB. 12TH 1845
(Month) (Day) (Year)

7. AGE

86 Yrs. 3 Mos. 18 ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work. RETIRED FARMER
(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer) _____

9. BIRTHPLACE

(State or Country) KALAMAZOO, MICH.10. NAME OF
FATHERJOSIA PENNOCK11. BIRTHPLACE
OF FATHER(State or Country) VERMONT12. MAIDEN NAME
OF MOTHERELIZABETH RAFTER13. BIRTHPLACE
OF MOTHER(State or Country) IRELAND

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs C. D. Moore(Address) Gooding Ida15. 5-31- 1931
Filed _____J. H. Cromwell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

MAY 31st 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1927 19 _____ to 5-31-31 19 _____
that I last saw him alive on 5-31-31 19 _____
and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

ARTERIO-SCLEROSIS-
CHRONIC-NEPHRITIS(Duration) ? Yrs. _____ mos. _____ ds.Contributory
(Secondary)UREMIA-COMA-(Duration) _____ yrs. _____ mos. 10 ds.(Signed) J. H. Cromwell M. D.19 _____ (Address) Gooding, Ida*State the Disease Causing Death; or in deaths from Violent Causes, state
(1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted
if not at place of death? _____Former or
usual residence _____19. PLACE OF ~~REMOVAL~~ REMOVALIOWA

DATE OF BURIAL

6-4 19 31

20. UNDERTAKER

A. E. THOMPSON

ADDRESS

Gooding, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 4 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of GoodingCity of GoodingIf death occurs away from
usual residence, give facts
called for under special in-
formation.Registration District No. 24

Primary Registration District No. _____

(No. _____ St.)

File No. 75200Registered No. 134

2. FULL NAME

Sarah J. DennyIf death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Widow
(Write the word.)

6. DATE OF BIRTH

June 26-1864
(Month) (Day) (Year)

7. AGE

66 Yrs. 11 Mos. 11 ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work.
(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer)housekeeper

9. BIRTHPLACE

(State or Country)

Indiana10. NAME OF
FATHERJno. O. Newman11. BIRTHPLACE
OF FATHER

(State or Country)

✓

12. MAIDEN NAME
OF MOTHER

✓

13. BIRTHPLACE
OF MOTHER

(State or Country)

Ind -

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Roy Denny
Gooding, Ida

15.

Filed 5-31-31 19 31JH Cornwall
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 7-1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
4-25 1931, to 5-7-31 1931that I last saw her alive on 5-6-31 1931,
and that death occurred on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia(Duration) _____ Yrs. _____ mos. 13 ds.Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

JH Cornwall M. D.
5/31/1931 (Address) Gooding Ida*State the Disease Causing Death; or in deaths from Violent Causes, state
(1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted
if not at place of death? _____Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Gooding Ida5-9 1931

20. UNDERTAKER

ADDRESS

A. E. ThompsonGooding Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of form.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M-1-16-12

CERTIFICATE OF DEATH

RECEIVED JUN 4 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Gooding*

City of *Gooding*

If death occurs away from usual residence, give facts called for under special information.

Registration District No. *24*

Primary Registration District No. _____

(No. _____)

(St. _____)

File No. *75201*

Registered No. *158*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Harold Allen Sackman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

single
(Write the word.)

6. DATE OF BIRTH

July
(Month)

11-
(Day)

1929
(Year)

7. AGE

1 yrs. *8* mos. *1* ds.

IF LESS than 1 day
how many hrs. or
..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Gooding Ida

10. NAME OF FATHER

John E. Sackman

11. BIRTHPLACE OF FATHER

(State or Country)

Ida

12. MAIDEN NAME OF MOTHER

Jessie A. Webster

13. BIRTHPLACE OF MOTHER

(State or Country)

Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Jessie A. Sackman

(Address)

Gooding Ida

15.

Filed

5-31-

19*31*

J. H. Cornwall

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March
(Month)

12-
(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

191, to *191*,

that I last saw him alive on *191*

and that death occurred on the date stated above, at *Ida*

The CAUSE OF DEATH* was as follows:

Accidentally drowned

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

J. H. Cornwall

5/31, 19*31*

(Address) *Gooding Ida*

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Gooding Ida

3-13-1931

20. UNDERTAKER

ADDRESS

A. E. Thompson

Gooding Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 18 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75203

State File No.

PLACE OF DEATH

County of IdahoCity of StitesRegistration District No. 106Primary Registration District No. 2184Local Registrar's No. 379(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Stites Idaho
(State or country)10. NAME OF FATHER Ralph Edgar Thompson11. BIRTHPLACE OF FATHER (city or town) Stites Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Geneva Geraldine Ruark13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Geneva Geraldine Thompson
(Address) Stites Idaho15. Filed April 2, 1931 J M Verberkmales
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 2nd 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1931, to Apr 2, 1931,
that I last saw him alive on Apr 1, 1931,
and that death occurred, on the date stated above, at 3:01 m.THE CAUSE OF DEATH* was as follows:
Immature birth - 7 months(duration) yrs. mos. ds.
CONTRIBUTORY Bleeding infection
(Secondary)(duration) yrs. mos. ds.
18. Where was disease contracted
if not at place of death?

Did an operation precede death? — Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) A W Wenthworth, M. D.Apr 8, 1931 (Address) Stites

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Stites Date of Burial Apr 2 1931

20. Undertaker _____ Address _____

RECEIVED JUN 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75204

State File No.

PLACE OF DEATH

County of Latah
City of Easton

CERTIFICATE OF DEATH

Registration District No. 103
Primary Registration District No. 2181
(No.)Local Registrar's No. 18

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Mellie Jane Hardin

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJ L Hardin6. DATE OF BIRTH (month, day and year) 1891. Jan. 247. AGE Years Months Days If less than 1 day, hrs. or min.
40 4 4 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Patoka City
(State or country) Washington

10. NAME OF FATHER

George R. Harlan11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Iowa

12. MAIDEN NAME OF MOTHER

Adeline Stull13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Iowa14. Informant (Address) W. ...15. Filed 6-2, 1931, B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 24, 1931, to Jan 28, 1931
that I last saw her alive on Jan 28, 1931and that death occurred, on the date stated above, at 11 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acidosis following
systemic toxemiaCONTRIBUTORY Chronic Nephritis
(Secondary) (duration) 5 yrs. mos. ds.18. Where was disease contracted
if not at place of death Fibroid UterusDid an operation precede death? Yes Date of Jan 24-31Was there an autopsy? NoWhat test confirmed diagnosis? clinical only(Signed) Wesley F. Orr, M. D.Jan 28, 1931 (Address) Cottonwood19. Place of Burial, Cremation, or Removal Pringleville Ida. Date of Burial Feb. 3, 193120. Undertaker Durrock Ind. Co Address Pringleville

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75205

State File No.

PLACE OF DEATH

County of IdahoCity of Grangeville

CERTIFICATE OF DEATH

Registration District No. 103Primary Registration District No. 2181(No. At Home)Local Registrar's No. 19

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mathew B. Geary(a) Residence. No. Grangeville, Idaho

St.

(If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept. 5, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Billiard Parlor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) West Virginia
(State or country)

10. NAME OF FATHER

W.A. Geary11. BIRTHPLACE OF FATHER (city or town) West Virginia
(State or Country)12. MAIDEN NAME OF MOTHER Mary Jarrett13. BIRTHPLACE OF MOTHER (city or town) West Virginia
(State or County)14. Informant Mrs Kirby
(Address) Grangeville, Ida15. Filed 1-2-, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 28 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
April 27, 1931, to April 28, 1931
that I last saw him alive on April 28, 1931
and that death occurred, on the date stated above, at 3 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Coronary ThrombosisCONTRIBUTORY Arteriosclerosis
(Secondary) (duration) 2 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Pain - Chest(Signed) B. Chipman M. D.4-28, 1931 (Address) Grangeville19. Place of Burial, Cremation, or Removal Grangeville Date of Burial 2-4-193120. Undertaker Ellor Mnd. Address Grangeville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75206

State File No.

PLACE OF DEATH
County of Idaho
City of White Bird

Registration District No. 103
Primary Registration District No. 2181

Local Registrar's No. 15

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Aolia Carol Mc Caffee

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Feb. 4 1919
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
12 2 10
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Orangeville
(State or country)10. NAME OF FATHER W & Mc Caffee11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Mable Holcomb13. BIRTHPLACE OF MOTHER (city or town) Wis
(State or Country)14. Informant Murielle M. Caffee
(Address) Whitebird, Idaho15. Filed 6-2-1931 B Chipman
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1930, to April 14, 1931
that I last saw her alive on April 7, 1931
and that death occurred, on the date stated above, at 2 a. m.
The CAUSE OF DEATH* was as follows:
Endocarditis

(duration) yrs. 3 mos. ds.
CONTRIBUTORY Acute Inflammatory Rheumatism
(Secondary)
(duration) yrs. mos. 8 ds.

18. Where was disease contracted if not at place of death? -
Did an operation precede death? No Date of -
Was there an autopsy? No
What test confirmed diagnosis? Clinical only
(Signed) Healy Orr, M. D.
April 14, 1931 (Address) Cottonwood St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Orangeville, Ida. Date of Burial 4-16-1931
20. Undertaker Durack Mnd. Co. Orangeville Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECORDED JUN 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of IdahoCity of TrangvilleRegistration District No. 103Primary Registration District No. 2181

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME H. S. (Trucker) Sebastian

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 20-1859

7. AGE Years Months Days If LESS than 1 day,
72 1 26 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Oregon
(State or country)10. NAME OF FATHER not known11. BIRTHPLACE OF FATHER (city or town)
(State or Country)12. MAIDEN NAME OF MOTHER not known13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant Alvin Fields
(Address) Golden Idaho15. Filed 6-2-, 1931 B. Chipman
Registrar

DO NOT WRITE IN THIS SPACE

State File No. 75207Local Registrar's No. 13

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 16, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
May 1, 1930, to May 15, 1931
that I last saw him alive on May 14, 1931
and that death occurred, on the date stated above, at 6:00 a.m.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis

(duration) 3 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? growing symptoms(Signed) May 15 1931 B. Chipman, M. D.(Address) Trangville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Fair View Ida. Co. Date of Burial 5-19-1931

20. Undertaker Hunsaker Mnd. Co. Address Trangville

RECEIVED JUN 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75208

State File No.

Local Registrar's No.

PLACE OF DEATH

County of IdahoRegistration District No. 103City of TrangervillePrimary Registration District No. 2181

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alura Clark Mauring

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced (write the word)

married5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofElizabeth Mauring

6 DATE OF BIRTH (month, day and year)

Dec. 5, 1860

7 AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.702

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Texas

10 NAME OF FATHER

Alura Mauring

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Texas

12 MAIDEN NAME OF MOTHER

Ann Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Camden Mo.

14 Informant

Alura Mauring

(Address)

Alura Mauring

15 Filed

6-2-31B. Chapman

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February 519 31
(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan - 5, 1931, to Feb. 5, 1931that I last saw him alive on Feb. 1st, 1931and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Chronic MyocarditisCONTRIBUTORY
(Secondary)(duration) 3 yrs. _____ mos. _____ ds.Chronic Interstitial Nephritis

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Physical only(Signed) Neely Orr, M. D.Feb. 5, 1931 (Address) Cottonwood Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

19 Place of Burial, Cremation, or Removal

Date of Burial

Trangerville Ida 2-7-31

20. Undertaker

Address

Hurlock Mfg Co. Trangerville

Place Where Remains Are To Be Sent

Date of Shipment

SHIPPING UNDERTAKER

ADDRESS Firm Name

The information on this certificate is an exact COPY of the official certificate at place of death.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75209

State File No.

PLACE OF DEATH

County of Idaho
City of Stites

CERTIFICATE OF DEATH

Registration District No. 106
Primary Registration District No. 2184
(No.)

Local Registrar's No. 310

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Henry Lamb(a) Residence No. Stites Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single. Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 5 - 1860

7. AGE 71 Years Months 8 Days 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Unknown
(State or country) California

10. NAME OF FATHER Unknown James H Lamb

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant Robin Lamb
(Address) Stites Idaho

15. Filed 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 20 1931, to April 10 1931
that I last saw him alive on April 2 1931
and that death occurred, on the date stated above, at 2 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.
CONTRIBUTORY Chronic Nephritis
(Secondary)

(duration) 1 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles Kelly M. D.
4/11 1931 (Address) Caltonwood

19. Place of Burial, Cremation, or Removal Wassukia Idaho Date of Burial 4-11 1931

20. Charles Kelly Address Stites Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH

RECEIVED JUN 4 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 105County of IdahoPrimary Registration District No. 2183City of Cottonwood

(No. _____ St.)

File No. 75210Registered No. 12

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Elizabeth Mary DePatie

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Married
(Write the word.)

6. DATE OF BIRTH

March 9 1874
(Month) (Day) (Year)

7. AGE

57 Yrs. 2 Mos. 5 ds.IF LESS than 1 day
how many hrs. or
..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer).....Housewife

9. BIRTHPLACE

(State or Country)

Ireland

10. NAME OF FATHER

Thas Moorehead

11. BIRTHPLACE OF FATHER

(State or Country)

Ireland

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

Geo. Kervin

(Address)

Cottonwood Idaho

15.

Filed

May 161931W. F. Orr

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 14 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from May 12 1931, to May 14 1931.that I last saw him alive on May 14 1931.and that death occurred on the date stated above, at 9:50 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage(Duration) _____ Yrs. _____ mos. 7 ds.Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) E. A. Woodward M. D.5/14/1931 (Address) Cottonwood, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cottonwood Idaho May 16 1931

20. UNDERTAKER

ADDRESS

May Cottonwood

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 5 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75211**

PLACE OF DEATH

County of **Idaho**
City of **Grangeville.**

CERTIFICATE OF DEATH

Registration District No. **103**
Primary Registration District No. **1001**
(No. **At Home**)

Local Registrar's No. **21**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **John F. Basinger**

(a) Residence. No. **Grangeville, Idaho.** St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word.) **Married**

5a. If married, widowed, or divorced
HUSBAND of **Alice Basinger**
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Jan. 6, 1878**

7. AGE Years Months Days If LESS than 1 day.
53 **4** **17** hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Woodsaw Man**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **North Carolina**
(State or country)

10. NAME OF FATHER **James Basinger**

11. BIRTHPLACE OF FATHER (city or town) **N. C.**
(State or Country)

12. MAIDEN NAME OF MOTHER **Katherine**

13. BIRTHPLACE OF MOTHER (city or town) **N. C.**
(State or County)

14. Informant **Walter Basinger**
(Address) **Grangeville, Idaho**

15. Filed **6-3-31** **May 25**, 1931 **Dr. B. Chipman**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **May 23**, 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended decedent from **April 29**, 19**31**, to **May 23**, 19**31**,
that I last saw him alive on **May 23**, 19**31**,
and that death occurred, on the date stated above, at **5-4 A. M.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Abcess of Brain (acute suppurative encephalitis)

(duration) yrs. **3** mos. **weeks**

CONTRIBUTORY **Influenza**
(Secondary)

(duration) yrs. mos. **10** ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? **no** Date of

Was there an autopsy? **no**

What test confirmed diagnosis?

(Signed) **J. D. Chipman**, M. D.
May 29, 19**31** (Address) **Grangeville, Idaho**

19. Place of Burial, Cremation, or Removal

Date of Burial

Prairie veiw

May 25, 19**31**

20. Undertaker

Address

Ailor Mortuary

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75212

State File No.

PLACE OF DEATH

County of Idaho
City of Slate Creek

CERTIFICATE OF DEATH

Registration District No. 103
Primary Registration District No. 2181
(No. At Home)

Local Registrar's No. 20

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lela L. Large

(a) Residence. No. Slate Creek St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mo. ds. How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single. Married. Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced.

HUSBAND of Tom E. Large
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 12, 1890

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
40 4 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Indiana
(State or country)

10. NAME OF FATHER George Landrus

11. BIRTHPLACE OF FATHER (city or town) Indiana
(State or Country)

12. MAIDEN NAME OF MOTHER Ada Adams

13. BIRTHPLACE OF MOTHER (city or town) Indiana
(State or County)

14. Informant Mrs. Lela Yates
(Address)

15. Filed 9-1-, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1930, to Feb. 27, 1931
that I last saw her alive on Feb. 27, 1931

and that death occurred, on the date stated above, at 8 9 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma of Uterus

(duration) yrs. mos. 6 mos.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Oct. 1930

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) B. Chipman, M. D.
Feb. 28, 1931 (Address) Longville La.

19. Place of Burial, Cremation, or Removal

Date of Burial

Slate Creek

March 2 1931

20. Undertaker

Address

Yassar

Longville

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75216**

PLACE OF DEATH
County of **Jefferson**
City of **Hamer**

CERTIFICATE OF DEATH

Registration District No. **98**Primary Registration District No. **2176**

(No.)

Local Registrar's No. **85**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Thomas Jones.**

(a) Residence. No.

(Usual place of abode.)

St. **Homestead Park Pa.**

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. **1** mos. ds. How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Unknown,
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) **Unknown**

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
About 40				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. **Sheep Herder.**(b) General nature of industry,
business, or establishment in
which employed (or employer) **Wood's Livestock Co.**

(c) Name of employer

9. BIRTHPLACE (city or town) **Unknown**
(State or country)10. NAME OF FATHER **Unknown**11. BIRTHPLACE OF FATHER (city or town)
(State or Country) **Unknown**12. MAIDEN NAME OF MOTHER **Unknown**13. BIRTHPLACE OF MOTHER (city or town)
(State or County) **Unknown**14. Informant **J. B. Eckersell**
(Address) **Rigby, Idaho.**15. Filed **JUN 1 1931** **C. H. GAVIN M.D.**
Registrar.

MEDICAL CERTIFICATE OF DEATH

10. DATE OF DEATH

May 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 20, 19**31**, to **May 20**, 19**31**
that I last saw him alive on **May 20**, 19**31**
and that death occurred, on the date stated above, at **7:30 A.M.***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Unknown to me**

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)**Smallpox**

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?**Spencer, Idaho**Did an operation precede death? **No** Date ofWas there an autopsy? **No**

What test confirmed diagnosis?

(Signed) **C. H. Gavin**, M. D.

, 19 (Address)

19. Place of Burial, Cremation, or Removal
Rigby, Idaho.Date of Burial
5/24 1931

20. Undertaker

Address

J. B. Eckersell Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75217

State File No.

PLACE OF DEATH

County of JeffersonCity of Rigby.

CERTIFICATE OF DEATH

Registration District No. 98Primary Registration District No. 2176

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Lockes

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.M.

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Babe

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

..... hrs. or

..... min.

000

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work.....

Babe

(b) General nature of industry,

business, or establishment in

which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

10. NAME OF FATHER

Charles Locks

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Utah

12. MAIDEN NAME OF MOTHER

Martha Johnson

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Idaho.

14.

Informant
(Address)Chas. Lockes

15.

Filing

JUN 11931

19.....

C. H. GAVIN, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb.26.31.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 2631.to Feb. 2631.that I last saw her alive on Feb. 2631.and that death occurred, on the date stated above, at 9A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Premature 5 monthsCause undetermined.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. Where was disease contracted

if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

M. R. West, M. D.3/431

(Address)

Rigby Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Rigby, Idaho.2/27/31 19

20. Undertaker

Address

W. B. Eckersell2/27/30

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75218

PLACE OF DEATH

County of JeffersonCity of RigbyRegistration District No. 98Primary Registration District No. 2176

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stanley Boyd Jones.

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos. 1

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male4. COLOR OR RACE
White5. Single. Married. Widowed.
or Divorced (write the word.)
Babe

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofBabe6. DATE OF BIRTH (month, day and year) Feb. 14, 1931

7. AGE

Years

Months

Days

1 LESS than 1 day.
..... hrs. or
10 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workBabe(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

10. NAME OF FATHER

Louis Harold Jones.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Lewisville, Idaho.

12. MAIDEN NAME OF MOTHER

Verona May Pearson.

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Idaho.

14.

Informant
(Address)Louis Harold Jones
Rigby, Idaho.

15.

Filed

JUN 1 1931

19.....

C. H. GAVIN, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 14 31, 19.....

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 14, 1931, to Feb 14, 1931that I last saw him alive on Feb 14, 1931and that death occurred, on the date stated above, at 6:20 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Prematurity (5 1/2 months
gestation)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical

(Signed)

Feb 18, 1931 (Address) Rigby, Idaho.

19. Place of Burial, Cremation, or Removal

Annis, Idaho.

Date of Burial

2/14/31 19.....

20. Undertaker

Address

Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75219

State File No.

PLACE OF DEATH

County of JeffersonCity of Suburville

CERTIFICATE OF DEATH

Registration District No. 98Primary Registration District No. 2176

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob Hegsted

(a) Residence No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) ✓

7. AGE 56 Years 9 Months 11 Days If LESS than 1 day, hrs. or min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shoe maker.(b) General nature of industry, business, or establishment in which employed (or employer) Involute

(c) Name of employer

9. BIRTHPLACE (city or town) Ogden
(State or country) Utah10. NAME OF FATHER Haris C. Hegsted11. BIRTHPLACE OF FATHER (city or town) Denmark
(State or Country)12. MAIDEN NAME OF MOTHER Mary Burghum13. BIRTHPLACE OF MOTHER (city or town) Denmark
(State or Country)14. Informant (Address) W. H. Halper
Lewisville Idaho15. JUN 1 1934 19... C. H. GAVIN, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 16 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1931, to Feb 16, 1931,
that I last saw him under a Feb 16, 1931,
and that death occurred, on the date stated above, at.....m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Indistinct ConstructionCONTRIBUTORY (Secondary) Unknown
(duration) 56 yrs. 9 mos. 11 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of noWas there an autopsy? noWhat test confirmed diagnosis? no(Signed) W. H. Halper, M. D.2-19, 1931 (Address) Suburville

19. Place of Burial, Cremation, or Removal Date of Burial

Suburville Feb. 19 1931

20. Undertaker Address

W. H. Halper Suburville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75220

State File No.

PLACE OF DEATH

County of Jefferson

CERTIFICATE OF DEATH

City of RigbyRegistration District No. 98Primary Registration District No. 2176 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. C. Whitaker.

(a) Residence No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Babe</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Babe6. DATE OF BIRTH (month, day and year) Feb. 16, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>10</u>	<u>16</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Babe

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

10. NAME OF FATHER

E. L. Whitaker.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Idaho.12. MAIDEN NAME OF MOTHER Meta Marv Cordon.13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Rigby, Idaho.

14.

Informant
(Address)Rigby, Idaho.

15.

Filed JAN 1 1931 19C. H. GAVIN, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 1 1931
(Month) (Day) (Year)

17. WHEREBY CERTIFY, That I attended deceased from

Dec 20 1930 to Jan 1 1931
that I last saw live on Jan 1 1931and that death occurred, on the date stated above, at 2p. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Tuber PneumoniaCONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

1-3 1931 (Address) Rigby

19. Place of Burial, Cremation, or Removal

Date of Burial

Rigby, Idaho.1/3/31 19

20. Undertaker

Address

Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 5 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75221

State File No.

PLACE OF DEATH
County of Jefferson
City of RigbyRegistration District No. 98Primary Registration District No. 2176

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie Thomas

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fm. 4. COLOR OR RACE white 5. Single. Married, Widowed, or Divorced (write the word.) married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug 14, 18757. AGE Years Months Days If LESS than 1 day, hrs. or min.
56 6 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Tennessee
(State or country)10. NAME OF FATHER Jasper Marton11. BIRTHPLACE OF FATHER (city or town) Not known
(State or Country)12. MAIDEN NAME OF MOTHER Hattie Marton13. BIRTHPLACE OF MOTHER (city or town) Not known
(State or County)14. Informant (Address) J. L. Thomas

15. JUN 1 1931 Filed C. H. GAVIN, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 28 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 2-20, 1931, to 2-29, 1931,
that I last saw her alive on 2-29, 1931,
and that death occurred, on the date stated above, at 10 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Broncho pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? now(Signed) C. H. Gavin, M. D.3-4, 1931 (Address) Rigby

19. Place of Burial, Cremation, or Removal Date of Burial

Lewistown, Pa 3/2 1931

20. Undertaker Address -

W. B. Bensen Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75222

PLACE OF DEATH

County of Jefferson

City of Lorenzo

CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2176

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dortny Pabst

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.)
------------------	---------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 4th 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Infant(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Lorenzo Idaho

10. NAME OF FATHER Emil John Pabst

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Illinois

12. MAIDEN NAME OF MOTHER Hilda Gallup

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Utah14. Informant Alvin Pabst
(Address) Lorenzo Idaho15. JUN 1 1931 C. H. GAVIN, M.D.
Filed Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 24, 1931, to Feb. 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 24, 1931, to Feb. 25, 1931

that I last saw him alive on Feb. 24, 1931

and that death occurred, on the date stated above, at 4 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. R. West M. D.

Feb 27, 1931 (Address) Big Lake

19. Place of Burial, Cremation, or Removal Date of Burial

Cedar Buttes Feb 28 1931

20. Undertaker Address

Vernon J. Keller Big Lake

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75223
State File No.

PLACE OF DEATH

County of Jefferson
City of Rigby

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Kenneth Gean Lowder.

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 1 mo. 1 ds.

St.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 7th 1930

7. AGE Years 0 Months 1 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Babe

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

10. NAME OF FATHER De Loyd Lowder.

11. BIRTHPLACE OF FATHER (city or town) Wyoming
(State or Country)

12. MAIDEN NAME OF MOTHER Trilba Jones.

13. BIRTHPLACE OF MOTHER (city or town) Rigby, Idaho.
(State or County)

14. Informant De Loyd Lowder.
(Address)

15. JUN 1 1931 19... C. H. GAVIN, M.D.
Filed Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931, to Jan 4 1931
that I last saw him alive on Jan 4 1931
and that death occurred, on the date stated above, at 5 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 10 ds.
CONTRIBUTORY Pertussis
(Secondary) (duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none

(Signed) C. H. Gavin, M. D.
Jan 12 1931 (Address) Rigby

19. Place of Burial, Cremation, or Removal Rigby, Idaho. Date of Burial 1/11/31 19

20. Undertaker W. B. Ebersole Address Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75224

State File No.

PLACE OF DEATH

County of JeffersonCity of Menan.

CERTIFICATE OF DEATH

Registration District No. 98Primary Registration District No. 2176

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lowell Elwood Scott.

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single. Married. Widowed,
or Divorced (write the word.)Babe

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Nov. 24, 1928

7. AGE

Years

2

Months

2

Days

12

If LESS than 1 day,

..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workBabe(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Rigby, Idaho.

10. NAME OF FATHER

Josiah Alphonso Scott.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Menan, Idaho.

12. MAIDEN NAME OF MOTHER

Emma Priest.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Taylorville, Idaho.

14.

Informant
(Address)Lorenzo, Idaho. R. 1

15.

Filed

JUN 1 1931

19.....

C. H. GAVIN, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 6, 1931

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 4, 1931, to Feb 5, 1931that I last saw him alive on Feb 5, 1931and that death occurred, on the date stated above, at 5p m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pneumonia(duration) yrs. mos. 3 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoneWhat test confirmed diagnosis? None

(Signed)

C. H. Gavin, M. D.2-9-31 (Address) Rigby

19. Place of Burial, Cremation, or Removal

Date of Burial

Annis, Idaho.2/9/31 19.....

20. Undertaker

Address

W. B. Schenck Rigby

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 75225

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of *Jefferson*
City of *Roberts*Registration District No. *98*
Primary Registration District No. *2176*
(No. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Kenneth Cope

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *Cauc* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Single*
(Write the word.)

6. DATE OF BIRTH

Feb 27 1931
(Month) (Day) (Year)

7. AGE

Yrs. *1* Mos. ds. IF LESS than 1 day
how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work. *None*
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) *Roberts Ida*

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER

(State or Country) *New Windsor, Colo*

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country) *Deer Valley Wyo*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Clarence A Cope*
(Address) *Hamer Ida*15. JUN 1 1931
Filed 19C. H. GAVIN, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 7th 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *Apr 6th 1931* to *Apr 7th 1931*
that I last saw him alive on *4/7* 1931
and that death occurred on the date stated above, at *11:30 A.M.*

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
(Duration) Yrs. mos. *2* ds.Contributory (Secondary) *Whooping Cough*
(Duration) yrs. mos. *4* ds.(Signed) *E. J. Davis* M. D.
1931 (Address) *Roberts Ida*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death? *O.K.*Former or usual residence *Hamer, Ida*19. PLACE OF BURIAL OR REMOVAL *Thomas Kinsaid Cem.* DATE OF BURIAL *Apr 10 1931*20. UNDERTAKER *Ed Turk* ADDRESS *Blackfoot Idaho*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75226**

PLACE OF DEATH
County of Jefferson
City of Grant

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 90

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Van Wesley Sargent(a) Residence. No. _____ St. Idaho Falls Rt # 2

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Sept 16, 1929

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Grant Idaho
(State or country)10. NAME OF FATHER H. C. Sargent11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Anna Jardine13. BIRTHPLACE OF MOTHER (city or town) Idaho Falls Idaho
(State or Country)14. Informant H. C. Sargent
(Address) Idaho Falls Rt # 215. Filled JUN 1 1931 C. H. GAVIN, M.D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 10 1931 to Jan 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 10 1931 to Jan 11 1931
that I last saw him alive on 11/10 1931

and that death occurred, on the date stated above, at 12-159 m.

The CAUSE OF DEATH* was as follows:

Heart failure

CONTRIBUTORY (Secondary)

Pneumonia Bronchitis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? F.D. Tucker(Signed) F.D. Tucker M. D._____, 19____ (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Grant Idaho Date of Burial Jan 12 193120. Undertaker Jack A. Wood Address Idaho Falls

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Jefferson
City of Roberts IdahoRegistration District No. 98
Primary Registration District No. 2176
(No., St.)File No. 75227
Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Jennie Jones

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

Cauc.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

widowed
(Write the word.)

6. DATE OF BIRTH

August 14 1857
(Month) (Day) (Year)

7. AGE

73 Yrs. 5 Mos. 15 ds.IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

Keeping her own house

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Iowa

10. NAME OF FATHER

J. Thomas

11. BIRTHPLACE OF FATHER

(State or Country)

West Virginia U. S.

12. MAIDEN NAME OF MOTHER

Sarah Jane Cross

13. BIRTHPLACE OF MOTHER

(State or Country)

West Virginia U. S.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

E. D. Jones
Roberts Idaho

15.

Filed

JUN 1 1931

19

C. H. GAVIN M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 29 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 1918, to Jan. 29 1931that I last saw her alive on Jan. 29 1931and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart diseaseover (Duration) 30 Yrs. mos. ds.Contributory
(Secondary)Probably Rheumatismover (Duration) 35 Yrs. mos. ds.

(Signed)

E. D. Jones M. D.Roberts Idaho (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Centerville Iowa.

DATE OF BURIAL

Feb. 4 1931

20. UNDERTAKER

Jack Hood.

ADDRESS

Idaho Falls

RECEIVED JUN 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75228

State File No.

PLACE OF DEATH

County of Jefferson

CERTIFICATE OF DEATH

City of RirieRegistration District No. 98Primary Registration District No. 2176

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Marie Wickberg.

(a) Residence. No.

St.

(Usual place of abode.)

(If non-resident give city or town and State.)

Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed.

5a. If married, widowed, or divorced

~~XXXXXXXX~~

(or) WIFE of

John Wickberg.6. DATE OF BIRTH (month, day and year) March 25, 18647. AGE Years 67 Months 1 Days 24 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sweden.
(State or country)

10. NAME OF FATHER

Lars Hedlund.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Sweden.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Sweden.

14.

Informant
(Address)Mrs. Edna Bush,
Ririe, Idaho.

15.

Filed

JUN 1 1931

, 19.....

C. H. GAVIN, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May Feb 6, 1931, to May 19, 1931
that I last saw her alive on May 19, 1931and that death occurred, on the date stated above, at 4:00 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic MyocarditisUnknown. (duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)Senility

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical

(Signed)

May 20, 1931(Address) Ririe Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Rigby, Idaho.5/

19

20. Undertaker

W. Beckersell
Rigby

RECEIVED JUN 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75229

State File No.

PLACE OF DEATH
Jefferson

County of

City of Rigby

CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2176

(No.)

Local Registrar's No. 16

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Turner Howe.

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced

HUSBAND of Margaret Kate D. Prophet.

6. DATE OF BIRTH (month, day and year) Sept. 21, 1865

7. AGE Years Months Days 65 7 17 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9. BIRTHPLACE (city or town) Utah. (State or country)

10. NAME OF FATHER Richard Howe.

11. BIRTHPLACE OF FATHER (city or town) England. (State or Country)

12. MAIDEN NAME OF MOTHER Ann Turner.

13. BIRTHPLACE OF MOTHER (city or town) England. (State or Country)

14. Informant (Address) R. H. Gavin, M.D. Rigby, Idaho. R. #3

15. JUN 1 1931, 19... C. H. GAVIN, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 8 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-15-31 to 5-8-31 that I last saw him alive on 5-8-31 and that death occurred, on the date stated above, at 9 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myocarditis Chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) R. H. Gavin, M.D.

5-20, 1931 (Address) Rigby

19. Place of Burial, Cremation, or Removal Rigby, Idaho. Date of Burial 5/11/31 19

20. Undertaker Address Rigby

RECEIVED JUN 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75230

State File No.

PLACE OF DEATH

County of JeffersonCity of Labelle.

CERTIFICATE OF DEATH

Registration District No. 98Primary Registration District No. 2176

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Anglesey

(a) Residence. No.

(Usual place of abode.)

St.

(If non-resident give city or town and State.)

Length of residence in city or town where death occurred. 44 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F. M.

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)
Widowed.

5a. If married, widowed, or divorced

~~DECEASED~~

(or) WIFE of

Robert Anglesey.6. DATE OF BIRTH (month, day and year) July 14, 1861

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.691010

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Housewife.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)England.

10. NAME OF FATHER

Thomas Bowcutt.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)England.

12. MAIDEN NAME OF MOTHER

Elizabeth Ann Powell13. BIRTHPLACE OF MOTHER (city or town)
(State or County)England.14. Informant
(Address)Ed. Anglesey

15.

Filed

JUN 1 1931

19.....

C. H. GAVIN, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May241931.

19.....

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 21, to May 31, 1931that I last saw her alive on May 22, 1931and that death occurred, on the date stated above, at 5 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chr. myocarditis and
nephritis.(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)(duration) 10 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) H. P. West, M. D.May 26, 1931 (Address) Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Annis, Idaho.5/28/31 19.....

20. Undertaker

Address

W. B. EckersallRigby

RECEIVED JUN 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75231

State File No.

PLACE OF DEATH

County of Jefferson
City of Rigby

CERTIFICATE OF DEATH

Registration District No. 98Primary Registration District No. 2176

(No.)

Local Registrar's No. 888

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucinda Amelia Fisher.

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed.

5a. If married, widowed, or divorced

~~HUSBAND~~
(or) WIFE ofJoseph C. Fisher.6. DATE OF BIRTH (month, day and year) October 3, 18527. AGE Years Months Days If LESS than 1 day, hrs. or min.
78 5 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Penn.
(State or country)10. NAME OF FATHER Oliver Cady.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)12. MAIDEN NAME OF MOTHER Phoebe Ann Campbell.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant (Address) Mrs. H. J. Peterson
Rigby, Idaho.15. JUN 1 1931 Filed C. H. GAVIN, M.D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 26 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 3-6, 1931, to 3-25, 1931
that I last saw her alive on 3-25, 1931
and that death occurred, on the date stated above, at 8:15 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myocarditis ChronicCONTRIBUTORY
(Secondary)(duration) ? yrs. ? mos. ? ds.(duration) ? yrs. ? mos. ? ds.18. Where was disease contracted Unknown
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Dr. Hays(Signed) Dr. Hays M. D.3-31, 1931 (Address) Rigby, Idaho19. Place of Burial, Cremation, or Removal Annis, Idaho. Date of Burial 3/30/31 193120. Undertaker W. B. Churchill Address Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75232

State File No.

PLACE OF DEATH

County of JeffersonCity of Rigby

CERTIFICATE OF DEATH

Registration District No. 98Primary Registration District No. 2176

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earnest Richard Bowles

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. ~~Male~~

W####

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept 23rd-1887

7. AGE

Years

Months

Days

If LESS than 1 day,

43

4

14

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Coleville
Utah

10. NAME OF FATHER

Thomas E. Bowles

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Utah

12. MAIDEN NAME OF MOTHER Louisa Bale13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

England

14.

Informant
(Address)William Thomas Bowles
Rigby R.D. 2

15.

JUN 1

1931

, 19.....

C. H. GAVIN, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 26 1931, to Oct 10 1931that I last saw him alive on Oct 10 1931and that death occurred, on the date stated above, at 10 a m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Exhaustion from
Paralysis.CONTRIBUTORY
(Secondary)Bulbar Palsy
(duration) 2 yrs.(duration) 4 yrs.18. Where was disease contracted
if not at place of death?Place of death

Did an operation precede death?

Date of no

Was there an autopsy?

no

What test confirmed diagnosis?

symptoms

(Signed)

Ernest R. Rich M.D.
Rexburg Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Mila IdahoFeb 9th 1931

20. Undertaker

Address

Wm J. KellionRexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75233
State File No.

PLACE OF DEATH
Jefferson

County of
City of **Rigby**

CERTIFICATE OF DEATH

Registration District No. **98**
Primary Registration District No. **2176**
(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Margaret McKellar Peterson.**

(a) Residence. No.

St. **Tooele, Utah.**

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. **5** mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M.	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Widowed.
------------------------	----------------------------------	--

5a. If married, widowed, or divorced

~~xxxxxx~~
HUSBAND OF
(or) WIFE of

Hans Peterson.

6. DATE OF BIRTH (month, day and year) **Jan. 31, 1856**

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housewife.**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Utah.**
(State or country)

10. NAME OF FATHER **John McKellar.**

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) **Scotland.**

12. MAIDEN NAME OF MOTHER **Margaret McIntyre.**

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) **Scotland.**

14. Informant (Address) **Mrs. Margaret Olsen, Rigby, R. #1**

15. JUN 1 1931
Filed 19..... **C. H. GAVIN, M.D.**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **May 10, 1931.**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **May 1**, 19**31**, to **May 10**, 19**31**.
that I last saw him alive on **May 9**, 19**31**.
and that death occurred, on the date stated above, atm.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

**Cerebral Hemorrhage.
Cerebrovascular disease.**

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? **no** Date of

Was there an autopsy? **no**

What test confirmed diagnosis? **no**

(Signed) **M. R. West**, M. D.

19..... (Address)

19. Place of Burial, Cremation, or Removal **Tooele, Idaho.** Date of Burial **5/14/31** 19

20. Undertaker **W. E. Beckwith** Address **Rigby**

RECEIVED JUN 5 STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75234

State File No.

PLACE OF DEATH

County of Jefferson
 City of Lewisville

CERTIFICATE OF DEATH 1930

Registration District No. 98Primary Registration District No. 2176

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Waller

(a) Residence, No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W.

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 18th - 1945

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.87917

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

England

10. NAME OF FATHER

David Bywater

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Seeds, Yorkshire England

12. MAIDEN NAME OF MOTHER

Esther Marston Bywater

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Seeds, Yorkshire England

14. Informant (Address)

Mrs. Jane Waller
Lewisville, Ida.

15.

File

JUN 1 1931

19

C. H. GAVIN, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April
(Month)5th
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 231

to

19that I last saw him alive on Apr 2 1931and that death occurred, on the date stated above, at 10 A m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral tumor large

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Smoking

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) Earl D. Jones M. D.7/5, 1931 (Address) Roberts St.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewisville Cemetery April 7th 1931

20. Undertaker

Address

Werny Keller Helburg

749

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 75235

PLACE OF DEATH

County of Jefferson
City of Lorenzo.

CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 72

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence LaVor Billman.

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Child.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Child.

6. DATE OF BIRTH (month, day and year) June 13 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>12</u>	<u>10</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho.
(State or country)

PARENTS

10. NAME OF FATHER Sidney Billman.

11. BIRTHPLACE OF FATHER (city or town) Utah.
(State or Country)

12. MAIDEN NAME OF MOTHER Millinda Ida Gough.

13. BIRTHPLACE OF MOTHER (city or town) Utah.
(State or County)

14. Informant Lorenzo, Idaho.
(Address)

15. JUN 1 1931 C. H. GAVIN, M.D.
Filed 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 13 1931, 19.....
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

No Doctor in charge. Cause of death was from complications following acute infection polymyositis. (duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) W. E. Caldwell

4-13, 1931 (Address) Bigby, Ida.

19. Place of Burial, Cremation, or Removal Ucon, Idaho. Date of Burial 4/16/31, 19.....

20. Undertaker W. E. Caldwell Address Bigby.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO MAY 28 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75236**

PLACE OF DEATH

County of

Registration District No.

City of

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give name instead of street and number.)

2. FULL NAME *Frances Adeline Forest*

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced *Widowed* (or) WIFE of *Ernie Forest*

6. DATE OF BIRTH (month, day and year) *Sept 24 1872*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Hooper* (State or country) *Wash.*

10. NAME OF FATHER *Nathan Kempton*

11. BIRTHPLACE OF FATHER (city or town) *Pema* (State or Country)

12. MAIDEN NAME OF MOTHER *Armeda Hardy*

13. BIRTHPLACE OF MOTHER (city or town) *Maine* (State or Country)

14. Informant *Ernie O Forest* (Address) *1424 Lincoln St, Itasca N.Y.*

15. Filed *5-26*, 1931 *6 L. Smothers* Registrar

16. DATE OF DEATH *Feb 21* 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Jan 6*, 1931, to *Feb 21*, 1931 that I last saw her alive on *Feb 21*, 1931 and that death occurred, on the date stated above, at *11:15* P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast secondary in lungs

(duration) *2* yrs. *4* mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *yes* Date of *1928*

Was there an autopsy? *no*

What test confirmed diagnosis? *X-ray & lab.*

(Signed) *A. A. Morrison*, M. D.

March 3 1931 (Address) *Dubu, Idaho*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Wendell Cemetery* Date of Burial *2-26 1931*

20. Undertaker *J. A. Morrison* Address *Jerome*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75237**

PLACE OF DEATH
County of Jerome
City of Eden

Registration District No.
Primary Registration District No.

Local Registrar's No. 97

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fern Lenora Spencer

(a) Residence. No. Eden St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 6 1929

7. AGE 2 Years 4 Months 25 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Eden Idaho
(State or country)

10. NAME OF FATHER Emmet Spencer

11. BIRTHPLACE OF FATHER (city or town) Okla.
(State or Country)

12. MAIDEN NAME OF MOTHER Ruby Newberry

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Emmet Spencer
(Address) Eden Idaho

15. Filed 6-5-31 1931 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ after death 19 to 19
that I last saw him alive on May 31 1931

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Drowned.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) E. D. Weaver, M. D.

_____, 19____ (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twinn Falls Date of Burial 19____

20. Undertaker P. G. Grossman Address Twinn Falls

RECEIVED JUN 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75239

State File No.

PLACE OF DEATH

County of *Kootenai*
City of *Coeur d'Alene*

CERTIFICATE OF DEATH

Registration District No. *30*
Primary Registration District No. *1050*
(No.)

Local Registrar's No. *71*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. *John Hogan* St. *Flat*

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
72 *—* *—* *—*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Farmer*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) *Russell*
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant *W.H. Smith*
(Address)

15. Filed *5-29* 1931 *W.J. Sturges*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *May* *8* 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....
that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

suicide by gun shot wound to head.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? *no*

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *no*

(Signed) *Eugene Best* M. D.
5-11-1931 (Address) *Coeur d'Alene*

19. Place of Burial, Cremation, or Removal *Forest Cemetery* Date of Burial *May 11* 1931

20. Undertaker *R.H. Mooney* Address *Idaho*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75240

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

(No. Lakeside Hospital)

Local Registrar's No. 145 a

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dessie Akley

(a) Residence. No. 5108 N Madison Spokane, Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elmer Akley

6. DATE OF BIRTH (month, day and year) June 20, 1894

7. AGE Years 37 Months 11 Days 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Montana (State or country)

10. NAME OF FATHER Wm. McC lure

11. BIRTHPLACE OF FATHER (city or town) Ill. (State or Country)

12. MAIDEN NAME OF MOTHER Rebecca Heap

13. BIRTHPLACE OF MOTHER (city or town) Ill. (State or Country)

14. Informant Elmer Akley, (Address) Spokane, Wash

15. Filed 5/29/31

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 17, 1931, to May 22, 1931
that I last saw her alive on May 22, 1931
and that death occurred, on the date stated above, at 3:30 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cesarian operation

(duration) yrs. mos. ds.
CONTRIBUTORS Labor Transverse position
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of May 17th

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) E. J. Spence M. D.

May 22, 1931 (Address) Coeur d'Alene

19. Place of Burial, Cremation, or Removal Date of Burial

Riverside Park Aug 5-25 1931

20. Undertaker Address

Haggen & Jaeger Spokane, W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75241**

PLACE OF DEATH

County of KootenaiCity of Spokane

CERTIFICATE OF DEATH

Registration District No. 45

Primary Registration District No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles William Kemp

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of Mrs. C. W. Kemp.
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept 16, 1863

7. AGE <u>67</u>	Years	Months <u>8</u>	Days <u>11</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Superintendent(b) General nature of industry business, or establishment in which employed (or employer) Panhandle Lumber Co

(c) Name of employer

9. BIRTHPLACE (city or town) Monroe
(State or country) Mich10. NAME OF FATHER Charles Kemp.11. BIRTHPLACE OF FATHER (city or town) Monroe County
(State or Country) Mich12. MAIDEN NAME OF MOTHER Diantha Calkins13. BIRTHPLACE OF MOTHER (city or town) Do not know
(State or County)14. Informant Mrs C W Kemp
(Address) Spokane Ida15. Filed Apr 30 1931 W. Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 28 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Jan 9 1931, to Apr 28 1931
that I last saw him alive on Apr 27 1931and that death occurred, on the date stated above, at 2 30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

1) Coronary thrombosis
2) Myocardial degeneration

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Hypertension & decompensation
(duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W. Schori M. D.
Apr 30 1931 (Address) Spokane Ida19. Place of Burial, Cremation, or Removal Greenwood Cemetery Sp. Lake Date of Burial Apr 30 193120. Undertaker Careddy Address Rathdrum

MARGIN RESERVED FOR PHYSICIAN

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75242

State File No.

PLACE OF DEATH

County of *Kootenai*
City of *Coeur d'Alene*

Registration District No. *30*

Primary Registration District No. *1050*

Local Registrar's No. *73*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *William Thompson*

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word.) *Widower*

5a. If married, widowed, or divorced
HUSBAND of *Lyda Thompson*
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *1858-7-1*

7. AGE Years *72* Months *10* Days *10* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Retired Laborer*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Canada.*
(State or country)

10. NAME OF FATHER *David Thompson*

11. BIRTHPLACE OF FATHER (city or town) *Scotland*
(State or Country)

12. MAIDEN NAME OF MOTHER *Margaret*

13. BIRTHPLACE OF MOTHER (city or town) *Scotland*
(State or Country)

14. Informant *Harry Thompson*
(Address)

15. Filled *5-14*, 19*31*. *W. J. Sturges*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *May 12*, 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *May 12*, 19*31*, to *May 12*, 19*31*
that I last saw him alive on *May 12*, 19*31*
and that death occurred, on the date stated above, at *4 a.m.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia complicating Myocarditis

(duration) *6* yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis? *Examination of Heart*

(Signed) *Harold J. Sturges* M. D.
5-14, 19*31* (Address) *Coeur d'Alene*

19. Place of Burial, Cremation, or Removal *Forest Cem Coeur d'Alene* Date of Burial *5-14* 19*31*

20. Undertaker *Carney Funeral Home* Address *Coeur d'Alene*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75243

State File No.

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

(No.)

Local Registrar's No. 78

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jas. E. Newell

(a) Residence No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)
yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of Sarah Ann Newell
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1858-3-10

7. AGE Years 73 Months 2 Days 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bellevue Co. Iowa
(State or country)

10. NAME OF FATHER Thomas Newell

11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)

12. MAIDEN NAME OF MOTHER Ellen Lathrop

13. BIRTHPLACE OF MOTHER (city or town) Penn.
(State or Country)

14. Informant Wm J. Newell
(Address)

15. Filed 5/21 1931 N. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 18 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to May 18, 1931
that I last saw him alive on Mar 15, 1931
and that death occurred, on the date stated above, at 1 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Ch. Myocarditis

(duration) yrs. mos. ds.
CONTRIBUTORY Articular rheumatism
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam.

(Signed) Wm J. Sturges M. D.
5-19, 1931 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal Forest Cem. Coeur d'Alene Date of Burial 5-20 1931

20. Undertaker Cassedy Funeral Home Address Idaho Falls

RECEIVED JUN 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75244

State File No.

PLACE OF DEATH

County of *Kootenai*City of *Coeur d'Alene*Registration District No. *30*Primary Registration District No. *1050*

(No.)

Local Registrar's No. *749*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Mary Ellen Harrington*

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word.) *Divorced*5a. If married, widowed, or divorced
HUSBAND of *Stephen Harrington*
(or) WIFE of6. DATE OF BIRTH (month, day and year) *1860-11-11*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
*70 6 20*8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Retired Housewife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *New Haven Township*
(State or country) *Adams Co. Wis.*10. NAME OF FATHER *Alex. Hubbard Best*

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER *Ellen C. King*13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Dont Knob*14. Informant (Address) *Mrs. Paul Best*15. Filed *6/29* 19*31* Registrar *J. Sturgeon*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *May 31* 19*31*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *May 28* 19*31*, to *May 31* 19*31*
that I last saw *her* alive on *May 31* 19*31*
and that death occurred, on the date stated above, at m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Cerebral hemorrhage*(duration) yrs. mos. *3* ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? *Home & Alene, Ida*Did an operation precede death? *no* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *Examination*(Signed) *Hamed Sturgeon* M. D.*June 2* 19*31* (Address) *Idaho*19. Place of Burial, Cremation, or Removal *Forest-em. Co Alene* Date of Burial *6-2* 19*31*20. Undertaker *Carsted Funeral Home* Address *CO Alene*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75245

State File No.

PLACE OF DEATH

County of BoolealCity of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No.)

Local Registrar's No. 45

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nels Anderson(a) Residence No. Coeur d'Alene Homes for the Aged, St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.4. COLOR OR RACE W.5. Single, Married, Widowed,
or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1864-12-3

7. AGE

Years 76Months 4Days 29If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Don't know(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) arendal Norway10. NAME OF FATHER Anders Johnson11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Oslo Norway12. MAIDEN NAME OF MOTHER Margrete Nelson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) arendal Norway

14.

Informant
(Address) C. F. Johnson
Coeur d'Alene

15.

Filed 5/29, 1931N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

M.241931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

1931, to May 24, 1931that I last saw him alive on May 18, 1931and that death occurred, on the date stated above, at 12:05 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma of intestine (probably cancer)(duration) Not known yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) N. J. Sturges1931(Address) Coeur d'Alene Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cem. Coeur d'Alene5-271931

20. Undertaker

Address

Carstedt Funeral HomeCoeur d'AleneWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75246

State File No.

PLACE OF DEATH

County of KootenaiCity of Pathtdru

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Selah May Monaghan

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word.)

Female white married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofP. A. Monaghan6. DATE OF BIRTH (month, day and year) Oct 14 - 18917. AGE Years Months Days If LESS than 1 day.
27 39 6 19 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Diamond, Mont
(State or country)

10. NAME OF FATHER

John Ernberger11. BIRTHPLACE OF FATHER (city or town) Kalkenberg
(State or Country) Bavaria Germany12. MAIDEN NAME OF MOTHER Weyzeta Eplin13. BIRTHPLACE OF MOTHER (city or town) Dallas
(State or Country) minn14. Informant Myrtle Ernberger
(Address) Pathtdru Idaho15. Filed 5/29 1931 H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 3 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Nov. 20, 1931, to May 3, 1931
that I last saw her alive on May 2, 1931
and that death occurred, on the date stated above, at 2:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pulmonary tuberculosisCONTRIBUTORY
(Secondary) about 1 yrs. mos. ds.
(duration)18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank Heng, M. D.
5/4, 1931, (Address) Pathtdru, Idaho19. Place of Burial, Cremation, or Removal Pine Grove cemetery Date of Burial 5-5 193120. Undertaker Cossely Funeral Home Address Pathtdru

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

CERTIFICATE OF DEATH

75247

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 30

County of Kootenai
City of Worley R.F.D.

Primary Registration District No. 1050

(No. _____, _____ St.)

File No. _____

Registered No. 74

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Katherine Quigley

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Widowed
(Write the word.)

6. DATE OF BIRTH

Oct 28 1842
(Month) (Day) (Year)

7. AGE

88 Yrs. 6 Mos. 10 ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).Housewife

9. BIRTHPLACE

(State or Country)

Brown Co. Ind.

10. NAME OF FATHER

Reidish

11. BIRTHPLACE OF FATHER

(State or Country)

Ind.

12. MAIDEN NAME OF MOTHER

Gould

13. BIRTHPLACE OF MOTHER

(State or Country)

Ind., Holland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. H. B. Smith(Address) Worley, Ida. R.F.D.

15.

Filed 5/29 1931N. J. Sturges
Local Registrar

16. DATE OF DEATH

May 16th 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from May 7th 1931, to May 16th 1931, that I last saw him alive on May 16th 3 P.M. 1931, and that death occurred on the date stated above, at 9:10 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Infarction

(Duration) Yrs. mos. ds.

Contributory (Secondary) Angine

(Duration) yrs. mos. ds.

(Signed) J. F. Harrington M. D.5/17/1931 (Address) Worley, Idaho

*State the Disease Causing Death; or in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Opportunity

DATE OF BURIAL

May 19, 1931

20. UNDERTAKER

H. J. Sturges

ADDRESS

Plummer

MARGIN RESERVED FOR BINDING

WRITE-PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75248

State File No.

PLACE OF DEATH

County of Rootenai
City of Rathdrum

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050Local Registrar's No. 79

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leona Edith Woolery

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Simon C. Woolery6. DATE OF BIRTH (month, day and year) Jan. 1 - 19007. AGE Years 31 Months 4 Days 7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Lunn Co. Wis10. NAME OF FATHER James H. Powell11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lincoln Co. Mo.12. MAIDEN NAME OF MOTHER Ella Dillard13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Cathoun Co. Ill.14. Informant Simon C. Woolery
(Address) Rathdrum15. Filed 5/29 1931 N. J. Stinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 7 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 23 1931, to May 7 1931
that I last saw her alive on May 7 1931
and that death occurred, on the date stated above, at 6:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Hemorrhagic Mucosa(duration) yrs. mos. 7 ds.
CONTRIBUTORY Epidemic Influenza
(Secondary)(duration) yrs. mos. 7 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Frank Morgan(Signed) 5/8 1931 (Address) Rathdrum, Idaho19. Place of Burial, Cremation, or Removal Pine Grove Cemetery Date of Burial 5-9 193120. Undertaker Cossett Funeral Home Address Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 6 1931

FORM V. S. No. 5-A-25 M. 1-19.

1. PLACE OF DEATH

County of *Idaho*City of *Genesee*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Infant Esser

CERTIFICATE OF DEATH

Registration District No. *62*Primary Registration District No. *2142*

(No. _____ St.)

75252

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. _____

Registered No. *6*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

single
(Write the word.)

6. DATE OF BIRTH

May
(Month)*1*
(Day)*1931*
(Year)

7. AGE

3
Yrs. Mos. ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

none

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country)

Genesee

10. NAME OF FATHER

Lloyd Esser

11. BIRTHPLACE OF FATHER

(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Hornie Hollingsworth

13. BIRTHPLACE OF MOTHER

(State or Country)

Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. Esser

(Address)

Genesee

15.

Filed

*May 4**1931**W. H. Ehler*

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May
(Month)*3*
(Day)*1931*
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 1 19*31*, to *May 3* 19*31*that I last saw him alive on *May 3* 19*31*and that death occurred on the date stated above, at *2 P.* M.

The CAUSE OF DEATH* was as follows:

*Birth injury**Birth injury*

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

E. H. Field M. D.*5-6-1931* (Address) *Genesee*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Genesee

DATE OF BURIAL

May 4, 1931

20. UNDERTAKER

Father

ADDRESS

*Genesee*WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75253

State File No.

PLACE OF DEATH

County of Latah

City of Kendrick

Registration District No. 5x 63

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charlotte Annie Humphrey

(a) Residence. No. Kendrick, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. O. Humphrey

6. DATE OF BIRTH (month, day and year) Sept 12, 1854

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 76 8 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wisconsin (State or country)

10. NAME OF FATHER

---- Baxter

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

unknown

14. Informant R. E. Humphrey

(Address)

Kendrick

15. Filed May 2, 19 31

B. G. Nabit
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 1, 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15, 19 31 to May 1, 19 31

that I last saw her alive on May 1, 19 31

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

CONTRIBUTORY (Secondary)

(duration), 3 mos. ds. Chronic bronchitis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Oliver J. Morehead M. D. 5-2-, 19 31 (Address) Kendrick, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kendrick

5/3 19 31

20. Undertaker

Address

John J. Peckard

Troy, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAY 22 1931

DO NOT WRITE IN THIS SPACE

75254

State File No.

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 18

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia B. Nordby

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 20, 1862

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
68 4 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bustrie Valley, Wis. (State or country)

PARENTS

10. NAME OF FATHER Ole Severson

11. BIRTHPLACE OF FATHER (city or town) Norway (State or Country)

12. MAIDEN NAME OF MOTHER Mary Strand Norway

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant J. E. Nordby

(Address) Moscow, Idaho

15. Filed 5-20-31 John Linhorst Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. 3, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1931, to Apr 3, 1931

that I last saw her alive on Apr 3, 1931

and that death occurred, on the date stated above, at 7:45 P. m.

The CAUSE OF DEATH* was as follows:

Gangrenous. aft foot.

(duration) yrs. mos. ds. 20
CONTRIBUTORY Ch. Myocarditis
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical only

(Signed) J. E. Nordby, M. D.

Apr. 4, 1931 (Address) Moscow, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Genesee Valley Church Apr. 6, 1931

20. Undertaker Address

H. H. Short Moscow

CERTIFICATE OF DEATH

RECEIVED JUN 1 1931
 State of Idaho
 BOARD OF HEALTH
 Bureau of Vital Statistics
 File No. **75255**
 Registered No. _____

1. PLACE OF DEATH

County of Latah
 City of Boriville

Registration District No. 66
 Primary Registration District No. 2148
 (No. _____, St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Marion Doxie O'Keefe

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED
Married
 (Write the word.)

6. DATE OF BIRTH

Nov - 23 1850
 (Month) (Day) (Year)

7. AGE

80 Yrs. 2 Mos. 21 ds.

IF LESS than 1 day
 how many _____ hrs.
 or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
 (b) General nature of industry, business or establishment in which employed (or employer).

Housewife

9. BIRTHPLACE

(State or Country)

Des Moines, Iowa

10. NAME OF FATHER

Doxie

11. BIRTHPLACE OF FATHER

(State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER

(State or Country)

Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15.

Filed Feb. 18 1931

E. B. Hatcher
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 14 1931
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1931, to Feb. 14 1931 that I last saw him alive on Feb. 13 1931, and that death occurred on the date stated above, at 3:00 AM.

The CAUSE OF DEATH* was as follows:

Chronic nephritis with Edema

(Duration) 6 Yrs. _____ mos. _____ ds.

Contributory (Secondary)

Myocarditis

(Duration) 4 yrs. _____ mos. _____ ds.

(Signed)

F. W. Porro

M. D.

2/14/1931 (Address) Boriville, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Boriville, Idaho

DATE OF BURIAL

2/16 1931

20. UNDERTAKER

E. M. Brown

ADDRESS

Palouse, Id.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75256

State File No.

PLACE OF DEATH

County of **Latah**City of **Moscow**

CERTIFICATE OF DEATH

Registration District No. **61**Primary Registration District No. **1011**Local Registrar's No. **22**

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Joseph Sharp**

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. **20** yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single. Married. Widowed,
or Divorced (write the word.)**Married**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of**Esther E. Sharp**6. DATE OF BIRTH (month, day and year) **Mar. 15, 1860**

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.**71****2****14**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**Farmer**(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Tennessee**
(State or country)

10. NAME OF FATHER

Dillon Sharp11. BIRTHPLACE OF FATHER (city or town) **Tennessee**
(State or Country)12. MAIDEN NAME OF MOTHER **Nancy Janeway**13. BIRTHPLACE OF MOTHER (city or town) **Tennessee**
(State or County)

14.

Informant
(Address)**Esther E. Sharp**

15.

Filed **6-12**, 19**31**

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May**29****31**

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

1929, 19, to **May 29**, 19**31**that I last saw him alive on **May 29**, 19**31**and that death occurred, on the date stated above, at **11:40 p.m.***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Angina Pectoris 3 days
Chronic Myocarditis
Cerebral softening.**(duration) **2 yrs.** mos. ds.CONTRIBUTORY
(Secondary)**Cerebral Hemorrhage**(duration) **2** yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? **No** Date ofWas there an autopsy? **No**What test confirmed diagnosis? **Microscopic**(Signed) **J. R. Short**, M. D.**5/30**, 19**31** (Address)

19. Place of Burial, Cremation, or Removal

Moscow

Date of Burial

May 31 19**31**

20. Undertaker

Address

Moscow

RECEIVED JUN 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75257

State File No.

PLACE OF DEATH

County of LatahCity of GeneseeRegistration District No. 62Primary Registration District No. 2642Local Registrar's No. 48(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. 6 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Mrs. Mary Beckman
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 1 - 1879.

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.511021

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Self9. BIRTHPLACE (city or town) (State or country) Bad Axe Mich

10. NAME OF FATHER

August Beckman

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Canada

12. MAIDEN NAME OF MOTHER

Eliza A. Dillborn

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Germany

14. Informant

(Address)

D. R. Beckman
Route 2 Lewisville Ida

15. Filed

May 25, 1931E. H. Field
W. H. Ehlen

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 20, 1931, to May 22, 1931that I last saw him alive on May 21, 1931and that death occurred, on the date stated above, at 11:45 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
vascular hypertension2 to 3 yrs
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

at homeDid an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) E. H. Field, M. D.May 22, 1931 (Address) Genesee Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Old Fellows Cemetery May 25 - 1931

20. Undertaker

Address

Brown & Hann Genesee Ida
Brown & Hann Co. Elm Grove

RECEIVED JUN 16 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75258

State File No.

PLACE OF DEATH

County of LatahCity of MoscowRegistration District No. 61Primary Registration District No. 1011Local Registrar's No. 25

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine E. Alexander

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of E. E. Alexander
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 1, 18627. AGE Years 69 Months 4 Days 11 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wilhiem
(State or country) Germany10. NAME OF FATHER Not known11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)12. MAIDEN NAME OF MOTHER Not known13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)14. Informant Mrs. J. F. Stewart(Address) Moscow, Ida.15. Filed 6-12, 1931 J. Laufhorst
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 12, 1931

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 11, 1931, to May 12, 1931
that I last saw her alive on May 12, 1931
and that death occurred, on the date stated above, at 12:00 A.M.

The CAUSE OF DEATH* was as follows:

Acute myocarditis1 hr. (duration) _____ yrs. mos. ds.CONTRIBUTORY Chronic myocarditis
(Secondary) Acute infarction
(duration) 7 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis Clinical only.(Signed) J. Laufhorst, M. D.
5/13/31, 19____ (Address) Moscow

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Iron Mountain, Mich.5 1931

20. Undertaker

H. R. Short Address Moscow

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 16 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75259

State File No.

PLACE OF DEATH

County of LatahCity of Moscow

CERTIFICATE OF DEATH

Registration District No. 61Primary Registration District No. 1011Local Registrar's No. 24

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjamin Edmand Draper

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Single
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept. 19, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. **Farmer**(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Canada
(State or country)

10. NAME OF FATHER

Benjamin Draper11. BIRTHPLACE OF FATHER (city or town)
(State or Country)**England**12. MAIDEN NAME OF MOTHER **Elizabeth Cornwell**13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)**Mich.**14. Informant Mrs. A. J. Draper
(Address) Moscow, Ida.15. File 6-12 1931Registrar. Harry Emberson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 8, 1931

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 7, 1931, to May 8, 1931that I last saw him alive on May 7, 1931and that death occurred, on the date stated above, at 11:22 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

MyocarditisHypostatic pneumonia(duration) yrs. mos. 10 ds.CONTRIBUTORY Acute La Grippe
(Secondary)(duration) yrs. mos. 10 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical finding only

(Signed)

May 9, 1931

....., M. D.

(Address) Moscow, Idaho

19. Place of Burial, Cremation, or Removal

Moscow, Ida.

Date of Burial

May 9, 1931

20. Undertaker

Address

Moscow, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>	City of <u>Pollatch</u>	Registration District No. <u>65</u>		State File No. <u>75260</u>	
		Primary Registration District No. <u>2145</u>		Local Registrar's No. _____	
		(No. <u>Pollatch Hospital</u>)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mike M. Nalsk</u>					
(a) Residence. No. _____ St. <u>Bovill Ida.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. <u>3</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Not Known</u>					
6. DATE OF BIRTH (month, day, and year) <u>Not Known</u>					
7. AGE	Years <u>83</u>	Months	Days	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Heated Sand for Engine</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) <u>Dec 1929</u>				
	11. Total time (years) spent in this occupation <u>10</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Ida</u>					
MOTHER FATHER	13. NAME <u>Not Known</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Not Known</u>				
	15. MAIDEN NAME <u>Not Known</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Not Known</u>				
17. INFORMANT (Address) <u>Father Holley Pollatch</u>					
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date <u>May 25</u> 1931					
19. UNDERTAKER (Address) <u>D. D. Kumball Palouse Wash</u>					
20. FILED <u>May 24</u> 1931 <u>J. W. Thompson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 22</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 19</u> 1931, to <u>May 22</u> 1931.					
I last saw him alive on <u>May 22</u> 1931; death is said to have occurred on the date stated above, at <u>9 A.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Chronic myocarditis</u>					Date of onset <u>1921</u>
Other contributory causes of importance:					
<u>Arterio-sclerous</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> . If so, specify _____					
(Signed) <u>J. W. Thompson</u> , M. D.					
(Address) <u>Pollatch</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		CERTIFICATE OF DEATH		State File No. <u>75261</u>	
City of <u>New Pottatch</u>		Registration District No.		Local Registrar's No.	
		Primary Registration District No.			
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Hans H Nordby</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. <u>30</u> mos. ds. How long in U. S., if of foreign birth? <u>35</u> yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Mathilda Nordby</u>					
6. DATE OF BIRTH (month, day, and year) <u>Feb 18-1853</u>					
7. AGE	Years <u>78</u>	Months <u>2</u>	Days <u>17</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) <u>Dec 1921</u>				
MOTHER	11. Total time (years) spent in this occupation <u>50</u>				
	12. BIRTHPLACE (city or town) (State or country) <u>Norway</u>				
	13. NAME <u>Hans Nordby</u>				
FATHER	14. BIRTHPLACE (city or town) (State or country) <u>Norway</u>				
	15. MAIDEN NAME				
	16. BIRTHPLACE (city or town) (State or country)				
17. INFORMANT (Address) <u>C. C. Mathison</u> <u>Viola Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Palouse</u> Date <u>5-7, 1931</u>					
19. UNDERTAKER (Address) <u>D. D. Reinball</u> <u>Palouse Wash</u>					
20. FILED <u>May 10, 1931</u> <u>D. G. Thompson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 5, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 5, 1930</u> to <u>May 5, 1931</u>					
I last saw <u>him</u> alive on <u>Sept 5, 1930</u> ; death is said to have occurred on the date stated above, at <u>6:30 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Central Hemorrhage</u>					
Other contributory causes of importance:					
<u>Hypertension</u>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>F. C. Gibson</u> , M. D.					
(Address) <u>Pottatch</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JUN 5 1931	
PLACE OF DEATH County of <u>Latah</u> City of <u>3 miles E Harvard</u>		DO NOT WRITE IN THIS SPACE State File No. <u>75262</u>	
CERTIFICATE OF DEATH Registration District No. <u>6-5</u> Primary Registration District No. <u>2145</u>		Local Registrar's No. _____	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Anna Shallof</u>			
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred <u>31</u> yrs. mos. ds. How long in U. S., if of foreign birth? <u>70</u> yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced (or) <u>Widow of John Shallof</u>			
6. DATE OF BIRTH (month, day, and year) <u>Aug 22-1842</u>			
7. AGE <u>88</u>	Years <u>8</u>	Months <u>8</u>	Days <u>15</u> If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Germany</u>			
13. NAME <u>Godfrey Young</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>			
15. MAIDEN NAME <u>Mary Haulet</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>			
17. INFORMANT (Address) <u>Lillian Pankov</u> <u>Princeton Ida</u>			
18. BURIAL, CREMATION OR REMOVAL Place <u>Linden Hill Cemetery</u> Date <u>5-9</u> , 1931			
19. UNDERTAKER (Address) <u>D. S. Kimball</u> <u>Palouse Wash</u>			
20. FILED <u>May 8th</u> , 1931 <u>D. J. Thompson</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>May 7th</u> , 1931			
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.			
I last saw him alive on <u>Dec.</u> , 1931; death is said to have occurred on the date stated above, at <u>1230 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>died in coma. probably</u> <u>Cerebral hemorrhage</u>			
Other contributory causes of importance: <u>Senility</u>			
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify _____ (Signed) <u>J. H. Thompson</u> M. D. (Address) <u>Boylston 24th</u>			

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75263	
County of <u>Latah</u>		City of <u>Near Potlatch</u>		State File No.	
Registration District No. <u>65</u>		Primary Registration District No. <u>2145</u>		Local Registrar's No.	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Arlena Florence Greer</u>					
(a) Residence. No. <u>East Cove District</u> St. (Usual place of abode)					
Length of residence in city or town where death occurred <u>31</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Emerson Rosco Greer</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 26 . 1878</u>					
7. AGE <u>52</u>	Years <u>9</u>	Months <u>1</u>	Days <u>1</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>			
		10. Date deceased last worked at this occupation (month and year)			
		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Mo.</u>					
MOTHER		13. NAME <u>Daniel Berry</u>			
		14. BIRTHPLACE (city or town) (State or country) <u>Illinois</u>			
		15. MAIDEN NAME <u>White</u>			
		16. BIRTHPLACE (city or town) (State or country) <u>Not known</u>			
FATHER		17. INFORMANT <u>E.R. Greer</u> (Address) <u>Viola Wash.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Palouse Wash.</u> Date <u>5-30</u> , 1931					
19. UNDERTAKER <u>D.D. Kimball</u> (Address) <u>Palouse Wash.</u>					
20. FILED <u>May 28</u> , 1931 <u>J.W. Thompson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 27</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 22</u> , 1931, to <u>May 27</u> , 1931					
I last saw <u>her</u> alive on <u>May 26</u> , 1931; death is said to have occurred on the date stated above, at <u>630 P.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Apoplexy</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify					
(Signed) <u>J.W. Thompson</u> , M.D. (Address) <u>Potlatch</u> <u>Idaho</u>					

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
75264
State File No.

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011

Local Registrar's No. 21

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Mark Horine

(a) Residence. No. Viola St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Jennie Horine
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 11, 1863

7. AGE Years Months Days If LESS than 1 day,
67 4 18 _____ hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lacrosse, Wisconsin
(State or country)

10. NAME OF FATHER James Horine

11. BIRTHPLACE OF FATHER (city or town) New York
(State or Country)

12. MAIDEN NAME OF MOTHER Rachel Davis

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant Ray Horine
(Address) Tekoa, Wn. R.F.D.

15. Filed 5-20, 1931
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. 29, 1931

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 9th, 1930, to April 29, 1931
that I last saw him alive on April 29, 1931
and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Cancer of prostate gland in
volving rectum & practically
whole pelvic cavity
Several (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? NI Date of

Was there an autopsy? NI

What test confirmed diagnosis? Clinical & X-ray

(Signed) J. M. Leitch, M. D.

April 30, 1931 (Address) Moscow Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Palouse, Wn. Date of Burial May 1, 1931

20. Undertaker H. R. Short Address Moscow

MASSACHUSETTS RECEIVED FOR BIRTH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 16 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75265**

PLACE OF DEATH
County of **Latah**
City of **Moscow**

Registration District No.
Primary Registration District No. **1011**

Local Registrar's No. **23**

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Harriet M. Madsen**

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. **52** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Widowed**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Jan. 12, 1854**

7. AGE Years **77** Months **4** Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **At Home.**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Eugene, Oregon**
(State or country)

10. NAME OF FATHER **Ira Lyons**

11. BIRTHPLACE OF FATHER (city or town) **Penn.**
(State or Country)

12. MAIDEN NAME OF MOTHER **Sarah Nickalson**

13. BIRTHPLACE OF MOTHER (city or town) **England**
(State or Country)

14. Informant **Leslie Lyons**
(Address) **Moscow, Ida.**

15. Filed **6/2** **31** **Harry Embrose**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **May 12, 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **May**, 19**25**, to **May 12**, 19**31**
that I last saw her alive on **May 12**, 19**31**
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left breast.

(duration) yrs. mos. ds.

CONTRIBUTORY **Myocarditis**
(Secondary) **Pulmonary, agitated.**
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **Harry Embrose**, M. D.
May 14, 19**31** (Address) **Moscow, Ida.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Genesee Valley Church** Date of Burial **May 15** 19**31**
20. Undertaker **H. R. Short** Address **Moscow, Ida.**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JUN 5 1931	
PLACE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Blaine</u>		75266	
City of <u>Conaway</u>		State File No. _____	
Registration District No. <u>63</u>		Local Registrar's No. _____	
Primary Registration District No. <u>2145</u>			
(No. _____) (If death occurred in a hospital or institution give its name instead of street and number.)			
2. FULL NAME <u>Charles Raymond Almstead</u>			
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. <u>5</u> mos. _____		ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Nov 7 - 1930</u>			
7. AGE Years _____ Months <u>5</u> Days <u>28</u> If LESS than 1 day, _____ hrs. _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
	10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) (State or country) <u>Palouse Wash</u>			
FATHER	13. NAME <u>Ralph Almstead</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Schuette Wash</u>		
	15. MAIDEN NAME <u>Hazel Young</u>		
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Madison S. D.</u>		
	17. INFORMANT (Address) <u>Fay Almstead Palouse Ida.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Palouse Wash</u> Date <u>5-6</u> , 1931			
19. UNDERTAKER <u>D. D. Kimball</u> (Address) <u>Palouse Wash.</u>			
20. FILED <u>May 7</u> , 1931 <u>D. J. Thompson</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>May 5</u> , 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>May 1</u> , 1931, to <u>May 5</u> , 1931.			
I last saw him live on <u>May 5</u> , 1931; death is said to have occurred on the date stated above, at <u>10:50 a. m.</u>			
The principal cause of death and related causes of importance were as follows:			
<u>Empyema</u>			Date of onset <u>April 28 - 1931</u>
Other contributory causes of importance: <u>Infancy</u>			
Name of operation _____		Date of _____	
What test confirmed diagnosis? _____		Was there an autopsy? _____	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____			
If so, specify _____			
(Signed) <u>F. C. Johnson</u>		M. D.	
(Address) <u>Palouse Idaho</u>			

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		State File No. 75267	
BUREAU OF VITAL STATISTICS		Local Registrar's No. 89	
CERTIFICATE OF DEATH			
PLACE OF DEATH			
County of Jews	Registration District No. 50		
City of Craigmont	Primary Registration District No. 2129		
(No. _____)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME Henry W. Fricke			
(a) Residence. No. _____ St. _____			
(If nonresident give city or town and State)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Single	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day and year) Dec 9 1870			
7. AGE 60 Years	6 Months	7 Days	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work Section Foreman			
(b) General nature of industry, business, or establishment in which employed (or employer) Ames Prairie Ry Co			
(c) Name of employer _____			
9. BIRTHPLACE (city or town) (State or country) Germany			
10. NAME OF FATHER William Fricke			
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany			
12. MAIDEN NAME OF MOTHER Beate Fricke			
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany			
14. Informant Fred W. Fricke			
(Address) Hanover Mont			
15. Filed 6/16 , 19 31 R. G. Duvell Registrar			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH May 16 19 31 (Month) (Day) (Year)			
17. I HEREBY CERTIFY, That I attended deceased from May 16 19 31 to May 16 19 31 that I last saw him live on May 16 19 31 and that death occurred, on the date stated above, at 10:40 A.M.			
The CAUSE OF DEATH* was as follows: Angina Pectoris (instant death) (duration) yrs. mos. d			
CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. d			
18. Where was disease contracted if not at place of death? _____			
Did an operation precede death? no Date of _____			
Was there an autopsy? no			
What test confirmed diagnosis? no (Signed) R. G. Duvell M. I. 6/16 , 19 31 (Address) Craigmont Ida			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLEN CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
19. Place of Burial, Cremation, or Removal I.O.O.F. Cemetery		Date of Burial 5/20/31	
20. Undertaker Craigmont Ida		Address Craigmont Ida	

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75268

State File No.

PLACE OF DEATH

County of Lincoln

City of Shoshone

Registration District No.

Primary Registration District No.

Local Registrar's No. 11

(No. Burdett Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Thomas James Stanger

(a) Residence. No.

St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

✓

6. DATE OF BIRTH (month, day and year)

April 23-1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

✓

(b) General nature of industry, business, or establishment in which employed (or employer)

✓

(c) Name of employer

✓

9. BIRTHPLACE (city or town)

Shoshone Ida

(State or country)

10. NAME OF FATHER

Merley Stanger

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Utah

12. MAIDEN NAME OF MOTHER

Estella Flavel

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Utah

14. Informant

Merley Stanger

(Address)

15. Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 23, 1931, to April 25, 1931

that I last saw him alive on April 25, 1931

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

premature 7 1/2

(duration) yrs. mos. 2 ds.

CONTRIBUTORY

(Secondary)

Eclampsia (maternal)

(duration) yrs. mos. 7 ds.

18. Where was disease contracted

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys Exam

(Signed) T. E. Barrett, M. D.

4/25, 1931 (Address) Shoshone Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Shoshone Ida April 25-1931

20. Undertaker

Address

W. E. Hinkley Shoshone Ida

SA PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE RECEIVED

JUN 11 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75269

State File No.

Local Registrar's No. 14

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No. 1016

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosana Murphy

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

16. DATE OF DEATH March 11 1931
(Month) (Day) (Year)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C E Murphy

17. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1931, to Mar 11, 1931 that I last saw her alive on Mar 11, 1931 and that death occurred, on the date stated above, at 3 0 m.

6. DATE OF BIRTH (month, day and year) Dec 12 1904
7. AGE Years 26 Months 3 Days 29 If LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

Syphilis poisoning
suicidal
(duration) _____ yrs. _____ mos. 1 ds.

9. BIRTHPLACE (city or town) Trinidad Colo
(State or country)

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

10. NAME OF FATHER F A Garcia

18. Where was disease contracted if not at place of death? _____

11. BIRTHPLACE OF FATHER (city or town) New Mexico
(State or Country)

Did an operation precede death? no Date of _____

12. MAIDEN NAME OF MOTHER Facunda Dragon

Was there an autopsy? no

13. BIRTHPLACE OF MOTHER (city or town) Trinidad Colo
(State or Country)

What test confirmed diagnosis? Phys Exam

(Signed) T. E. J. B. B. B., M. D.

14. Informant C E Murphy
(Address) _____

4/11, 1931 (Address) Shoshone Ida

15. Apr 12, 1931 J. L. Fuller
Registrar

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Shoshone Ida Date of Burial April 12 1931

20. Undertaker E. E. Hickok Address Shoshone Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DECEASED JUN 11 1931	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE			
BUREAU OF VITAL STATISTICS		State File No. 75270			
County of <u>Lincoln</u>		Registration District No. <u>16</u>		Local Registrar's No. <u>15</u>	
City of <u>Shoshone</u>		Primary Registration District No. <u>1016</u>			
(No. <u>Burdett Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Joe Gillmore</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Unknown</u>					
7. AGE <u>74</u>	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Care Taker</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>around construction camp</u>				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Canada</u>					
FATHER	13. NAME _____				
	14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>				
	15. MAIDEN NAME _____				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>				
	17. INFORMANT <u>H E Cornell</u> (Address) <u>Boise Idaho</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Shoshone</u> Date <u>6-10, 1931</u>				
19. UNDERTAKER <u>B E Higdon</u> (Address) <u>Shoshone Idaho</u>					
20. FILED <u>6-9</u> , 1931 _____ Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 8, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 15, 1931</u> to <u>June 8, 1931</u>					
I last saw him live on <u>June 8, 1931</u> ; death is said to have occurred on the date stated above, at <u>6 A. M.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u>					
Other contributory causes of importance: <u>Ch. Myocardial</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Ch. X</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>F. E. Burdett</u> , M. D.					
(Address) <u>Shoshone Idaho</u>					

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75272**

PLACE OF DEATH

County of Lincoln
City of Shoshone

Registration District No.
Primary Registration District No.

Local Registrar's No. 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Marsh

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 30-1861

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
70 1 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Massouri
(State or country)

10. NAME OF FATHER Abraham Marsh

11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)

12. MAIDEN NAME OF MOTHER Lucinda Etheridge

13. BIRTHPLACE OF MOTHER (city or town) Tenn.
(State or Country)

14. Informant Wm Marsh
(Address) 416 S 13th St Boise

15. Filed May 31 1931 J L Fuller Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That attendant deceased from War Found dead at
that I last saw live on May 5, 1931
and that death occurred on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:
Probable Myocarditis
Arterio-Sclerosis
Emphysema
(duration) yrs. mos. ds.

CONTRIBUTORY Willing to justify
(Secondary) autopsy or coroner's inquest
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? By Exam

(Signed) T. E. Barrett, M. D.
5/5, 1931 (Address) Shoshone Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Boise Id Date of Burial 19

20. Undertaker C E Hickok Address Shoshone Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75273**

PLACE OF DEATH

County of Lincoln
City of Shoshone

Registration District No.

Primary Registration District No. Burdett Hospital
(No. Burdett Hospital)

Local Registrar's No. 10

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mark Z Moody

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah Moody

6. DATE OF BIRTH (month, day and year) Sept 20 1861

7. AGE Years 69 Months 7 Days 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Sheep
(c) Name of employer Gooding & Smith

9. BIRTHPLACE (city or town) Texas
(State or country)

10. NAME OF FATHER Geo Moody

11. BIRTHPLACE OF FATHER (city or town) unknown
(State or Country)

12. MAIDEN NAME OF MOTHER ✓

13. BIRTHPLACE OF MOTHER (city or town) ✓
(State or Country)

14. Informant Mrs Hannah Moody
(Address)

15. Filed 1931

Weller
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1931, to April 21, 1931, that I last saw him alive on April 21, 1931, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Solar Encephalitis

(duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary) injury

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys Exam

(Signed) T. E. Burdett, M. D.

4/23, 1931 (Address) Shoshone Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Shoshone Ida April 24 1931

20. Undertaker Address

BE Hickok Shoshone Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75274

State File No.

PLACE OF DEATH

County of Lincoln
City of Shoshone

Registration District No. 10/16

Primary Registration District No.

Local Registrar's No. 9

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Nelson

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., (If nonresident give city or town and State) yrs. mos. ds. If of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 27 1905

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
25 5 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer (Farm)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer D J Jones

9. BIRTHPLACE (city or town) (State or country) Sweden

10. NAME OF FATHER Nelson Anderson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Anna Hendrixon

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden

14. Informant D A Olsen
(Address) Payson Idaho

15. File 11 to 31 J H Fuller
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 17 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 11, 1931, to April 17, 1931
that I last saw him alive on April 17, 1931
and that death occurred, on the date stated above, at 7.30 P. M.

The CAUSE OF DEATH* was as follows:

Post-operative Peritonitis

(duration) yrs. mos. ds. 6

CONTRIBUTORY (Secondary) Gangrenous

(duration) yrs. mos. ds. 7

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 4/11/31

Was there an autopsy? no

What test confirmed diagnosis? Phys Exam & Operation

(Signed) T. E. Darruth M. D.

4/18, 1931 (Address) Shoshone Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Shoshone Idaho April 19 1931

20. Undertaker Address

Shoshone Pickok Shoshone Idaho

RECEIVED JUN 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75275

PLACE OF DEATH

County of MadisonCity of Rathfriland

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2176

(No.)

Local Registrar's No. 21

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Alma Moulton(a) Residence. No. Victor Idaho St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mr. 4. COLOR OR RACE white 5. Single. Married, Widow'd, or Divorced (write the word.) widowed5a. If married, widowed, or divorced
HUSBAND of Rhoda Francis Moulton
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 6/18567. AGE Years 75 Months 7 Days 7 If LESS than 1 day, hrs. or min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) England
(State or country)10. NAME OF FATHER Thomas Moulton11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER Elizabeth Denton13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant (Address) John Moulton
Grouant, Wyoming15. Filed 78 1931 Registrar W. E. Young

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 5 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 3, 1931, to April 5, 1931,
that I last saw him alive on April 5, 1931,
and that death occurred, on the date stated above, at.....m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:(1) Cerebral Haemorrhage
(2) Hypertension
(3) Arterio-sclerosis
(4) Old age (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. B. King, M. D.April 5, 1931 (Address)19. Place of Burial, Cremation, or Removal Victor Cemetery Date of Burial 5/8 193120. Undertaker Russell F. Johnson Address RathfrilandWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75276

State File No.

PLACE OF DEATH

County of MadisonCity of Rexting Idaho

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 21/5

(No.)

Local Registrar's No. 22

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Harman

(a) Residence No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Not Known7. AGE Years Months Days If LESS than 1 day.
66 - - hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarming(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Id
(State or country)10. NAME OF FATHER Not Known11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Not Known12. MAIDEN NAME OF MOTHER Not Known13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Not Known14. Informant Doc Grizzle
(Address) Rexting Idaho #315. Filed 5/27 1931 Raymond
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 27 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
April 10 1931 to May 27 1931
that I last saw him alive on May 27 1931and that death occurred, on the date stated above, at 6:15 p. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cancer Stomach
Secondary
Liver, Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. B. Ryberg, M. D.
May 27 1931 (Address) Rexting

19. Place of Burial, Cremation, or Removal Date of Burial

St. Anthony May 29 1931

20. Undertaker Address

W. M. Hansen St. AnthonyWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75277

State File No.

PLACE OF DEATH

County of Minidoka
City of Rupert

CERTIFICATE OF DEATH

Registration District No. 17
Primary Registration District No. 2010
(No.)

Local Registrar's No. 26

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis D. Lanck

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJuly 101872

6. DATE OF BIRTH (month, day and year)

7. AGE 59 Years 3 Months 5 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Cassington
Missouri

10. NAME OF FATHER

Francis D. Lanck

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Ohio

12. MAIDEN NAME OF MOTHER

Martha A. Ruark

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Ill.

14.

Informant
(Address)Permelia J. Miller
3715 Brooklyn Kansas City

15.

Filed

6/31931E. B. Moore
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April151931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Suicidal with
poison

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

J. B. Kenney, M. D.June 3, 1931 (Address) Rupert, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Rupert CemeteryApr 20 1931

20. Undertaker

Address

W. A. Goodman Rupert, Ida.

STATE OF IDAHO *FR*

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75279

State File No.

PLACE OF DEATH

County of *Minidoka*City of *Rupert*Registration District No. *19*Primary Registration District No. *8015*Local Registrar's No. *33*

(No.)

(If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME *Rachel West*

(a) Residence, No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*4. COLOR OR RACE *White*5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Mar 3 1858*

6. DATE OF BIRTH (month, day and year)

7. AGE *73* YearsMonths *1*Days *5*If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Housewife*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Indiana

10. NAME OF FATHER

*Abraham Lane*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)*Don't Know*

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14.

Informant
(Address)*Robert West
Rupert Idaho*

15.

Filed

*6/3*19 *31**W. J. Gorman*

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April
(Month)*18*
(Day)*1931*
(Year)

I HEREBY CERTIFY, That I attended deceased from

April 1931 to *April 1931*that I last saw her alive on *April 17*, 19*31*
and that death occurred, on the date stated above, at *9 P.M.**State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Arteriosclerosis,
chronic interstitial
nephritis, hypertension
Senile*
(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? *home*Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Clinical*(Signed) *Layne H. Kenagy*, M. D.*June 3*, 19*31* (Address) *Rupert*

19. Place of Burial, Cremation, or Removal

Date of Burial

Rupert Cemetery Apr 21 1931

20. Undertaker

Address

W. J. Gorman Rupert Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75280
State File No.

PLACE OF DEATH

County of *Minidoka*City of *Rupert*

CERTIFICATE OF DEATH

Registration District No. *19*Primary Registration District No. *2015*Local Registrar's No. *25*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Amelia Allen*

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word.) *Widowed*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *Mar 31 - 1853*7. AGE *78* Years Months *1* Days *15* If LESS than 1 day, hrs. or min.8. OCCUPATION OF DECEASED *House Wife*
(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Missouri*
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) *Indiana*
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) *Indiana*
(State or Country)14. Informant (Address) *Mrs Kate Ruppard
Rupert Idaho*15. Filed *6/3*, 19*31*, *E. B. Shure*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *May 16*, 19*31*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *May 12*, 19*31*, to *May 16*, 19*31*,
that I last saw her alive on *May 16*, 19*31*,
and that death occurred, on the date stated above, at *10 p.* m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pneumonia Lobar(duration) yrs. mos. *4* ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *J. B. Kenney*, M. D.
June 3, 19*31* (Address) *Rupert*19. Place of Burial, Cremation, or Removal *Rupert Cemetery* Date of Burial *May 19 1931*20. Undertaker *W. H. Goodman* Address *Rupert Idaho*

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75281

PLACE OF DEATH

County of MinidokaCity of RupertRegistration District No. 19Primary Registration District No. 2015Local Registrar's No. 19

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Child

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAug 17 1929

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Utah

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

PARENTS

14.

Informant (Address)

15.

Filed

Stanley C Farnsworth
Fielding Utah5-17-1931
W. G. Goodman
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 14 1931, to May 17 1931
that I last saw him alive on May 17 1931and that death occurred, on the date stated above, at 7:20 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pneumonia(duration) yrs. mos. ds. 6

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds. 5

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Symptoms(Signed) W. G. Goodman M. D.5-18-1931 (Address) Rupert, Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Fielding Utah May 20 1931

20. Undertaker Address

W. G. Goodman Rupert

STATE OF IDAHO

RECEIVED JUN 4 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

75282

PLACE OF DEATH

County of MinidokaCity of Paul

CERTIFICATE OF DEATH

Registration District No. 19Primary Registration District No. 2013Local Registrar's No. 20

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ethel Pearl Platts

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLyle W Platts6. DATE OF BIRTH (month, day and year) Oct 3-18967. AGE Years Months Days If LESS than 1 day, hrs. or min.
34 7 7 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah10. NAME OF FATHER Roy S Harris11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah12. MAIDEN NAME OF MOTHER Charissa Forsha13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah14. Informant (Address) Wilma Finley
Burley Ida15. Filed 5-20, 1931 W E Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 10, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 10, 1931, to May 10, 1931that I last saw her alive on May 10, 1931and that death occurred, on the date stated above, at 9 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Coronary thrombosis

3 hours (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

pneumonia, edema of lungs (duration) yrs. mos. ds.18. Where was disease contracted home
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Agnes A. Kegan, M. D.May 15, 1931. (Address) Burley, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley Idaho May 14 1931

20. Undertaker's Address

W E Johnson Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75283

State File No.

PLACE OF DEATH

County of MinidokaCity of Heyburn

CERTIFICATE OF DEATH

Registration District No. 19Primary Registration District No. 2015Local Registrar's No. 22

(No.)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alcie E. Romig

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Child</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
	<u>5</u>	<u>2</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.....(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER Albert Romig11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Anna Rogalsky13. BIRTHPLACE OF MOTHER (city or town) Russia
(State or County)14. Informant Albert Romig
(Address)15. Filed 6-2, 1931 Ed Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 19, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 26, 1931, to May 19, 1931
that I last saw her alive on May 19, 1931
and that death occurred, on the date stated above, at 7:20 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Valvular heart
disease(duration) 2 yrs. mos. ds.CONTRIBUTORY Rheumatism
(Secondary)(duration) 2 yrs. mos. ds.18. Where was disease contracted
if not at place of death? Tornillo, N.M.Did an operation precede death? yes Date of Apr. 28, 1931Was there an autopsy? noWhat test confirmed diagnosis? Ed Elmore(Signed) Ed Elmore, M. D.
6-2, 1931 (Address) Bojert, Ida.19. Place of Burial, Cremation, or Removal Respect Cemetery Date of Burial May 21, 193120. Undertaker W. G. Goodman Address

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75284

State File No.

PLACE OF DEATH

County of MingusCity of PaysonRegistration District No. 19Primary Registration District No. 2015Local Registrar's No. 18

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Patterson

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. Single, Married, Widowed,
or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Martha M Patterson6. DATE OF BIRTH (month, day and year) July 22-1847

7. AGE

Years 83Months 9Days 5If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. RR Laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) North Carolina10. NAME OF FATHER Samuel Patterson11. BIRTHPLACE OF FATHER (city or town)
(State or Country) N.C.12. MAIDEN NAME OF MOTHER Emaline London13. BIRTHPLACE OF MOTHER (city or town)
(State or County) N.C.

14.

Informant
(Address) Earl Broadhead
Rupert Idaho

15.

Filed 5-5, 1931Registrar. E. W. Elmore

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 27, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 27, 1930, to April 27, 1931that I last saw him alive on April 27, 1931and that death occurred, on the date stated above, at 9:05 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Bernean Anemia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary) Cardiac

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? C. blood(Signed) Dr. E. W. Elmore M. D.May 4, 1931 (Address) Payson

19. Place of Burial, Cremation, or Removal

Date of Burial

Payson, Ida 5-1 193120. Undertaker H. C. Johnson Payson

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75285

State File No.

PLACE OF DEATH

County of

City of

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

6/3

1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May
(Month)26
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 24

1931

to

May 26

1931

that I last saw him alive on

May 26

1931

and that death occurred, on the date stated above, at 10 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

J. B. Kenney, M. D.

June 3, 1931 (Address) Rupert

19. Place of Burial, Cremation, or Removal

Date of Burial

Rupert Cemetery

May 29, 1931

20. Undertaker

Address

W. G. Goodman Rupert

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County of Blaine
City of Rupert

Registration District No. 19Primary Registration District No. 2015

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

William A. Snapp

(a) Residence. No. _____

(Usual place of abode.)

St. _____

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single. Married. Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1884, Feb. 7

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.4731

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Labourer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Missouri

10. NAME OF FATHER

Nathan B. Snapp

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Missouri

12. MAIDEN NAME OF MOTHER

Ann Evans

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Don't know

14.

Informant
(Address)Ernest Snapp
Rupert

15.

Filed

6-21931Ed Elmore
Registrar.

RECEIVED JUN 4 1931

DO NOT WRITE IN THIS SPACE

75286

State File No. _____

Local Registrar's No. 21

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May
(Month)8
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 28, 1931, to May 8, 1931that I last saw him alive on May 8, 1931and that death occurred, on the date stated above, at 6 45 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Rocky mountain spotted
tick fever(duration) yrs. mos. 11 ds.

CONTRIBUTORY

(Secondary)

none

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? blood test symptoms

(Signed)

Ed Elmore, M. D.6-2, 1931 (Address) Rupert, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Rupert Cemetery May 10, 1931

20. Undertaker

Address

W. G. Goodman Rupert, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75287

State File No.

PLACE OF DEATH

County of Key PerceCity of LewistonRegistration District No. 96Primary Registration District No. 1009(No. St. Joseph Hospital)
(If death occurred in a hospital or institution give its name instead of street and number.)Local Registrar's No. 18892. FULL NAME John Stephen Douglas Robinett(a) Residence. No. near Lapwai Id. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 6 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>7</u>	<u>13</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farm Hand.
(b) General nature of industry, business, or establishment in which employed (or employer) Genl farm work
(c) Name of employer Chas Kirby

9. BIRTHPLACE (city or town) Nebraska
(State or country)10. NAME OF FATHER Robinett11. BIRTHPLACE OF FATHER (city or town) not known
(State or Country)12. MAIDEN NAME OF MOTHER not known13. BIRTHPLACE OF MOTHER (city or town) not known
(State or Country)14. Informant A. L. Robinett
(Address) Lapwai Idaho15. Filed 5/23/31 J. M. Lyce Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 19 1931 to May 19 1931
that I last saw him alive on May 19 1931
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

Shock

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Crushed Left Chest
from runaway
(duration) yrs. mos. ds.18. Where was disease contracted near Lapwai Id.
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis Physical Findings
(Signed) of Carson M. D.
5/22 1931 (Address) Lewiston Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lewiston Idaho Date of Burial 5/22 193120. Undertaker Wana Mortuary Inc Address Lewiston

RECEIVED JUN 10 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75289**

PLACE OF DEATH

County of Ben PerceCity of LevistonRegistration District No. 96Primary Registration District No. 1009(No. Whites No)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1282. FULL NAME Louis Givkovic(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1888-7. AGE Years 42 Months - Days - If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Quamater Timber Co9. BIRTHPLACE (city or town) (State or country) Jugoslavia10. NAME OF FATHER Joseph Givkovic11. BIRTHPLACE OF FATHER (city or town) (State or Country) Jugoslavia12. MAIDEN NAME OF MOTHER Helena Sablad13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Jugoslavia14. Informant Neil Givkovic
(Address) Ordino15. Filed 5/28/31 Dr. M. Lyle
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 27 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 5-11-31, 1931, to 5-27-31, 1931, that I last saw him alive on 5-27-31, 1931, and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

acute myocardial infarction(duration) yrs. mos. ds. 6
CONTRIBUTORY T.B. zapine following
(Secondary) injury (duration) yrs. mos. ds. 1

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? signs & symptoms(Signed) Dr. M. Lyle M. D.
5-28-31, 1931 (Address) Leviston, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Le Grand Oregon Date of Burial 5/28 193120. Undertaker Wasson Mortuary Address Leviston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75290**

PLACE OF DEATH

County of Boyer
City of Lewiston

Registration District No. 9Primary Registration District No. 1009Local Registrar's No. 176

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. H. Anderson(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) July 6 1887

7. AGE Years 43 Months 10 Days 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work R.R. Employee
(b) General nature of industry, business, or establishment in which employed (or employer) Section Hand
(c) Name of employer Camas Prairie R.R. Co

9. BIRTHPLACE (city or town) (State or country) Idh.10. NAME OF FATHER John Anderson11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known12. MAIDEN NAME OF MOTHER Emelie Barnett13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not Known

14. Informant Mrs. Leray Lemm
(Address) Craigmont

15. Filed 5/13 1931 M. Lyle
Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from Apr 28 1931, to May 11 1931, that I last saw him alive on May 11 1931, and that death occurred, on the date stated above, at 8 p m. The CAUSE OF DEATH* was as follows:

genes aligned Peritonitis
(duration) yrs. mos. 18 ds.

CONTRIBUTORY Ruptured Appendix
(Secondary) (duration) yrs. mos. 18 ds.

18. Where was disease contracted if not at place of death? Craigmont Idaho

Did an operation precede death? yes Date of Apr 24/31Was there an autopsy? noWhat test confirmed diagnosis? Free pus in abdomen

(Signed) 5/13/31 1931 W. H. Lyle M. D.
(Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Craigmont Date of Burial 19

20. Undertaker Vassar Mortuary Address Lewiston

RECEIVED JUN 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

75291

PLACE OF DEATH

County of My PeruCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. St Joseph)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Georgen McKinnon

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Child5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 28th 19227. AGE Years Months Days If LESS than 1 day, hrs. or min.
8 7 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho10. NAME OF FATHER George McKinnon11. BIRTHPLACE OF FATHER (city or town) (State or Country) Canada12. MAIDEN NAME OF MOTHER Florence Blevins13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Missouri14. Informant (Address) Mrs Geo McKinnon
1423-13 Ave15. Filed 6/3/31 W. M. Kyle Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 31, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed)....., M. D.

19..... (Address).....

19. Place of Burial, Cremation, or Removal Lewiston Ida Date of Burial 6/2 193120. Undertaker Passar Mortuary Inc Address Lewiston

RECEIVED JUN 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75292

State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME L. V. York.(a) Residence. No. North Lewiston. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
------------------------	-----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) December 22nd, 1929.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>1.</u>		<u>5.</u>	<u>22.</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work At home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Colorado.
(State or country) Colorado.

10. NAME OF FATHER

L. A. York.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Tenn.12. MAIDEN NAME OF MOTHER Mathena Kelley.13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Tenn.

14.

Informant L. A. York.
(Address) Lewiston, Idaho.

15.

Filed 6/11/31 at 31Registrar. J. M. Kyle

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 14th, 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
April 7, 1931, to April 14, 1931that I last saw him alive on April 13, 1931and that death occurred, on the date stated above, at a m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia(duration) yrs. mos. 7 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? noDid an operation precede death? no Date of noWas there an autopsy? noWhat test confirmed diagnosis?
(Signed) Paul W. Johnson, M. D.5/16/31. 19..... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.5/16/31. 19.....

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho

Carson

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

75293

PLACE OF DEATH

County of Ben PerceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. St Joseph)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur H. Hazen

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 9-18557. AGE Years 76 Months 2 Days 22 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Vermont
(State or country)10. NAME OF FATHER Not Known11. BIRTHPLACE OF FATHER (city or town) Not Known
(State or Country)12. MAIDEN NAME OF MOTHER Not Known13. BIRTHPLACE OF MOTHER (city or town) Not Known
(State or County)

14.

Informant
(Address)Mrs Hazen

15.

Filed

5/31 1931J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 31 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from May 1 1931 to May 31 1931that I last saw him alive on May 31 1931
and that death occurred, on the date stated above, at 6 P m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Myocardial Insufficiency
(duration) yrs. mos. + ds.CONTRIBUTORY
(Secondary)Acute Pleurisy with Effusion
(duration) yrs. mos. ds.18. Where was disease contracted Not Known
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Needle inserted(Signed) J. M. Carson M. D.
6/7/31 1931 (Address) Lewiston Idaho19. Place of Burial/Cremation, or Removal Spokane Wash Date of Burial 1920. Undertaker Passan Mortuary Address Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75294**

PLACE OF DEATH

County of *New Paine*
City of *Lewiston*Registration District No. *96*Primary Registration District No. *1009*Local Registrar's No. *89*(No. *Whites Hospital*)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME *Chas. R. Babcock*(a) Residence. No. *St.*

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M*4. COLOR OR RACE *W*5. Single, Married, Widowed, or Divorced (write the word) *divorced*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month; day and year) *May 10 - 1866*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
65 - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Cigar Store Clerk*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer *Mels Pool Hall*9. BIRTHPLACE (city or town) (State or country) *Wisconsin*10. NAME OF FATHER *Geo Babcock*11. BIRTHPLACE OF FATHER (city or town) (State or Country) *not known*12. MAIDEN NAME OF MOTHER *Elmira*13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *not known*14. Informant *Frank J. Babcock*
(Address) *Lewiston Idaho*15. Filed *5/15/31* *J. M. Lyle*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

5-5-31, 19, to *5-10-31*, 19that I last saw him alive on *5-10-31*, 19and that death occurred, on the date stated above, at *6:15 p. m.*

The CAUSE OF DEATH* was as follows

Angina pectoris(duration) *5* yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Signor symptoms*(Signed) *J. H. Housh*, M. D.*5-25-31*, 19 (Address) *Lewiston, Ida.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston Ida 5/12 1931

20. Undertaker

Address

Vassar Mortuary Inc Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75295**

PLACE OF DEATH
County of My Pence
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009
(No. St Joseph)

Local Registrar's No. 88a

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Appoline Hudson

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced, HUSBAND of L.A. Hudson (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) July 9 - 1877

7. AGE Years 53 Months 10 Days 11 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ontario Canada

10. NAME OF FATHER Eli Dupuis

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Canada

12. MAIDEN NAME OF MOTHER Anathie Leblanc

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Canada

14. Informant L.A. Hudson (Address) 220-5th St Lewiston

15. Filed 5/25/31 J. M. Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 20, 1931, to May 20, 1931

that I last saw her alive on May 20, 1931

and that death occurred, on the date stated above, at St. Joseph m.

The CAUSE OF DEATH* was as follows:

Heart failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? St. Joseph

Did an operation precede death? No Date of May 20

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) Dr. J. M. Lyle M. D.

May 20, 1931 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lewiston Ida Date of Burial 5/23 1931

20. Undertaker Passer Mortuary Inc Lewiston Address Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75296

State File No.

PLACE OF DEATH

County of BoyerCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 46Primary Registration District No. 109(No. 148)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Des Champs(a) Residence. No. 148 - 25th St St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>widowed</u>
--------------------	------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 13, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>82</u>	<u>10</u>	<u>16</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Rancher.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Canada
(State or country)10. NAME OF FATHER John Des Camps11. BIRTHPLACE OF FATHER (city or town) Canada
(State or Country)12. MAIDEN NAME OF MOTHER not known13. BIRTHPLACE OF MOTHER (city or town) not known
(State or Country)14. Informant (Address) Mrs. A. Lavoil
Lewiston15. Filed 6/31/31 Wm. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 29, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 28, 1931, to May 29, 1931that I last saw him alive on May 24, 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:
DiphtheriaCONTRIBUTORY
(Secondary)arteriosclerosis
(duration) _____ yrs. mos. ds.
(duration) 2 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of _____Was there an autopsy? yesWhat test confirmed diagnosis? physiologist Dr.(Signed) Wm. Lyle M. D.6-2-31 (Address) Lewiston

19. Place of Burial, Cremation, or Removal

Lewiston Idaho Date of Burial June 1, 1931

20. Undertaker

Vassar Mortuary Inc Address Lewiston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75297**

PLACE OF DEATH

County of *Nez Perce*
City of *Lewiston*Registration District No. *96*Primary Registration District No. *1229*Local Registrar's No. *74*(No. *White Hospital*)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME *Willard B. Rogers*(a) Residence. No. *St.*

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *w* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *Hulda Rogers*
(or) WIFE of6. DATE OF BIRTH (month, day and year) *June 11 - 1862*7. AGE Years *68* Months *11* Days *16* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retired*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Wiscasset*10. NAME OF FATHER *John Rogers*11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Not known*12. MAIDEN NAME OF MOTHER *Mary Paris*13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Not known*14. Informant *Frank Rogers*
(Address) *Le Grand Oregon*15. Filed *5-28-31* *J. M. Light* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *May 27* 19*31*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *5-25-31*, 19*31*, to *5-27-31*, 19*31*, that I last saw ~~him~~ alive on *5-27-31*, 19*31*, and that death occurred, on the date stated above, at *11:30 A.M.*The CAUSE OF DEATH* was as follows:
*Chronic interstitial nephritis*CONTRIBUTORY (Secondary) *Apoplexy* (duration) *15* yrs. mos. ds. (duration) yrs. mos. ds. *1*

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *signs & symptoms*(Signed) *J. M. Light* M. D. *5-28-31*, 19*31* (Address) *Lewiston, Idaho*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Le Grand Oregon* Date of Burial 1920. Undertaker *Vassar Mortuary* Address *Lewiston*

RECEIVED JUN 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75298

State File No.

PLACE OF DEATH

County of Nezperce
City of Lewiston, Ida

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rhoda Martin

(a) Residence. No. 623- 4th Ave. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Married (write the word.)

5a. If married, widowed, or divorced
HUSBAND of A.M. Martin
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 21, 1931

7. AGE Years 77 Months 6 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Harrison County, Indiana
(State or country)

10. NAME OF FATHER Christia Flock

11. BIRTHPLACE OF FATHER (city or town) Pennsylvania
(State or Country)

12. MAIDEN NAME OF MOTHER Rhoda Thomas

13. BIRTHPLACE OF MOTHER (city or town) Not Known
(State or Country)

14. Informant A.M. Martin
(Address) Lewiston, Ida.

15. Filed 57257-31 Jim Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1931 to May 22, 1931
that I last saw her alive on May 22, 1931

and that death occurred, on the date stated above, at 11:29 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) 1 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) 1 yr. mos. ds.

18. Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. H. Hensley M. D.
May 23, 1931 (Address) Lewiston, Ida.

19. Place of Burial, Cremation, or Removal Clarkston, Wash Date of Burial 5/24/31

20. Undertaker E.R. Merchant Address Clarkston, Wn

44

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

JAN 17 1974

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications. as Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

2

6

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75299

State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009.(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 312. FULL NAME Mabel Morton.

(a) Residence. No.

St. Nampa, Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) October 1st, 1911.

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.19.7.15.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Normal student.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Boise,
Idaho.

10. NAME OF FATHER

Nye F. Morton.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Mass.

12. MAIDEN NAME OF MOTHER

Lucy Bumgardner.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Iowa.

14.

Informant
(Address)Fred B. Morton.
Nampa, Idaho.

15.

Filed

5-11-31J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 16th, 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 23, 1931, to May 16, 1931.that I last saw her alive on May 16, 1931.

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis(duration) 1 1/2 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of —Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Paul H. Johnson, M. D.5/16/31., 19..... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Boise, Idaho.

19

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho.

RECEIVED JUN 3 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75301

PLACE OF DEATH

County of OneidaCity of MaladRegistration District No. 26Primary Registration District No. 2069Local Registrar's No. 21

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gretchen Lilley Balmer

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Virgil Raymond Balmer
(or) WIFE of6. DATE OF BIRTH (month, day and year) October 8, 19037. AGE Years 27 Months 7 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Perry Iowa
(State or country)10. NAME OF FATHER Harvey James Lilley11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)12. MAIDEN NAME OF MOTHER Arie Lilley13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)14. Informant Bertie P. Ogburn
(Address) Klamath Falls Oregon15. Filed 5/31, 1931 J. M. Kerns
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 22, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Oct., 1930, to May 24, 1931
that I last saw her alive on May 22, 1931
and that death occurred, on the date stated above, at 8 a.m.
The CAUSE OF DEATH* was as follows: Endocarditis
ConditisCONTRIBUTORY Heart Disease
(Secondary) Pericarditis
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. M. Kerns M. D.
5/22, 1931 (Address) Malad Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Creston Iowa Date of Burial May 25, 193120. Undertaker J. Guy Benson Address Malad Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IOWA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1931
DO NOT WRITE IN THIS SPACE
State File No. 75302

PLACE OF DEATH

County of Osceola
City of Malad

Registration District No. 26
Primary Registration District No. 2069

Local Registrar's No. 22

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jeanette Cleghorn Smith

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Ray J. Smith
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 12-1892

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
38 6 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) St. George
(State or country) Utah

10. NAME OF FATHER Charles H. Cleghorn

11. BIRTHPLACE OF FATHER (city or town) Canada
(State or Country)

12. MAIDEN NAME OF MOTHER Marianne Jorgensen

13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or Country)

14. Informant Ray J. Smith
(Address) Malad Idaho

15. Filed 5/31, 1931 J. M. Kerns
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 26, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1931 to May 26, 1931
that I last saw her alive on May 26, 1931
and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:
Hydronephrosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Cystoscopy
(Signed) Dr. J. M. Kerns M. D.
5/27, 1931 (Address) Malad

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Jogan Utah Date of Burial May 29, 1931

20. Undertaker J. Gay Benson Address Malad Idaho

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Grande*City of *Malad*

Registration District No.

Primary Registration District No.

(No. St.)

File No. **75303**

Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Rosa Thomas Harris

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED*Female* *White* *Married*
(Write the word.)

6. DATE OF BIRTH

Dec. 28 19*32*
(Month) (Day) (Year)

7. AGE

38 Yrs. *4* Mos. *6* ds.IF LESS than 1 day
how many..... hrs.
or..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)*House wife*

9. BIRTHPLACE

(State or Country)

Malad Idaho

10. NAME OF FATHER

George Hugh Thomas

11. BIRTHPLACE OF FATHER

(State or Country)

Wales

12. MAIDEN NAME OF MOTHER

Hannah A. Dredge

13. BIRTHPLACE OF MOTHER

(State or Country)

Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *William J. Harris*(Address) *Malad Ida*15. Filed *1932* *Kerr*

Local Registrar

16. DATE OF DEATH

May 4 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 10 19*31* to *May 4* 19*31*
that I last saw her alive on *May 4* 19*31*
and that death occurred on the date stated above, at *7 A.* M.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia
due to influenza

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

(Duration) Yrs. mos. ds.

(Signed)

V. P. Gant M. D.
May 1931 (Address) *Malad Ida*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death..... yrs..... mos..... days. In the State..... yrs..... mos..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Malad Ida *May 7, 1931*

20. UNDERTAKER

ADDRESS

J. Guy Plusan *Malad Ida*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Quincy
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2069

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lorraine Jones

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar. 21. 1929

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 1 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Malad
(State or country) Idaho

10. NAME OF FATHER Victor R. Jones

11. BIRTHPLACE OF FATHER (city or town) Malad
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Jane J. Jones

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country) Idaho

14. Informant Victor Jones
(Address) Malad Idaho

15. Filed 5/31, 1931 J. M. Kerue
Registrar

RECEIVED JUN 3 1931
DO NOT WRITE IN THIS SPACE
State File No. 75304

Local Registrar's No. 20

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1931, to May 9, 1931
that I last saw her alive on May 9, 1931
and that death occurred, on the date stated above, at Malad m.
The CAUSE OF DEATH was as follows:
Enteritis

(duration) yrs. mos. ds. 7
CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. M. Kerue M. D.
5/9, 1931 (Address) Malad Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Malad Idaho Date of Burial May 12 1931

20. Undertaker J. Guy Benson Address Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75305

State File No.

PLACE OF DEATH

County of Oneida

City of Melad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 23

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph W. Williams

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or ~~Married~~ (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Pearl Campbell (or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr. 4-1879

7. AGE Years Months Days If LESS than 1 day, hrs. min.
52 1 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Melad (State or country) Ida.

10. NAME OF FATHER Benjamin Williams

11. BIRTHPLACE OF FATHER (city or town) Wales (State or Country)

12. MAIDEN NAME OF MOTHER Agnes Smart

13. BIRTHPLACE OF MOTHER (city or town) Wales (State or Country)

14. Informant Opal Williams (Address) City

15. Filed 5/31, 1931 J. M. Kerns Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 1931 to May 28, 1931
that I last saw him alive on May 27, 1931
and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:
Myocarditis & Initial
regurgitation.

(duration) yrs. mos. ds.

CONTRIBUTORY Respiratory (Secondary)

(duration) yrs. 6 mos. ds.

18. Where was disease contracted ✓ if not at place of death?

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) J. M. Kerns M. D.
May 30, 1931 (Address) Melad, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Melad Ida Date of Burial May 31 1931

20. Undertaker J. F. Ryan Address Melad Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75306

PLACE OF DEATH

County of Quincy

City of Malad

Registration District No.

Primary Registration District No. 20

Local Registrar's No. 16

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vera Anderson

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 11 - 1924

7. AGE Years Months Days If LESS than 1 day,
7 2 22 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Malad
(State or country) Idaho

10. NAME OF FATHER Lorenzo Anderson

11. BIRTHPLACE OF FATHER (city or town) Wanskipp
(State or Country) Utah

12. MAIDEN NAME OF MOTHER Maria Hughes

13. BIRTHPLACE OF MOTHER (city or town) Camaria
(State or Country) Idaho

14. Informant Lorenzo Anderson
(Address) Malad Idaho

15. Filed 5/31, 1931
Registrar J. M. Harris

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May - 3 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
May 3, 1931, to May 3, 1931

that I last saw him alive on May 3, 1931

and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows: 1 -

Widow

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) 1 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. M. Harris M. D.
5/3, 1931 (Address) Malad Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Malad Idaho Date of Burial May 6 1931

20. Undertaker J. Guy Benson Address Malad Idaho

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JUN 3 1931
DO NOT WRITE IN THIS SPACE
State File No. **75307**

PLACE OF DEATH

County of Pringle
City of Malad

Registration District No. 26
Primary Registration District No. 2069

Local Registrar's No. 19

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cleo Elizabeth Evans

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 5, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
9 9 0 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Malad
(State or country) Idaho

10. NAME OF FATHER R. Eli Evans

11. BIRTHPLACE OF FATHER (city or town) Malad
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Ethel Thomas

13. BIRTHPLACE OF MOTHER (city or town) Malad
(State or Country) Idaho

14. Informant R. Eli Evans
(Address) Malad, Idaho

15. Filed 5731, 1931 J. M. Kerns
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 5, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 26, 1931 to May 5, 1931
that I last saw her alive on May 4, 1931
and that death occurred, on the date stated above, at 6:30 A.M.

THE CAUSE OF DEATH* was as follows:
Cerebrospinal fever
from otitis media
frontal sinus in
fection (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) V. O. Gandy M. D.
May 6, 1931 (Address) Malad, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Malad, Idaho Date of Burial May 6, 1931

20. Undertaker J. Guy Benson Address Malad, Idaho

RECEIVED JUN 16 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75308
State File No.

PLACE OF DEATH

County of Blaine
City of New Plymouth

CERTIFICATE OF DEATH

Registration District No. 5
Primary Registration District No. 1009
(No.)

Local Registrar's No. 7

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Elsie Smith

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND or
(or) WIFE of

Mr. J. W. Smith

6. DATE OF BIRTH (month, day and year) Dec 23-1883

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
78 4 17 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kentucky
(State or country)

10. NAME OF FATHER A. B. Orr

11. BIRTHPLACE OF FATHER (city or town) Kentucky
(State or Country)

12. MAIDEN NAME OF MOTHER Caroline Slaught

13. BIRTHPLACE OF MOTHER (city or town) Virginia
(State or Country)

14. Informant Carrie L. Smith
(Address) New Plymouth

15. Filed May 11, 1931 W. J. Driscoll
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 9, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 11, 1931, to May 9, 1931
that I last saw her alive on May 9, 1931

and that death occurred, on the date stated above, at 6:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

shock from with compound
of tumor fracture

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) 40 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Smith, M. D.
May 11, 1931 (Address) New Plymouth

19. Place of Burial, Cremation, or Removal New Plymouth Date of Burial May 11, 1931

20. Undertaker Heur C. Landin Address Puyallup, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75309

State File No.

PLACE OF DEATH
County of Shoshone
City of Near Wallace

Registration District No. 70Primary Registration District No. 1011Local Registrar's No. 55

(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME John M. Thomas

(a) Residence No. Wallace Idaho St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 4 - 1883

7. AGE Years 48 Months 4 Days 13 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining

10. Date deceased last worked at this occupation (month and year) May 15 - 1931 11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (city or town) (State or country) California

13. NAME John B Thomas

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Catherine Martin

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Ben Thomas (Address) Wallace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Idaho Date May 20 1931

19. UNDERTAKER J. A. Beyer (Ward and Co.) (Address) Wallace, Idaho

20. FILED May 20, 1931 E. L. Lingley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17 1931

22. I HEREBY CERTIFY, That I attended deceased from

, 193, to, 193,

I last saw him alive on, 193; death is said

to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Droped when lastfall in Big Creekalso holes inrocks

Other contributory causes of importance:

nonenow

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Date of injury, 193.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1931

PLACE OF DEATH

County of Shoshone
City of Near Wallace

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75310

Registration District No. 70Primary Registration District No. 10.1.1Local Registrar's No. 57

(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME John Gordon
(a) Residence. No. 60 Hospital St. 164
(Usual place of abode)
Length of residence in city or town where death occurred. 9 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 9 yrs. 0 mos. 0 ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 19, 1844

7. AGE 87 Years 2 Months 9 Days If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining

10. Date deceased last worked at this occupation (month and year) December 1930 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Ireland13. NAME Wm Gordon14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Ann Moore16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Rev. Father Sherman (Address) Wallace, Ida.18. BURIAL, CREMATION OR REMOVAL Shipped Place Salisbury, Md. Date May 30, 193119. UNDERTAKER J. A. Brewer (Wm Wallace) (Address) Wallace, Ida.20. FILED May 30, 1931 Registrar L. L. Dingley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 28, 193122. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1927, to May 28, 1931last saw him alive on May 27, 1931; death is saidto have occurred on the date stated above, at 2:00 p. m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Senility

Other contributory causes of importance:

ArteriosclerosisCor. Valv. Heart40 years19 years

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1931.

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James R. Benn....., M. D.(Address) Wallace

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
RECEIVED JUN 11 1931
State File No. _____

PLACE OF DEATH

County of ShoshoneCity of WallaceRegistration District No. 123Primary Registration District No. 2201

(No. _____)

Local Registrar's No. 20

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

George Conrad Duff

(a) Residence. No. _____

(Usual place of abode.)

St. _____

(If nonresident give city or town and State.)
yrs. mos. ds.

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Apr. 11, 1931

7. AGE

Years

Months

Days

If LESS than 1 day.

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

Clinton James Duff11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Don't know

12. MAIDEN NAME OF MOTHER

Francis Mae Oles13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Wardner Ida

14.

Informant
(Address)Mrs. George Oles

15.

Filed

May 30, 1931

Registral.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April12

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

4/111931

to

4/121931

that I last saw him alive on

4/121931and that death occurred, on the date stated above, at 1 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Prematurity -CONTRIBUTORY
(Secondary)Hydramnios.

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical.

(Signed)

4/301931

(Address)

Dr. J. A. Kellogg

19. Place of Burial, Cremation, or Removal

Date of Burial

Kellogg - Ida4-14 31

20. Undertaker

Address

Dr. J. A. KelloggIdaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75312

State File No.

PLACE OF DEATH

County of ShoshoneCity of KelloggRegistration District No. 123Primary Registration District No. 2201Local Registrar's No. 21

(No.)

If death occurred in a hospital or institution, give its name instead of street and number.

2. FULL NAME

Mary Helen Arnold

(a) Residence. No.

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word)Divorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofG. E. Arnold

6. DATE OF BIRTH (month, day and year)

Jan 13 - 1884

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.4749

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Van dala 24.

10. NAME OF FATHER

John Murphy11. BIRTHPLACE OF FATHER (city or town)
(State or Country)in Fayette Ind

12. MAIDEN NAME OF MOTHER

~~Mary Helen~~13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Anna Murphy

PARENTS

14.

Informant
(Address)(Mrs.) Mrs. Helen To Bride
3 Kellogg - Ida

15.

Filed

May 30, 1931Mrs. Helen To Bride
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 181931to May 91931that I last saw him alive on May 9, 1931

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Bright's Disease

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

T. R. Mason

M. D.

5/131931(Address) Kellogg, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

RECEIVED JUN 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75313

State File No.

PLACE OF DEATH

County of ShoshoneCity of Kellogg

CERTIFICATE OF DEATH

Registration District No. 123Primary Registration District No. 2201Local Registrar's No. 19

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. John Kuntz

(Usual place of abode.)

Roselake Idaho St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMarilee Kuntz

6. DATE OF BIRTH (month, day and year)

Mar. 7 - 1861

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

70129

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Canada

10. NAME OF FATHER

?11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Germany

12. MAIDEN NAME OF MOTHER

?13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)?

14.

Informant
(Address)Marilee Kuntz
Roselake - Idaho

15.

Filed

May 301931Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

4
(Month)29
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 29, 1931, to 1931that I last saw him alive on Apr 29, 1931and that death occurred, on the date stated above, at 1:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute intestinal obstruction
Saw deceased 1 hour before
death, only once.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Constipation

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No. Date ofWas there an autopsy? No.What test confirmed diagnosis? Symptomatology(Signed) M. C. Kuntz, M. D.4/30, 1931, (Address) Kellogg, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kellogg, Ida5-2

20. Undertaker

Address

W. J. StreetKellogg, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75314

State File No.

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70Primary Registration District No. 1911Local Registrar's No. 54

(No. Procedure Hospital)
If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas. H. Savage(a) Residence. No. Wallace 2nd St.

(Usual place of abode)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of Widowed
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27-1885

7. AGE Years 76 Months 8 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Millman Lead Mill

10. Date deceased last worked at this occupation (month and year) 7-1-11 11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Ohio13. NAME Not Known14. BIRTHPLACE (city or town) (State or country) Not Known15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) (State or country) Not Known17. INFORMANT C. H. Savage (Address) Widow's work18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date May 15, 193119. UNDERTAKER J. C. Bower (Address) Ward Blvd. C. Wallace Ida20. FILED May 15, 1931 F. B. Zwigley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 12 193122. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1931, to May 12, 1931.I last saw him alive on May 11, 1931; death is said to have occurred on the date stated above, at 1455 A. M.The principal cause of death and related causes of importance were as follows: Myocarditis Date of onset May 8Broncho PneumoniaShrapnelWoundOther contributory causes of importance: ShrapnelWoundName of operator Herbert B. B. B. Date of operation May 26What test confirmed diagnosis Wound Was there a autopsy Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury May 12, 1931Where did injury occur? (Specify city or town, county, and State) IdahoSpecify whether injury occurred in industry, in home, or in public place. IndustryManner of injury ShrapnelNature of injury Wound24. Was disease or injury in any way related to occupation of deceased? No If so, specify No (Signed) Dr. M. B. B. M. D. (Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1931

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 75315 State File No.	
PLACE OF DEATH County of <u>Shoshone</u> City of <u>Wallace</u>		Registration District No. <u>70</u> Primary Registration District No. <u>1011</u> Local Registrar's No. <u>49</u>	
(No. <u>Residence</u>) If death occurred in a hospital or institution, give its name instead of street and number.			
2. FULL NAME <u>Conrad Hots</u>			
(a) Residence. No. <u>Wallace, Idaho</u> St.			
Length of residence in city or town where death occurred <u>26</u> yrs. mos. ds. How long in U. S., if of foreign birth? <u>38</u> yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Dec 7-1869</u>			
7. AGE <u>61</u> Years	<u>5</u> Months	<u>27</u> Days	If LESS than 1 day, hrs. or min.
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lead & Silver</u>			
10. Date deceased last worked at this occupation (month and year) <u>Auto 1929</u>			
11. Total time (years) spent in this occupation <u>40 yrs.</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Germany.</u>			
FATHER			
13. NAME <u>Not Known</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>			
MOTHER			
15. MAIDEN NAME <u>Not Known</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Germany.</u>			
17. INFORMANT <u>Otto E. DuBoch</u> (Address) <u>Wallace, Idaho.</u>			
18. BURIAL, CREMATION OR REMOVAL Place <u>Wallace, Idaho</u> Date <u>May 6</u> 1931.			
19. UNDERTAKER <u>A. B. Swen (Ward & Co.)</u> (Address) <u>Wallace, Idaho.</u>			
20. FILED <u>May 6</u> , 1931. <u>F. L. Quigley</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>May 4, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from , 1931, to , 1931.			
I last saw him live on , 1931. Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: <u>Heart failure</u>			
Date of onset <u>Jan 1st</u>			
Other contributory causes of importance: <u>Chronic Bronchitis</u>			
Name of operation <u>None</u> Date of			
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>None</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury , 1931.			
Where did injury occur? (Specify city or town, county, and State) <u>None</u>			
Specify whether injury occurred in industry, in home, or in public place. <u>None</u>			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? <u>None</u>			
(Signed) <u>F. L. Quigley</u> (Address) <u>Wallace, Idaho.</u>			

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

 DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 13 1931

DO NOT WRITE IN THIS SPACE

75316

State File No.

PLACE OF DEATH

County of ShoshoneCity of County Infirmarywest of Wallace, Ida.

CERTIFICATE OF DEATH

Registration District No. 70Primary Registration District No. 1061(No. Shoshone County Infirmary)Local Registrar's No. 50

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles H. Poteet

(a) Residence. No.

St.

(If nonresident give city or town and State.)

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced, (write the word.) <u>widowed</u>
--------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug 25, 1856.

7. AGE <u>75</u>	Years	Months <u>6</u>	Days <u>10</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)12. MAIDEN NAME OF MOTHER Josephine Poteet Meyer13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or Country)

14.

Informant
(Address)Mrs. C. H. Robbins.

15.

Filed

May 8 31J. L. Dwigley
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) May(Day) 28(Year) 1931

17. I HEREBY CERTIFY, That I attended deceased from

Dec 6 28, 1930, to May 5 31, 1931that I last saw him alive on May 4 31, 1931and that death occurred, on the date stated above, 9:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Arteriosclerosis(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Arteriosclerosis

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James R. Dean M. D.5/27/31 19 (Address) Wallace

19. Place of Burial, Cremation, or Removal

Date of Burial

Spokey Park5/8/31 19

20. Undertaker

M. B. Thornhill

Address

Spokane, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75317

State File No.

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70Primary Registration District No. 1011Local Registrar's No. 56

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Marion Stephens(a) Residence. No. BurkeSt. Burke Idaho

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed6. DATE OF BIRTH (month, day, and year) June 19, 1881

7. AGE Years 49 Months 11 Days 2 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin13. NAME John Albre14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Rose Lamb16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Eugene K. Brown (Address) Spokane Wash.18. BURIAL OR REMOVAL Place Spokane Date May 25, 193119. UNDERTAKER (Address) Wallace Idaho20. FILED May 25, 1931 Registrar P. H. Quigley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from

, 1931, to May 21, 1931.I last saw deceased on May 21, 1931; death is saidto have occurred on the date stated above, at 2:44 m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Angina Pectoris May 20

Other contributory causes of importance:

Arterial Hypertension

Name of operation

Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Dr. M. W. Welch M. D.(Address) Wallace Idaho

RECEIVED JUN 3 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75318

PLACE OF DEATH

County of DelawareCity of KelloggRegistration District No. 123Primary Registration District No. 2201Local Registrar's No. 15

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Underwood(a) Residence. No. 1 St. 1

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofwidowed6. DATE OF BIRTH (month, day and year) July 4 - 1865

7. AGE

Years 66Months 3Days —

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

Gustavus Carmen

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

Nancy York

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant

(Address)

15.

Filed May 30, 1931Mr. Helen M. Bride
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3
(Month)30
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 30th, 1931, to Mar 30th, 1931,
that I last saw her alive on Mar 30th, 1931.and that death occurred, on the date stated above, at 11:30 P.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

Unknown (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

3/31, 1931

(Address)

Kellogg

M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

St. John's Church 4-3 1931

20. Undertaker

Address

R. A. Smith Kellogg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75319

State File No.

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 24Primary Registration District No. 1011Local Registrar's No. 53

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eugene Thomas(a) Residence. No. Wallace, Idaho St.

Length of residence in city or town where death occurred 46 yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of Widowed
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan - 12 - 1858

7. AGE Years 73 Months 3 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Probation officer
10. Date deceased last worked at this occupation (month and year) Jan 12, 31
11. Total time (years) spent in this occupation 8 years

12. BIRTHPLACE (city or town) (State or country) Rockford Indiana13. NAME George Thomas14. BIRTHPLACE (city or town) (State or country) Kentucky15. MAIDEN NAME Minerva Everett16. BIRTHPLACE (city or town) (State or country) Indiana17. INFORMANT Urban Thomas Thomsen
(Address) Tofonah Wash.18. BURIAL, CREMATION, OR REMOVAL Place Wallace, Ida. Date May 14, 193119. UNDERTAKER J. R. Bean (Wallace, Ida.)
(Address) Wallace, Ida.20. FILED May 14, 1931 H. H. Hingley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11, 193122. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to May 11, 1931I last saw him alive on May 11, 1931, death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Leukemia Apoplexy

Date of onset

5/7/31

Other contributory causes of importance:

Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1931.

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.....

(Signed) James R. Bean, M. D.(Address) Wallace

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 75320

PLACE OF DEATH
County of Lincoln
City of Lincoln

Registration District No. 37

Primary Registration District No. 2085

(No. Q. Gen. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 85

2. FULL NAME Wallace W. Culipher

(a) Residence. No. Lincoln Falls R.F.D. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Blanch Culipher (or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 10 1900

7. AGE Years 30 Months 8 Days 28 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ranch Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Utah (State or country)

10. NAME OF FATHER William Culipher

11. BIRTHPLACE OF FATHER (city or town) Utah (State or Country)

12. MAIDEN NAME OF MOTHER Caroline White

13. BIRTHPLACE OF MOTHER (city or town) Utah (State or Country)

14. Informant William Culipher (Address) Brigham City Utah

15. Filed May 20th 1931 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 8 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1931, to May 8, 1931 that I last saw him alive on May 8, 1931 and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
fractured skull
(Autopsy not made)

(duration) yrs. mos. ds. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds. 2 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical (Signed) J. W. Davis, M. D.

May 9, 1931 (Address) Kimberly Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Brigham City Ut. Date of Burial 19

20. Undertaker J. W. Davis Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED STATE OF IOWA JUN 13 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75321
State File No.

PLACE OF DEATH
County of Iowa Falls
City of Iowa Falls

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

(No.)

Local Registrar's No. 83

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Corbett Tabor

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. 4 ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 17 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14.

Informant (Address)

15.

Filed May 20th 1931

Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 6 - 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 6 - 31 1931 to May 6 - 31 1931
that I last saw him alive on May 6 - 31 1931

and that death occurred, on the date stated above, at 7:30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Fractured head
& left collar bone

CONTRIBUTORY (Secondary)

18. Where was disease contracted at side of highway
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. H. Lester M. D.

5-8 1931 (Address Ann Arbor)

19. Place of Burial, Cremation, or Removal

Date of Burial

West Plains, MO

5-8 1931

20. Undertaker

Address

White Mortuary Inc

Iowa Falls
Iowa

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75322

State File No.

Local Registrar's No.

PLACE OF DEATH
County of Lincoln Falls
City of Boise

Registration District No. 39
Primary Registration District No. 2087

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Eliza Fisher

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. D. Fisher

6. DATE OF BIRTH (month, day and year) March 11 - 1845

7. AGE Years 86 Months 1 Days 25 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Indiana

10. NAME OF FATHER John B. Thompson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana

12. MAIDEN NAME OF MOTHER Annanda Garrett

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Indiana

14. Informant J. H. Murphy (Address) _____

15. Filed 5-14, 1931 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 6, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1930, to May 6, 1931
that I last saw her alive on Apr 4, 1930
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows: Senility

CONTRIBUTORY (Secondary) apoplexy
May 5 - 11 AM (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) J. H. Murphy M. D.
May 14, 1931 (Address) Boise

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Filer Date of Burial May 8, 1931

20. Undertaker L. E. Hansen Address Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75323

PLACE OF DEATH

County of *Twin Falls*
City of *Twin Falls*

Registration District No. *37*
Primary Registration District No. *10835*

Local Registrar's No. *84*

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Della Hazel Gutschall*

(a) Residence. No. *430 - Walnut St.* St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX *Female* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced *HUSBAND of* (or) WIFE of *Carl C. Gutschall*

6. DATE OF BIRTH (month, day and year) *March 16 - 1885*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
46 *1* *20*

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Housewife - Invalid*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *M. Comb, Ill.*
(State or country)

10. NAME OF FATHER *Joe Kline*

11. BIRTHPLACE OF FATHER (city or town) *Unknown*
(State or Country)

12. MAIDEN NAME OF MOTHER *Mary Frost*

13. BIRTHPLACE OF MOTHER (city or town) *Unknown*
(State or Country)

14. Informant *Carl C. Gutschall*
(Address) *430 - Walnut St.*

15. Filed *May 20th 1931* *Elizabeth J. Smith* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *5* *6* *1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from on *Apr. 29*, 19*31*, to *May 3*, 19*31*, that I last saw her alive on *May 3*, 19*31*, and that death occurred, on the date stated above, at *7* p. m.

The CAUSE OF DEATH* was as follows:
Syphilis of Central nervous system - (Congenital syphilis)

(duration) *11* yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *E. D. Weaver*, M. D.

19 (Address) *Twin Falls*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Twin Falls Cemetery* Date of Burial *5 - 7 1931*

20. Undertaker *White Mortuary Inc* Address *Twin Falls*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75324**

PLACE OF DEATH
County of Lincoln
City of Lincoln

Registration District No. 37

Primary Registration District No. 2085

(No. C. Gen. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 82

2. FULL NAME Emel A. Wegener

(a) Residence. No. 121 Jackson St. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Edith Wegener (or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 22 1900

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
30 4 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mrs. Tourist Park

(b) General nature of industry, business, or establishment in which employed (or employer) and Electrician

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

PARENTS

10. NAME OF FATHER Fred D. Wegener

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Nebr.

12. MAIDEN NAME OF MOTHER Anna Warner

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Nebr.

14. Informant Mrs. F. D. Wegener (Address) Lincoln Falls (Brambley Road)

15. Filed May 19 1931 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 18th, 1931, to May 5th, 1931, that I last saw him alive on May 5th, 1931, and that death occurred, on the date stated above, at 6:45 A. m.

The CAUSE OF DEATH* was as follows:

Acute Gangrenous Appendicitis

(duration) yrs. mos. ds. 10
CONTRIBUTORY (Secondary) Paralytic Stenosis
(duration) yrs. mos. ds. 3

18. Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Apr 24th 1931

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) F. C. Lamb, M. D.
May 9th 1931 (Address) Lincoln Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lincoln Falls Date of Burial May 7 1931

20. Undertaker W. J. Johnson Address Lincoln Falls

RECEIVED JUN 13 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75325
State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. Local Registrar's No. 98
(No. Twin Falls County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willis E. Brooks

(a) Residence. No. Burley - Ida St.

(Usual place of abode.)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April-10-1910

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
21 1 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Hailey Idaho
(State or country)

10. NAME OF FATHER Ed Brooks

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Womack

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant (Address) George Crowder
Burley - Ida.

15. Filed 6-5-, 1931 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 31, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 24th, 1931, to May 31, 1931,
that I last saw him alive on May 31, 1931,
and that death occurred, on the date stated above, at 6 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

General Peritonitis & hemorrhage following abscess of liver.

(duration) 4 mos. 4 ds.
CONTRIBUTORY abscess of liver
(Secondary) influencing infection
(duration) 1 1/2 yrs. 4 mos. ds.

18. Where was disease contracted Burley Ida
if not at place of death?

Did an operation precede death? Yes Date of 5-24-31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John H. Cressler M.D.
6-1, 1931 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal Picabo - Idaho Date of Burial 6-2 1931

20. Undertaker White Mortuary Inc Address Twin Falls
Idaho

126

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75326

State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

(No. Twin Falls Hospital)

Local Registrar's No. 89

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Bergman

(a) Residence No. St. Salt Lake City Utah

(Usual place of abode.)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 3 ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Unknown

6. DATE OF BIRTH (month, day and year) ✓

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
54 ?

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ✓

9. BIRTHPLACE (city or town) (State or country) Germany

10. NAME OF FATHER ✓ Bergman

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER ✓

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) ✓

14. Informant (Address) Joe A. Smith Utah

15. Filed May 20 1931 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 14, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

5-13, 1931, to 5-13, 1931

that I last saw him alive on 5-14, 1931

and that death occurred, on the date stated above, at m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Appendicitis - acute
Suppurative & perforated

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-13-31

Was there an autopsy? No

What test confirmed diagnosis? Open

(Signed) Robert H. Hearn M. D.

May 16, 1931 (Address) Twin Falls, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Kiler, Ida. 5/17/1931

20. Undertaker

Address

White Mortuary Inc Twin Falls, Ida

RECEIVED JUN 13 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75327

State File No.

PLACE OF DEATH

County of ShoshoneCity of Shoshone Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085-Local Registrar's No. 93

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl D. Bush(a) Residence. No. Shoshone Falls (Hospital) St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single. Married. Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May 2, 1911

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.20—16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Oregon

10. NAME OF FATHER

R. J. Bush11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Michigan

12. MAIDEN NAME OF MOTHER

Jessie Curtis13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Minn

14.

Informant
(Address)R. J. Bush
Shoshone Falls

15.

Filed 5-22- 1931Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 18 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 14th 1931 to May 18th 1931
that I last saw him alive on May 18th 1931and that death occurred, on the date stated above, at 5 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Appendicitis Gangrenous
Perforated - 2 abscess with
local peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Peritonitis Gas Gangren
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of May 14thWas there an autopsy? noWhat test confirmed diagnosis? Operation @ Laborty(Signed) Culture gas infection positive5-18-31 (Address) Dr. H. E. Alexander

19. Place of Burial, Cremation, or Removal

Shoshone Falls Date of Burial May 19 193120. Undertaker J. H. Drake & Co. Address Shoshone Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1931

DO NOT WRITE IN THIS SPACE
State File No. 75328

PLACE OF DEATH
County of Lincoln Falls
City of Burns

Registration District No. 39
Primary Registration District No. 2078

Local Registrar's No.

1019

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Reber Barron

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. 0 mos. 0 ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Nancy L. Barron
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 7th 1862

7. AGE Years 68 Months 7 Days 15 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Rushvalley Wash
(State or country)10. NAME OF FATHER Alexander F. Barron11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Tennessee12. MAIDEN NAME OF MOTHER Reba Ann Beck13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Iowa14. Informant Frank Barron
(Address) Burns15. Filed May 25, 1931 J. H. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 22 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1st 1929, to 5-22 1931
that I last saw him alive on 5-22 1931

and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

acute dilatation of heart

(duration) 2 yrs. 1 mos. 1 ds.
CONTRIBUTORY Robert Pneumonia
(Secondary)

(duration) _____ yrs. _____ mos. 3 ds.18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? No Date of 5-22-31Was there an autopsy? NoWhat test confirmed diagnosis? Clinical symptoms

(Signed) Geo. Jennings M. D.
5-23 1931 (Address) Burns, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Burns Ida. Date of Burial 5/24 1931

20. Undertaker Chusan Address Burns

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75329**

PLACE OF DEATH

County of San Benito
City of Roseworth

Registration District No. 34
Primary Registration District No. 2087

Local Registrar's No. 1019

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 6 1861

7. AGE Years Months Days If LESS than 1 day, min. hrs. or
69 11 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Alabama
(State or country)

10. NAME OF FATHER Geo. Miller

11. BIRTHPLACE OF FATHER (city or town) Not known
(State or Country)

12. MAIDEN NAME OF MOTHER Esther McCall

13. BIRTHPLACE OF MOTHER (city or town) Not known
(State or Country)

14. Informant J. H. Miller
(Address) 1019

15. Filed 5-10, 1931
J. H. Miller Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1931, to May 11, 1931
that I last saw her alive on May 8, 1931
and that death occurred, on the date stated above, at 9:50 p. m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

Typhoid
(duration) 5 yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Barry, M. D.

May 12, 1931 (Address) E. L. Barry

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Full Cemetery Date of Burial 5/14/31

20. Undertaker E. L. Barry Address Full Cemetery

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO JUN 13 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75330

State File No.

PLACE OF DEATH

County of Twin FallsCity of Twin Falls

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No. 95

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Agusta Warrington(a) Residence. No. 170 - Jackson St.

(Usual place of abode.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAlonzo Warrington

6. DATE OF BIRTH (month, day and year)

Dec 27 - 1845

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

75427

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Ohio

10. NAME OF FATHER

Luther Holbrook11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Abigail Britton13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown

14.

Informant
(Address)F. E. Warrington
King Hill, Ida

15.

Filed 6 - 4, 1931Elizabeth M. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May
(Month)24
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

5/20, 1931, to 5/24, 1931that I last saw her alive on 5/24, 1931and that death occurred, on the date stated above, at 8:01 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Broncho-pneumonia(duration) yrs. mos. 5 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

E. D. Weaver, M. D.5/25, 1931 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls Cemetery5-26 1931

20. Undertaker

Address

White Mortuary IncTwin Falls
Ida.

RECEIVED JUN 13 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75331

State File No.

PLACE OF DEATH

County Blaine

City of San Luis

Registration District No.

Primary Registration District No.

Local Registrar's No. 94

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. Mal. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 49 Years 8 Months 3 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address)

15. Filed 5-30, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) May (Day) 25 (Year) 1931

I HEREBY CERTIFY, That I attended deceased from

March 25, 1931 to May 25, 1931

that I last saw him alive on May 25, 1931

and that death occurred, on the date stated above, at 12:15 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cardiac Embolus following operation for repair of ureters - vaginal fistula (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-25-31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John H. Williams M. D. 5-30, 1931 (Address) San Luis

19. Place of Burial, Cremation, or Removal

Date of Burial

San Luis May 27, 1931

20. Undertaker

Address

J. H. Drake San Luis

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

1. PLACE OF DEATH

County of *Lincoln*
City of *Lincoln*Registration District No. *37*Primary Registration District No. *1085*

(No. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

*Thyrum J. Standa*State of *Nebraska*
BOARD OF HEALTH

Bureau of Vital Statistics

File No. *75332*Registered No.
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. *Single*

6. DATE OF BIRTH

Mar 25 1870
(Month) (Day) (Year)

7. AGE

61 Yrs. *1* Mos. *22* ds.IF LESS than 1 day
how many hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)*Laborer*

9. BIRTHPLACE

(State or Country)

Utah

10. NAME OF FATHER

Curtis Standa

11. BIRTHPLACE OF FATHER

(State or Country)

Iowa

12. MAIDEN NAME OF MOTHER

Mary Ann Hardy

13. BIRTHPLACE OF MOTHER

(State or Country)

Maine

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mr. Standa

(Address)

Lincoln Falls, Ida.

15.

Filed *May 20th 1931* *Elizabeth J. Smith*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 18 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 15 1931 to *May 17 1931*
that I last saw him alive on *May 17 1931*and that death occurred on the date stated above, at *11 A.M.*

The CAUSE OF DEATH* was as follows:

Ulcer - Gastric - Perforated(Duration) Yrs. mos. *2* ds.Contributory (Secondary) *General Peritonitis*(Duration) Yrs. mos. *9* ds.(Signed) *W. R. Williams* M. D.19. (Address) *Lincoln Falls, Ida.*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days, State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Shelby, Ida May 20 1931

20. UNDERTAKER

W. E. Duke *Lincoln Falls*

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 13 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75333

State File No.

PLACE OF DEATH

County of Linn FallsCity of Claver

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Bertha Werner(a) Residence. No. Claver Laoko St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Jan 8 / 1864

7. AGE

67

Years

Months

Days

If LESS than 1 day,

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Wife of

(b) General nature of industry, business, or establishment in which employed (or employer)

Henry Werner

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Germany

10. NAME OF FATHER

P. German11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Germany

12. MAIDEN NAME OF MOTHER

Osgar13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Germany14. Informant
(Address)Henry Werner
Claver Laoko

15.

Filed May 19 1931Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 13

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

..... 19....., to 19.....
that I last saw her alive on May 12 1931and that death occurred, on the date stated above, at 12:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Arterio Sclerosis General.
(Hypertension)(duration) 5 yrs. mos. ds.

CONTRIBUTOR (Secondary)

(Chronic) Nephritis
acute(duration) yrs. mos. 20 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? X-ray Laboratory
exam. (Signed) A. L. Alexander M. D.572-31, 19..... (Address) Linn Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Claver Cemetery May 17 1931

20. Undertaker

F. E. Drake Linn Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75334**

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 39
Primary Registration District No. 2087

Local Registrar's No. 90

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Lee Patterson

(a) Residence. No. _____ St. Bull Sho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 2 1868

7. AGE Years 62 Months 1 Days 7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mo.
(State or country)

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (city or town) Not Known
(State or Country)

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (city or town) Not Known
(State or Country)

14. Informant Dr. J. H. Murphy
(Address) Bull Sho

15. Filed 5-18 1931 J. H. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 5 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1931, to May 9, 1931
that I last saw her alive on May 8, 1931
and that death occurred, on the date stated above, at 1:55 a. m.
The CAUSE OF DEATH* was as follows:

Arteriosclerotic heart
disease - mitral valve

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis
(duration) 8 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jefferson Weaver, M. D.

May 9, 1931 (Address) Twin Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Bull Sho Date of Burial 5/10 1931

20. Undertaker George H. Hagg Address Bull Sho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75335

State File No.

PLACE OF DEATH

County of BlaineCity of Twin Falls

Registration District No.

Primary Registration District No.

Local Registrar's No. 96

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME D. N. Gunn(a) Residence. No. County Hospital St. g D

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widower5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 10 / 18597. AGE Years Months Days If LESS than 1 day, hrs. or min.
71 10 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER John P. Gunn11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho12. MAIDEN NAME OF MOTHER Sarah Mathews

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address) Mrs. Lavey, Canton15. Filed 6-4 1931 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 a.m.
May 28 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Apr. 3 1931, to May 28 1931
that I last saw him alive on May 28 1931
and that death occurred, on the date stated above, at 10 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:(duration) (3) yrs. mos. ds.CONTRIBUTORY (Secondary) Hypostatic pneumonia(duration) yrs. mos. ds. 20

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. S. Weaver M. D.
5/30 1931 (Address) Twin Falls, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Twin Falls May 30 193120. Undertaker F. E. Drake Twin Falls

RECEIVED JUN 13 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75336

State File No.

PLACE OF DEATH

County of Curien FallsCity of Filer

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2081Local Registrar's No. 87

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geo. F. Harris

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widower5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 4/18387. AGE Years Months Days If LESS than 1 day, hrs. or min.
92 10 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Virginia10. NAME OF FATHER Harris11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown14. Informant (Address) Sella Coates
Filer15. Filed May 20th 1931 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 10 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, that I attended deceased from Apr 25 1931 to May 8 1931that I last saw em alive on May 8 1931 and that death occurred, on the date stated above, at 9 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cardio-Vascular - Renal DiseaseCONTRIBUTORY (Secondary) Hypertension
(duration) 15 yrs. mos. ds.
many yrs. mos. ds.18. Where was disease contracted if not at place of death? noDid an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. A. Newberry M. D.
May 11 1931 (Address) Filer, Ida

19. Place of Burial, Cremation, or Removal Date of Burial

20. Undertaker John City Tenn Address 19
F. B. Drake

RECEIVED JUN 13 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75337

State File No.

PLACE OF DEATH

County of Twin FallsCity of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085

(No. _____)

Local Registrar's No. 90

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Alberta Mac Mullen(a) Residence. No. 245 - 5th Ave No. 20 St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

~~HUSBAND OF~~
(or) WIFE ofH. F. Mac Mullen6. DATE OF BIRTH (month, day and year) Sept 26 - 19027. AGE 28 Years 7 Months 19 Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Alberta
(State or country) Canada10. NAME OF FATHER James B. Copeland11. BIRTHPLACE OF FATHER (city or town) Pa.
(State or Country)12. MAIDEN NAME OF MOTHER Mary A. James13. BIRTHPLACE OF MOTHER (city or town) Victoria
(State or Country) B. C.14. Informant H. F. Mac Mullen
(Address)15. Filed May 29th 1931. Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 15 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 5-12 1931, to 5-15 1931,
that I last saw h. alive on 5-15 1931,
and that death occurred, on the date stated above, at _____ m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Myocarditis with
dilation of heart &
ascitesCONTRIBUTORY Influenza
(Secondary) (duration) _____ yrs. _____ mos. _____ ds.(duration) _____ yrs. _____ mos. 10 ds.18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? ✓(Signed) John W. Copeland M. D.5-15 1931 (Address) Twin Falls, Idaho19. Place of Burial, Cremation, or Removal Roundup, Mont. Date of Burial 193120. Undertaker White Mortuary Inc Address Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75338

State File No.

PLACE OF DEATH

County of Lewin FallsCity of BurkeRegistration District No. 39Primary Registration District No. 2087

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lis Hannah Zimmerman

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred, 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Jacob Zimmerman6. DATE OF BIRTH (month, day and year) Oct. 15, 1882

7. AGE Years 78 Months 6 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Dr. name

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) New York
(State or country)10. NAME OF FATHER Isiah Willis11. BIRTHPLACE OF FATHER (city or town) Dont. Know
(State or Country)12. MAIDEN NAME OF MOTHER Julia Goodrich13. BIRTHPLACE OF MOTHER (city or town) New York
(State or Country)14. Informant Fred Zimmerman
(Address) Burke Idaho15. Filed May 14, 1931 J. H. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 8, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 30, 1930, to May 8, 1931

that I last saw her alive on May 7, 1931and that death occurred, on the date stated above, at 8 a. m.The CAUSE OF DEATH* was as follows: apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical(Signed) J. H. Murphy M. D.May 14, 1931 (Address) Burke Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Burke Idaho Date of Burial May 10, 193120. Undertaker L. Phusan Address Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75339

PLACE OF DEATH
County of Latah
City of Latah Falls
Hospital

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Melissa Fairchild
6. DATE OF BIRTH (month, day and year) June 26 - 1860
7. AGE
Years 70 Months 10 Days 26 If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED Farmer
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address)

15. Filed

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 1, 1931, to May 22, 1931that I last saw him alive on May 22, 1931

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.(duration) Days mos. ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed)

E. D. Weaver, M. D.5-23, 1931(Address) Latah Falls.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75340**

PLACE OF DEATH
County of Quinn Falls
City of Muntanough

Registration District No. 37Primary Registration District No. 2085(No. Muntanough RFD #1)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 812. FULL NAME Maria Bridges(a) Residence. No. Muntanough RFD #1 St.

(Usual place of abode)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov. 17. AGE Years 62 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mont.
(State or country)10. NAME OF FATHER George Terry11. BIRTHPLACE OF FATHER (city or town) MD.
(State or Country)12. MAIDEN NAME OF MOTHER Don't know13. BIRTHPLACE OF MOTHER (city or town) " "
(State or Country)14. Informant Emery Bridges
(Address) Muntanough RFD #115. File May 19th 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

4-16, 1931, to May 1, 1931
that I last saw her alive on May 4-16, 1931
and that death occurred, on the date stated above, at 19 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage(duration) yrs. mos. 14 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Chemical(Signed) Arthur H. Weaver M. D.
5-9, 1931 (Address) Twin Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls May 4 1931

20. Undertaker

Address

J. Grosvenor Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75341

State File No.

PLACE OF DEATH

County of Twin FallsCity of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085

(No.)

Local Registrar's No. 88

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Edgar Jones(a) Residence. No. 602 - 2nd Ave E. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 14 yrs. 5 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJulia Jones6. DATE OF BIRTH (month, day and year) May 15 - 18917. AGE Years Months Days If LESS than 1 day, hrs. or min.
39 11 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dairyman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Chittisotho
(State or country) Mo.10. NAME OF FATHER Thomas D. Jones11. BIRTHPLACE OF FATHER (city or town) Ky
(State or Country)12. MAIDEN NAME OF MOTHER Carrie Adams13. BIRTHPLACE OF MOTHER (city or town) Vermont
(State or Country)14. Informant (Address) Mrs Julia Jones
602 - 2nd Ave E.15. Filed May 20th, 1931. Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 15, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 10, 1930, to May 12, 1931that I last saw him alive on May 12, 1931and that death occurred, on the date stated above, at 11:30 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Diabetes Mellitus(duration) yrs. 6 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) S. C. Wilson, M. D.May 13, 1931 (Address) Twin Falls, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls Cemetery5-16 1931

20. Undertaker

Address

White Mortuary IncTwin FallsIdaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75342

State File No.

PLACE OF DEATH

County of win Falls
City of Buhl

Registration District No.

Primary Registration District No. 2087

Local Registrar's No.

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Cleo D. Green

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

June 3, 1931

J. H. Murphy

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 19, 1931, to May 24, 1931that I last saw him alive on May 16, 1931
and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

General Sepsis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Injury with Sepsis

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?at his homeDid an operation precede death? Yes Date of May 16Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. B. Smith M. D.May 20, 1931 (Address) Buhl Buhl*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Buhl Cemetery5/27/31

20. Registrar

Address

Buhl BuhlBuhl

RECEIVED JUN 13 1931

STATE OF IOWA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75343

PLACE OF DEATH

County LinnCity of LinnRegistration District No. 37Primary Registration District No. 2085(No. Filer R.F.D. #2 at home)Local Registrar's No. 86

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fannie Bond(a) Residence. No. R.F.D. #2 Filer St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 6 18597. AGE Years 71 Months 9 Days 4 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Winn (State or country)10. NAME OF FATHER John Snyder11. BIRTHPLACE OF FATHER (city or town) Germany (State or Country)12. MAIDEN NAME OF MOTHER Clara Snyder13. BIRTHPLACE OF MOTHER (city or town) Pa (State or Country)14. Informant Bruce Bond (Address) Filer R.F.D. #215. Filed May 20, 1931. Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) May (Day) 19 (Year) 1931

17. I HEREBY CERTIFY, That I attended deceased from

Jan 2, 1925, to May, 1931that I last saw her alive on May 10, 1931and that death occurred, on the date stated above, at 7:30 am m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? 3Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Chinical(Signed) H. Wilson, M. D.May 12, 1931 (Address) Twin Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls May 12 193120. Undertaker J. Gorman Address Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75345

State File No.

PLACE OF DEATH

County of Lemhi
City of Salmon

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Anna Carl

(a) Residence, No.

(Usual place of abode.)

Libberville Idaho

St.

Length of residence in city or town where death occurred. 3 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word)Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofH.F. Carl deceased

6. DATE OF BIRTH (month, day and year)

7. AGE

90 Years

Months

2

Days

7If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHouse wife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Steinburg Hungary

10. NAME OF FATHER

Joseph Hoffner11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

Not known13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Not known

14.

Informant
(Address)Dan Balser

15.

Filed

June 10, 1931Libberville Idaho

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 6th

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY That I attended deceased from

April 28 31 to May 6 31that I last saw him alive on April 28 31and that death occurred, on the date stated above, at 9-25A.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Myocarditis and
Chronic nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Chronic signs(Signed) Wm. J. Smith1931 (Address) Salmon, Ida.

19. Place of Burial, Cremation, or Removal

Libberville Cemetery

Date of Burial

5-10th 1931

20. Undertaker

Am. C. Jacob

Address

SalmonIda.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 2 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75346

State File No.

PLACE OF DEATH

County of Washington
City of Wenatchee

Registration District No. 86Primary Registration District No. 1010Local Registrar's No. 34

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gilbert Tracy

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE Wht 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAnnie Tracy6. DATE OF BIRTH (month, day and year) Sept 11 - 1837

7. AGE 93 Years 7 Months 8 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

 Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Maine

10. NAME OF FATHER

Isaac Tracy

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Maine

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Don't Know

14. Informant (Address) Isaac Tracy
Wenatchee, Idaho

15. Filed May 16 1931 H. R. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 18 1931, to Apr 19 1931
that I last saw him alive on Apr 19 1931

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Senility

Several (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of.....Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. M. N. N. N. M. D.Apr 20 1931 (Address) Wenatchee, Idaho

19. Place of Burial, Cremation or Removal

Date of Burial

Wenatchee Cemetery 4-21-1931

20. Undertaker

Address

L. B. Northam Wenatchee, Idaho

H. H. H.

RECEIVED JUN 2 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75347

State File No.

PLACE OF DEATH

County of WashingtonCity of Weiser, Idaho.

CERTIFICATE OF DEATH

Registration District No. 86Primary Registration District No. 1018(No. 52 E. Park Street, Weiser, Idaho.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 222. FULL NAME Joseph Edward Pratt(a) Residence. No. 52 E. Park Street, St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 3 yrs. 10 mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) ~~WIFE~~Levica C. Pratt6. DATE OF BIRTH (month, day and year) January 7, 1868

7. AGE

Years

Months

Days

IF LESS than 1 day,

63 years3 mos.20 dayshrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work Retired(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pea Ridge
(State or country) Arkansas

10. NAME OF FATHER

John Pratt

11. BIRTHPLACE OF FATHER (city or town)

(State or Country) Scotland

12. MAIDEN NAME OF MOTHER

Sarah Ellis

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Missouri

14.

Informant Mrs. Levica Pratt, 52 E. Park St.
(Address)

15.

Filed May 16 1931W. P. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April27th1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

January 1st 31 19....., to April 27th 31 19.....that I last saw him alive on April 27th 31 19.....and that death occurred, on the date stated above, at 10th m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Arthritis Deformans
Chronic interstitial
Nephritis(duration) 3 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) E. C. C. C. C. M. D.4/27/31, 19..... (Address) Weiser, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Hillcrest CemeteryApril 30 1931

20. Undertaker

Address

L. C. NorthamWeiser, Ida.MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 2 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75348

State File No. _____

PLACE OF DEATH

County of WashingtonCity of Wenatchee

CERTIFICATE OF DEATH

Registration District No. 86Primary Registration District No. 2112

(No. _____)

Local Registrar's No. 232. FULL NAME Clifford E Burns(a) Residence. No. Midvale St. _____(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGertrude Burns6. DATE OF BIRTH (month, day and year) July 4 - 18937. AGE 37 Years 9 Months 22 Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wendy
(State or country)10. NAME OF FATHER Thomas Burns11. BIRTHPLACE OF FATHER (city or town) Don't Know
(State or Country)12. MAIDEN NAME OF MOTHER Carline Mosley13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Gertrude Burns
(Address) Midvale Idaho15. Filed May 16, 1931 D. P. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 26, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 19, 1931, to April 26, 1931,
that I last saw him alive on April 26, 1931,
and that death occurred, on the date stated above, at 7:00 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Lobar Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted Midvale Id
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Pneumonia(Signed) L. C. Northam, M. D.
April 27, 1931 (Address) Wenatchee Id19. Place of Burial, Cremation, or Removal Midvale Idaho Date of Burial 4-27-193120. Undertaker L. C. Northam Address Wenatchee Id

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75349

State File No.

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86Primary Registration District No. 1010Local Registrar's No. 25

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josephine Ella Hopkins

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wht 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

~~HUSBAND~~
(or) WIFE of Frazer J Hopkins

6. DATE OF BIRTH (month, day and year) Nov 10 - 1854

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
76 7 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ohio
(State or country)

10. NAME OF FATHER John Higgins

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (city or town) Dont know
(State or Country)

14. Informant Mr. Hazel Huskey
(Address) Seattle Wash

15. Filed May 10, 1931 W R Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from af 27 1931, to May 2 1931,
that I last saw her alive on May 2 1931,
and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Thrombus in Pulmonary
Veins.

.....(duration)yrs.mos. 5 ds.

CONTRIBUTORY (Secondary)

.....(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W Marshall, M. D.
May 9 1931 (Address) Weiser

19. Place of Burial, Cremation, or Removal

Date of Burial

Hillcrest CemeteryMay 6 1931

20. Undertaker

Address

L. B. NorthrupWeiser Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH JUN 12 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital StatisticsFile No. **75350**
Registered No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Washington
City of CambridgeRegistration District No. _____
Primary Registration District No. _____
(No. _____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Madison Norton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed
(Write the word.)6. DATE OF BIRTH. December 5 1863
(Month) (Day) (Year)7. AGE 67 Yrs. 5 Mos. 29 ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work... Baker Helper
(b) General nature of industry, business, or establishment in which employed (or employer)... General Small Bakery

9. BIRTHPLACE

(State or Country) England

10. NAME OF FATHER

William Norton

11. BIRTHPLACE OF FATHER

(State or Country) England

12. MAIDEN NAME OF MOTHER

Sarah Madison

13. BIRTHPLACE OF MOTHER

(State or Country) England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Campbell
(Address) Cambridge, Idaho15. 6-11-31
FILED _____ 191 _____J. E. T. WHITMAN
CAMBRIDGE, IDAHO

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 4 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June 2 1931 to June 4 1931, that I last saw him alive on June 4 1931 and that death occurred on the date stated above, at 11:45 PM.

The CAUSE OF DEATH* was as follows:

Thrombus

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) H. F. Hurd M. D.19 (Address) Cambridge, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death... yrs. mos. days In the State... yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Cambridge, Idaho

DATE OF BURIAL

6/6 1931

20. UNDERTAKER

Jaffordson

ADDRESS

Cambridge

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH.
County of *Washington*
City of *Cambridge*

Registration District No.
Primary Registration District No.
(No. St.)

File No. *75351*
Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME *Wick Shroyer*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WID-OWED OR DIVORCED. *Married*
(Write the word.)

6. DATE OF BIRTH. *Nov 29 1848*
(Month) (Day) (Year)

7. AGE *82* Yrs. *4* Mos. *8* ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work... *Farmer*
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE
(State or Country) *Indiana*

10. NAME OF FATHER *Frederic T Shroyer*

11. BIRTHPLACE OF FATHER
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) *M. C. Witherson*
(Address)

15. *6-11-31*
Filed *1931*

DR. R. T. WHITEMAN
CAMBRIDGE, IDAHO

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *9/1 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Feb. 1/31 191* to *April 1, '31 191*, that I last saw him alive on *April 1/31 191* and that death occurred on the date stated above, at *2:00 P. M.*

The CAUSE OF DEATH* was as follows:
Chronic myocarditis

(Duration) *1* Yrs. mos. ds.
Contributory *Arterio-sclerosis*.
(Secondary)

(Duration) *3* Yrs. mos. ds.
(Signed) *W. H. Homan* M. D.
19 (Address) *Cambridge, Idaho.*

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?.....
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL *Calubria* DATE OF BURIAL *4-3 1931*

20. UNDERTAKER *J. A. Huchler* ADDRESS *Cambridge*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75352

State File No.

PLACE OF DEATH

County of

City of

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

May 20, 1931

1931

W. R. Hamilton

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 14

1931

to May 12

1931

that I last saw him alive on Mar 12 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

May 20, 1931

(Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Still event cemetery

5-14-1931

20. Undertaker

Address

L. C. Northam

Weiser Id.

M H M

RECEIVED JUN 2 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75353

State File No.

PLACE OF DEATH

County of WashingtonCity of Weiser

CERTIFICATE OF DEATH

Registration District No. 86Primary Registration District No. 1010Local Registrar's No. 28

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alma Brackett(a) Residence. No. 804 E Court St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S. if of foreign birth? ys. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wht 5. Single, Married, Widowed, or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 13 - 19057. AGE 26 Years 3 Months 22 Days hrs. or min. If LESS than 1 day.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) No Dakota
(State or country)10. NAME OF FATHER Willie L Brackett11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Emma C. Fearheller13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Idaho14. Informant Vivian Green
(Address) Tacoma Wash.15. Filed May 20, 1931 W.R. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 5, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 1st, 1931, to May 5th, 1931
that I last saw her alive on May 5th, 1931,
and that death occurred, on the date stated above, at 4 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:SepticemiaDeceased was an Idiot.(duration) ys. mos. ds.CONTRIBUTORY Multiple Bed Sores.
(Secondary)(duration) ys. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None

(Signed), M. D.

May 5th 1931, (Address) Weiser Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Hillcrest Cemetery5-8-1931

20. Undertaker

Address

L. C. NorthamWeiser Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75354

PLACE OF DEATH

County of Washington
City of Wenatchee

CERTIFICATE OF DEATH

Registration District No. 86Primary Registration District No. 1010

(No. _____)

Local Registrar's No. 26

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Austin Clark

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Wht 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMary J. Clark6. DATE OF BIRTH (month, day and year) May 10-1884

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
27 0 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Border

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) No Corraling

10. NAME OF FATHER

Francis Clark

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

No Corraling

12. MAIDEN NAME OF MOTHER

Mother Coffey

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

No Corraling14. Informant (Address) Mary J. Clark
Wenatchee Idaho15. Filed May 20, 1931 W. R. Hamilton
Registrar.

M. N. M.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 11, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from May 4, 1931, to May 11, 1931that I last saw him alive on May 11, 1931and that death occurred, on the date stated above, at Wenatchee

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Rocky Mountain Tick fever -(duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted Mathews Co Oregon
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? no(Signed) E. C. Canant, M. D.May 12, 1931 (Address) Wenatchee Idaho19. Place of Burial, Cremation, or Removal Medvale Idaho Date of Burial 5-23-193120. Undertaker L. B. Norham Address Wenatchee

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

MARGIN RESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75355

PLACE OF DEATH

County of Myer
City of Leoviston

CERTIFICATE OF DEATH

Registration District No. 46
Primary Registration District No. 1009
(No. Wholes Hospital)

Local Registrar's No. 185

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence Jasper Mounce

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Georgia Mounce
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 20th 1900

7. AGE Years 30 Months 11 Days 11 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lumber yard employee

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Leoviston Charleston Lbr Co

9. BIRTHPLACE (city or town) Idaho
(State or country)

10. NAME OF FATHER Lafayette Mounce

11. BIRTHPLACE OF FATHER (city or town) Iowa
(State or Country)

12. MAIDEN NAME OF MOTHER Anna Hayes

13. BIRTHPLACE OF MOTHER (city or town) New York
(State or Country)

14. Informant Mrs Lafayette Mounce
(Address) Leoviston

15. Filed 6/13/31 J. M. Kyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1931, to June 11, 1931
that I last saw him alive on June 11, 1931
and that death occurred, on the date stated above, at 4:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

accidental fall
Crushed Dorsal Spine
Fell off lumber box car and 2x14x42
fall on chest (15 feet drop)
(duration) yrs. mos. ds. 6 mos

CONTRIBUTORY accident
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted _____
if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? Yes - No damaged organs.

What test confirmed diagnosis? Cardinal autopsy.

(Signed) E. L. White M. D.

6-13, 1931 (Address) Leoviston Ida

19. Place of Burial, Cremation, or Removal Leoviston Date of Burial 6/14 1931

20. Undertaker Passer Mortuary Inc Address Leoviston

copy

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No.

PLACE OF DEATH

County of Payette
City of Lewiston

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No.
(No. Whites Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence Jasper Mounce

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

RECEIVED
JUN 29 1931
VETERANS ADMINISTRATION
MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Georgia Mounce
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 20 1901

7. AGE Years Months Days If LESS than 1 day hrs. or min.
30 11 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lumber Yard employee
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Lewiston Charleston Lbr Co

9. BIRTHPLACE (city or town) (State or country) Idaho

10. NAME OF FATHER Lafayette Mounce

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Anna Hayes

13. BIRTHPLACE OF MOTHER (city or town) (State or County) New York

14. Informant (Address) Mrs Lafayette Mounce

15. Filed....., 19.....
Registrar. JAN. 14 1931

16. DATE OF DEATH June 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11 1931 to June 11 1931
that I last saw him alive on June 11 1931
and that death occurred, on the date stated above, at 4:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Accidental Fall.
Crush Dorsal Spine
Fell off lumber Box car to ground and
2x14-42 ft fell on chest-15 ft drop.

CONTRIBUTORY (Secondary) accident.
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes No damage to organs

What test confirmed diagnosis Cervical Autopsy
(Signed) R. L. White, M. D.
6-13 1931 (Address) Lewiston

19. Place of Burial, Cremation, or Removal Lewiston Date of Burial 6/14 1931

20. Undertaker Vassar Mortuary Inc Lewiston Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

75356 75356

PLACE OF DEATH

County of Boaler
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 82

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Wilson Nelson

(a) Residence No. 1524 Front St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of May Nelson
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 20 1890

7. AGE Years 40 Months 9 Days 13 If LESS than 1 day, 0 hrs. or 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Foreman Woods

(b) General nature of industry, business, or establishment in which employed (or employer) Lumbering

(c) Name of employer Hinton Lumber Co

9. BIRTHPLACE (city or town) Penn
(State or country)

10. NAME OF FATHER Geo Nelson

11. BIRTHPLACE OF FATHER (city or town) Penn
(State or Country)

12. MAIDEN NAME OF MOTHER Anna Thompson

13. BIRTHPLACE OF MOTHER (city or town) Penn
(State or Country)

14. Informant Jack Nelson
(Address) Coeur d'Alene

15. Filed 6/29 1931 H. J. Surges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 3 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3 1931
....., 19....., to 19.....
that I last saw him alive on 19.....

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

"accidental" Chest & Body
Crushed by Log
(Camp 14 Hinton Lumber Co.)

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. M. Mooney M. D.
June 4, 1931 (Address) Coeur d'Alene

19. Place of Burial, Cremation, or Removal Forest Cemetery Date of Burial June 6 1931

20. Undertaker Mooney Mortuary Address P.O.

PLACE OF DEATH

County of Idaho
City of CottonwoodSTATE OF IDAHO JUL 1 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 105
Primary Registration District No. 2183

DO NOT WRITE IN THIS SPACE

State File No. 75357Local Registrar's No. 14(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME James Four Lamb

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Mildred Lamb
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov 16 18937. AGE Years Months Days If LESS than 1 day, hrs. min.
37 6 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shovel runner(b) General nature of industry, business, or establishment in which employed (or employer) Highway

(c) Name of employer

9. BIRTHPLACE (city or town) Tombstone Ariz
(State or country)10. NAME OF FATHER James A Lamb11. BIRTHPLACE OF FATHER (city or town) Arizona
(State or Country)12. MAIDEN NAME OF MOTHER May Four13. BIRTHPLACE OF MOTHER (city or town) Arizona
(State or Country)14. Informant Mildred Lamb
(Address) Dubland15. Filed 6-13, 1931 H. F. Orr for J. B.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 5, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June 4, 1931, to June 5, 1931, that I last saw him alive on June 4, 1931 and that death occurred, on the date stated above, at 12:10 A. m.

The CAUSE OF DEATH* was as follows:

Concussion of the brain.

(duration) yrs. mos. ds.

CONTRIBUTORY Car accident
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? NoDid an operation precede death? No Date ofWas there an autopsy? No symptomsWhat test confirmed diagnosis? Physical findings(Signed) A. B. Halliwell M. D.
6/5, 1931 (Address) Winchester, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal H. A. Phelan Date of Burial 1920. Undertaker H. A. Phelan Address Profins

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

75358

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
75358
State File No.

PLACE OF DEATH
County of Ada.
City of Boise.
Registration District No.
Primary Registration District No.
Local Registrar's No.

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roy Marion Treat.
(a) Residence. No. Boise, Idaho. R.#4. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>			21. DATE OF DEATH (month, day, and year) <u>6/28/31</u>	193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ella Alice Treat.</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>June 25</u> , 1931, to <u>June 28</u> , 1931. last saw him alive on <u>June 28</u> , 1931: death is said to have occurred on the date stated above, at <u>5:50 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Basal skull fracture</u> <u>Right side. Due to</u> <u>traumatic injury</u> <u>Complicated by meningitis</u> Date of onset		
6. DATE OF BIRTH (month, day, and year) <u>July 22-1879</u>						
7. AGE	Years	Months	Days	If LESS than		
<u>51</u>		<u>11</u>	<u>6</u>	<u>4 days, 10 hours, 10 min.</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>						
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Glendive, Mont.</u>						
13. NAME <u>Robert M. Treat.</u>				Name of operation <u>none</u> Date of		
14. BIRTHPLACE (city or town) (State or country) <u>Unknown.</u>				What test confirmed diagnosis? <u>X-ray.</u> Was there an autopsy? <u>yes</u>		
15. MAIDEN NAME <u>"</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>6-25-1931</u> Where did injury occur? <u>Boise, Idaho.</u> (Specify city or town, county, and State)		
16. BIRTHPLACE (city or town) (State or country) <u>"</u>				Specify whether injury occurred in industry, in home, or in public place. <u>In home</u> Manner of injury <u>Basal skull fracture</u> Nature of injury		
17. INFORMANT <u>Roy M. Treat Jr.</u> (Address) <u>Boise, Idaho.</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify		
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cemetery</u> Date <u>7/1/31</u> , 193				(Signed) <u>Herald T. Rhodes</u> , M. D. (Address) <u>Boise, Idaho.</u>		
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>						
20. FILED <u>7-1</u> , 193 <u>W.H. Rhodes</u> Registrar.						

199

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

1. PLACE OF DEATH

County of Owyhee

City of _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Ralph Clark FrostRegistration District No. 43Primary Registration District No. 2120

(No. _____ St.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. _____

Local Registrar's No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(Write the word)

6. DATE OF BIRTH

July 1, 1899
(Month) (Day) (Year)

7. AGE

31 Yrs. 11 Mos. 19 ds.

IF LESS than 1
day how many
_____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Rancher
(b) General nature of industry, business or establishment in which employed (or employer) _____

9. BIRTHPLACE

(State or Country) Idaho

10. NAME OF

Father Thomas B. Frost

11. BIRTHPLACE OF FATHER

(State or Country) Illinois

12. MAIDEN NAME OF MOTHER

Laura Clark

13. BIRTHPLACE OF MOTHER

(State or Country) Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Frite(Address) Silver City, Idaho.

15.

Filed June 17th, 1931. W. H. Leonard
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____
_____ 19____ to _____ 19____,

that I last saw him _____ alive on _____ 19____,
and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Dragged by horse.

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) John FriteCoroner. M.D.19____ (Address) Silver City, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
if not at place of death?

Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Frost Ranch,
Riddle, Idaho.DATE OF BURIAL
June 13, 1931

20. UNDERTAKER

None

ADDRESS _____

RECEIVED JUL 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75360

State File No.

PLACE OF DEATH

County of LatahCity of RuralRegistration District No. 6.1Primary Registration District No. 10.11Local Registrar's No. 26

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William George Woerner

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept. 24, 19117. AGE Years 19 Months 5 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kalispell, Mont.
(State or country)10. NAME OF FATHER Raymond L. Woerner11. BIRTHPLACE OF FATHER (city or town) Mich.
(State or Country)12. MAIDEN NAME OF MOTHER Edith L. VanWagenen13. BIRTHPLACE OF MOTHER (city or town) Mont.
(State or Country)14. Informant Raymond L. Woerner
(Address) McSew, Idaho15. Filed July 2, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar.81931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at..... m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Lost in woods and was frozen to death

(duration) yrs. mos. ds.

CONTRIBUTORY Exposure
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) K. R. Shurt

M. D.

6-13(Address) McSew

19. Place of Burial, Cremation, or Removal

Date of Burial

McSew Cemetery6/14/31 19

20. Undertaker

Address

K. R. ShurtMcSew

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75361

PLACE OF DEATH

County of Bingham
City of Albion

Registration District No. 116Primary Registration District No. 2195Local Registrar's No. 9

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Driscoll(a) Residence. No. Sterling, Ida. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

5a. If married, widowed, or divorced CLARA
HUSBAND of (or) WIFE of Agnes Driscoll

6. DATE OF BIRTH (month, day and year)

Oct. 8, 1878

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

52 8 7 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Albion, Utah

10. NAME OF FATHER

Richard Driscoll

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Ireland

12. MAIDEN NAME OF MOTHER

Margaret Wickman

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Utah

14.

Informant

(Address)

Sterling, Idaho
Agnes Driscoll

15.

Filed

6/111931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 11, 1931, to June 11, 1931
that I last saw him alive on June 11, 1931and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Rupture
Acute dilatation
of heart from pulling
in tug of war game
(duration) yrs. mos. ds. 2 hrs.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

M. C. Markum, M. D.June 11, 1931 (Address) Albion, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Pocatello, Ida 19

20. Undertaker

Address

Schumackers Beasley Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, }
County of Bingham, } ss.
Certificate No. 75361 Death

The undersigned does solemnly swear that certain facts on the certificate of death
for Richard Driscoll who died on June 11, 1931,
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Bingham County, are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by _____ prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED (“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name of wife <u>Agnes</u>		<u>Clara Driscoll</u>
Age of deceased <u>52 yrs 9 mos 3 days</u>		<u>52 yrs 8 mos 3 days</u>

Subscribed and sworn to before me this 9th
day of March, 19 43

Schumacher & Bepko
Signed By Byron B. Howell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Pocatello, Ida

My commission expires 11-13-45
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, }
County of Bingham, } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2d
day of March, 19 43

Signed Agnes Driscoll
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Aberdeen, Idaho

My commission expires _____
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75362	
County of <u>Ada</u>		CERTIFICATE OF DEATH		State File No.	
City of <u>Kuna</u>		Registration District No.		Local Registrar's No.	
		Primary Registration District No.			
		(No. <u>Kuna, Idaho.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mrs. Jennie Collins.</u>					
(a) Residence. No. <u>Riverside Station, Boise, Idaho.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. <u>2</u> mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>J. W. Collins.</u>					
6. DATE OF BIRTH (month, day, and year) <u>Mo. 23-1863</u>					
7. AGE	Years	Months	Days	If LESS than	
<u>68</u>	<u>3</u>	<u>11</u>	<u>11</u>	or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Teacher.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation <u>49</u>					
12. BIRTHPLACE (city or town) <u>Bedford Co. Pa.</u> (State or country)					
13. NAME <u>David Young</u>					
14. BIRTHPLACE (city or town) <u>Penna</u> (State or country)					
15. MAIDEN NAME <u>Hanna Evans</u>					
16. BIRTHPLACE (city or town) <u>Penna</u> (State or country)					
17. INFORMANT <u>Mrs. Guy R. Martin.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Kuna Cemetery.</u> Date <u>7/8/31</u> , 193					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>July 6,</u> 193 <u>1</u> <u>Roy Musselman</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7/4/31</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from					
....., 193....., to....., 193.....					
I last saw <u>her</u> alive on....., 193.....; death is said to have occurred on the date stated above, at <u>11:34</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
Date of onset					
<u>Acute Dilatation of her Heart</u>					
Other contributory causes of importance:					
<u>Chronic Hepatitis of about 13 years duration</u>					
Name of operation..... Date of.....					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>none</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury....., 193.....					
Where did injury occur?..... (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify.....					
(Signed) <u>F. J. Coleman</u> , M. D.					
(Address) <u>Kuna, Idaho.</u>					

90

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		City of <u>Kuna</u>		State File No.	
Registration District No.		Primary Registration District No.		Local Registrar's No.	
(No. <u>Kuna, Idaho</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mrs. Jennie Collins.</u>					
(a) Residence No. <u>Riverside Station, Boise, Idaho.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. <u>2</u> mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow.</u>			
5a. If married, widowed, or divorced HUSBAND of <u>J. W. Collins</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Nov. 23-1863</u>					
7. AGE Years <u>68</u>	Months <u>3</u>	Days <u>11</u>	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Teacher.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation <u>49</u>		
12. BIRTHPLACE (city or town) <u>Bedford Co. Pa.</u> (State or country)					
13. NAME <u>David Young.</u>					
14. BIRTHPLACE (city or town) <u>Penn.</u> (State or country)					
15. MAIDEN NAME <u>Hanna Evans.</u>					
16. BIRTHPLACE (city or town) <u>Penn.</u> (State or country)					
17. INFORMANT <u>Mrs. Guy R. Martin.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Kuna Cemetery.</u> Date <u>7/8/31</u> , 1931					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>7-7</u> , 1931 <u>Ray Musselman</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7/4/31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from, 1931, to, 1931					
I last saw <u>her</u> alive on, 1931; death is said to have occurred on the date stated above, at <u>11:15 A.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Acute Dilatation of her heart.</u>					
Other contributory causes of importance: <u>Chronic sepatisis of about 3 years duration.</u>					
Name of operation <u>No.</u> Date of					
What test confirmed diagnosis? <u>None</u> Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>F. J. Coleman.</u> M. D.					
(Signed) <u>F. J. Coleman.</u> M. D. (Address) <u>Kuna, Idaho.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO JUL 9 1931		75363	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE			
BUREAU OF VITAL STATISTICS		75363			
CERTIFICATE OF DEATH		State File No.			
County of <u>Lemhi</u>	Registration District No. <u>47</u>	Local Registrar's No.			
City of <u>Salmon</u>	Primary Registration District No. <u>2116</u>				
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Julia E. Reddington</u>					
(a) Residence. No. <u>Leadon Idaho</u> St. <u>90</u>					
(Usual place of abode)					
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of <u>Milton I. Reddington</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE <u>84</u> Years	<u>6</u> Months	<u>16</u> Days	If LESS than 1 day, hrs. or min.		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>De Groen, Ill</u>					
MOTHER FATHER					
13. NAME <u>Henry F. Wain</u>					
14. BIRTHPLACE (city or town) (State or country) <u>New York State</u>					
15. MAIDEN NAME <u>Abigail Frost</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Vermont State</u>					
17. INFORMANT (Address) <u>Mrs. Thomas Stroud Salmon Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salmon</u> Date <u>June 28 1931</u>					
19. UNDERTAKER (Address) <u>William Hobler Salmon Idaho</u>					
20. FILED <u>July 6, 1931</u> <u>Clis Bellamy</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 25th 1931</u>					
22. I HEREBY CERTIFY, That I attempted deceased from <u>June 20, 1931</u> , to <u>June 25, 1931</u>					
Last saw her alive on <u>June 25, 1931</u> ; death is said to have occurred on the date stated above, at <u>3:30 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Acute dilatation</u>					
<u>Acute dilatation heart</u>					
Other contributory causes of importance: <u>Old age</u>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify					
(Signed) <u>B. Wright</u> M. D.					
(Address) <u>Salmon Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75365

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2157

Local Registrar's No. 29

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Bruce R. Dancy

(a) Residence. No. Chaska St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 24 1895

7. AGE Years 35 Months _____ Days _____ If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fanner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) Tennessee (State or country)13. NAME Arnold Dancy14. BIRTHPLACE (city or town) Ten (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Ten (State or country)17. INFORMANT Lethro Ryan (Address) Leahman 2da18. BURIAL, CREMATION, OR REMOVAL Place Crematorium Date June 16 193119. UNDERTAKER V. A. Shaw (Address) Orofino20. FILED June 15, 1931 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 14 1931

22. I HEREBY CERTIFY, That I attended deceased from June 14 1931, to June 14 1931.
last saw him alive on June 14 1931; death is said to have occurred on the date stated above, at 7.30 P m.
The principal cause of death and related causes of importance were as follows:

Cerebral injury due to
auto accident on June 14-1931
Date of onset June 14-1931

Other contributory causes of importance:
Multiple fractures of both
lower extremities
June 14-1931

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury June 14 1931Where did injury occur? Orofino Idaho (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. public roadManner of injury auto accidentNature of injury auto over bank

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. B. Pappenhagen M. D.(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75367

State File No.

PLACE OF DEATH

County of Boise

City of Malad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 27

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David C. Jones

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Married (write the word)

5a. If married, widowed, or divorced
HUSBAND of Charlotte Owens
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 4

7. AGE Years 65 Months 11 Day 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Janner.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wales.
(State or country)

10. NAME OF FATHER David C. Jones.

11. BIRTHPLACE OF FATHER (city or town) Wales.
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Stephens

13. BIRTHPLACE OF MOTHER (city or town) Wales.
(State or Country)

14. Informant Owen Jones
(Address) R. F. D. #1 Malad Alta

15. Filed 7/30, 1931 J. M. Kerue
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June - 18 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
that I last saw h..... alive on dead, 19.....
and that death occurred, on the date stated above, at 4 P m.
The CAUSE OF DEATH was as follows:

Fracture skull
distans

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Post fall on
his own head.
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Malad M.
6/19, 1931 (Address) Malad Alta

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

St. John's Alta June 21 1931

20. Undertaker Address

J. Guy Benson Malad Alta

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75368

State File No.

PLACE OF DEATH

County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069

Local Registrar's No. 28

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Mires

(a) Residence. No. Malad, Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred, 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced. (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of Mary Emmetson
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 25, 1846

7. AGE Years 84 Months 5 Days 3 If LESS than 1 day, 0 hrs. or 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Labourer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Cleveland
(State or country) Ohio

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (city or town) ..
(State or Country) ..

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) ..
(State or Country) ..

14. Informant Mrs F. A. Sparks
(Address) Malad, Ida.

15. Filed 6/30, 1931 J. M. Kerner
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 28 1931 to June 28 1931

that I last saw him alive on June 18 1931

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows: General debility

(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Prostration
(duration) 4 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ..

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) W. M. Kerner
6/29, 1931 (Address) Malad, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Ogden Utah Date of Burial July 1 1931

20. Undertaker J. Guy Benson Address Malad, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75369

PLACE OF DEATH

County of Oneida
City of Malad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 26

(No. Community Hospital, Malad)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Baby Leigh

(a) Residence: No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word)

Child

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 12 31

7. AGE

Years

Months

Days

If LESS than 1 day,

4 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Baby

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Malad
Ida.

10. NAME OF FATHER

Byron Leigh

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Malad
Ida.

12. MAIDEN NAME OF MOTHER

Jennie Walsley

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Mayville
Ida.

14. Informant

(Address)

Byron Leigh
Malad Ida.

15. Filed

6/50, 1931

J. M. Kerns
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 12, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 12, 1931 to May 12, 1931

that I last saw he alive on May 12, 1931

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Dr. M. Kerns
6/2, 1931 (Address) Malad Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Malad Ida June 12 1931

20. Undertaker

Address

J. Guy Benson Malad Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75370

State File No.

PLACE OF DEATH

County of Oneida
City of Malad

Registration District No.

Primary Registration District No. 2069

Local Registrar's No. 28-

(No. Community Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorcel W. Jones

(a) Residence. No. Malad Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 4, 1916

7. AGE Years 15 Months 3 Days 3 If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Camaria
(State or country) Ida.

10. NAME OF FATHER Ben F. Jones

11. BIRTHPLACE OF FATHER (city or town) Ida.
(State or Country)

12. MAIDEN NAME OF MOTHER Caroline William

13. BIRTHPLACE OF MOTHER (city or town) Ida.
(State or Country)

14. Informant Ben L. Jones
(Address) Malad Ida

15. Filed 6/50 1931 J. H. Kress
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 7 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1931 to June 7, 1931
that I last saw him alive on June 7, 1931
and that death occurred, on the date stated above, at 9:30 p m.

The CAUSE OF DEATH was as follows:

Pneumonia

(duration) yrs. mos. ds.
CONTRIBUTORY Ruptured appendix
(Secondary)

(duration) yrs. 3 mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? yes Date of June 4, 31

Was there an autopsy? no

What test confirmed diagnosis Apdx. findings

(Signed) J. H. Kress M. D.

June 4, 1931 (Address) Malad, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Camaria Ida Date of Burial June 10 1931

20. Undertaker J. Jay Benson Address Malad Ida

MAINTAIN RECORD FOR BIRTHS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75371

PLACE OF DEATH

County of Quada
City of Maad

Registration District No. 26
Primary Registration District No. 2069

Local Registrar's No. 24

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miles J. Clatter

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. " mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of

~~WIFE of~~ Rosalie Jones

6. DATE OF BIRTH (month, day and year) Jan. 10 - 1886

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
45 4 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England.

10. NAME OF FATHER Thomas Clatter

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.

12. MAIDEN NAME OF MOTHER Edith James.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England.

14. Informant Rosalie J. Clatter
(Address) Maad, Ida

15. Filed 6/30, 1931
J. M. W. C. W. C.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June - 2 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1928 to June 2, 1931

that I last saw him alive on May 31, 1931

and that death occurred, on the date stated above at 10 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation & stenosis
Cancer of bowels

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) W. M. D. Clatter M. D.
6/3, 1931 (Address) Maad, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
St. John Cda. June 5 1931

20. Undertaker Address
J. Guy Benson Maad Cda.

PLACE OF DEATH
County of Bonad
City of Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75372

State File No. _____

Registration District No. _____
Primary Registration District No. 12 Local Registrar's No. _____
(No. _____)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Elliott

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) X

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Dizzi Serena Elliott

6. DATE OF BIRTH (month, day and year)

7. AGE Years 72 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

Night Watchman

(c) Name of employer

Bonad Lumber

9. BIRTHPLACE (city or town) (State or country)

Idaho

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant (Address)

Mrs. Dizzi Serena Elliott

15.

Filed _____ 19 _____

Mrs. E. L. Robson

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 8 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____ 19 _____, to _____ 19 _____, that I last saw him alive on _____ 19 _____

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Old age and heart trouble

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) _____

_____ 19 _____ (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho City June 9th 1931

20. Undertaker

Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1931

PLACE OF DEATH -

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75373

State File No.

County of Bonne

City of Idaho City

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 43

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patrick Moriarty

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) About 1861

7. AGE Years 70 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) County of Kerry Ireland

13. NAME Miles Moriarty

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Hannah Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) James Moriarty Idaho City

18. BURIAL, CREMATION, OR REMOVAL Place Bonne, Ida Date June 16, 1931

19. UNDERTAKER (Address) Schubert & McQuinn Bonne, Ida

20. FILED 6-3, 1931. W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30, 1931

22. I HEREBY CERTIFY, That I attended deceased for the last 25 years

I last saw him alive on May 29, 1931; death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Patrick Moriarty has been ailing with hardening of the arteries and cause of death was natural

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Shanahan Coroner

(Address) Idaho City of Bonne

RECEIVED JUN 30 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State, File No.

PLACE OF DEATH

County of BoiseCity of Boise

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 12

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patrick Morarty

(a) Residence, No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 70 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labourer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) County Kerry Ireland10. NAME OF FATHER X

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Lawrence Sinn
(Address)15. Filed June 14 1931 Mrs E S Robison
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Grouped dead from heart failure

(duration)yrs.mos.ds

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds

18. Where was disease contracted if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis
(Signed) John Shanahan Esq

....., 19..... (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Boise IdahoJune 2 1931

20. Undertaker

Address

Shriner & McLean

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1931

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75374
State File No. 171

County of Baie
City of Lawrence

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 1016

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 1016 St. 1016

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 12-1868

7. AGE Years 62 Months 9 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Co. Pa

13. NAME John A. Ort

14. BIRTHPLACE (city or town) (State or country) York, Pa

15. MAIDEN NAME Kate Walters

16. BIRTHPLACE (city or town) (State or country) York Co. Pa.

17. INFORMANT Mrs. Mary K. Davis (Address) Los Angeles, Calif.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Date 6-12, 1931

19. UNDERTAKER McCaig (Address) 204 McCaig

20. FILED 6-13, 1931 W. B. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 8th 1931

22. I HEREBY CERTIFY, That I attended deceased from June 4th 1931 to June 8th 1931

I last saw him alive on June 4th 1931; death is said

to have occurred on the date stated above, at 12:45 p.m.

Principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance:

Flu (acute)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Ort M. D. (Address) Boise, Ida

RECEIVED JUN 30 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of BaseCity of Placerville

CERTIFICATE OF DEATH

Registration District No. 12

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ali Sung

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE Chinese5. Single, Married, Widowed,
or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE about 85

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workPlacer miner(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)China

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)John Carlson

15.

Filed

June 28, 1931Mrs E. S. Robson
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June231931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Old age

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed)

L. B. Becher

M. D.

....., 19..... (Address) Placerville

19. Place of Burial, Cremation, or Removal

Date of Burial

Placerville IdahoJune 23 1931

20. Undertaker

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75377

State File No.

PLACE OF DEATH

County of Payette.City of Payette.

CERTIFICATE OF DEATH

Registration District No. 4Primary Registration District No. 1008

(No.)

Local Registrar's No. 10

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jack. E. Dawne.(a) Residence. No. 815. N. 24. Street, Boise, Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 5 yrs. mos. ds.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. Fannie Dawne.

6. DATE OF BIRTH (month, day and year)

June. 23. 1901.

7. AGE

Years

Months

Days

If LESS than 1 day,

29.108.hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work. Dairyman and Aviator.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Checotah.

(State or country)

Oklahoma.

10. NAME OF FATHER

Edward Dawne.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Unknown.

12. MAIDEN NAME OF MOTHER

Emby Dear.

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Missouri.14. Informant Charles W. Arbogast.(Address) 2411. State Street, Boise, Idaho

15.

File May 2, 1931 J. C. Woodward

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May
(Month)1.
(Day)1931.
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 1, 1931, to May 1, 1931
that I last saw him alive on May 1, 1931and that death occurred, on the date stated above, at S. P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:accidental. killed in
air plane crash.none (duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Edith Landon coroner
May 2, 1931 (Address) Payette Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Boise, Idaho.May. 3. 31.

20. Undertaker

Address

Glenn. C. Landon, Payette, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75378

State File No.

PLACE OF DEATH

County of Payette

City of Payette

CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 14

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 730 7th St. St.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W. 5 Single, Married, Widowed, or Divorced (write the word) Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) June 16, 1931

7 AGE Years Months Days If LESS than 1 day, hrs. or min. 9

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Payette Ida.
(State or country)

10 NAME OF FATHER O. B. Stauff

11 BIRTHPLACE OF FATHER (city or town) North Bend Ore.
(State or country)

12 MAIDEN NAME OF MOTHER Rhoda Rugh

13 BIRTHPLACE OF MOTHER (city or town) Shedd Ore.
(State or country)

14 Informant Father, O. B. Stauff
(Address) Payette

15 Filed June 20 1931 J. C. Woodward
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 16 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 16 1931 to June 16 1931
that I last saw him alive on June 16 1931
and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows:

Premature infant.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Merrie R. Long M. D.
June 16 1931 (Address) Payette Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Date of Burial

Payette Idaho June 18 1931
20. Undertaker Glenn C. Landon Address Payette Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Payette
City of Payette

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE

75379

State File No. _____

Local Registrar's No. 11

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mr. Irvin S. Thurston(a) Residence. No. 5 South 13 St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEdna Venerable Thurston6. DATE OF BIRTH (month, day and year) Apr. 8 1880

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
51 1 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Fruit Buyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Argyle (State or country) Wis10. NAME OF FATHER J. S. Thurston11. BIRTHPLACE OF FATHER (city or town) Argyle (State or Country) Wis12. MAIDEN NAME OF MOTHER Lizzie Middleton13. BIRTHPLACE OF MOTHER (city or town) Argyle (State or County) Wis14. Informant Ralph S. Thurston (Address) Payette, Idaho15. Filed May 20 1931 J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 1, 1931, to May 16, 1931that I last saw him alive on May 16, 1931and that death occurred, on the date stated above, at 4:15 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic parenchymatous Nephritis(duration) about 2 yr mos. ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Laboratory findings(Signed) D. H. Avery, M. D.May 19, 1931 (Address) Payette, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Payette IdahoMay 20 1931

20. Undertaker

Address

Glenn C. JordanPayette Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

Dr. Letelle - New Plymouth

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 20 1931

DO NOT WRITE IN THIS SPACE

75380

State File No.

PLACE OF DEATH

County of

City of

Layette
Truffland

CERTIFICATE OF DEATH

Registration District No. 51

Primary Registration District No. 2130

Local Registrar's No. 4

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Oliver H. Browning

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W -

5. Single, Married, Widowed,
or Divorced (write the word.)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Berrie Browning

6. DATE OF BIRTH (month, day and year)

Nov 4 1894

7. AGE

Years

Months

Days

if LESS than 1 day,

..... hrs. or
..... min.

56

7

-

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Iowa

10. NAME OF FATHER

William Browning

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Iowa

12. MAIDEN NAME OF MOTHER

Charlotte Mitchell

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Iowa

14.

Informant
(Address)

Berrie Browning

15.

Filed

June 6, 1931

MRS. J. E. Letelle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 4, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY That I attended deceased from

June 2, 1931, to June 4, 1931

that I last saw him alive on June 4, 1931

and that death occurred, on the date stated above, at 6 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Arteriosclerosis
hypertension

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Same

Did an operation precede death?

no

Was there an autopsy?

no

What test confirmed diagnosis?

Clinical data

(Signed)

J. E. Letelle

M. D.

June 5, 1931

(Address)

New Plymouth, Ore

19. Place of Burial, Cremation, or Removal

Date of Burial

New Plymouth

June 7 1931

20. Undertaker

Address

Phersons, Farm Co

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75381

State File No.

PLACE OF DEATH

County of *Layette*

City of *Layette*

CERTIFICATE OF DEATH

Registration District No. *4*

Primary Registration District No. *1008*

Local Registrar's No. *13*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Ida A. Adams*

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word.) *Married*

5a. If married, widowed, or divorced
HUSBAND of *J. H. Adams*
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *Dec 23 1876*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
54 *5* *17*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Ill.*
(State or country)

10. NAME OF FATHER *Henry C. Nelson*

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) *Germany*

12. MAIDEN NAME OF MOTHER *Christina Dohle*

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) *Germany*

14. Informant (Address) *J. H. Adams
Layette, Ida.*

15. File *June 13 1931* *J. C. Woodward*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *June 10*, 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan 15, 19*31*, to *June 10*, 19*31*
that I last saw him alive on *June 10*, 19*31*
and that death occurred, on the date stated above, at *5:30 a. m.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

epidemic encephalitis

(duration) yrs. *5* mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *clinical*

(Signed) *J. R. Woodward*, M. D.

June 11, 19*31* (Address) *Layette, Ida.*

19. Place of Burial, Cremation, or Removal (Date of Burial)

20. Undertaker *J. C. Woodward* (Address) *Layette*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75382

State File No.

PLACE OF DEATH
County of Ben
City of Emmett

Registration District No. 6

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name; instead of street and number.)

2. FULL NAME William Maurice McCoy

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)Child

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Oct 31 - 1923

7. AGE

Years

Months

Days

If LESS than 1 day,

..... hrs. or
..... min.7538

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workChild(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Chico
Idaho

10. NAME OF FATHER

Archie M. Coy11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Marysville
California

12. MAIDEN NAME OF MOTHER

Jennie Avery13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Idaho
Idaho

14.

Informant
(Address)Mr. Frank Buckland

15.

Filed

4/7 1931J. H. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Apr51931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to

....., 19.....

that I last saw him alive on

....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Accidental drowning
in big pond of Boise
Payette Lumber Co

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

C. C. Collins Carver D.4/71931

(Address)

Emmett
Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Emmett Idaho4/8 1931

20. Undertaker

Address

C. BucknumEmmett
Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75383

State File No.

PLACE OF DEATH

County of Idaho Registration District No. 6
City of Emmett Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucio Bicandi

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 4 - 1920

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
11 1 1 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Barber
(State or country) Idaho

10. NAME OF FATHER Eugenio Bicandi

11. BIRTHPLACE OF FATHER (city or town) Spain
(State or Country)

12. MAIDEN NAME OF MOTHER Dolores Aguirre

13. BIRTHPLACE OF MOTHER (city or town) Spain
(State or Country)

14. Informant (Address) Rosa Mayo

15. Filed 4/7 1931 J. H. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

accidental drowning
in log pond of Boise
Pacific mill
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. C. Watkins D. 4/7 1931 (Address) Emmett Idaho

Place of Burial, Cremation, or Removal Emmett Idaho Date of Burial 4/8 1931

20. Undertaker O. S. Bucknum Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR PRINTING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75384

State File No.

PLACE OF DEATH

County of Emmett Registration District No.City of Emmett Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Math Rowe

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
About 70

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) not known
(State or country)10. NAME OF FATHER not known11. BIRTHPLACE OF FATHER (city or town) not known
(State or Country)12. MAIDEN NAME OF MOTHER not known13. BIRTHPLACE OF MOTHER (city or town) not known
(State or Country)14. Informant C. Bucknum
(Address)15. Filed 6/23 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Committed suicide in Emmett Idaho June 20th. By drowning in the Payette River, after failing in an attempt to cut his throat with a knifeCONTRIBUTORY
(Secondary)

(duration) yrs. mos. da.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. C. Halling Coroner
June 23 1931 (Address) Emmett IdahoPlace of Burial, Cremation, or Removal Emmett Ida Date of Burial 6/23 1931Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JUL 6 1931

DO NOT WRITE IN THIS SPACE

75385

State File No.

PLACE OF DEATH

County of Lincoln Registration District No.

City of Emmett Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Jay Freeman

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Annie B. Freeman
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 13 - 1857

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
74 - 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Illinois
(State or country)

10. NAME OF FATHER Walter R. Freeman

11. BIRTHPLACE OF FATHER (city or town) Illinois
(State or Country)

12. MAIDEN NAME OF MOTHER Ester Smith

13. BIRTHPLACE OF MOTHER (city or town) Illinois
(State or County)

14. Informant Annie B. Freeman
(Address) Emmett Idaho

15. Filed 6/3, 1931 J. D. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1931, 19... to June 2, 1931
that I last saw him alive on June 1, 1931

and that death occurred, on the date stated above, at 10 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic nephritis followed by myocarditis

..... (duration) yrs. mos. ds.

CONTRIBUTORY Myocarditis
(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. D. Reynolds, M. D.
6/3, 1931 (Address)

19. Place of Burial, Cremation, or Removal Emmett Idaho Date of Burial 6/4, 1931

20. Undertaker C. D. Beckman Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75386

State File No.

PLACE OF DEATH

County of Gem Registration District No.
City of Emmett Primary Registration District No. Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Blossom Church
(a) Residence. No. Barke Hano St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day and year) April 24 - 1918
7. AGE 13 Years 1 Months 18 Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Middleton Idaho
(State or country)

PARENTS

10. NAME OF FATHER Almon F. Church
11. BIRTHPLACE OF FATHER (city or town) Id.
(State or Country)
12. MAIDEN NAME OF MOTHER Elmora L. Herwin
13. BIRTHPLACE OF MOTHER (city or town) Colorado
(State or Country)

14. Informant Mrs. R. S. Handley
(Address) Sweet Idaho

15. Filed 6/13, 1931
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 12, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1931, to June 12, 1931
that I last saw her alive on June 12, 1931
and that death occurred, on the date stated above, at 5:00 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:

Suppurative peritonitis due to ruptured appendix

(duration) yrs. mos. ds.
CONTRIBUTORY Appendicitis
(Secondary)

(duration) yrs. mos. 9 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6-5-31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. S. Handley M. D.
June 13, 1931 (Address) Emmett Idaho

19. Place of Burial, Cremation, or Removal Brownlee, Idaho Date of Burial 6/14 1931

20. Undertaken C. B. Buckner Address Emmett Idaho

RECEIVED JUL 10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
75387
State File No.

PLACE OF DEATH

County of San Registration District No. 6
City of Emmett Primary Registration District No. Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Ramsey
(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of Laura Ramsey
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr 14 - 1864

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
66 11 17

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Scotland

10. NAME OF FATHER Alexander Ramsey

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address) Mrs Laura Ramsey

15. Filed Apr 2, 1931 J. B. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 31, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1931, to Mar 31, 1931,
that I last saw him alive on Mar 31, 1931
and that death occurred, on the date stated above, at 2 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic heart disease
Myocarditis
probably due to pyaemia
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) J. B. Reynolds, M. D.
Apr 2, 1931 (Address)

19. Place of Burial, Cremation, or Removal Date of Burial
Emmett Idaho Apr 3, 1931

20. Undertaker C. B. Bucknum Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75388**

PLACE OF DEATH

County of **Idaho** Registration District No. _____
City of **Emmett** Primary Registration District No. _____ Local Registrar's No. _____
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Harry D. Carmichael**

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **white** 5. Single, Married, Widowed, or Divorced (write the word.) **married**

5a. If married, widowed, or divorced

HUSBAND of **Mina B. Carmichael**
(or) WIFE of6. DATE OF BIRTH (month, day and year) **Nov 24 - 1874**

7. AGE **56** Years **6** Months **10** Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Merchant**

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) **Williamburg**
(State or country) **Iowa**10. NAME OF FATHER **John W. Carmichael**11. BIRTHPLACE OF FATHER (city or town) **Ohio**
(State or Country)12. MAIDEN NAME OF MOTHER **Ellen Castle**13. BIRTHPLACE OF MOTHER (city or town) **New York**
(State or Country)14. Informant **Mina B. Carmichael**
(Address) **Emmett Idaho**15. Filed **June 8, 1931**

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **June 4, 1931**

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at **2:30 P.** m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Heart failure?
Cause unknown.
Death very sudden without warning

CONTRIBUTORY
(Secondary)

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? **no**What test confirmed diagnosis? **none**(Signed) **H. D. Carmichael**, M. D.**June 8, 1931** (Address) _____19. Place of Burial, Cremation, or Removal **Emmett Idaho**Date of Burial **6/9 1931**20. Undertaker **C. B. Beckman**Address **Emmett Idaho**

RECEIVED JUL 3 1937

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75390

PLACE OF DEATH

County of Franklin

CERTIFICATE OF DEATH

City of Preston

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 31

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME WM. Elias Lane

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

April 5 1913

7. AGE

Years

Months

Days

If LESS than 1 day,

18

2

23

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work.

Farmer and

(b) General nature of industry, business, or establishment in which employed (or employer)

Schoolboy

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Lewiston Utah

10. NAME OF FATHER

Wilber Lane

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Lewiston Utah

12. MAIDEN NAME OF MOTHER

Jennie Blair

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Bute Montana

14.

Informant
(Address)

15.

Filed 6-30-1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

6-29-31

(Month)

(Day)

19 (Year)

17. I HEREBY CERTIFY, That I attended decens d from

6-28-1931, to 6-29-1931

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. The CAUSE OF DEATH was as follows:

Shock from
Compound fracture of left
leg. Fracture of pelvis
possible internal injuries
Traumatic accident

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

C. H. C. M. D.

(Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston Utah

July 2 31 19

20. Undertaker

Address

M. H. Hendricks

Preston Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Franklin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75391

Registration District No. 27
Primary Registration District No. 21-29

Local Registrar's No. 28

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Ferris L. Woodward

(a) Residence. No. Franklin, Idaho. St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Singer

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 26, 1929

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 9 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Franklin
(State or country)

13. NAME OF Father— Milton Woodward

14. BIRTHPLACE (city or town) Franklin
(State or country)

15. MAIDEN NAME Erma Lowe

16. BIRTHPLACE (city or town) Franklin
(State or country)

17. INFORMANT Milton Woodward
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Franklin Date 6-15-31 193

19. UNDERTAKER John M. Richards
(Address) Logan, Utah

20. FILED 6-15- 193 3 C. R. Cutler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-14-31 193

22. I HEREBY CERTIFY, That I attended deceased from _____, 193, to _____, 193.

I last saw h. alive on _____, 193: death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Drowned—when Physician arrived.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) [Signature] M. D.

(Address) [Address]

RECEIVED JUL 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of Franklin
City of Preston

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119
(No.)

Local Registrar's No. 29

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Evans Roe

(a) Residence. No. Preston St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

James Lewis Roe

6. DATE OF BIRTH (month, day and year) June 22 1894

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
36 II 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Samaria Idaho

10. NAME OF FATHER Issac Brown Evans

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Brigham Utah

12. MAIDEN NAME OF MOTHER Elizabeth Jane Price

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Samaria Idaho

14. Informant Lewis Roe

(Address) Preston Idaho

15. Filed 6-18-31 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 15 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1931 to June 15 1931
that I last saw her alive on June 10th 1931

and that death occurred, on the date stated above, at 5:32 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. The CAUSE OF DEATH was as follows:

Coronary thrombosis following a postoperative embolism

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Pelvic operation

(duration) yrs. mos. ds.

18. Where was disease contracted Fibromyomatus Uteris
if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A.R. Cullen, M. D.

19. Place of Burial, Cremation, or Removal Date of Burial

Preston Idaho June 18 1931

20. Undertaker M.W. Hendricks Address Preston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR PRINTING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75393
State File No. _____

PLACE OF DEATH *Franklin*

County of *Oneida*
City of *Franklin*

CERTIFICATE OF DEATH

Registration District No. *27*
Primary Registration District No. *2119*
(No. _____)

Local Registrar's No. *30*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Jane Theadore Biggs*

(a) Residence. No. *Franklin, Idaho* St. _____

(Usual place of abode.)
Length of residence in city or town where death occurred. *17* yrs. mos. ds. How long in U. S. if of foreign birth? *62* yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word.) <i>Married</i>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *John Biggs*

6. DATE OF BIRTH (month, day and year) *Nov. 28, 1852*

7. AGE <i>78</i>	Years <i>6</i>	Months <i>21</i>	Days <i>1</i>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Housekeeper*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) *Busby*
(State or country) *Scotland*

10. NAME OF FATHER
George Wright

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) *Scotland*

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14. Informant (Address) *J. Biggs, Franklin, Idaho*

15. Filed *6-21-*, 19*31*
Registrar. *C. W. Gustafson*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
June 19, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
June 15 —, 19*31*, to *June 19*, 19*31*
that I last saw him alive on *June 19* —, 19*31*
and that death occurred, on the date stated above, at *7:50* p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) *4* yrs. *4* mos. *4* ds.
CONTRIBUTORY *General debility*
(Secondary)

(duration) *10* yrs. _____ mos. _____ ds.

18. Where was disease contracted *✓*
if not at place of death?

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *clinical*
(Signed) *G. W. Stokes*, M. D.

June 20, 19*31* (Address) *Preston, Idaho*

19. Place of Burial, Cremation, or Removal *Franklin, Idaho* Date of Burial *June 21, 1931*

Undertaker *C. W. Gustafson* Address *Logansport*

RECEIVED JUL 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75394

State File No.

SICIAN

PLACE OF DEATH

County of FranklinCity of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Kirkup

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>widowed</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>81</u>				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. NONE(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) England10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country) England12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) England14. Informant No one knew much about him

(Address)

15. Filed 4-30- 1931Registrar. G. R. Cutler

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 26 1931 to April 27 1931
that I last saw him alive on Apr. 27- 1931and that death occurred, on the date stated above, at 7:00 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral hemorrhage(duration) 4 yrs. 4 mos. 1 ds.CONTRIBUTORY
(Secondary)General debility(duration) 3 yrs. - mos. - ds.18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? Clinical

(Signed)

Apr. 28 1931 (Address) G. W. Staty, M. D.
Preston, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

PrestonApr 29 1931

20. Undertaker

Address

M W. Hendricks PrestonMARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be in plain terms, so that it may be possible to state CAUSE OF DEATH in plain terms, so that it may be possible to state CAUSE OF DEATH in plain terms. See instructions on back of form.
Exact statement of OCCUPATION is very important.

RECEIVED JUL 12 1931

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

75396

1. PLACE OF DEATH
County of *Keyhole* Registration District No. *128*
City of *Caldwell Idaho* Primary Registration District No. _____
(No. _____ St.)

State File No. _____
Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME *Ulysis John George*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Married*
(Write the word)

6. DATE OF BIRTH *Sept 15 1867*
(Month) (Day) (Year)

7. AGE *63* Yrs *7* Mos. *27* ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work *Farmer*
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE (State or Country) *Missouri*

10. NAME OF Father *Newton George*

11. BIRTHPLACE OF FATHER (State or Country) *Kansas*

12. MAIDEN NAME OF MOTHER *Not known*

13. BIRTHPLACE OF MOTHER (State or Country) *" "*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Frank George*
(Address) *Caldwell Idaho*

15. Filed *May 1931* *George Gagnard M.D.* Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *5 12 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____, that I last saw h..... alive on _____ 19____, and that death occurred on the date stated above, at *8:30 PM*.

The CAUSE OF DEATH* was as follows:
Died Suddenly

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) *George Gagnard M.D.*
5/12/1931 (Address) *Caldwell Idaho*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place _____ In the _____
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted _____
If not at place of death? _____
Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL *Caldwell Idaho* DATE OF BURIAL _____ 19____

20. UNDERTAKER *H. B. Norbert* ADDRESS *Blackfoot Va.*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75397

State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1009(No. St Joseph Hospital.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Lantz.(a) Residence. No. Lewiston Orchards.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Divorced.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov. 3rd, 1842.

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or88.6.28.

..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Pa.

10. NAME OF FATHER

Henry Lantz.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Pa.

12. MAIDEN NAME OF MOTHER

Not known.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Pa.

14.

Informant
(Address)W.D. Lantz.
Lewiston, Idaho.

15.

Filed

6/11 / 31.31.J.M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 1st, 1931.

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 3/ June 1/ 1931
that I last saw him live on June 1/ 1931and that death occurred, on the date stated above, at 11-30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Senility -
No special symptoms
except weakness.
(duration) 7 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

6/4/31.

19.....

(Address)

Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Clarkston, Washington.6/4/31.

19

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho.

RECEIVED JUL 3 1937

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75398

PLACE OF DEATH

County of Lewiston,

City of Idaho.

CERTIFICATE OF DEATH

Registration District No. 76

Primary Registration District No. 1009

(No. St Joseph Hospital.)

Local Registrar's No. 164

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Douglass.

(a) Residence. No. Somerville Home.

(Usual place of abode.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed,
or Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

86.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work Inmate Somerville Home.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Not known.

10. NAME OF FATHER

Not known.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Not known.

12. MAIDEN NAME OF MOTHER Not known.

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Not known.

PARENTS

14.

Informant
(Address)

St Joseph Hospital records.

Lewiston, Idaho.

15.

Filed

6-23 31

1937

Regist. Jm - Ryle

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1937
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

1937 to June 15, 1937

that I last saw him alive on June 15, 1937

and that death occurred, on the date stated above, at 7:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OR DEATH* was as follows:Similarity
no special pathology
found
(duration) 1 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Indolent decline

(Signed) Jm - Ryle

6/20/37, 1937 (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.

19

20. Undertaker

Address

Brower-Wann Company.

Lewiston, Idaho.

RECEIVED JUL 3 1931
STATE OF IDAHODEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75399

State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009.(No. St Joseph Hospital.)Local Registrar's No. 162

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Blewett.

(a) Residence. No.

St. Gifford, Idaho.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)
Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 5th, 1931.

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.At home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Lewiston,
Idaho.

10. NAME OF FATHER

J. M. Blewett.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Gifford,
Idaho.12. MAIDEN NAME OF MOTHER Phillis Carter.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Lenore,
Idaho.

14.

Informant
(Address)Gifford, Idaho.

15.

Filed

6/11/31J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 11th, 1931.

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 5, 1931 to June 11, 1931
that I last saw him alive on June 10, 1931and that death occurred, on the date stated above, at 4 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Status Lymphaticus(duration) yrs. mos. 2 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? J. M. Lyle

(Signed)

6/11/31, 19..... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Gifford, Idaho.6/12/31 19.....

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75400
State File No.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 1009

(No. Lewiston Orchards.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Durland.

(a) Residence. No. Lewiston Orchards.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word.)

Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 6/3/31.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Lewiston,
Idaho.

10. NAME OF FATHER

Walter Durland.

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Washington.

12. MAIDEN NAME OF MOTHER

Mildred McConville.

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Minn.

14.

Informant
(Address)

Lewiston, Idaho.

15.

Filed 6/13/31, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 3rd, 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 3rd, 1931, to June 3, 1931
that I last saw him alive on June 2, 1931

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Premature fetus

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Paul Henry, M. D.

6/4/31., 19____ (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.

6/4/31. 19

20. Undertaker

Address

Brower-Wann Company.

Lewiston, Idaho.

RECEIVED JUL 3 1931
STATE OF IDAHODEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75401

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009.(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Harry Underhill.

(a) Residence, No. _____

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)?

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

?

7. AGE

Years

Months

Days

If LESS than 1 day,

50.hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Not known.

10. NAME OF FATHER

" "

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

" "

12. MAIDEN NAME OF MOTHER

" "

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

" "

14.

Informant
(Address)Lewiston, Idaho.

15.

Filed

6/11/31J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 29 -

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

5-25-31, to 5-29-31, 1931that I last saw him alive on 5-29-31, 1931and that death occurred, on the date stated above, at 5 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic
ne phritis(duration) ? yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

J. M. Lyle, M. D.
6/2/31, 19 (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.6/3/31, 19

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho.

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75402

State File No.

PLACE OF DEATH

County of Nezperce

City of Lewiston,

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1009

(No. St Joseph Hospital)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Kathryn Grimm

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

J.B. Grimm

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

52

1

1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Smith County Va.
(State or country)

10. NAME OF FATHER

W.T. Dodd

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Green Co. Tenn.

12. MAIDEN NAME OF MOTHER Elizabeth Mc Gready

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Green Co. Virginia

14. Informant J.B. Grimm
(Address) Clarkston, Wash.

15. Filled 6/14/31 1931
Dr. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 14, 1931, to June 14, 1931

that I last saw him alive on June 14, 1931

and that death occurred, on the date stated above, at 6 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Acute Parenchymatous
nephritis (duration) yrs. mos. ds. 14

CONTRIBUTORY (Secondary)

Hypertension (duration) yrs. mos. ds. 14

18. Where was disease contracted if not at place of death? Clarkston

Did an operation precede death? Yes Date of June 1931

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) O. E. Pearson, M. D.

6/15/31, 1931 (Address) Lewiston, Ida

19. Place of Burial, Cremation, or Removal Clarkston Wash Date of Burial 19

20. Undertaker H. R. Merchant Address Clarkston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75403

State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. Whites Hospital.)Local Registrar's No. 111 a

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roland Allen Mason.

(a) Residence No.

St. Grangeville, Idaho.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec. 12th, 1904.

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or26.6.11.

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Truck driver.(b) General nature of industry,
business, or establishment in
which employed (or employer)Road construction.

(c) Name of employer

Roy Green.9. BIRTHPLACE (city or town)
(State or country)Freedom,
Idaho.

10. NAME OF FATHER

John E. Mason.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Philomath,
Oregon.12. MAIDEN NAME OF MOTHER Lettie Karnes.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Albion,
Washington.

14.

Informant
(Address)Lewiston, Idaho.

15.

Filed 6/23/31Registar. J. M. Lyle

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 21, 1931, to June 22, 1931
that I last saw him alive on June 22, 1931and that death occurred, on the date stated above, at 6 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Perforated intestine
(Typhoid)(duration) yrs. mos. 1 ds.

CONTRIBUTORY

(Secondary)

Embolism (duration) yrs. mos. 1 ds.18. Where was disease contracted See next page
if not at place of death?Did an operation precede death? no Date of June 21-31Was there an autopsy? noWhat test confirmed diagnosis? Saw perforation in
stomach (Signed) J. M. Lyle M. D.6/23/31. 19 (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Grangeville, Idaho.6/24/31. 19

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho

STATE OF IDAHO RECEIVED JUL 3 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75404

State File No.

PLACE OF DEATH
County of *My Perce*
City of *Lewiston* Registration District No. *96*
Primary Registration District No. *1009* Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Joseph Rummelspacher*
(a) Residence. No. *825 - 8th Ave* St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. Single. Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed or divorced
HUSBAND of *Euphrosina Rummelspacher*
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *July 22 - 1856*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
74 11 7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Retired Rancher*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Germany*

10. NAME OF FATHER *Frang J Rummelspacher*

11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Germany*

12. MAIDEN NAME OF MOTHER *Elyabeth*

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Germany*

14. Informant (Address) *Otto Rummelspacher*

15. Filed *6/30/31* *11:11 AM* Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *June 29* 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *December* 19*30* to *June 29* 19*31*
that I last saw him alive on *June 26* 19*31*
and that death occurred, on the date stated above, at *4:30 P* m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Heart Disease.

(duration) yrs. *6* mos. ds.
CONTRIBUTORY *Diabetes mellitus*
(Secondary) (duration) yrs. mos. ds. *Several months*

18. Where was disease contracted if not at place of death? *-*
Did an operation precede death? *no* Date of *-*
Was there an autopsy? *no*
What test confirmed diagnosis?
(Signed) *Paul J. Johnson* M. D.
June 30 19*31* (Address) *Lewiston Idaho*

19. Place of Burial, Cremation, or Removal *Lewiston* Date of Burial *July 1* 19*31*

20. Undertaker *Wass & Mortuary Inc* Address *Lewiston*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75405

State File No.

PLACE OF DEATH

County of *Ada*Registration District No. *63*City of *Idaho Falls*

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Charles Hill*

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred *32* yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word.) <i>Widowed</i>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *X*6. DATE OF BIRTH (month, day and year) *June 26, 1858*

7. AGE <i>73</i>	Years	Months <i>4</i>	Days <i>20</i>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Farmer*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Idaho*
(State or country)10. NAME OF FATHER *G. M. Hill*11. BIRTHPLACE OF FATHER (city or town) *VA.*
(State or Country)12. MAIDEN NAME OF MOTHER *Ruth Orme*13. BIRTHPLACE OF MOTHER (city or town) *Idaho*
(State or Country)

14.

Informant
(Address) *Hester Hill*
Idaho Falls, Idaho

15.

Filed *June 17, 1931**B. F. Nesbit*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 16, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

*Dec. 30, 1930 to June 16, 1931*that I last saw him alive on *June 16, 1931*and that death occurred, on the date stated above, at *5 P. M.*

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic myocarditis
Arteriosclerosis(duration) yrs. *6* mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Clinical test*(Signed) *Oliver J. Marshall, M. D.**June 17, 1931* (Address) *Kendrick, Idaho*

19. Place of Burial, Cremation or Removal

Date of Burial

*Mansfield-Lewis**June 18, 1931*

20. Undertaker

Address

*J. J. Beckard**Proy.*

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75406**

PLACE OF DEATH

County of **Nez Perce.**City of **Lewiston.**

CERTIFICATE OF DEATH

Registration District No. **96**Primary Registration District No. **1009**(No. **St Joseph Hospital.**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Romuel Cote.**(a) Residence. No. **St.**

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)**Single.**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 7th, 1863.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

68.**---****3.**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.**Retired merchant.**(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Canada.

10. NAME OF FATHER

M. A. Cote.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Canada.

12. MAIDEN NAME OF MOTHER

Almia Roussellee.

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Canada.

14.

Informant
(Address)**St Joseph Hospital records.****Lewiston, Idaho.**

15.

Filed

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 10th, 1931.

(Month)

(Day)

19

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 31, 1931, to June 10, 1931.that I last saw him alive on **June 10, 1931.**and that death occurred, on the date stated above, at **4 P.M.***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Endocarditis**CONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

June 10th, 1931. Address **Lewiston, Idaho.**

19. Place of Burial, Cremation, or Removal

Date of Burial

Moscow, Idaho.

19

20. Undertaker

Address

H. R. Short.**Moscow, Idaho.**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 3 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75407

State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. 1121 Idaho Street.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward O. Martinson.(a) Residence. No. 1121 Idaho Street.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs.

mo.

ds.

How long in U. S. if of foreign birth? yrs.

mo.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 1st, 1873.

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or58.2.20.min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workCourt baliff.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Chicago,
Illinois.

10. NAME OF FATHER

Not known.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Not known.12. MAIDEN NAME OF MOTHER Not known.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Not known.

14.

Informant
(Address)Wm. H. Kelly
Lewiston, Idaho.

15.

Filed

6/23/31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 21st, 1931.

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19.....

to

19.....

that I last saw him alive on

19.....

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:
apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

6/23/31.

19.....

(Address)

Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Spokane, Washington.6/25/31. 19

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Key Pierce Registration District No. 128
City of Lafayette Idaho Primary Registration District No. _____
(No. _____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Im-ma-ton-mayState File No. 75408
Local Registrar's No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCEDFemale Indian 4/4 Widowed
(Write the word)

6. DATE OF BIRTH

1857
(Month) (Day) (Year)

7. AGE

IF LESS than 1
day how many
hrs. or
min.?74 Yrs. — Mos. — ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work. none
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) Idaho10. NAME OF
Fathernot known11. BIRTHPLACE
OF FATHER

(State or Country) ..

12. MAIDEN NAME
OF MOTHER13. BIRTHPLACE
OF MOTHER

(State or Country) ..

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Benjamin Claude
(Address) Lafayette Idaho

15.

Filed June 1931 George Guignard
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

6 7 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 25 1931 to June 6 1931
that I last saw her alive on June 6 - 1931
and that death occurred on the date stated above, at 5:40 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage(Duration) yrs. 1 mos. 12 ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) George Guignard M. D.6/7/1931 (Address) Culdesue Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted

If not at place of death?

Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Spalding Idaho June 8 1931

20. UNDERTAKER

ADDRESS

Grover-Wynn Co. Laramie Idaho

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JUL 12 1931
CERTIFICATE OF DEATHSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Ney Perce*
City of *Sweetwater Idaho*Registration District No. *128*

Primary Registration District No. _____

(No. _____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

*Jane Jackson*State File No. *75409*

Local Registrar's No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-

OWED OR DIVORCED

*Female Indian 4/4**Widowed*
(Write the word)

6. DATE OF BIRTH

1855
(Month) (Day) (Year)

7. AGE

75 Yrs. - Mos. - ds.IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)*none*

9. BIRTHPLACE

(State or Country) *Idaho.*10. NAME OF
Father*not known*11. BIRTHPLACE
OF FATHER

(State or Country)

12. MAIDEN NAME
OF MOTHER13. BIRTHPLACE
OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Carbett B. Langer*
(Address) *Larwai Idaho.*

15.

Filed *May* 1931 *George Guignard*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

5 *14* *1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

5-11-31 19 *31* to *5-14-1931*that I last saw *her* alive on *5-13-1931*,
and that death occurred on the date stated above, at *5:00 A.M.*

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage(Duration) yrs. mos. *3* ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) *George Guignard* M. D.*5/14/1931* (Address) *Cullesha Idaho.*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.Where was disease contracted
if not at place of death?Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Sweetwater Cemetery *5-15-1931*

20. UNDERTAKER

ADDRESS

Brewer-Warm Co. Lewiston Idaho.

RECEIVED JUL 3 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75410

State File No.

PLACE OF DEATH

County of Ada
City of Leaverton

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009
(No. St. Joseph's Hospital) Local Registrar's No.

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Arnon James Richardson
(a) Residence. No. 9 St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 28 1864

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
67 4 24 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Benton County Oregon

10. NAME OF FATHER Richard C Richardson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Missouri

14. Informant (Address)

15. Filed 6/26/31 St. M. F. Gyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 16 1931, to June 27 1931,
that I last saw him alive on June 7 1931,
and that death occurred, on the date stated above, at 7 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Septic Peritonitis

(duration) yrs. mos. ds. 90
CONTRIBUTORY (Secondary) Gonorrhea

(duration) yrs. mos. ds. 70

18. Where was disease contracted if not at place of death? at

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory finding

(Signed) J. M. F. Gyle M. D.
6-26-31 1931 (Address) Leaverton

19. Place of Burial, Cremation, or Removal Date of Burial
Leaverton, Wm. 6/24/31

20. Undertaker Address
H. C. Murchison Leaverton

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

40

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75411**

PLACE OF DEATH

County of **Naz Perce.**City of **Lewiston.**

CERTIFICATE OF DEATH

Registration District No. **96**Primary Registration District No. **6009**(No. **St Joseph Hospital.**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. **31**2. FULL NAME **Henry Elk.**(a) Residence. No. **St.**

(Usual place of abode.)

Stites, Idaho.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.	4. COLOR OR RACE Indian.	5. Single, Married, Widowed, or Divorced (write the word.) Married.
------------------------	------------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) **Sept. 18th, 1894.**

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36.		5.	12.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **At home.**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Oregon.**
(State or country)10. NAME OF FATHER **Blackelk.**11. BIRTHPLACE OF FATHER (city or town) **Idaho.**
(State or Country)12. MAIDEN NAME OF MOTHER **Sophia Joshua.**13. BIRTHPLACE OF MOTHER (city or town) **Oregon.**
(State or Country)14. Informant (Address) **Mrs. Lucy O. Elk.**
Stites, Idaho.15. Filed **19** Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 30th, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 6, 1931, to May 30, 1931
that I last saw him alive on **May 30, 1931**and that death occurred, on the date stated above, at **9:30 a.m.***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Pulmonary Tuberculosis**

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? **unknown**Did an operation precede death? **no** Date ofWas there an autopsy? **no**What test confirmed diagnosis? **W. O. Black**(Signed) **W. O. Black**, M. D.
6/1/31., 19 (Address) **Lewiston, Idaho.**

19. Place of Burial, Cremation, or Removal Date of Burial

Thornhollow, Oregon.**19**

20. Undertaker Address

Brower-Wann Company.**Lewiston, Idaho.**

RECEIVED JUL 12 1931

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Key Perle*
City of *Lafayette Idaho*Registration District No. *128*
Primary Registration District No. _____
(No. _____ St.)State File No. _____
Local Registrar's No. _____If death occurs away from
usual residence, give facts
called for under special in-
formation.If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

2. FULL NAME

Dorcas Lindsley Moses

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED*Female Indian 1/4**Married*
(Write the word)

6. DATE OF BIRTH

(Month) (Day) (Year) *1865*

7. AGE

66 Yrs. Mos. ds.IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work.
(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer)*Housewife*9. BIRTHPLACE
(State or Country)*Idaho*10. NAME OF
Father*Not known*11. BIRTHPLACE
OF FATHER

(State or Country)

12. MAIDEN NAME
OF MOTHER13. BIRTHPLACE
OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Corbett B. Lawyer*
(Address) *Lafayette Idaho*

15.

Filed

*May**1931**George Gaignard*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

5 *23* *1931*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
6-21-1929 to *5-23-1931*,
that I last saw her alive on *5-22-1931*
and that death occurred on the date stated above, at *3:00 A.M.*

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis(Duration) *1* yrs. *11* mos. *21* ds.Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) *George Gaignard* M. D.*5/23/1931* (Address) *Lafayette Idaho**State the Disease Causing Death; or in deaths from Violent
Causes, state (1) Means of Injury; and (2) whether Accidental,
Suicidal or Homicidal.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)At place _____ In the
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted

if not at place of death?

Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Shading Cemetery**5-25-1931*

20. UNDERTAKER

ADDRESS

*Brower-Wann**Lewiston Idaho*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Nez Perce*
City of *near Arkona Idaho*Registration District No. *128*

Primary Registration District No.

(No. _____ St.)

State File No. *75413*

Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME *Milma Mae Williams*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Indian* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *2*

(Write the word)

6. DATE OF BIRTH

May 25 1923
(Month) (Day) (Year)

7. AGE

8 Yrs. *13* ds.IF LESS than 1 day how many
hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)*at home*

9. BIRTHPLACE

(State or Country)

Canada

10. NAME OF Father

Alex Williams

11. BIRTHPLACE OF FATHER

(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Lemara Pearl Todd

13. BIRTHPLACE OF MOTHER

(State or Country)

Montana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Alex Williams
Spalding Idaho

15.

Filed

June 1931 *George Gagnard*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 9 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *May 29 1931* to *June 7 1931*, that I last saw *her* alive on *June 7 1931* and that death occurred on the date stated above, at *5:40 A.M.*

The CAUSE OF DEATH* was as follows:

Dysphoid fever

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) *George Gagnard M.D.**6/9/1931* (Address) *Caldwell Idaho*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted

if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Spalding Idaho *June 10 1931*

20. UNDERTAKER

ADDRESS

Brower-Wann Co. Lewiston Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75415**

PLACE OF DEATH
County of Canyon
City of Parma
Registration District No. 9
Primary Registration District No. 2007
(No. 9)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Newgen
(a) Residence. No. R 2 Parma Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) _____

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. One

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Parma Idaho
(State or country)

10. NAME OF FATHER Ora Newgen

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Emma Harrison

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Ora Newgen
(Address)

15. Filed July 1, 1931 Hulu Walsh
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 31, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1931, to May 31, 1931, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:
Heart

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) J. M. Mitchell, M. D.
June 1, 1931 (Address) Parma Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Parma Idaho Date of Burial 6-1, 1931

20. Undertaker C. V. Peckham Address Parma Ida
By J. H. Chapman

762

RECEIVED JUL 11 1931

75416

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State ID IDAHO Registered No. 127
 Township _____ or Village 1005
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Joyce Elaine Jester

(a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) June 13-1931

7. AGE Years _____ Months _____ Days 3
 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

13. NAME W. J. Jester

14. BIRTHPLACE (city or town) (State or country) Des Moines Iowa

15. MAIDEN NAME Leona Eldna Ritter

16. BIRTHPLACE (city or town) (State or country) Bedford Iowa

17. INFORMANT W. J. Jester
(Address) Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 3-17-1931

19. UNDERTAKER C. V. Peckham
(Address) Caldwell, Idaho

20. FILED 6-20-1931 John H. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16, 1931

22. HEREBY CERTIFY That I attended deceased from

June 13, 1931 to June 16, 1931

I last saw him alive on June 16, 1931 death is said

to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

Insanition

Other contributory causes of importance:

Exhaustion Endocrine

Apoplexy

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. J. Jester M. D.

(Address) Caldwell, Idaho

MARGIN RESERVED FOR BINDING

B-2007
Y. B. No. 36

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75417

State File No.

PLACE OF DEATH

County of Canyon

City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2005

(No.)

Local Registrar's No. 70

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alma Grace Coffey

(a) Residence. No. Emmett Idaho

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mo. ds. How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Wife of Lester Gardner Coffey
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 9th. 1905 1903

7. AGE Years Months Days If LESS than 1 day.
(25) 27 8 16 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Spokane Wash
(State or country)

10. NAME OF FATHER Elmer A. Cast

11. BIRTHPLACE OF FATHER (city or town) Illinois
(State or Country)

12. MAIDEN NAME OF MOTHER Elnora Torbet

13. BIRTHPLACE OF MOTHER (city or town) Illinois
(State or County)

14. Informant Nettie Couch
(Address) Emmett Idaho

15. Filed 6-24-1931 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 22 1931, to June 23 1931,
that I last saw him alive on June 23 1931,
and that death occurred, on the date stated above, at 7 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Burn 1st degree over body and limbs

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death? Emmett Idaho

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Syphilis

(Signed) John S. Meyer M. D.
572 1931 (Address) Emmett Idaho

19. Place of Burial, Cremation, or Removal Emmett Idaho Date of Burial 6-25-1931

20. Undertaker P.L. Case Address Caldwell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 11 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

75418

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 76
 Township _____ or Village 2005 or _____
 City Caldwell No. _____ St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Baby Hawthorth
 (a) Residence: No. Huston St. 2 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) July 4 - 1931
 7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Caldwell (State or country) Idaho

13. NAME E. L. Hawthorth
 14. BIRTHPLACE (city or town) Milano (State or country) Wash.

15. MAIDEN NAME Edith Gould
 16. BIRTHPLACE (city or town) Big Fork (State or country) Montana

17. INFORMANT E. L. Hawthorth (Address) Huston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Crematorium Date July 8, 1931

19. UNDERTAKER C. W. Beckham (Address) Caldwell Idaho

20. FILED 7-9- 1931 John Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4, 1931
 22. I HEREBY CERTIFY That I attended deceased from July 4, 1931, to July 4, 1931
 I last saw him alive on July 4, 1931; death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:

Premature Birth Date of onset July 4-31

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Robert E. Talbot M. D.
 (Address) Wilder

RECEIVED JUL 11 1931

75419

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 68
 Township _____ or Village 2005 or _____
 City Wilbur No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Francis Ellis Baltzer
 (a) Residence: No. Shawville Ore St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, and year) Jan-7-1864

7. AGE Years 67 Months 5 Days 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bankahee
 (State or country) Illinois

13. NAME Gregory Baltzer

14. BIRTHPLACE (city or town) Canada
 (State or country)

15. MAIDEN NAME Lucy Kuyete

16. BIRTHPLACE (city or town) Canada
 (State or country)

17. INFORMANT Walter E. Baltzer
 (Address) Wilbur

18. BURIAL, CREMATION, OR REMOVAL
 Place Canyon Date 6-23, 1931

19. UNDERTAKER W. D. Broadhurst
 (Address) Wilbur

20. FILED 6-26-1931 John H. Meyer
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 19, 1931

22. I HEREBY CERTIFY that I attended deceased from April 10, 1931, to May 18, 1931

I last saw him alive on May 18, 1931; death is said to have occurred on the date stated above, at 2-35 p.m.

The principal cause of death and related causes of importance were as follows:

UREMIA POISONING
TOXEMIA

Date of onset

Other contributory causes of importance:

Renal failing
Due to old age

Name of operation _____ Date of _____

What test confirmed diagnosis? Blood Test Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 1931

Where did Injury occur? _____

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

(Signed) Dr. W. D. Broadhurst

(Address) Wilbur

MARGIN RESERVED FOR BINDING

8-2007
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 11 1931

75421

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Canyon State IDAHO Registered No. 62
Township _____ or Village 2005 _____ or
City Wilder No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Theetna Catherine Trummell

(a) Residence: No. Wilder St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 5-1860

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
71 1 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Knox Co.
(State or country) Missouri

13. NAME Jordon Miller

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Marion Chadwick

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Cecilia Trummell
(Address) Wilder Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Wilder Date 6-4-1931

19. UNDERTAKER C. T. Peckham
(Address) Caldwell Idaho

20. FILED 6-10-1931 John P. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from
May 1926, 1926, to June 2, 1931

I last saw him alive on June 2, 1931; death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Asthma
acute nephritic

Date of onset
1870
1931

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Robert C. Salbo, M. D.

(Address) Wilder

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75422

State File No.

PLACE OF DEATH

County of Camden
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 1006

(No. 921-7th Ave. So.)

Local Registrar's No. 76

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gimmie Oscar Freytag

(a) Residence No. 921-7th Ave. So. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) December 9, 1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
5 mos. 5 days

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

10. NAME OF FATHER G. R. Freytag

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER W. J. Freytag

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country) Idaho

14. Informant (Address) C. R. Freytag
921-7th Ave. So.

15. Filed 4/3, 1931 L. E. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 1st, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1931, to June 1, 1931, that I last saw him alive on June 1, 1931, and that death occurred, on the date stated above, at 11:30 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

acute indigestion
with bowel collapse

(duration) yrs. mos. ds. 6
CONTRIBUTORY Bottle fed baby
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) G. H. Freytag, M. D.
June 2, 1931 (Address) Nampa, Ida

19. Place of Burial, Cremation, or Removal Meridian, Ida Date of Burial 6/3, 1931

20. Undertaker W. D. Pally Address Nampa, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

PARENTS

RECEIVED JUL 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75423

State File No.

PLACE OF DEATH

County of

City of

CERTIFICATE OF DEATH

Registration District No. *F 23-*Primary Registration District No. *1005*

(No.)

Local Registrar's No. *79*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. *424 Ashurst*

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Husband, Samantha Collins*

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
95 10 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Pa*
(State or country)10. NAME OF FATHER *Unknown*11. BIRTHPLACE OF FATHER (city or town) *✓*
(State or Country)12. MAIDEN NAME OF MOTHER *✓*13. BIRTHPLACE OF MOTHER (city or town) *✓*
(State or Country)

14.

Informant
(Address)*Sadie Evans*

15.

Filed

*6-30-31**John S. Meyers*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 4 1931 to June 28 1931
that I last saw him alive on *June 27 1931*and that death occurred, on the date stated above, at *8 P. m.**State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Intermittent or
Hypostatic Pneumonia
of the Old age*
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? *no*Did an operation precede death? *no* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *no*(Signed) *J. S. Meyers**June 29 1931* (Address) *Caldwell*

19. Place of Burial, Cremation, or Removal

Canyon Hill Cemetery

Date of Burial

7-1-31

20. Undertaker

P. L. Case

Address

Caldwell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75424

State File No.

PLACE OF DEATH

County of Canyon

CERTIFICATE OF DEATH

City of Caldwell, IdahoRegistration District No. 3Primary Registration District No. 2005Local Registrar's No. 64

(No. _____)

(If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. John P. Johnson

(Usual place of abode.)

St. Caldwell

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. Ida Johnson

6. DATE OF BIRTH (month, day and year)

4-13-1862

7. AGE

69

Years

Months

Days

If LESS than 1 day,

_____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

Retired Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Mo.

10. NAME OF FATHER

John P. Johnson

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Kentucky

12. MAIDEN NAME OF MOTHER

Nancy L. Smith

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Kentucky

14.

Informant
(Address)Ida S. Johnson
Caldwell, Idaho

15.

Filed

6-12-1931John S. Mayes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 10-1931

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 31, 1931, to May 13, 1931

that I last saw him alive on

May 13, 1931and that death occurred, on the date stated above, at 9 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Bronchial pneumonia
& myocarditis(duration) _____ yrs. 1 mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

W. Montgomery, M. D.June 11, 1931 (Address) Caldwell, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill6-14-1931

20. Undertaker

Address

Paul L. CaseCaldwell, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75425

State File No. _____

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. 903-13th Ave. So.)Local Registrar's No. 874

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adeline Elsie Briggs(a) Residence. No. 903-13th Ave. So. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 11 yrs. 3 mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

~~HUSBAND~~ of
(or) WIFE ofSamuel N. Briggs6. DATE OF BIRTH (month, day and year) Sept. 5th 18507. AGE Years 80 Months 9 Days 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Illinois10. NAME OF FATHER Geo. Hartsough11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York12. MAIDEN NAME OF MOTHER Mary Sheekler13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penna.14. Informant (Address) Mrs. J. A. Bordner
Nampa, Idaho15. Filed 6/17 1931 Death Canyon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 15th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 2, 1931, to June 12, 1931
that I last saw her alive on June 12, 1931and that death occurred, on the date stated above, at 5:15 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:hemiplegia (right)
and
incurable tumor, sigmoid(duration) yrs. mos. ds. 5CONTRIBUTORY (Secondary) incurable tumor(duration) yrs. mos. ds. not connected

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? specimen(Signed) Dr. J. A. Bordner, M. D.June 15, 1931 (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Kohlerlawn-Nampa 6-17 1931

20. Undertaker Address

Mrs. Nina M. Jolley, Nampa, Idaho

RECEIVED JUL 7 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75426

PLACE OF DEATH

County of Canyon
City ofampa

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 2056
(No. 316 - 6th Ave. So.)

Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nettie Janette Powell

(a) Residence. No. 316 - 6th Ave. So. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 1 yrs. 11 mos. 1 ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widow

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of M. Francis Powell

6. DATE OF BIRTH (month, day and year) Sept. 22nd 1876

7. AGE Years 54 Months 9 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pittsburg (State or country) Penna.

10. NAME OF FATHER David Cartwright

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penna.

12. MAIDEN NAME OF MOTHER Elizabeth Carter

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) unknown

14. Informant Mrs. Vesta White (Address) Baker, Oregon

15. Filed 6/29 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 28 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 10 1930, to June 1 1931 that I last saw her alive on June 1 1931

and that death occurred, on the date stated above, at 1 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Heart Disease (Mitral Regurgitation)

CONTRIBUTORY (Secondary) Chronic nephritis (duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) V. C. Baker M. D.

6-29 1931 (Address)ampa

19. Place of Burial, Cremation, or Removal Baker, Oregon Date of Burial 19

20. Undertaker Mrs. Nina M. Talley Nampa, Id.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 11 1931

75427

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 69
 Township _____ or Village 1005 or _____
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Emma Grace Thompson
 (a) Residence: No. 102 Blaine St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Aug 3-1892</u>		
7. AGE	Years	Months
<u>38</u>	<u>10</u>	<u>17</u>
		Days
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

OCCUPATION

FATHER

MOTHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Date

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 20, 193122. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to June 20, 1931

I last saw h. ex alive on June 20, 1931; death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Heart Depression
from Ergotamine Compound

Date of onset
6-18-31

Other contributory causes of importance:

Pregnancy

Name of operation no Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) David E. Baird M. D.(Address) Caldwell, Ida.

Fallott

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 11 1931

75428
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 77
Township _____ or Village 2005 or _____
City Wicker No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Anna Brown
(a) Residence: No. Wilder, Ida. St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>A. S. Brown</u>		
6. DATE OF BIRTH (month, day, and year) <u>May 13 - 1889</u>		
7. AGE Years <u>48</u> Months <u>1</u> Days <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wife</u>	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) (State or country) <u>Hastings Nebraska</u>		
FATHER	13. NAME <u>Alba Brown</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Rosa French</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Michigan</u>	
17. INFORMANT <u>P. S. Brown</u> (Address) <u>Wilder, Idaho</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wilder, Idaho</u> Date <u>July 7, 1931</u>		
19. UNDERTAKER <u>C. V. Beckham</u> (Address) <u>Wilder, Idaho</u>		
20. FILED <u>7-9-31</u> <u>John B. Meyer</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) <u>July 5, 1931</u>	Date of onset <u>1929</u> <u>Aug 6 - 1929</u>
22. I HEREBY CERTIFY That I attended deceased from <u>May 29, 1929</u> to <u>July 5, 1931</u> I last saw her alive on <u>July 5, 1931</u> ; death is said to have occurred on the date stated above, at <u>9:30 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>arteriosclerosis</u> <u>Cerebral hemorrhage</u>	
Other contributory causes of importance: <u>Chronic subcutaneous nephritis</u>	
Name of operation <u>none</u> Date of _____ What test confirmed diagnosis? <u>Lab.</u> Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____	
Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Robert E. Talbot</u> M. D. (Address) <u>Wilder, Idaho</u>	

RECEIVED JUL 11 1931

75429

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Canyon State 9 IDAHO Registered No. 63
Township _____ or Village 2005 _____ or
City Caldwell No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

William Asbury Anderson 749
(a) Residence: No. 513-3-14th St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Sept 4 1856

7. AGE Years 74 Months 9 Days 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Terre Haute (State or country) Indiana

13. NAME James Anderson

14. BIRTHPLACE (city or town) Dodge River (State or country) _____

15. MAIDEN NAME Katherine Anderson

16. BIRTHPLACE (city or town) Ohio (State or country) _____

17. INFORMANT Ratie M. Williams (Address) Caldwell, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Carmichael Date June 10 1931

19. UNDERTAKER Edmund Meyer (Address) Caldwell, Ida

20. FILED 6-16-1931 Registrar Edmund Meyer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 8 1931

22. I HEREBY CERTIFY that I attended deceased from May 23 1931 to June 8 1931
I last saw him alive on June 5 1931; death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
causing Rt. Paralysis

Other contributory causes of importance: age, arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. H. Hays M.D.
(Address) Caldwell, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5/23
Kalm

RECEIVED JUL 11 1953

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75430

State File No.

PLACE OF DEATH

County of Leavenworth

City of Cambridge

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. 1005

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME L. V. Dason

(a) Residence. No. 602 Chev. Blvd. St. _____

(Usual place of abode.)

(Usual place of abode.)			How long in U. S. if of foreign birth?			
Length of residence in city or town where death occurred.	yrs.	mos.	ds.	yrs.	mos.	ds.
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
10	10	10	10	10	10	10
11	11	11	11	11	11	11
12	12	12	12	12	12	12
13	13	13	13	13	13	13
14	14	14	14	14	14	14
15	15	15	15	15	15	15
16	16	16	16	16	16	16
17	17	17	17	17	17	17
18	18	18	18	18	18	18
19	19	19	19	19	19	19
20	20	20	20	20	20	20
21	21	21	21	21	21	21
22	22	22	22	22	22	22
23	23	23	23	23	23	23
24	24	24	24	24	24	24
25	25	25	25	25	25	25
26	26	26	26	26	26	26
27	27	27	27	27	27	27
28	28	28	28	28	28	28
29	29	29	29	29	29	29
30	30	30	30	30	30	30
31	31	31	31	31	31	31
32	32	32	32	32	32	32
33	33	33	33	33	33	33
34	34	34	34	34	34	34
35	35	35	35	35	35	35
36	36	36	36	36	36	36
37	37	37	37	37	37	37
38	38	38	38	38	38	38
39	39	39	39	39	39	39
40	40	40	40	40	40	40
41	41	41	41	41	41	41
42	42	42	42	42	42	42
43	43	43	43	43	43	43
44	44	44	44	44	44	44
45	45	45	45	45	45	45
46	46	46	46	46	46	46
47	47	47	47	47	47	47
48	48	48	48	48	48	48
49	49	49	49	49	49	49
50	50	50	50	50	50	50
51	51	51	51	51	51	51
52	52	52	52	52	52	52
53	53	53	53	53	53	53
54	54	54	54	54	54	54
55	55	55	55	55	55	55
56	56	56	56	56	56	56
57	57	57	57	57	57	57
58	58	58	58	58	58	58
59	59	59	59	59	59	59
60	60	60	60	60	60	60
61	61	61	61	61	61	61
62	62	62	62	62	62	62
63	63	63	63	63	63	63
64	64	64	64	64	64	64

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.	4. COLOR OR RACE W.	5. Single, Married, Widowed, or Divorced (write the word.) Married
--------------	------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs E. P. Lasch

6. DATE OF BIRTH (month, day and year) 1865-7-24

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
	65	10	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Slochman

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town).....11/0......
(State or country)

10. NAME OF FATHER Alfred J. ...

11. BIRTHPLACE OF FATHER (city or town).....Germany
(State or Country)

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER, (city or town).....
(State or County).....

14. Informant Mrs. C. P. Gask
(Address)

15. Filed 6-16- 1931 John B. Meyer
Register

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 13 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan 13 1981, to June 13 1981,
 that I last saw him alive on June 12 1981
 and that death occurred, on the date stated above, at 89 n

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

..... (duration) yrs. mos. da

CONTRIBUTORY *rephrases*

(Secondary)

.....(duration) 5 yrs.mos.da

18. Where was disease contracted
if not at place of death?.....

Did an operation precede death? ☒..... Date of.....

Was there an autopsy?.....no

What test confirmed diagnosis? Chlamydia

(Signed) J. S. [Signature], M. D.
Jan 15, 1931 (Address) Cardwell &

19. Place of Burial, Cremation, or Removal	Date of Burial
Canyon Hill.	6-15- 193

20. Undertaker	Address
P. L. Case	Caldwell

1. PLACE OF DEATH

County of Canyon
City of NampaRegistration District No. 2Primary Registration District No. 1006

(No. _____ St.)

File No. _____

Registered No. 28

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Rosa McKay

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Widow
(Write the word.)

6. DATE OF BIRTH

February 14
(Month) (Day)1886
(Year)

7. AGE

45 Yrs.

Mos.

ds.

IF LESS than 1 day

how many _____ hrs.

or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

Washwoman

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Unknown

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER

(State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER

(State or Country)

Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Don Bygones
Nampa

15.

Filed

6-31931Leith Conway
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June
(Month)2
(Day)31
(Year)17. I HEREBY CERTIFY, That I attended deceased from 12-14-1920 to 6-2-1931that I last saw him alive on 6-1-1931and that death occurred on the date stated above, at 03:00 MA

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus(Duration) 13 Yrs. mos. ds.Contributory
(Secondary)

(Duration) _____ yrs. mos. ds.

(Signed)

Don Bygones

M. D.

6-2-1931

(Address)

Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place 11

of death

yrs.

mos.

days.

In the

State

yrs.

mos.

days

Unknown

Where was disease contracted if not at place of death?

Former or usual residence

Nampa Idaho

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

G. A. RobinsonNampa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 11 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

75432

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 78
 Township _____ or Village 1005
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Minnie Dill Dutton
 (a) Residence: No. 7. Timball St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of E. E. Dutton

6. DATE OF BIRTH (month, day, and year) June 10-1871

7. AGE Years 60 Months X Days 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

13. NAME Miner

14. BIRTHPLACE (city or town) (State or country) in

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. E. E. Dutton
(Address) Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell Date 7-9-1931 shipped

19. UNDERTAKER C. J. Peckham
(Address) Caldwell Idaho

20. FILED 7-9-1931 John S. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 7, 1931

22. I HEREBY CERTIFY that I attended deceased from May 1, 1931 to July 7, 1931

I last saw him alive on July 7, 1931; death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of ovaries.

Date of onset

Other contributory causes of importance:

Name of operation Exploratory Date Apr 1, 1931

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. Montgomery M.D.

(Address) Caldwell Idaho

RECEIVED JUL 7 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75433

State File No.

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. Samaritan Hospital)Local Registrar's No. 82

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Worth Nosker(a) Residence. No. 7 St. Melba

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. 4 mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEliza Nosker6. DATE OF BIRTH (month, day and year) Sept. 5th 18577. AGE Years 73 Months 9 Days 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Penna.
(State or country)10. NAME OF FATHER Worth Nosker11. BIRTHPLACE OF FATHER (city or town) Penna.
(State or Country)12. MAIDEN NAME OF MOTHER unknown13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or County)14. Informant George Nosker
(Address) Melba, Idaho15. Filed 6/25, 1931 Death
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 23rd, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 6, 1931, to June 23, 1931that I last saw him alive on June 23, 1931and that death occurred, on the date stated above, at 8:25 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myphile

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted unknown
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Wasserman(Signed) W. C. Diller, M. D.June 24, 1931 (Address) Nampa, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlawn-Nampa 6-25 1931

20. Undertaker

Address

Wm D. Talley Nampa, Ida.

RECEIVED JUL 7 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75434

State File No.

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 2006(No. Lone Star Road)Local Registrar's No. 27

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maida Elaine Sparks(a) Residence. No. R 7 D #1 Nampa St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single. Married. Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 3rd 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

10. NAME OF FATHER

Geo. H.11. BIRTHPLACE OF FATHER (city or town) Marsh Valley
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Maida V. Baker13. BIRTHPLACE OF MOTHER (city or town) Cedar Fork
(State or County) Utah14. Informant Geo. H. Sparks
(Address) R 7 D #1 Nampa15. Filed 6-2, 1931 Arthur Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 31st, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
May 25, 1931, to May 30, 1931,
that I last saw him alive on May 30, 1931,
and that death occurred, on the date stated above, at 7:30 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Whooping Cough
(duration) yrs. mos. 15 ds.CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) V. C. Baker M. D.
6-1, 1931 (Address) Nampa19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial 6-2 193120. Undertaker Mrs. Nina M. Talley Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

JUN 20 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 47County of Lewis

Primary Registration District No. _____

File No. _____

City of Nepune Idaho

(No. _____)

St.) _____

Registered No. _____

If death occurs away from usual residence, give facts called for under special information.

8 miles NW.

2. FULL NAME

WalterBrock

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

MaleWhiteSingle

6. DATE OF BIRTH.

May11891

(Month)

(Day)

(Year)

7. AGE

40

Yrs.

Mos.

11

ds.

IF LESS than 1 day
how many.....hrs. or
.....min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer).....Farmer

9. BIRTHPLACE

(State or Country)

Tillamook Co. Oregon

10. NAME OF FATHER

Jake Brock

11. BIRTHPLACE OF FATHER

(State or Country)

Virginia

12. MAIDEN NAME OF MOTHER

Mary Cunningham

13. BIRTHPLACE OF MOTHER

(State or Country)

Ind.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

John Stigum
Craigmont Ida

15.

Filed

May 15 1931Albert Hoff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May111931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

191.....

to

191.....

that I last saw h..... alive on 191.....

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Rifle shot 30. U.S. through heart. (self inflicted)

(Duration)

Yrs.

mos.

ds.

Contributory
(Secondary)Coroner

(Duration)

yrs.

mos.

ds.

(Signed)

Albert Hoff

19..... (Address)

Nepune

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place

of death.....yrs.....mos.....days

In the

State.....yrs.....mos.....days

Where was disease contracted
if not at place of death?.....Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Nepune IdahoMay 13 1931

20. UNDERTAKER

ADDRESS

Clyde Davis - Craigmont Idaho

on should be carefully supplied. AGE should be stated EXACTLY, PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNF

N. B.—Every it should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75436

State File No.

PLACE OF DEATH

County of Carbon

CERTIFICATE OF DEATH

City of Soda SpringsRegistration District No. 82Primary Registration District No. 2159Local Registrar's No. 52

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Thomas L Davidson Alexander Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWidowed

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

.....hrs. or

.....min.

About 70

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Unknown

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Unknown

14.

Informant
(Address)E. S. Whitman
Coroner

15.

Filed

6-2-31H. Russell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to

....., 19.....

that I last saw h..... alive on 19.....

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Suicide by gunshot.

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

E. S. Whitman M.D.

June 2, 1931

(Address)

Soda Springs

19. Place of Burial, Cremation, or Removal

Date of Burial

Soda Springs6-2-31

20. Undertaker

Address

E. S. WhitmanSoda SpringsIdaho

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75437

State File No.

PLACE OF DEATH

County of Butte
City of Arco

CERTIFICATE OF DEATH

Registration District No. 59Primary Registration District No. 2129

(No.)

Local Registrar's No. 48

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Aug 16, 1869

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

61914

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Occupation as a physician(b) General nature of industry, business, or establishment in which employed (or employer) Self-employed(c) Name of employer Cushing Catering Co., Mo.9. BIRTHPLACE (city or town) Millard, Texas
(State or country) U. S.10. NAME OF FATHER Moore11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Unknown

14.

Informant
(Address)

15.

Filed

July 21931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May3031

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 201930to May 301931that I last saw him alive on May 29, 1931and that death occurred, on the date stated above, at 10 A. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic MyocarditisCONTRIBUTORY (Secondary) Chronic Bronchial Asthma
(duration) 2 yrs. mos. ds.18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical exam(Signed) J. E. Egbert M. D.June 1, 1931 (Address) Arco, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Arco, Idaho June 1, 1931

20. Undertaker Address

C. C. Buck Arco, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75438

State File No.

PLACE OF DEATH

County of AdamsCity of Franklin

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Albro Cruell(a) Residence. No. Franklin Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of Lora Craven Cruell
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 27, 1890

7. AGE Years 61 Months 0 Days 13 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Section foreman Road maintenance(b) General nature of industry, business, or establishment in which employed (or employer) O & B N. R. R.(c) Name of employer at Franklin Idaho9. BIRTHPLACE (city or town) Lake City Iowa
(State or country)10. NAME OF FATHER Henry Augustus Cruell11. BIRTHPLACE OF FATHER (city or town) Wisconsin
(State or Country)12. MAIDEN NAME OF MOTHER Susan Asenta Green13. BIRTHPLACE OF MOTHER (city or town) New York
(State or Country)14. Informant Mrs Lora C. Cruell (wife)
(Address) Franklin15. Filed July 6, 1931 Robert Young
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) July(Day) 5(Year) 1931

17. I HEREBY CERTIFY, That I attended deceased from

July 20, 1931, to July 4, 1931
that I last saw him alive on July 4, 1931and that death occurred, on the date stated above, at 9:04 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Bright's disease and mitral lesion(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.18. Where was disease contracted at his home
if not at place of death?Did an operation precede death? no Date of Was there an autopsy? noWhat test confirmed diagnosis? urinary(Signed) W. M. Brown, M. D.July 3, 1931 (Address) Starkey, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

I.O.O.F. Cemetery - Council July 6 1931

20. Undertaker

Address

Robert Young Council

RECEIVED JUN 25 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of AdamsCity of Council

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Neal Simmons(a) Residence No. St. Council, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S. if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. Single Married, Widowed, or Divorced (write the word) <u>Married</u>
-------------------------	-------------------------------	---

5a. If married, widowed, or divorced

Husband of Edward Simmons
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 28, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>68</u>	<u>0</u>	<u>20</u>	<u>1</u> - min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Des Moines Iowa
(State or country)10. NAME OF FATHER unknown11. BIRTHPLACE OF FATHER (city or town) unknown
(State or Country)12. MAIDEN NAME OF MOTHER Mary ?13. BIRTHPLACE OF MOTHER (city or town) unknown
(State or Country)14. Informant Mr. D. B. McGee, Smilow.
(Address)

15. Filed 19.....

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
June 17, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Died at 5:00 am Not seen until 8:45 am.
that I last saw her alive on
not attended by local physician before death.
and that death occurred, on the date stated above, at 5:00 am.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Myocarditis.Information obtained from family.CONTRIBUTORY Hypertension
(Secondary) (duration) 6-8 yrs. mos. ds.18. Where was disease contracted Council Idaho
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis?
(Signed) Robert Young, Deputy
6-17-31 (Address) Council Idaho19. Place of Burial, Cremation, or Removal Idaho Date of Burial June 18 193120. Undertaker J. A. Hudson Address Council Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

MARGIN RESERVED FOR PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
See instructions on back.

PHYSICIAN

RECEIVED JUL 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75440

State File No.

PLACE OF DEATH

CERTIFICATE OF DEATH

County of AdaCity of BoiseRegistration District No. 2Primary Registration District No. 1.004

(No.)

Local Registrar's No. 185

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Issac. P. Taylor.(a) Residence. No. 1107. N. 19 Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 10 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sallie. M. Taylor.6. DATE OF BIRTH (month, day and year) Feb. 28. 1850.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81.	3.	24.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired.(b) General nature of industry, business, or establishment in which employed (or employer) Office Employ.

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri.
(State or country)10. NAME OF FATHER Samuel. F. Taylor.11. BIRTHPLACE OF FATHER (city or town) Winchester.
(State or Country) Kentucky.12. MAIDEN NAME OF MOTHER Fannie. I. Simpson.13. BIRTHPLACE OF MOTHER (city or town) Winchester.
(State or County) Kentucky.14. Informant Mrs. I. P. Taylor.
(Address) 1107. N. 19. Street, Boise, Idaho.15. Filed 6-33, 1931
Registrar. W. R. Phelps

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
June 22, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
June 22, 1931, to June 22, 1931
that I last saw him alive on June 22-8, 1931
and that death occurred, on the date stated above, at 5:20 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Hemorrhage of brain, caused by falling down stairs and striking head
held about 20 minutes
(duration) yrs. mos. ds.CONTRIBUTORY Seizure - and poor
(Secondary) traion
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? symptoms only(Signed) J. M. Taylor M. D.June 23, 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery. June. 24. 1931

20. Undertaker Address

Summers & Krebs, Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada.</u>		CERTIFICATE OF DEATH		75441	
City of <u>Boise.</u>		Registration District No. <u>2</u>		State File No. _____	
		Primary Registration District No. <u>1007</u>		Local Registrar's No. <u>163</u>	
(No. <u>Idaho Soldiers' Home.</u>)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Charles M. Waller.</u>					
(a) Residence. No. <u>Wallace, Idaho.</u>		St. _____			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred <u>8</u> yrs. mos.		ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Don't know.</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or min.	
<u>85</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Civil War</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Veteran.</u>				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Don't know.</u>					
MOTHER FATHER	13. NAME <u>Unknown.</u>				
	14. BIRTHPLACE (city or town) (State or country) _____				
	15. MAIDEN NAME <u>W.</u>				
	16. BIRTHPLACE (city or town) (State or country) _____				
17. INFORMANT <u>Laurel Elam.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cemetery.</u> Date <u>6/4/31</u> , 193 <u>1</u>					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>6-2</u> , 193 <u>1</u> <u>W. H. P. 222</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>6/2/31</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 1</u> , 193 <u>1</u> , to <u>Jan 1</u> , 193 <u>1</u> . I last saw him alive on <u>May 30</u> , 193 <u>1</u> . : death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: _____ <u>Senility</u> Other contributory causes of importance: _____ <u>Cardio-Vascular Degenerative</u> Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Clinical findings</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Frank A. Stutts</u> , M. D. (Address) <u>Boise, Idaho.</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada.</u>		CERTIFICATE OF DEATH		State File No. <u>15442</u>	
City of <u>Boise.</u>		Registration District No. <u>3</u>		Local Registrar's No. <u>190</u>	
		Primary Registration District No. <u>Boise</u>			
		(No. <u>1109 Franklin Street.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mrs. Lucy Whittle</u>					
(a) Residence. No. <u>1109 Franklin Street.</u> St. <u></u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred <u>20</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Harrison Whittle.</u>					
6. DATE OF BIRTH (month, day, and year) <u>July 4-1844</u>					
7. AGE Years <u>86</u>		Months <u>11</u>		Days <u>21</u>	
If LESS than 1 day = 24 hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>					
10. Date deceased last worked at this occupation (month and year) <u></u>					
11. Total time (years) spent in this occupation <u></u>					
12. BIRTHPLACE (city or town) <u>Rockford, Ill.</u> (State or country)					
13. NAME <u>O. A. Larkins.</u>					
14. BIRTHPLACE (city or town) <u>N. Y.</u> (State or country)					
15. MAIDEN NAME <u>-----Whittle.</u>					
16. BIRTHPLACE (city or town) <u>Canada.</u> (State or country)					
17. INFORMANT <u>Mrs. Oliver J. Whittle.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Shipped</u> Place <u>Rockford, Ill.</u> Date <u>7/1/31</u> 193					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>6-29</u> , 193 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>6/25/31</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 1</u> , 193, to <u>June 25</u> , 193.					
I last saw <u>her</u> alive on <u>6/23</u> , 193; death is said to have occurred on the date stated above, at <u>4:30 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
Date of onset					
<u>Similarity</u>					
Other contributory causes of importance:					
<u>Astoria - Sclerosis</u>					
Name of operation <u></u> Date of <u></u>					
What test confirmed diagnosis? <u>Clinical Symp.</u> <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>✓</u> Date of injury <u></u> , 193.					
Where did injury occur? <u>✓</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>no</u>					
(Signed) <u>W. H. Rhodes</u> , M. D.					
(Address) <u>Boise, Idaho.</u>					

164

RECEIVED JUL 11 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75443

County of Ada

City of Bain

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 182

(No. H. L. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond D. Wilson

(a) Residence. No. 417 South 14th St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17-1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bain, Ida (State or country)

13. NAME Forest G. Wilson

14. BIRTHPLACE (city or town) Marshalltown (State or country)

15. MAIDEN NAME Pauline V. Clark

16. BIRTHPLACE (city or town) Idaho (State or country)

17. INFORMANT Robert G. Wilson (Address) Bain

18. BURIAL, CREMATION, OR REMOVAL Place Marshalltown Date 6-20-1931

19. UNDERTAKER Schreiner & McLean (Address) Bain, Ida

20. FILED 6-20-1931 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18 1931

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1931, to June 18, 1931.

I last saw him alive on June 17, 1931; death is said

to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance

were as follows:

Premature birth

Other contributory causes of importance:

Mother, belly striking on bath tub.

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Rhodes, M. D.

(Address) Bain, Idaho

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Bain

1619

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 1 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75444	
County of Ada.		CERTIFICATE OF DEATH		State File No.	
City of Boise.		Registration District No. 2		Local Registrar's No. 186	
		Primary Registration District No. 1004			
		(No. 1211 Washington.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Mrs. Alice Skillern.					
(a) Residence. No. 1211 Washington St.					
(Usual place of abode)					
Length of residence in city or town where death occurred 13 yrs. mos.					
ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
(If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Female.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word) Widow.			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Farrar Skillern.					
6. DATE OF BIRTH (month, day, and year) May 17-1857					
7. AGE Years 74	Months 1	Days 14	If LESS than 1 day—hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) Tullahoma, Tenn.					
13. NAME John Williams.					
14. BIRTHPLACE (city or town) (State or country) Tenn.					
15. MAIDEN NAME Unknown.					
16. BIRTHPLACE (city or town) (State or country)					
17. INFORMANT J. A. Howard. (Address) Boise, Idaho.					
18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date 6/24/31 , 193					
19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.					
20. FILED 6-25 , 1931 W. D. Rhodes Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 6/21/31 193					
22. I HEREBY CERTIFY, That I attended deceased from July , 193, to Jan. , 193.					
I last saw her alive on Jan.? , 193; death is said to have occurred on the date stated above, at 5 a. m.					
The principal cause of death and related causes of importance were as follows: Cardio-vascular-renal Date of onset years ago.					
Disase (Patient died suddenly just before my arrival)					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy? NO					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify H. E. DeArman , M. D. (Signed) Boise, Idaho. (Address)					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

10445

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No. **169**

(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Lydia A Brown
(a) Residence. No. 1314 Idaho St.
(Usual place of abode.)
Length of residence in city or town where death occurred 30 yrs. mo. ds. How long in U. S. if of foreign birth? yrs mo. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 11, 1853

7. AGE 78 Years 2 Months 1 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Illinois
(State or country)

10. NAME OF FATHER George Gish

11. BIRTHPLACE OF FATHER (city or town) Virginia
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant Albert Brown
(Address) 1411 N. 20 St Boise Idaho

15. Filed 6-13 1931 W. R. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1931
1927, to June 11, 1931

that I last saw her alive on June 11, 1931
and that death occurred, on the date stated above, at 1:30 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic nephritis
with dropsical effusion in legs

(duration) 6 yrs. mos. ds.
CONTRIBUTORY mitral leakage
(Secondary)

(duration) 4 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. M. Holmerson
June 12, 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Morris Lee Cemetery Date of Burial June 14, 1931

20. Undertaker Summers & Kube Address Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada.</u>		CERTIFICATE OF DEATH		State File No. <u>75446</u>	
City of <u>Boise.</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>168</u>	
		Primary Registration District No. <u>2</u>			
		(No. <u>St. Lukes Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Basil Constantine Varkas</u>					
(a) Residence. No. <u>1215 N. 16th Street</u> St. <u>126</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>3</u> yrs. <u>8</u> mos. <u>22</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 16-1927</u>					
7. AGE <u>3</u>	Years <u>8</u>	Months <u>22</u>	Days <u>22</u>	If LESS than <u>1 day, 1 hr., 15 min.</u> or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Boise, Idaho.</u> (State or country)					
13. NAME <u>Nicholas Varkas.</u>					
14. BIRTHPLACE (city or town) <u>Greece.</u> (State or country)					
15. MAIDEN NAME <u>Syrmo Regas.</u>					
16. BIRTHPLACE (city or town) <u>Greece.</u> (State or country)					
17. INFORMANT <u>Nicholas Varkas.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cemetery.</u> Date <u>6-11-31</u> 193 <u>1</u>					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>6-10</u> , 193 <u>1</u> <u>W. R. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>6/8/31</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>11 am</u> <u>June 8</u> , 193 <u>1</u> , to <u>7 pm</u> <u>June 8</u> , 193 <u>1</u>					
I last saw him alive on <u>June 8</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>6:45</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Peritonitis + shock following operation</u> Date of onset <u>6-7-31</u>					
Other contributory causes of importance: <u>Ruptured abscessed diverticulum of the ileum</u>					
Name of operation <u>Removal drainage</u> Date of <u>6-8-31</u>					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>W. R. Rhodes</u> M. D. (Address) <u>Boise, Idaho.</u>					

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75447

PLACE OF DEATH

County of Ada Registration District No. 3
City of Boise Primary Registration District No. Boise Local Registrar's No. 192(No. St. Luke's)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel E. Harris, Jr. 126

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) child5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 30 - 19177. AGE 13 Years 6 Months 25 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Colorado
(State or country)10. NAME OF FATHER S. E. Harris11. BIRTHPLACE OF FATHER (city or town) Tenn.
(State or Country)12. MAIDEN NAME OF MOTHER Elmer Ewer13. BIRTHPLACE OF MOTHER (city or town) Kansas
(State or Country)14. Informant S. E. Harris
(Address) Emmett Idaho15. Filed 6-30 1931 W. R. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 25 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June 21 1931, to June 25 1931
that I last saw him alive on June 24 1931
and that death occurred, on the date stated above, at 7 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Peritonitis from a ruptured appendix.(duration) _____ yrs. _____ mos. 5 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted Home
if not at place of death?Did an operation precede death? yes Date of June 21 31Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. A. Goelsch, M. D._____, 19____ (Address) Boise19. Place of Burial, Cremation, or Removal Emmett Idaho Date of Burial 6/26 193120. Undertaker Emmett Address Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1931

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75448

State File No.

County of Ada

CERTIFICATE OF DEATH

City of BoiseRegistration District No. 2Primary Registration District No. 1004Local Registrar's No. 181(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen Marie Graves(a) Residence. No. 1907 Jefferson St. Jefferson St(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) May 13-1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>14</u>	<u>14</u>	<u>1</u>	<u>13</u>	

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. School girl9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year) 6/811. Total time (years)
spent in this 14
occupation12. BIRTHPLACE (city or town) Boise, Idaho
(State or country) Ada County13. NAME Ernest LeRoy Graves14. BIRTHPLACE (city or town) Buffalo
(State or country) New York15. MAIDEN NAME Lucy O'Brien16. BIRTHPLACE (city or town) Rock Island
(State or country) Ill.17. INFORMANT R. J. Graves
(Address) 1907 Jeff. Boise, Idaho18. BURIAL, CREMATION, OR REMOVAL
Place St. John's Cem Date 6/17, 31, 193119. UNDERTAKER Schreiber & McCann
(Address) 611 Bannock St Boise20. FILED 6-20, 1931 W. H. Phoebe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-15, 193122. I HEREBY CERTIFY, That I attended deceased from
June 14, 1931, to June 15, 1931.
Last saw him alive on June 15, 1931; death is said
to have occurred on the date stated above, at 12:45 PM
The principal cause of death and related causes of importance
were as follows:Acute appendicitis
gangrene of
peritonitis
72 hrs standing

Other contributory causes of importance:

General Peritonitis

Date of onset

Name of operation appendectomy Date of June 14What test confirmed diagnosis? peritonitis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Phoebe, M. D.(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1931

PLACE OF DEATH

County of Ada.City of Boise.STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. Boise(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest James Stine.(a) Residence. No. 1309 N. 5th Street. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 4 yrs. mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word)

Married.

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of Pearl Stine.6. DATE OF BIRTH (month, day, and year) Apr. 20-1907

7. AGE

Years

Months

Days

If LESS than

24115

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Hotel Clark

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) La Grande, Oregon.
(State or country)

MOTHER FATHER

13. NAME William E. Stine.14. BIRTHPLACE (city or town)
(State or country)Ohio15. MAIDEN NAME Emily Cameron.16. BIRTHPLACE (city or town)
(State or country)Canada.17. INFORMANT Mrs. Pearl Stine.
(Address) Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Morrell Hill Cemetery. Date 6/8/31 19319. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.20. FILED 6-8, 193 31 W. H. Rhoads
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 75449Local Registrar's No. 166

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/5/31 19322. I HEREBY CERTIFY, That I attended deceased from April 15, 193 1, to June 4, 193 1I last saw him alive on June 4, 193 1; death is saidto have occurred on the date stated above, at 3:40 A. m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Acute Regurgitation

Other contributory causes of importance:

Failure of Compensation
acute dilatation heart
& uremia

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. S. Allen, M. D.(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75450	
County of Ada.		CERTIFICATE OF DEATH		State File No.	
City of Boise.		Registration District No.		Local Registrar's No. 165	
		Primary Registration District No.			
		(No. 2212 N. 17th Street.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Rev. Louis S. Stokes					
(a) Residence. No. 2212 N. 17th St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Male.		4. COLOR OR RACE Negro.		5. Single, Married, Widowed, or Divorced (write the word) Married.	
5a. If married, widowed, or divorced					
HUSBAND of Letty Stokes					
(or) WIFE					
6. DATE OF BIRTH (month, day, and year) May 3rd 1841					
7. AGE Years 90		Months 1		Days 2	
If LESS than 1 day hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) Meriweather, Ga.					
(State or country)					
13. NAME Soloman Stokes.					
14. BIRTHPLACE (city or town) Ga.					
(State or country)					
15. MAIDEN NAME Anthony-----					
16. BIRTHPLACE (city or town) Ga.					
(State or country)					
17. INFORMANT D. D. Banks.					
(Address) Boise, Idaho.					
18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery.					
Date 6/8/31 1931					
19. UNDERTAKER Wm. McBratney.					
(Address) Boise, Idaho.					
20. FILED 6-8 , 1931					
Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 6/5/31 1931					
22. I HEREBY CERTIFY, That I attended deceased from May 1 1931, to June 5/31 , 1931.					
I last saw him alive on June 3 , 1931; death is said to have occurred on the date stated above, at 6:45 P.M.					
The principal cause of death and related causes of importance were as follows:					
Chronic Valvular Heart Disease					
Date of onset					
Other contributory causes of importance:					
Eastern atrophy					
Name of operation None Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) J. M. Bratney , M. D.					
(Address) Boise, Idaho.					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of.....	<i>Ada</i>	Registration District No.....	<i>2</i>	State File No.....	<i>75451</i>
City of.....	<i>Boise</i>	Primary Registration District No.....	<i>1004</i>	Local Registrar's No.....	<i>184</i>
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME..... <i>August J. Moritz</i>					
(a) Residence. No..... <i>911</i>		St..... <i>Idaho</i>		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred..... <i>40</i> yrs.		mos.....		ds. How long in U. S., if of foreign birth? <i>62</i> yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX..... <i>Male</i>	4. COLOR OR RACE..... <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word)..... <i>Widowed</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of..... <i>Francis Moritz</i>					
6. DATE OF BIRTH (month, day, and year)..... <i>Oct. 29-1848</i>					
7. AGE	Years..... <i>72</i>	Months..... <i>7</i>	Days..... <i>15</i>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... <i>Retired</i>				
	9. Industry or business in which work was done, as mill, saw mill, bank..... <i>Office</i>				
	10. Date deceased last worked at this occupation (month and year)..... <i>Oct. 11, 1918</i>				
	11. Total time (years) spent in this occupation..... <i>10 years</i>				
12. BIRTHPLACE (city or town) (State or country)..... <i>Germany</i>					
MOTHER FATHER	13. NAME..... <i>Mr. Moritz</i>				
	14. BIRTHPLACE (city or town) (State or country)..... <i>Germany</i>				
	15. MAIDEN NAME..... <i>Not obtainable</i>				
	16. BIRTHPLACE (city or town) (State or country)..... <i>Germany</i>				
17. INFORMANT (Address)..... <i>H. Moritz, Boise</i>					
18. BURIAL, CREMATION, OR RESURVAL Place..... <i>Boise, Idaho</i> Date..... <i>6/29, 1931</i>					
19. UNDERTAKER..... <i>Schreiber & Co., Boise</i> (Address)..... <i>Boise</i>					
20. FILED..... <i>6-22, 1931</i> <i>W. H. Rhodes</i> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year)..... <i>June 16, 1931</i>					
22. I HEREBY CERTIFY, That I attended deceased from..... <i>Mar 25, 1931</i> , to..... <i>June 16, 1931</i>					
I last saw him live on..... <i>June 16, 1931</i> ; death is said to have occurred on the date stated above, at..... <i>8:30 P.M.</i>					
The principal cause of death and related causes of importance were as follows: <i>Valvular Heart disease</i>					
Other contributory causes of importance: <i>Decompensation</i>					
Name of operation..... <i>None</i> Date of.....					
What test confirmed diagnosis?..... <i>None</i> Was there an autopsy?..... <i>No</i>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 1931.					
Where did injury occur?..... (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.....					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?..... <i>No</i>					
If so, specify.....					
(Signed)..... <i>J. F. Smith</i> , M.D.					
(Address)..... <i>Boise, Idaho</i>					

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. _____

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter. G.C. Blessinger.(a) Residence. No. 422. South 11th Street. St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) August. 14. 1883.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>47.</u>		<u>10.</u>	<u>14.</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Invalid.(b) General nature of industry, business, or establishment in which employed (or employer) Never able to work.

(c) Name of employer _____

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER

Alexander Blessinger.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Penn.

12. MAIDEN NAME OF MOTHER

Marish Mc Clelland.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Illinois.14. Informant Miss. Lula Blessinger.
(Address) 422. S. 11th Street, Boise, Idaho.15. Filed 6-30, 1931 W. J. Bliss
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 29 28, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 28, 1931, to _____, 19____
that I last saw him alive on _____, 19____and that death occurred, on the date stated above, at 80 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Dropsy and
Valvular Heart disease

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted Boise
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Clyde E. Summers M. D.June 29, 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Star Cemetery.July 1. 1931

20. Undertaker

Summers & Krebs. Boise,Address
Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75453

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1007
(No. _____)

Local Registrar's No. 164

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Turner.(a) Residence. No. 1402. Willow Street.

(Usual place of abode.)

St. _____

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 5 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 5 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAlice Turner.6. DATE OF BIRTH (month, day and year) April. 26. 1846.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>85.</u>	<u>1</u>	<u>6</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Stockman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Crab Orchard.
(State or country) Kentucky.

10. NAME OF FATHER

Unknown.11. BIRTHPLACE OF FATHER (city or town) Unknown.
(State or Country)

12. MAIDEN NAME OF MOTHER

Unknown.13. BIRTHPLACE OF MOTHER (city or town) Unknown.
(State or County)14. Informant L.P. Mardin.
(Address) Boise, Idaho.15. Filed 6-3, 1931Registrar. W. N. P.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 17, 1931, to June 2, 1931
that I last saw him alive on June 1, 1931

and that death occurred, on the date stated above, at 6:45 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic condition of at least 20 years standing)

Last acute attack (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) Old age yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? typical case (symptoms)(Signed) O. J. Cochran D.C.June 3, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.June 4. 31.

20. Undertaker

Summers & Krebs, Boise,Address Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1931

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75454

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1004Local Registrar's No. 178(No. 2916 West Jefferson Street.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vernon LeRoy Aiken(a) Residence. No. 2916 W. Jefferson St.

(Usual place of abode)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Dec. 29-1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>26</u>	<u></u>	<u>5</u>	<u>11</u>	<u></u>

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.None.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Idaho.
(State or country)13. NAME Ira L. Aiken.14. BIRTHPLACE (city or town)
(State or country) Neb.15. MAIDEN NAME Ada Rambo.16. BIRTHPLACE (city or town)
(State or country) Iowa.17. INFORMANT Ira L. Aiken.
(Address) Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery Date 6/12/31 19319. UNDERTAKER Boise, Idaho Wm. M. Bratney
(Address) Boise, Idaho.20. FILED 6-18, 1931 With R. H. R. R. R.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/10/31 19322. I HEREBY CERTIFY, That I attended deceased from.....
....., 193....., to....., 193.....

I last saw h..... alive on....., 193.....: death is said

to have occurred on the date stated above, at 3:30 P.The principal cause of death and related causes of importance
were as follows:Epilepsy

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. F. M. M., M. D.(Address) Meridian, Idaho.

RECEIVED JUL 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75455

PLACE OF DEATH

County of Ada.City of Boise.

Registration District No.

Primary Registration District No.

(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1672. FULL NAME James Crosby.(a) Residence. No. 1212. Hays Street.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos. 15 ds.

How long in U. S. if of foreign birth? yrs.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Widowed.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May -25-1865.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

66013

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Retired Auditor(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ontario.

(State or country)

Canada.

10. NAME OF FATHER

unknownunknown

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

unknownunknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

unknown

14.

Informant
(Address)Capt. Robert H. Crosby.1212. Hays Street Boise, Idaho.

15.

Filed 6-9 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June May. 8th. 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 3rd 1931, to June 8th 1931
that I last saw him alive on June 8 1931and that death occurred, on the date stated above, at 9 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)arterio sclerosis

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical

(Signed)

June 9th 1931 J. D. Springer M. D.
(Address) Boise Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Denver. Colorado.

20. Undertaker

Address

Summers & Krebs.Boise, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75456

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No.)

Local Registrar's No. 187

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Burrell(a) Residence. No. 509 West Jefferson St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 10 yrs. 0 mos. 0 ds.How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCynthia Burrell6. DATE OF BIRTH (month, day and year) Dec. 29. 1857.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>73.</u>	<u>5</u>	<u>25.</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Register of U.S. Land(b) General nature of industry, business, or establishment in which employed (or employer) Office.

(c) Name of employer

9. BIRTHPLACE (city or town) Centerville.
(State or country) Illinois.

10. NAME OF FATHER

Samuel Burrell.11. BIRTHPLACE OF FATHER (city or town) New York.
(State or Country)12. MAIDEN NAME OF MOTHER Mary Staley.13. BIRTHPLACE OF MOTHER (city or town) Ill.
(State or County)14. Informant Mrs. David Burrell.
(Address) 509 Jefferson St, Boise, Idaho.15. Filed 6-25 1931
Registrar. W. H. K. R.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

6 24 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 23 1931, to June 24 1931
that I last saw him alive on June 24 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.
Hemiplegia

(duration) 4 mos. 0 ds.CONTRIBUTORY
(Secondary)

Cardio-Vascular
Hypertension
(duration) 2 yrs. 0 mos. 0 ds.

18. Where was disease contracted Blackfoot Idaho
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical findings

(Signed)

Frank A. Pittman, Jr., M. D.
6/25 1931 (Address) Boise Id

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery,June 26 1931

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

RECEIVED JUL 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75457

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1004

(No.)

Local Registrar's No. 188

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Le Clair.(a) Residence. No. 1919. N. 15 Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 21 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Widow.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

January. 18. 1855.

7. AGE

Years

Months

Days

If LESS than 1 day,

.....hrs. or
min.76.55

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.At home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pennsylvania.
(State or country)

10. NAME OF FATHER

John Musser.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Penn.

12. MAIDEN NAME OF MOTHER

Anna Price.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Penn.

14.

Informant
(Address)Roy. R. Sherbondy.

15.

Filed.

6-25-31

19.

W. H. Krebs

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June2331

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 5, 1931, to June 25, 1931

that I last saw him alive on

Jan 25, 1931and that death occurred, on the date stated above, at 5 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Arteriosclerosis and
hypertension.CONTRIBUTOR
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?unknownDid an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

6/24 (Signed) Sherbondy M. D.
1931 (Address) Boise Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.June 25. 31.

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1931		STATE OF IDAHO	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE	
BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Alta</u>		State File No. <u>75458</u>	
City of <u>Buise</u>		Registration District No. <u>2</u>	
Primary Registration District No. <u>St. Albans</u>		Local Registrar's No. <u>170</u>	
(No. <u>St. Albans</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <u>Harvey Clemens</u>		St. <u>1749</u>	
(a) Residence No. <u>1749</u>		St. <u>1749</u>	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>Charles H. Clemens</u>			
6. DATE OF BIRTH (month, day, and year) <u>June 16-1880</u>			
7. AGE	Years <u>50</u>	Months <u>11</u>	Days <u>25</u>
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>			
MOTHER	13. NAME <u>A. F. Hughes</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Tenn.</u>		
	15. MAIDEN NAME <u>Flora Harding</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>2</u>		
	17. INFORMANT <u>Chas. H. Clemens</u>		
	(Address) <u>Horse Shoe Bend, Tenn.</u>		
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Buise, Ida.</u> Date <u>6-18-1931</u>		
	19. UNDERTAKER <u>Schuyler & Wm. Carr</u>		
	(Address) <u>Buise, Ida.</u>		
	20. FILED <u>6-13</u> , 1931 <u>W. R. Rhodes</u> Registrar.		
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>June 11</u> , 1931			
I HEREBY CERTIFY, That I attended deceased from <u>June 10</u> , 1931, to <u>June 11</u> , 1931.			
I last saw him alive on <u>June 10</u> , 1931; death is said to have occurred on the date stated above, at <u>3:00</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Arterio Sclerosis</u>			
<u>Cerebral Hemorrhage</u>			
Date of onset <u>1925</u>			
Other contributory causes of importance:			
Name of operation <u>None</u> Date of <u>—</u>			
What test confirmed diagnosis? <u>—</u> Was there an autopsy? <u>No</u>			
23. If death was due to external causes (violence) fill in also the following:			
accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 1931.			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury <u>—</u>			
Nature of injury <u>—</u>			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify <u>—</u>			
(Signed) <u>W. R. Rhodes</u> M. D.			
(Address) <u>Buise, Ida.</u>			

RECEIVED JUL 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75459

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma. C. Holden.(a) Residence. No. 1. Miles East of Garfield School St. Portland, Oregon.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCharles. M. Holden.6. DATE OF BIRTH (month, day and year) June. 28. 1857.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>73.</u>	<u>11.</u>	<u>19.</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work At Home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Cornish
(State or country) New Hampshire.

10. NAME OF FATHER

Amon Royce.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Vermont.

12. MAIDEN NAME OF MOTHER

Ruth Straight.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Vermont.14. Informant Roy. B. Holden.
(Address) R.D. # 5. Boise, Idaho15. Filed 6-18, 1931W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 17, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 7, 1931, to June 17, 1931
that I last saw her alive on June 17, 1931
and that death occurred, on the date stated above, at 7:50 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral HemorrhageCONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of —Was there an autopsy? NoWhat test confirmed diagnosis? none(Signed) W. H. Rhodes, M. D.June 18, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Portland, Oregon.June. 20. 31

20. Undertaker

Address

Summers & Krebs. Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of AdaCity of BaieRegistration District No. 2Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 75460Local Registrar's No. 177

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Jackson(a) Residence. No. 217 Myrtle St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George R. Jackson6. DATE OF BIRTH (month, day, and year) March 17 18567. AGE Years 75 Months 3 Days 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wyo.13. NAME Not obtainable14. BIRTHPLACE (city or town) (State or country) U. S. A.15. MAIDEN NAME Not obtainable16. BIRTHPLACE (city or town) (State or country) U. S. A.17. INFORMANT Mrs. James A. Lorrin (Address) Baie18. BURIAL, CREMATION, OR REMOVAL Place Baie, Ida Date 6-16 193119. UNDERTAKER Schubert & W. C. Lorrin (Address) Baie, Ida20. FILED 6-18, 1931 W. R. Phelan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 14 193122. I HEREBY CERTIFY, That I attended deceased from Feb., 1931, to death, 1931.last saw her alive on June 7, 1931; death is said to have occurred on the date stated above, at 11:9 m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 6-14-31Other contributory causes of importance: Myocarditis - many yearsArteriosclerosisSenilityName of operation None Date of NoneWhat test confirmed diagnosis? Phys. find. Was there an autopsy? No

23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify R. F. West (Signed) 415 Eastman Bldg. M. D.

(Address)

RECEIVED JUL 11 1931 STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75461

State File No.

PLACE OF DEATH

County of Ada

City of Boise

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 173

2. FULL NAME Emma Jane Van Buskirk

(a) Residence. No. 1109. W. Jefferson Street St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 10 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 1, 1865

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
65 10 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pontiac, Michigan
(State or country)

10. NAME OF FATHER A. J. Webster

11. BIRTHPLACE OF FATHER (city or town) Pontiac
(State or Country) Michigan

12. MAIDEN NAME OF MOTHER Delia Richmond

13. BIRTHPLACE OF MOTHER (city or town) Clyde
(State or County) New York

14. Informant Mrs. Ada J. Sharp
(Address) Jackson Michigan

15. Filed 6-13 1931 W. H. Whittier
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 23 1931 to June 10 1931
that I last saw him alive on June 10 1931
and that death occurred, on the date stated above, at 24 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Adenoma of Thyroid Gland

(duration) 20 yrs. 0 mos. 0 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) O. F. Swinnee M. D.

June 12 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Pontiac Michigan June 15 1931

20. Undertaker Address

Summers & Krebs, Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED JUL 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75462

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Luke's)Local Registrar's No. 1732. FULL NAME Rena Lucile Serivner

(If death occurred in a hospital or institution, give its name instead of street and number.)

St. Luke's Hospital
Boise, Id

(a) Residence. No.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April-12-1920

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or
.....min.1123

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workSchool Girl(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Meridian Ada Co
(State or country) Idaho

10. NAME OF FATHER

B. C. Serivner11. BIRTHPLACE OF FATHER (city or town),
(State or Country)Page Co. Id.

12. MAIDEN NAME OF MOTHER

Larrie Duncan13. BIRTHPLACE OF MOTHER (city or town),
(State or Country)Phillipps Idaho

14.

Informant
(Address)B. C. Serivner
Meridian Ada Co. B-1

15.

Filed

6-16-1931W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June
(Month)14
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 6, 1931, to June 14, 1931that I last saw her alive on June 14, 1931and that death occurred, on the date stated above, at 8 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:Osteo-mylitis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. T. Neal M. D.June 15, 1931 (Address) Meridian Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Har Cemetery June17, 1931

20. Undertaker

Address

W. H. Rhodes Meridian Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada.</u>		CERTIFICATE OF DEATH		State File No. <u>75463</u>	
City of <u>Boise.</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>189</u>	
		Primary Registration District No. <u>1105</u>			
		(No. <u>1105</u> <u>Pueblo Street.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mrs. Minnie B. Shirley</u>					
(a) Residence. No. <u>1105</u> <u>Pueblo Street.</u> St. <u></u>					
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred <u>34</u> yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Frank S. Shirley</u>					
6. DATE OF BIRTH (month, day, and year) <u>Nov. 10-1872</u>					
7. AGE	Years	Months	Days	If LESS than 1 day -- hrs. or min.	
	<u>58</u>	<u>7</u>	<u>15</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country)					
MOTHER FATHER	13. NAME <u>Richard J. Turner.</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Maryland.</u>				
	15. MAIDEN NAME <u>Elizabeth J. Powell.</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Ohio.</u>				
17. INFORMANT <u>Frank S. Shirley.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cemetery</u> Date <u>6/28/31</u>					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>6-26</u> , 193 <u>With Photo</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>6/25/31</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 27</u> , 193 <u>1</u> , to <u>June 25</u> , 193 <u>1</u> .					
I last saw <u>her</u> alive on <u>June 25</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>1:15 P</u> .					
The principal cause of death and related causes of importance were as follows: <u>Papillary Carcinoma</u>					
Date of onset					
Other contributory causes of importance: <u>acute dilatation of Heart</u>					
Name of operation <u>removal of one tumor for examination.</u> Date of <u></u>					
What test confirmed diagnosis? <u>Autopsy</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 193 <u></u> Where did injury occur? <u></u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u></u>					
Manner of injury <u></u>					
Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u></u> (Signed) <u>O. J. Cochran D.D.</u> , M.D. (Address) <u>Boise, Idaho.</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1931		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		State File No. 75484	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		Local Registrar's No. 175	
County of <u>Ada.</u>		Registration District No. <u>2</u>			
City of <u>Boise.</u>		Primary Registration District No. <u>2</u>			
		(No. <u>1020 State Street.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mrs. Marie Young.</u>					
(a) Residence. No. <u>1020 State</u> St. (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. <u>2</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>			
5a. If married, widowed, or divorced HUSBAND of <u>W. B. Young.</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 15-1871</u>					
7. AGE	Years	Months	Days	If LESS than 1 day — hrs or min.	
<u>60</u>	<u>0</u>	<u>0</u>	<u>1</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Salem, Oregon.</u> (State or country)					
MOTHER FATHER	13. NAME <u>Simon Van Dersal.</u>				
	14. BIRTHPLACE (city or town) <u>Ohio.</u> (State or country)				
	15. MAIDEN NAME <u>Mary Dippel.</u>				
	16. BIRTHPLACE (city or town) <u>Pa.</u> (State or country)				
17. INFORMANT <u>W. B. Young.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Yakima, Wash.</u> Date <u>6/17/31</u> <u>Shipped</u>					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>6-16</u> , 1931 <u>W. A. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>6/16/31</u> 193					
22. <u>571</u> HEREBY CERTIFY, That I attended deceased from <u>6/15</u> , 193 <u>1</u> to <u>6/15</u> , 193 <u>1</u> I last saw <u>or</u> alive on <u>6/15</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>2:30</u> A. M. The principal cause of death and related causes of importance were as follows: <u>Carcinoma of Breast.</u> Other contributory causes of importance: <u>Exhaustion</u> Name of operation <u>Breast Amp.</u> Date of <u>5/7/30</u> What test confirmed diagnosis? <u>Lab.</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>W. A. Rhodes</u> , M. D. (Address) <u>Boise, Idaho.</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1931

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75465

State File No.

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004Local Registrar's No. 174(No. 717 Hayes Street.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lewis Olsen(a) Residence. No. 717 Hayes Street. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 10 yrs. mos. ds.(If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word)Widower.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAgnes Olsen6. DATE OF BIRTH (month, day, and year) Jan. 27-1889

7. AGE

Years

42

Months

4

Days

16

If LESS than

1 day - hrs - min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Bookkeeper9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Cash Bazar.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Huxley, Iowa.

MOTHER FATHER

13. NAME

Lars Olsen.

14. BIRTHPLACE (city or town)

(State or country)

Norway.15. MAIDEN NAME Lena Johnson.

16. BIRTHPLACE (city or town)

(State or country)

Iowa.

17. INFORMANT

(Address)

Joseph Olson.Rake, Iowa.

18. BURIAL, CREMATION, OR REMOVAL

Place Rake, Iowa.Date 6/14/31 1931

19. UNDERTAKER

(Address)

Wm. McBratney.Boise, Idaho.

20. FILED

6-16, 1931W. S. R.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/13/31 193122. I HEREBY CERTIFY, That I attended deceased from June 2, 1931, to June 12, 1931.I last saw him live on June 12, 1931; death is said
to have occurred on the date stated above, at 1:10 AThe principal cause of death and related causes of importance
were as follows:Ductal Carcinoma

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Y

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

W. S. R.
Boise, Idaho.

Budge 130

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1931

PLACE OF DEATH

County of Ada
City of Borse

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1304

DO NOT WRITE IN THIS SPACE

75466

State File No. _____

Local Registrar's No. 183

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gregor Brachovich

(a) Residence. No. 1602 Denver St.

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Ursula Brachovich (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 12 1863

7. AGE Years 68 Months 3 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Duane (State or country) Austria

13. NAME Mike Brachovich

14. BIRTHPLACE (city or town) Austria (State or country)

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) Austria (State or country)

17. INFORMANT Mary Galse (Address) 1602 Denver St

18. BURIAL, CREMATION, OR REBURYAL Place St John's Cemetery Date 6-20, 1931

19. UNDERTAKER Schreiner & McClann (Address) Borse

20. FILED 6-20 1931 W. W. Rader Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-18 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 30 1931, to June 18, 1931.

I last saw him alive on June 18, 1931; death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Stomach

Other contributory causes of importance:

Diabetes mellitus

Name of operation Exploratory Laparotomy Date of May 7

What test confirmed diagnosis? of Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Wm Budge Jr, M. D.

(Address) Borse Ida.

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RECEIVED JUL 11 1931

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

Registration District No. 2
Primary Registration District No. 1004

Local Registrar's No. 180

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joanne May McCall
(a) Residence. No. St. McCall Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, and year) Mar 2-1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
- 3 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Boise

13. NAME Thomas W. McCall

14. BIRTHPLACE (city or town) (State or country) Blauvelt Ore

15. MAIDEN NAME Nellie Williamson

16. BIRTHPLACE (city or town) (State or country) Meridian Ida

17. INFORMANT Thomas W. McCall (Address) McCall Ida

18. BURIAL, CREMATION, OR REMOVAL Place McCall Ida Date 6-20, 1931

19. UNDERTAKER Schreiber McCall (Address) Boise Ida

20. FILED 6-28-1931 W. W. Rhoads Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-18 1931

22. I HEREBY CERTIFY, That I attended deceased from June 5th, 1931, to June 18th, 1931.

I last saw him alive on June 18, 1931; death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows: Cerebral
and by the abrupt infarct

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph R. Rhoads, M. D.

(Address) Boise

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75469

State File No.

PLACE OF DEATH

County of Latah
City of MOSCOW

CERTIFICATE OF DEATH

Registration District No. 61Primary Registration District No. 1011Local Registrar's No. 32

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delbert House

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 24 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Virginia House
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 19, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	11		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Agent(b) General nature of industry, business, or establishment in which employed (or employer) Depot(c) Name of employer U.P. Railroad9. BIRTHPLACE (city or town) Castorville
(State or country) Ontario, Canada10. NAME OF FATHER Albert House11. BIRTHPLACE OF FATHER (city or town) Canada
(State or Country)12. MAIDEN NAME OF MOTHER Julia Johnson13. BIRTHPLACE OF MOTHER (city or town) Canada
(State or County)14. Informant Mrs. D. House
(Address) MOSCOW, IDAHO15. Filed July 2, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 30, 1931

(Month)

(Day)

19..... (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Nov. 26th, 19....., to June 29th, 19.....that I last saw him alive on June 29th, 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

I do not know—Found dead in bed
about 7:00 June 30th 1931—Rigor-
mortis had set in.

(duration) yrs. mos. ds.

CONTRIBUTORY Arteriosclerosis.

(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Chas. L. Gutman, M. D.7/1, 1931 (Address) MOSCOW

19. Place of Burial, Cremation, or Removal

MOSCOW

Date of Burial

7/2 1931

20. Undertaker

H. P. Short

Address

MOSCOW

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of LatahCity of Moscow

CERTIFICATE OF DEATH

Registration District No. 61Primary Registration District No. 1011(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Hammar

(a) Residence. No. _____ St. _____

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.)
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 24, 1931

7. AGE <u>Stillbirth</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.
-----------------------------	-------	--------	------	--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Moscow, Ida.
(State or country)

10. NAME OF FATHER

G. W. Hammar11. BIRTHPLACE OF FATHER (city or town) Sweden
(State or Country)12. MAIDEN NAME OF MOTHER Louise Blau13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or County)14. Informant G. W. Hammar
(Address) Moscow, Ida.15. Filed July 2, 1931

Registrar.

DO NOT WRITE IN THIS SPACE

75470

State File No. _____

Local Registrar's No. 31

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 24, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
June 24th, 1931, to June 24th, 1931that I last saw him alive on June 24th, 1931and that death occurred, on the date stated above, at 12:30 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:I do not knowPremature 7½ months

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. L. Gritman M. D.
6/25/31, 19 (Address) Moscow, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Moscow Cemetery6/25/31 19

20. Undertaker

Address

Moscow, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75471

State File No.

PLACE OF DEATH

County of LatahRegistration District No. 64City of near TroyPrimary Registration District No. 2144

Local Registrar's No.

(No.)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Hanson

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed,
or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug-11-1848

7. AGE

Years 82Months 9Days 7If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Sweden10. NAME OF FATHER Mr. Hanson11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Sweden Not Known12. MAIDEN NAME OF MOTHER Not Known13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14.

Informant
(Address) William Porcup
Troy Ida

15.

Filed June 30, 1931Lucy M. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 18, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 1st, 1930, to June 18, 1931that I last saw him alive on June 18, 1931and that death occurred, on the date stated above, at 2:40 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Senile gangrene,(duration) yrs. 6 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? NoDid an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. A. Meyer, M.D.June 20, 1931 (Address) Troy, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

West Id.June 19, 1931

20. Undertaker

Address

John J. PickardTroy, Ida

RECEIVED JUL 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75472

PLACE OF DEATH

Latah

County of

City of Moscow

Registration District No. 61

Primary Registration District No. 110.11

Local Registrar's No. 28

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Ladow Orcutt

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
----------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Gertrude Orcutt
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 22, 1872

7. AGE	Years 58	Months 10	Days 19	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Editor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Diamond, Wash.
(State or country)

10. NAME OF FATHER E. H. Orcutt

11. BIRTHPLACE OF FATHER (city or town) Minn.
(State or Country)

12. MAIDEN NAME OF MOTHER Laura Ladow

13. BIRTHPLACE OF MOTHER (city or town) Minn.
(State or Country)14. Informant Gertrude Orcutt
(Address) Moscow, Ida.

15. Filed July 2, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 11, 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

May 29, 1931, to June 11, 1931
that I last saw him alive on June 11, 1931
and that death occurred, on the date stated above, at 2:50 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) 4 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Laboratory

(Signed) M. D.

6/10/1931 (Address) Moscow

19. Place of Burial, Cremation, or Removal
Moscow CemeteryDate of Burial
6/14/31 19

20. Undertaker

Address
Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 6 1931 STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75473

State File No.

PLACE OF DEATH

County of Latah
City of Shoshone

CERTIFICATE OF DEATH

Registration District No. 61
Primary Registration District No. 1011
(No.)

Local Registrar's No. 27

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Joseph Schaff

(a) Residence. No. St. Colton Wash.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 3, 1847

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
83 6 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) what

(c) Name of employer

9. BIRTHPLACE (city or town) Germany
(State or country)

10. NAME OF FATHER Do not know

11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)

14. Informant (Address) Mrs. E. C. Kipperman, Shoshone, Idaho

15. Filed July 2, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1931 to June 11, 1931
that I last saw him alive on June 10, 1931
and that death occurred, on the date stated above, at 5:45 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Myocarditis.

(duration) 8 yrs. mos. ds.
CONTRIBUTORY Cardiac asthma
(Secondary)

(duration) 5 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) James H. ... M. D.
June 12, 1931 (Address) Shoshone, Idaho

19. Place of Burial, Cremation, or Removal Colton Date of Burial 6-13-1931

20. Undertaker Amelita H. ... Address Shoshone, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75474

State File No.

PLACE OF DEATH

County of **Latah**
City of **Moscow**

CERTIFICATE OF DEATH

Registration District No. **61**
Primary Registration District No. **21011**
(No. **Inland Hospital**)

Local Registrar's No. **30**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **John A. Barthles**

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. **30** yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word.) **Married**

5a. If married, widowed, or divorced
HUSBAND of **Emma Barthles**
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE **50** Years **7** Months **29** Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Farmer**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Penn.**
(State or country)10. NAME OF FATHER **Chas. Barthles**11. BIRTHPLACE OF FATHER (city or town) **Sweden**
(State or Country)12. MAIDEN NAME OF MOTHER **Josephine Anderson**13. BIRTHPLACE OF MOTHER (city or town) **Sweden**
(State or Country)14. Informant **Art Jessup**
(Address) **Moscow, Ida**15. Filed **July 2, 1931**

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 21, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....
that I last saw h..... alive on 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **H. R. Short** **Lochner** M. D.**June 22, 1931** (Address) **Moscow, Ida.**

19. Place of Burial, Cremation, or Removal

Date of Burial

Moscow Cemetery**June 23 1931**

20. Undertaker

Address

Moscow, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1931		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
County of <u>Latah</u>		BUREAU OF VITAL STATISTICS		State File No. <u>75475</u>	
City of <u>Potlatch</u>		CERTIFICATE OF DEATH		Local Registrar's No. <u>65</u>	
City <u>3</u> miles south		Registration District No. <u>65</u>		Primary Registration District No. <u>2145</u>	
(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Anton Jolstad</u>					
(a) Residence. No. _____ St. _____		(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. <u>8</u> yrs. <u>0</u> mos. <u>0</u> ds.		How long in U. S., if of foreign birth? <u>8</u> yrs. <u>0</u> mos. <u>0</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Josephine Jolstad</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Jan. 20 1859</u>					
7. AGE	Years <u>72</u>	Months <u>5</u>	Days <u>3</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railroad Shop</u>				
	10. Date deceased last worked at this occupation (month and year) <u>May 1930</u>				
	11. Total time (years) spent in this occupation <u>7</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Norway</u>					
MOTHER FATHER	13. NAME <u>M. Lund</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Norway</u>				
	15. MAIDEN NAME <u>Not known</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Norway</u>				
17. INFORMANT (Address) <u>Josephine Jolstad Potlatch Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Potlatch</u> Date <u>6-28</u> , 1931					
19. UNDERTAKER (Address) <u>D.D. Kimball Palouse Wash.</u>					
20. FILED <u>June 24</u> , 1931 <u>D. J. Thompson</u> REGISTRAR					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 23 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan.</u> , 1931, to <u>June 23</u> , 1931.					
I last saw him alive on <u>June 23</u> , 1931; death is said to have occurred on the date stated above, at <u>9:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Chronic Myocarditis</u>					Date of onset <u>1929</u>
Other contributory causes of importance: <u>Nephritis</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>J. W. Thompson</u> , M.D.					
(Address) <u>Potlatch Idaho</u>					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75476
State File No.

PLACE OF DEATH

County of Latah
City of Moscow

CERTIFICATE OF DEATH

Registration District No. 61Primary Registration District No. 1011

(No.)

Local Registrar's No. 33

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Halvor P. Eggen

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S. if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of **Inga Eggen**

6. DATE OF BIRTH (month, day and year) **May 3, 1854**

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
	77	1	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Retired photographer**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Norway**
(State or country)10. NAME OF FATHER **Peter Eggen**11. BIRTHPLACE OF FATHER (city or town) **Norway**
(State or Country)12. MAIDEN NAME OF MOTHER **Serena Oleson**13. BIRTHPLACE OF MOTHER (city or town) **Norway**
(State or County)14. Informant **Mrs. Inga Eggen**
(Address) **Moscow, Ida**15. Filed July 2, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 1, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 24, 1928 to **July 1, 1931**that I last saw him alive on **July 1, 1931**and that death occurred, on the date stated above, at **10:30 A.M.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage(duration) **6** yrs. mos. ds.CONTRIBUTORY
(Secondary)**arteriosclerosis**(duration) **10** yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? **no** Date ofWas there an autopsy? **no**What test confirmed diagnosis? **clinical**(Signed) **Henry E. Johnson, M. D.****7/3/31** 19 (Address) **Moscow, Ida**

19. Place of Burial, Cremation, or Removal

Moscow Cemetery

Date of Burial

7/3/31 19

20. Undertaker

H. P. Short

Address

Moscow

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75477

PLACE OF DEATH

County of LatahCity of MOSCOWRegistration District No. 61Primary Registration District No. 11011(No. Gritman Hospital)Local Registrar's No. 29

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cle George Johannesen

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred 18 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? 20 yrs. _____ mos. _____ ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
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5a. If married, widowed, or divorced
HUSBAND of Mildred Johannesen
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept. 22, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>36</u>	<u>8</u>	<u>23</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Butcher(b) General nature of industry,
business, or establishment in
which employed (or employer) Retail Butcher Shop(c) Name of employer Himself9. BIRTHPLACE (city or town) _____
(State or country) Norway10. NAME OF FATHER
Not known11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) Norway12. MAIDEN NAME OF MOTHER Not Known13. BIRTHPLACE OF MOTHER (city or town) _____
(State or County) Norway14. Informant Mrs. Mildred Johannesen
(Address) MOSCOW, Idaho15. Filed July 2, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 15, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 27, 1931 to June 15, 1931that I last saw him alive on June 15, 1931and that death occurred, on the date stated above, at 3:45 PM*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Anemia(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Severe epistaxis follow-
(Secondary) ing infection of nose and
throat.
(duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death? NoDid an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Chas. E. Gritman

(Signed) _____, M. D.

6/16, 1931 (Address) MOSCOW

19. Place of Burial, Cremation, or Removal

Spokane, Wash.

Date of Burial

6/18/31 19

20. Undertaker

H. R. Short

Address

Moscow

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75478

PLACE OF DEATH
County of Latah Registration District No. 64
City of Troy Primary Registration District No. 14
(No. 14)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nicholas Olson
(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. Single Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) April 12-1851
7. AGE Years 80 Months 2 Days 7 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Norway

10. NAME OF FATHER Ole Olson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway

12. MAIDEN NAME OF MOTHER Sara Sortley

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Norway

14. Informant (Address) John Olson Troy Ida

15. Filed June 30 1931 Lucy M. Pickard Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 19- 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1931, to June 19, 1931, that I last saw him alive on June 19, 1931, and that death occurred, on the date stated above, at 8:24 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma

(duration) 8 yrs. mos. ds. Penility.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. H. Meyer M. D. June 20, 1931 (Address) Troy Idaho

19. Place of Burial, Cremation, or Removal Date of Burial
Mascoo Ida June 21 1931

20. Undertaker Address
John J. Pickard Troy Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75479

State File No.

Registration District No. 65
Primary Registration District No. 2145

Local Registrar's No.

(No. Potlatch Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grant Lawrence Shook(a) Residence. No. Princeton Ida. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced, (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Jessie Shook
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 18 1895

7. AGE Years 36 Months 4 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sawmill

10. Date deceased last worked at this occupation (month and year) May 1931 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) Atlanta (State or country) Ga., Neb.

13. NAME Albert Shook

14. BIRTHPLACE (city or town) Indiana
(State or country)

15. MAIDEN NAME Laura Bunney

16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Jessie Shook
(Address) Princeton Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Potlatch Ida. Date July 3, 1931

19. UNDERTAKER D.D. Kimball
(Address) Palouse Wash.

20. FILED July 12, 1931 J. H. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 30 1931

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1931, to June 30, 1931.

I last saw him alive on June 30, 1931; death is said to have occurred on the date stated above, at 930P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Encephalitis Lethargica

Other contributory causes of importance:

Name of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No ✓ If so, specify ✓(Signed) J. H. Thompson, M.D.(Address) Potlatch, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75480

State File No.

PLACE OF DEATH

County of Bear LakeCity of MontpelierRegistration District No. 6Primary Registration District No. 2136Local Registrar's No. 188

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant

(Address)

15. Filed

6/30/31

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____.

that I last saw him alive on _____, 19____.

and that death occurred, on the date stated above, at 1245 A m.

The CAUSE OF DEATH was as follows

Accidental, killed when car
spun out in loose gravel and
turned over on highway #30
near Grangerston Idaho
(duration) _____ yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. H. Williams M.D.June 29, 1931 (Address) Montpelier, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Rock Springs Wyo July 1 1931

20. Undertaker

Address

J. H. Williams

PLACE OF DEATH

County of Bear Lake
City of MontpelierSTATE RECEIVED JUL 6 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52Primary Registration District No. 7136

DO NOT WRITE IN THIS SPACE

State File No. 75481

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Burton Elmo Thomas(a) Residence. No. Bloomington Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 25 - 19107. AGE Years Months Days If LESS than 1 day, hrs. or min.
21 3 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bloomington
(State or country) Idaho10. NAME OF FATHER Burton L. Thomas11. BIRTHPLACE OF FATHER (city or town) Bloomington
(State or Country) Idaho12. MAIDEN NAME OF MOTHER May Stevenson13. BIRTHPLACE OF MOTHER (city or town) Burton
(State or Country) Idaho14. Informant Mrs B L Thomas
(Address) Bloomington Idaho15. Filed July 11, 1931 J. W. Stoney
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from

_____, 19____, to _____, 19____,
that I last saw him alive on _____, 19____,and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH* was as follows:

Accidentally killed by being
caught between the
engine and frame of truck
in his charge (duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Dr. M. H. Williams M. D.(Signed) May 14, 1931 (Address) Montpelier Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation or Removal Bloomington Idaho Date of Burial May 16 193120. Undertaker J. W. Stoney Address Montpelier Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75482

State File No.

PLACE OF DEATH

County of BeauregardCity of GeorgetownRegistration District No. 52Primary Registration District No. 236

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Georgetown Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 10-18957. AGE Years Months Days If LESS than 1 day, hrs. or min.
35 11 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Georgetown Idaho
(State or country)10. NAME OF FATHER John R. Hayes11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Harriet E. Dean13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant John R. Hayes
(Address) Georgetown Idaho15. Filed 6/13/31 1931
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

Accidentally killed by being
to left wagon over of wagon
Gen. Box Slipping and falling
head between old board fence
(duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

_____, (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) F. M. Williams, M. D.May 31, 1931 (Address) Montpelier, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Georgetown Date of Burial June 1 193120. Undertaker F. M. Williams Address Montpelier, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75483

PLACE OF DEATH
County of Ben Lake
City of Montpelier

Registration District No. 52Primary Registration District No. 2136Local Registrar's No. 126

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofClarence Anderson

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

5727

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Idaho

10. NAME OF FATHER

H. M. Pratt11. BIRTHPLACE OF FATHER (city or town)
(State or Country)New York

12. MAIDEN NAME OF MOTHER

Mary Brandon13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Tennessee

14.

Informant

(Address)

Clarence Anderson
Montpelier, Idaho

15.

Filed

301931Noting

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1931
(Year)17. I HEREBY CERTIFY, That I attended deceased from June 29, 1931, to June 29, 1931,that I last saw him alive on June 28, 1931,and that death occurred, on the date stated above, at 930 P. m.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis (Due to perforation of Bowel)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Carcinoma Stomach

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No Date ofWhat test confirmed diagnosis? Autopsy(Signed) W. H. H. H. M. D.June 28, 1931 (Address) Montpelier, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Montpelier, IdahoJune 30 1931

20. Undertaker

Address

W. H. H. H.Montpelier, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated **EXACTLY**, **PHYSICIANS** should state **CAUSE OF DEATH** in plain terms, so that it may be properly classified. **Exact statement of OCCUPATION** is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

Local Registrar's No.....

PLACE OF DEATH
County of Dear Lake
City of Mount Pleasant

Registration District No. 032

Primary Registration District No. 236

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward R. Miller

(a) Residence. No. Perumington 2nd St

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. Single, Married, Widowed, or Divorced (write the word) M
-------------	-----------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *Jan 19- 1920*

7. AGE	Years	Months	Days	If LESS than 1 day,
6		3	14	hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Barnstable, Mass
(State or country)

10. NAME OF FATHER *John D. D.*

11. BIRTHPLACE OF FATHER (city or town) Moynihan
(State or Country)

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (city or town) Marble Creek
(State or Country) 1

14. Informant Chris Bullock
(Address) Demerits, Ind.

15. Filed 7/1/31, 1931 H. H. H. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 3 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1931 to May 3, 1931
that I last saw him alive on May 3, 1931
and that death occurred, on the date stated above, at _____ m
The CAUSE OF DEATH* was as follows:

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? _____

(Signed) [Signature] M. D.

1957 (Address) *Am*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
--	----------------

Dec. 1891

John / name = page 6

Handwritten signatures

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75486

State File No.

PLACE OF DEATH

County of Bear Lake

City of Bern

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

Bern, Idaho St.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sept 21 1848

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

82

8

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Switzerland

10. NAME OF FATHER

John Kuny

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Switzerland

12. MAIDEN NAME OF MOTHER

Rosina Kuny

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Switzerland

14. Informant
(Address)

Robt. Kuny
Bern, Idaho

15. Filed

3, 1931

N. H. King

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May

23

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 20, 1931, to May 23, 1931

that I last saw her alive on May 23, 1931

and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Criley, M. D.

May 24, 1931 (Address) Hauppauge

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Bern Idaho

May 25 1931

20. Undertaker

Address
Montpelier, Idaho

F. M. Williams

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1931

PLACE OF DEATH
County of Bear Lake
City of Paris
Registration District No. 53
Primary Registration District No.

DO NOT WRITE IN THIS SPACE

75487

State File No.

Local Registrar's No. 171

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louise Mary Stocker

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced husband or
(or) WIFE of John H. Stocker

6. DATE OF BIRTH (month, day, and year)

7. AGE 68 Years 10 Months 28 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Gallen
(State or country) Switzerland

13. NAME Joseph Madlechner Kappler

14. BIRTHPLACE (city or town) Varalbach
(State or country) Austria

15. MAIDEN NAME Anna Kappler

16. BIRTHPLACE (city or town) Altgaufer
(State or country) Switzerland

17. INFORMANT (Address) N. C. Stocker
Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Paris Idaho Date June 11 1931

19. UNDERTAKER Daniel Price
(Address) Paris Idaho

20. FILED June 9th 1931 Mrs. Arthur Hess
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1931

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to June 9, 1931.

I last saw her alive on June 8, 1931; death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular -
Renal Disease

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) P. O. Giverson M. D.(Address) Paris Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of Valley

City of Smith Ferry

Registration District No.

Primary Registration District No.

Local Registrar's No. 15

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edythe Marie Atwater

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Joseph Atwater

6. DATE OF BIRTH (month, day and year) June 17, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 81 May

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Fort Ticonderoga, N.Y.

10. NAME OF FATHER Anthony Jowdan

11. BIRTHPLACE OF FATHER (city or town) (State or Country) France

12. MAIDEN NAME OF MOTHER Austine Reynolds

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Mrs. Anna J. Minter

(Address) Montana

15. Filed June 23, 1931 Kentel Linder Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 17, 1931 to June 22, 1931 that I last saw him alive on June 19, 1931 and that death occurred, on the date stated above, at 5:00 p.m. The CAUSE OF DEATH* was as follows: Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Roscoe C. Ward M. D. 6-23, 1931 (Address) Cascade Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Cascade, Ida Date of Burial June 23, 1931

20. Undertaker K. S. R. Co. Address —

RECEIVED JUL 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75489

State File No.

PLACE OF DEATH

County of ValleyCity of Near Shoshone Idaho

Registration District No.

Primary Registration District No.

Local Registrar's No. 15

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bird Billings

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.About 40

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant Robt. R. Wilson
(Address) Cascade Ida15. Filed June 1, 19 31 Montana Gardner
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 2719 31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____

and that death occurred, on the date stated above, at 10:00 a.m.

The CAUSE OF DEATH* was as follows:

Shot wound inflicted by
another in altercation

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Roscoe E. Gard, M.D.5-30, 19 31 (Address) Cascade Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Cascade IdahoJune 19 19 31

20. Undertaken

Address

W. S. RobbCascade Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of *Shoshone*

City of *Rupert*

CERTIFICATE OF DEATH

Registration District No. *19*

Primary Registration District No. *2015*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Benjamin Hammond*

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word.) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) *Dec 19 - 1860*

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *70 6 16*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Massachusetts*

10. NAME OF FATHER *Benjamin Hammond*

11. BIRTHPLACE OF FATHER (city or town) (State or country) *Massachusetts*

12. MAIDEN NAME OF MOTHER *Edithine Oldredge*

13. BIRTHPLACE OF MOTHER (city or town) (State or country) *Massachusetts*

14. Informant (Address) *Mrs Irene Hammond Rupert Idaho*

15. Filed *6-7*, 19*31* Registrar. *E. E. Elmore*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *June 5*, 19*31* (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *May 14*, 19*31*, to *June 5*, 19*31* that I last saw him alive on *June 4*, 19*31* and that death occurred, on the date stated above, at *4:30 A.m.*

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Angina Pectoris & Arteriosclerosis

(duration) *5* yrs. mos. ds.

CONTRIBUTORY *Possibly Gastric Cancer* (Secondary)

(duration) *2* yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *Symptomatic*

(Signed) *E. E. Elmore* M. D.

6-7, 19*31* (Address) *Rupert, Ida.*

19. Place of Burial, Cremation, or Removal Date of Burial

Pocatello Idaho June 7 19*31*

20. Undertaker Address

W. A. Goodman Rupert Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

754989

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 78
 Township _____ or Village Blacktail Mt. Lookout or
 City 1 No. _____ St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Glen Bernard Butler
 (a) Residence: No. _____ St., _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Apr 16, 1908

7. AGE Years 23 Months 2 Days 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lookout
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forest Service
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Ritzville
 (State or country) Wash.

13. NAME Robert E Butler

14. BIRTHPLACE (city or town) Missouri
 (State or country)

15. MAIDEN NAME Pearl Sage

16. BIRTHPLACE (city or town) Anamora
 (State or country) Iowa

17. INFORMANT Vernon Butler
 (Address) athol Ida

18. BURIAL, CREMATION, OR REMOVAL Place athol Ida Date June 24, 1931

19. UNDERTAKER L. G. Moon
 (Address) Sandpoint Ida

20. FILED June 24, 1931 Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Struck by bolt lightning Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Lookout Forest Service

(Signed) L. G. Moon Registrar

(Address) Sandpoint Idaho

RECEIVED JUL 6 1931

75495

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 78
 Township _____ or Village Laclede or _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 30 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Henry L. Graves.
 (a) Residence: No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5a. If married, widowed or divorced, HUSBAND of Elizabeth Graves. (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) Oct. 28, 1853
 7. AGE Years 78 Months 7 Days 4 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) Nov. 1925 11. Total time (years) spent in this occupation 30

OCCUPATION

12. BIRTHPLACE (city or town) _____ (State or country) Wisconsin

13. NAME Rufus Graves.

14. BIRTHPLACE (city or town) _____ (State or country) Ohio

15. MAIDEN NAME Ann Noel

16. BIRTHPLACE (city or town) _____ (State or country) Ohio

17. INFORMANT Mrs. H. L. Graves (Address) Laclede, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Laurier, Idaho Date June 3, 1931

19. UNDERTAKER A. S. Moon (Address) Sandpoint, Idaho

20. FILED June 2, 1931 (Address) Idaho Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2, 1931

22. I HEREBY CERTIFY That I attended deceased from May 18, 1931 to June 2, 1931

I last saw him alive on May 18, 1931; death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

General Paresis, following severe traumatic caused by automobile accident

Date of onset 1926

Other contributory causes of importance:

Serility

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Rayd G. Wendle, M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 6 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75496

State File No.

PLACE OF DEATH

County of BonnerCity of Priest River

CERTIFICATE OF DEATH

Registration District No. 85Primary Registration District No. 2185Local Registrar's No. 12

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Hopkins

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 6, 1931

7. AGE

Years

Months

Days

4 If LESS than 1 day,
hrs. or
45 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Priest River
(State or country) Idaho

10. NAME OF FATHER

Jesse J. Hopkins11. BIRTHPLACE OF FATHER (city or town) Edgar Springs
(State or Country) Mo.

12. MAIDEN NAME OF MOTHER

Bertha Morehouse13. BIRTHPLACE OF MOTHER (city or town) Falcon
(State or County) Mo.

14.

Informant
(Address)Jesse J. HopkinsPriest River, Idaho

15.

Filed June 8, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June

(Month)

6

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 61931to June 61931that I last saw her alive on June 6, 1931and that death occurred, on the date stated above, at 10 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Congenital Debility
cause not determined

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? F. indigo + symptoms(Signed) Harold C. Soucy, M. D.6-6-, 1931 (Address) Priest River, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

I.O.O.F. CemeteryJune 8 1931

20. Undertaker

Address

Jesse J. Hopkins, Father Priest River

RECEIVED JUL 1

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of BonnerCity of Priest RiverRegistration District No. 85Primary Registration District No. 2185

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Hopkins

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 6, 1931

7. AGE	Years	Months	Days	<u>5</u> If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. None(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Priest River
(State or country) Idaho

10. NAME OF FATHER

Jesse J. Hopkins11. BIRTHPLACE OF FATHER (city or town) Edgar Springs
(State or Country) Mo.12. MAIDEN NAME OF MOTHER Bertha Morehouse13. BIRTHPLACE OF MOTHER (city or town) Falcon
(State or Country) Mo.14. Informant Jesse J. Hopkins
(Address) Priest River, Idaho15. Filed June 8, 1931

Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 75497Local Registrar's No. 13

166

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 6, 1931, to June 6, 1931
that I last saw him alive on June 6, 1931and that death occurred, on the date stated above, at 10 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Congenital Debility
Cause not determined

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Findings & symptoms(Signed) Harold C. Soney, M. D.6-6-, 1931. (Address) Priest River, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

I.O.O.F. CemeteryJune 8 1931

20. Undertaker

Address

Jesse J. Hopkins, Father Priest River

RECEIVED JUL 6 1931

75498

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County BONNERState IDAHORegistered No. 78

Township _____

or Village _____ or

City KOOTENAI

No. _____

St. _____ Ward _____

(If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME DMITAR RAPIDS

(a) Residence: No. _____

St. _____

Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

WHITE5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)SINGLE

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

OCTOBER 15, 1926

7. AGE

Years

Months

Days

If LESS than

581 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.NONE9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)RED LODGE
MONTANA

FATHER

13. NAME

DAN RAPIDS

MOTHER

15. MAIDEN NAME

YEKA TODORICK16. BIRTHPLACE (city or town)
(State or country)JUGO SLAVIA

17. INFORMANT

(Address)

Dan RapidsKootenai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL

Place

SANDPOINT, IDA.Lakeview Cem.

Date

6/11

1931

19. UNDERTAKER

(Address)

L.G. MOONSANDPOINT, IDAHO.

20. FILED

June 11, 1931Viola Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year)

June 81931

22. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____; death is said

to have occurred on the date stated above, at 5:50 P.M.The principal cause of death and related causes of importance
were as follows:ACCIDENTAL DROWNING: Fell
from raft.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) L.G. Moon CORONER XXX(Address) SANDPOINT, IDAHO.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

15499

State File No.

PLACE OF DEATH

County of BannerCity of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 75Primary Registration District No. 2105(No. Sandpoint Hospital)Local Registrar's No. 52

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald J. McInaney Jr(a) Residence. No. 516 N Boyer St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 4 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 12 19267. AGE Years 4 Months 10 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sandpoint Idaho
(State or country)

10. NAME OF FATHER

Donald J. McInaney11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Minn12. MAIDEN NAME OF MOTHER Nora Hines13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Montana

14.

Informant
(Address)D. J. McInaney
516 N Boyer

15.

Filed

June 27, 1931Viola Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 25, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Birth 1/12 1926 to June 25, 1931
that I last saw him alive on June 25, 1931and that death occurred, on the date stated above, at 10:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Ether anaesthesia for
Tonillectomy.
Respiratory failure.(duration) 2 hrs yrs. mos. ds.CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date 2 hrs

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. P. Stackhouse, M. D.6/26, 1931 (Address) Sandpoint Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Laker view cemetery6/2 1931

20. Undertaker

Address

Turnbull CoSandpoint

RECEIVED JUL 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75500

State File No.

PLACE OF DEATH

County of Bonner
City of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155
(No. Page Hospital)Local Registrar's No. 53

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William E Pengelly(a) Residence. No. Penderay Hotel St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 2 yrs. mo. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed,
or Divorced (write the word.) Divorced5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug 20 18787. AGE Years 52 Months 10 Days 17 If LESS than 1 day,
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Painter(b) General nature of industry,
business, or establishment in
which employed (or employer) Self

(c) Name of employer

9. BIRTHPLACE (city or town) Canada
(State or country)

10. NAME OF FATHER

James C Pengelly11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Canada

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Canada14. Informant Mildred Pengelly
(Address) Spokane15. Filed June 25, 1931Viola Allen
deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 22, 1931, to June 25, 1931
that I last saw him alive on June 25, 1931and that death occurred, on the date stated above, at 4 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Myocarditis(duration) yrs. 2 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Wm E Taylor, M. D.June 27, 1931 (Address) Sandpoint, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Lakeview6/28 1931

20. Undertaker

Turnbull Co

Address

Sandpoint

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.
Exact statement of OCCUPATION is very important.

RECEIVED JUL 2 1931

75501

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 26
 Township _____ or Village _____
 City Sandpoint No. _____ St. _____ Ward _____
 Length of residence in city or town where death occurred 14 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? 21 yrs. _____ mos. _____ ds.

2. FULL NAME Andrew Christenson

(a) Residence: No. 322 S. Second Ave St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5a. If married, widowed, or divorced
 HUSBAND of Mary Christenson
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) March 1, 1862

7. AGE Years 69 Months 4 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Probate Judge

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bonner County

10. Date deceased last worked at this occupation (month and year) July 1931 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) _____ (State or country) Denmark

13. NAME Unknown

14. BIRTHPLACE (city or town) _____ (State or country) Denmark

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) _____ (State or country) Denmark

17. INFORMANT Peter Christenson
 (Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
 Place Sawyer, Idaho. Date July 5 1931

19. UNDERTAKER L. G. Moon
 (Address) Sandpoint, Idaho.

20. FILED July 2, 1931 Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1931, to June 30 1931

I last saw him alive on June 30 1931; death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset
Feb. 1931

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) Ployd G Wendle, M. D.
 (Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

8-2007
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County BONNER State IDAHO Registered No. 78
 Township _____ or Village _____ or
 City SANDPOINT No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 4 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME GEORGE S. DENGLE

(a) Residence: No. Cor. Main & Division St. S Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED

5a. If married, widowed, or divorced, HUSBAND of MARY DENGLE (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) NOV. 12, 1860

7. AGE Years 70 Months 7 Days 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) June 1927 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) NORRISTOWN (State or country) PA.

13. NAME JACOB DENGLE

14. BIRTHPLACE (city or town) PA (State or country)

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) PA (State or country)

17. INFORMANT Mrs. Mary Dengler (Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Pinecrest Cem. Place Sandpoint, Idaho Date 6/17, 1931

19. UNDERTAKER L. G. MOON (Address) SANDPOINT, IDAHO.

20. FILED June 17, 1931 Viola Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 15, 1931

22. I HEREBY CERTIFY That I attended deceased from June 7, 1931 to June 15, 1931

I last saw him alive on June 4, 1931; death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset June 3, 1931

Other contributory causes of importance:

Arterio Sclerosis

Name of operation no Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Wm F. Tyler M. D.

(Address) Sandpoint, Idaho.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Banner State IDAHO Registered No. 78
 Township _____ or Village _____ or _____
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Norman Leslie Charland, 659
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Mar. 16, 1931

7. AGE Years _____ Months 3 Days 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

13. NAME Leslie Geo Charland

14. BIRTHPLACE (city or town) Clare Falls
(State or country) N.Y.

15. MAIDEN NAME Norma Wachsman

16. BIRTHPLACE (city or town) Malden
(State or country) Mass.

17. INFORMANT Leslie Geo Charland
(Address) Sandpoint

18. BURIAL, CREMATION, OR DISPOSAL
Place Funeral Home Date June 24, 1931

19. UNDERTAKER Leslie Geo Charland
(Address) Sandpoint

20. FILED June 23, 1931
Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22, 1931

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

A typical Leukemia

Date of onset
Since birth

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Leslie Geo Charland Coroner

(Address) Sandpoint, Idaho

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Norman Leslie Charland
now lying buried in Lakeview Cemetery, in the City or Town of Sandpoint
County of Bonner State of Idaho, who died on the 22 day of June, 1931, Aged _____ years _____ months
_____ days, the cause of death being Atypical Leukemia and
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever
or yellow fever as shown by the certificate of death of said deceased, given by
L. G. Moon, Coroner attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
private or railway conveyance
to Pinecrest Memorial Park Cemetery in the City or Town of Sandpoint County of Bonner

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of
Bonner

it being understood and provided that nothing herein shall be deemed as contravening or in
anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses
or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If
the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new
metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

Permit issued to: this 10th day of September, A.D. 1974.

Dale Coffelt
Coffelt Funeral Services
P. O. Box 219
Sandpoint, Idaho 83864

Janet M. Wick
by _____ Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of _____ State of Idaho, this _____ day of _____, 19____.

Health Officer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75504

State File No.

PLACE OF DEATH

County of IdahoCity of KooskiaRegistration District No. 106Primary Registration District No. 2184Local Registrar's No. 212(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Alec Morris

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Indian 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Annie Frank
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 75 Months Days If LESS than 1 day, min. hrs. or

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER Andrew Morris11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Lucie13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Martha Morris
(Address) Kooskia - Idaho15. Filed June 10, 1931 Jm Verbeekhuus
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

that I last saw h alive on , 19

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

No medical attendance;
Died suddenly after several days
of Indian disease.
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jm Verbeekhuus M. D.
June - 10 - 1931 (Address) Kooskia - Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

White Indian Cemetery March 25, 1931

20. Undertaker Address

George Treunary Kooskia Idaho

RECEIVED JUL 6 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of IdahoCity of GrangevilleRegistration District No. 103Primary Registration District No. 1001Local Registrar's No. 25

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fannie L. Martin

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Mortimer Martin6. DATE OF BIRTH (month, day and year) Jan 18 18617. AGE Years 70 Months 3 Days 13 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Bal (State or country)

10. NAME OF FATHER

F. L. Martin

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Mortimer L. Martin (Address) Grangeville15. Filed 7-1-31 B. Chipman Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 1 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June 12, 1927, to May 1, 1931
that I last saw her alive on May 1, 1931
and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Primary findings(Signed) B. Chipman M. D.5-2-, 1931 (Address) Grangeville Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Grangeville Ida. Date of Burial 5-3- 193120. Undertaker Hunsack Mtd. Co. Address Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho -

City of Honolulu

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 10 B

Primary Registration District No. 2184

RECEIVED JUL 16 1931

DO NOT WRITE IN THIS SPACE

State File No. 18300

Local Registrar's No. 312

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sham Prakash (usli)

(a) Residence. No. 100 St. 100

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. Single, Married, Widowed, or Divorced (write the word) Married
-------------	-----------------------	---

5d. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of *Robert L. ...*

6. DATE OF BIRTH (month, day and year) *Mar 19-1865*

7. AGE	Years	Months	Days	If LESS than 1 day
66	✓	—	28	hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Maup County, Mo
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

18. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant Clarence Curtis
(Address) Winnipeg, Idaho

15. Filed July 1, 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 16th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1931, to June 15, 1931,
that I last saw h 54 alive on June 9th, 1931,
and that death occurred, on the date stated above, at 11 30 p m.

The CAUSE OF DEATH* was as follows:
Hemorrhage at base of brain

(duration) yrs. mos. ds.

CONTRIBUTORY *Severe heart disease*
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? Yes Date of 1/1/68

Was there an autopsy? Yes

What test confirmed diagnosis? Tuberculosis

1 (Signed) H. A. Hawthorth M. D.

Time 18, 1931 (Address) 55-1

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial

Yas. P. 10 1931

20. Undertaker Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 20 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 15507

PLACE OF DEATH

County of Idaho
City of Kootenai

Registration District No. 106
Primary Registration District No. 2184

Local Registrar's No. 311

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harvey Howard Renshaw

(a) Residence. No. _____ St. _____

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Renshaw

6. DATE OF BIRTH (month, day and year) August 31-1869

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
61 7 27

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salem - Oregon

PARENTS

10. NAME OF FATHER Robert Renshaw

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tennessee

12. MAIDEN NAME OF MOTHER Mary Bell Dillard

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Missouri

14. Informant R. D. Renshaw
(Address) Kootenai - Idaho

15. Filed April 24 1931 Jm Verbeekhuys Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to April 28, 1931
that I last saw him alive on April 2, 1931
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Angiine Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jm Verbeekhuys M. D.

May 24, 1931 (Address) Kootenai - Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal April 24 / Kootenai - Date of Burial April 28 1931

20. Undertaker Geo. Fenney Address Kootenai - Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75508

PLACE OF DEATH

County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001

Local Registrar's No. 22

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. A. Williams

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 78 Months 11 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Jack Williams (Address) Electricity Co. Hancock

15. Filed 7-1-, 1931 B. Chipman Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 14, 1931, to May 28, 1931

that I last saw him alive on May 27, 1931

and that death occurred, on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis Physical findings

(Signed) J. D. Shimrock M. D.

June 5, 1931 (Address) Grangeville, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Grangeville Date of Burial 5-30 1931

20. Undertaker Shimrock M.D. Co. Address Grangeville

7/7/76

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75510

State File No.

PLACE OF DEATH

County of IdahoCity of Stites

Registration District No.

Primary Registration District No.

Local Registrar's No. 316

(No.)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Mays(a) Residence. No. Stites Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced Married (write the word)5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda B Mays

6. DATE OF BIRTH (month, day and year)

7. AGE Years 77 Months 10 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pleasant Hill Georgia (State or country)10. NAME OF FATHER Elbert Mays

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth Ferguson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Zella M. Wightman (Address) Stites Idaho15. Filed July 3 1931 Julius Burkman Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 21st 1931 (Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 11, 1931, to June 21, 1931 that I last saw him alive on June 14, 1931 and that death occurred, on the date stated above, at 4:00 a.m. The CAUSE OF DEATH* was as follows: Heart failure. Mitral regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. W. Wentworth, M. D. July 3 1931 (Address) Stites

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Cleawater Date of Burial June 22 193120. Undertaker Namiah Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75511

PLACE OF DEATH

County of IdahoCity of KootenaiRegistration District No. 106Primary Registration District No. 21857Local Registrar's No. 314(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME John Calvin Catherman

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept-29-18677. AGE Years Months Days If LESS than 1 day, hrs. or min.
63 8 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) St Joe - Co. Michigan
(State or country)10. NAME OF FATHER Moses Catherman11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Huron Co - Penn12. MAIDEN NAME OF MOTHER Sarah Aving13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) York Co - Penn14. Informant Bert Catherman
(Address) Kootenai - Idaho15. Filed June 14, 1931 JM Hubert Knave
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 1, 1931, to June 13, 1931
that I last saw him alive on June 10, 1931and that death occurred, on the date stated above, at 8:45 p m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) JM Hubert Knave, M. D.
June 14, 1931 (Address) Kootenai

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Battle Ridge CemeteryJune 15 1931

20. Undertaker

Address

Geo JernyKootenai Idaho

RECEIVED JUL 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75512

State File No.

PLACE OF DEATH

County of IdahoCity of GrangevilleRegistration District No. 103Primary Registration District No. 1001Local Registrar's No. 24

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John E. Wood

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAgnes Wood

6. DATE OF BIRTH (month, day and year)

May 13 1853

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

781125

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmers & Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

Shoe Maker

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)London Eng

10. NAME OF FATHER

John Wood11. BIRTHPLACE OF FATHER (city or town)
(State or Country)London Eng

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)London Eng

14.

Informant

(Address)

15.

Filed

7-1-1931B. Chipman

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May71931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 3, 1931, to May 7, 1931that I last saw him alive on May 7, 1931and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart Disease(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? gross

(Signed)

J. D. Shurman, M. D.
June 5, 1931 (Address) Grangeville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Grangeville5-9-31

20. Undertaker

Address

Hurlock Mch CoGrangeville

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75513

State File No.

PLACE OF DEATH

County of Idaho

City of Pollock

CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 23

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eleanor M. Rubin

(a) Residence, No. Pollock 21 St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 31 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White Irish 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Rubin

6. DATE OF BIRTH (month, day and year) May 15, 1877

7. AGE Years 54 Months May Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work U. S. Land Commissioner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Shibbreen Ireland (State or country)

10. NAME OF FATHER James Craig

11. BIRTHPLACE OF FATHER (city or town) Ireland (State or Country)

12. MAIDEN NAME OF MOTHER Catherine Wolfe

13. BIRTHPLACE OF MOTHER (city or town) Ireland (State or Country)

14. Informant Jennie S. Potter (Address) Pollock Idaho

15. Filed 7-1- 19 31 B. Chipman Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 29 Friday 19 31 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1925 to May 30, 1931 that I last saw her alive on May 25, 1931 and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:
Tertiary Syphilis
Arterio sclerosis
Emphysema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? 1

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) J. M. D.

June 4, 1931 (Address) Shawsville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Biggins Idaho Date of Burial May 31, 1931

20. Undertaker Lawrence M. M. M. Address Shawsville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75514

PLACE OF DEATH

County of Idaho

City of Grangeville

Registration District No. 103

Primary Registration District No. 1001

Local Registrar's No. 26

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lulla Ernestine Newby

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Larkin

6. DATE OF BIRTH (month, day and year)

Oct 9 1883

7. AGE

Years

Months

Days

If LESS than 1 day,

4

48

8

5

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Meadeville Penn.

10. NAME OF FATHER

Earnest Chase

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

Nancy Council

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Mrs Rosa Bateman

(Address)

Grangeville, Idaho

15. Filed 7-1-1931

B. Chipman

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

6

14

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

6-14

1931

to

6-14

1931

that I last saw her alive on 6-14 1931

and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

J. D. Shinnick

M. D.

June 18, 1931 (Address) Grangeville, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Grangeville

6-16

1931

20. Undertaker

Address

Harrick and Co. Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75515**

PLACE OF DEATH

County of IdahoCity of KootenaiRegistration District No. 106Primary Registration District No. 2184Local Registrar's No. 313(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Selma Christina Soren

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Mrs Soren
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept-20-1871

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sweden
(State or country)10. NAME OF FATHER Carl Johansen11. BIRTHPLACE OF FATHER (city or town) Sweden
(State or Country)12. MAIDEN NAME OF MOTHER Not obtainable13. BIRTHPLACE OF MOTHER (city or town) Sweden
(State or Country)14. Informant Mrs Ernest Soren
(Address) Kootenai15. Filed June 11, 1931 Jm Tuberkus
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 4, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June, 1931, to June 4, 1931
that I last saw him alive on _____, 1930
and that death occurred, on the date stated above, at _____ 11 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Microscopic(Signed) Jm Tuberkus, M. D.June 7, 1931 (Address) Kootenai

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Tabor Cemetery June 7 1931

20. Undertaker Address

Geo Erenary Kootenai Idaho

RECEIVED STATE OF IDAHO 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75516
State File No.

PLACE OF DEATH

County of Idaho
City of Cottonwood

CERTIFICATE OF DEATH

Registration District No. 105
Primary Registration District No. 2183
(No.)

Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miss Pia (Boegle) Voegeli

(a) Residence. No. St. Gertrude's Convent St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 10 - 1901

7. AGE Years Months Days If LESS than 1 day,
30 5 20 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Sister of St. Gertrude's
(b) General nature of industry, business, or establishment in which employed (or employer) Convent
(c) Name of employer

9. BIRTHPLACE (city or town) Gossau, St. Gallen
(State or country) Switzerland

10. NAME OF FATHER

Lawrence Voegeli

11. BIRTHPLACE OF FATHER (city or town) Untereggen
(State or Country) St. Gallen, Switzerland

12. MAIDEN NAME OF MOTHER

Mary Bonnet

13. BIRTHPLACE OF MOTHER (city or town) not known
(State or County)

14.

Informant Sister Eugene
(Address) Cottonwood, Idaho

15.

Filed 5 - 30, 1931

H. F. Orr Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 31, 1931, to May 30, 1931
that I last saw her alive on May 27, 1931

and that death occurred, on the date stated above, at 11-15 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

CONTRIBUTORY
(Secondary)

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) Agnes F. Orr, M. D.
5/30, 1931 (Address) Cottonwood

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

Rev. Mother Scholastica Cottonwood
Idaho

(31)

PARENTS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Blaine	Registration District No.		59		State File No.		75517	
City of	Hailey	Primary Registration District No.		2022		Local Registrar's No.		13	
(If death occurred in a hospital or institution, give its name instead of street and number.)									
2. FULL NAME		Richard Stanley Dees							
(a) Residence. No.		St.							
(Usual place of abode)		(If nonresident give city or town and state)							
Length of residence in city or town where death occurred.		yrs.		mos.		ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)							
Male	White	X							
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of									
6. DATE OF BIRTH (month, day, and year) July 5-1930									
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.					
	11	18							
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.									
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
10. Date deceased last worked at this occupation (month and year)									
11. Total time (years) spent in this occupation									
12. BIRTHPLACE (city or town) (State or country) Hailey									
13. NAME Silas B. Dees									
14. BIRTHPLACE (city or town) (State or country) Georgia									
15. MAIDEN NAME Mary Bresnahan									
16. BIRTHPLACE (city or town) (State or country) Hailey									
17. INFORMANT Mrs. L. Bresnahan (Address) Hailey, Ida.									
18. BURIAL, CREMATION, OR REMOVAL Place Hailey Cemetery Date June 25, 1931									
19. UNDERTAKER Harris & Amos (Address) Hailey, Ida.									
20. FILED 6-30, 1931 G. H. Wright Registrar									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) June 23, 1931									
22. I HEREBY CERTIFY That I attended deceased from 6/17, 1931, to 6/23, 1931									
I last saw him alive on 6/23, 1931; death is said to have occurred on the date stated above, at 6:30 p.m.									
The principal cause of death and related causes of importance were as follows: Empyema									
Other contributory causes of importance: meningitis (streptococci)									
Name of operation Date of									
What test confirmed diagnosis? Was there an autopsy? m									
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931									
Where did injury occur? (Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place.									
Manner of injury									
Nature of injury									
24. Was disease or injury in any way related to occupation of deceased? If so, specify									
(Signed) E. W. St. M. D.									
(Address) Hailey, Ida.									

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		RECEIVED OF IDAHO 1 1931		DO NOT WRITE IN THIS SPACE	
County of <u>Ada.</u>		DEPARTMENT OF PUBLIC WELFARE		State File No. <u>75518</u>	
City of <u>Boise.</u>		BUREAU OF VITAL STATISTICS			
Registration District No. <u>8</u>		CERTIFICATE OF DEATH			
Primary Registration District No. <u>2004</u>		3001 Regan Ave.		Local Registrar's No. <u>47</u>	
(No. <u>3001 Regan Ave.</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mrs. Hattie Myrtle Brake.</u>					
(a) Residence. No. <u>3001 Regan Ave.</u>		St. <u></u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. <u>8</u> yrs. mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Harvey W. Brake.</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>July 7-1871</u>					
7. AGE	Years <u>59</u>	Months <u>11</u>	Days <u>9</u>	If LESS than 1 day - hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>				
	10. Date deceased last worked at this occupation (month and year) <u></u>				
11. Total time (years) spent in this occupation <u></u>					
12. BIRTHPLACE (city or town) <u>W. Virginia.</u> (State or country)					
MOTHER FATHER	13. NAME <u>Richard Bond.</u>				
	14. BIRTHPLACE (city or town) <u>W. Va.</u> (State or country)				
	15. MAIDEN NAME <u>Emiline</u>				
16. BIRTHPLACE (city or town) <u>W. Va.</u> (State or country)					
17. INFORMANT <u>Dewey Brake.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cemetery.</u> Date <u>6/19/31</u> 1931					
19. UNDERTAKER <u>Wm. McBratney</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>6-18, 1931</u> <u>W. S. Phoades</u> Registrar. (Address) <u>Boise, Idaho.</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>6/16/31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u></u> , 1931, to <u></u> , 1931.					
I last saw <u>her</u> alive on <u></u> , 1931; death is said to have occurred on the date stated above, at <u>5:15 A.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Deceased had expired just before my arrival, apparently from a severe pulmonary hemorrhage. This was said to have occurred before on a few occasions.</u>					
Other contributory causes of importance: <u>I had never seen her previously.</u>					
Name of operation <u></u> Date of <u></u>					
What test confirmed diagnosis? <u></u> Was there an autopsy? <u></u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 1931.					
Where did injury occur? <u></u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u></u>					
Manner of injury <u></u>					
Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? <u></u>					
If so, specify <u>H. E. Bedman</u> , M.D. (Signed) <u>Boise, Idaho.</u> (Address)					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75519

PLACE OF DEATH

County of Ada

City of _____

CERTIFICATE OF DEATH

Registration District No. 8Primary Registration District No. 2004

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Neil Blackmer.(a) Residence. No. 2 1/2 Miles North East of Star. St. American Falls, Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. 10 How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) Aug. 22. 1911.

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>19.</u>	<u>10.</u>	<u>0.</u>	<u>0.</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Laborer.(b) General nature of industry,
business, or establishment in
which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) American Falls, Idaho.
(State or country)

10. NAME OF FATHER

Ollie. H. Blackmer.11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) Washington.

12. MAIDEN NAME OF MOTHER

Katherine Powelson.13. BIRTHPLACE OF MOTHER (city or town) _____
(State or County) Iowa.14. Informant Ollie. H. Blackmer.
(Address) Avon, Idaho.15. Filed 6-26-31 1931Registrar. W. H. Krebs

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June. 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, that I attended deceased from _____

June 22, 1931, to _____ 1931that I ~~met~~ saw him alive June 22, 1931
and that death occurred, on the date stated above, at 9:55 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Suicide. Gun Shot Wound
in head. 25-35 Caliber
rifle

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Clyde E. Summers Boise, Id. M. D.6/26 1931 (Address) Boise Id.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery. June. 26. 1931

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **75520**

PLACE OF DEATH

County of **Ada.**
City of **Boise.**

CERTIFICATE OF DEATH

Registration District No. **2**
Primary Registration District No. **100-4**
(No. **St. Alphonsus Hospital.**)

Local Registrar's No. **161**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Mrs. Eva I. Vance.**

(a) Residence. No. **1803 N. 9th Street.** St.

(Usual place of abode.)
Length of residence in city or town where death occurred **16** yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word.) Married.
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of **Sherman Vance.**

6. DATE OF BIRTH (month, day and year) **January 2-1873**

7. AGE	Years	Months	Days	If LESS than 1 day, min.
58	4	28		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Housewife.**

(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) **Nevada.**
(State or country)

10. NAME OF FATHER
Wm. Kent.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) **England.**

12. MAIDEN NAME OF MOTHER **Mary Elizabeth Brown.**

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) **Iowa.**

14. Informant **Sherman Vance.**
(Address) **Boise, Idaho.**

15. Filed **6-1**, 19**31**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
May 30th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **5/5**, 19**31**, to **5/29**, 19**31**
that I last saw her alive on **5/29**, 19**31**
and that death occurred, on the date stated above, at **12** m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

*Staph following Gastro
enteritis*

CONTRIBUTORY *Diabetes & Duodenal*
(Secondary) *Ulcer*
(duration) **5** yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? **yes** Date of **5/25/31**
Was there an autopsy? **yes**

What test confirmed diagnosis? *specimen clinical*
(Signed) *Frank A. Thayer*, M. D.
6/1/31, 19 (Address) **Boise, Idaho.**

19. Place of Burial, Cremation, or Removal
Morris Hill Cemetery. Date of Burial **6/1/31** 19

20. Undertaker **Wm. McBratney.** Address **Boise, Idaho**

RECEIVED JUL 7 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75521
State File No.

PLACE OF DEATH

County of Ada
City of Ruma

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 2006
(No. 10 miles S.E. Nampa)

Local Registrar's No. 79

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Agnes Gertrude Noble

(a) Residence. No. 10 miles S.E. Nampa St.

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 21st 1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
7 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Borise
(State or country)

10. NAME OF FATHER J. Edgar Noble

11. BIRTHPLACE OF FATHER (city or town) Osage
(State or Country) Iowa

12. MAIDEN NAME OF MOTHER Crisilla Allen

13. BIRTHPLACE OF MOTHER (city or town) Logan
(State or Country) Utah

14. Informant J. E. Noble
(Address) Ruma, Idaho

15. Filed Jan 6, 1931 Decker County
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 4, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That deceased died
June 4, 1931, to
that I last saw him alive on, 19.....

and that death occurred, on the date stated above, at 4:10 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia, died
without medical attention

..... (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
(Signed) Chas. E. Trueman Coroner
6/5 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal Robertson Cen. Date of Burial 45 1931

20. Undertaker Wm. D. Talley Address Nampa
Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75522

State File No.

PLACE OF DEATH

County of Ada

CERTIFICATE OF DEATH

City of

Registration District No.

Primary Registration District No. 2004Local Registrar's No. 48

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank. W. Tennyson.(a) Residence. No. 1/2 Mile North of Cole School. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 12 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMartha. I. Tennyson.6. DATE OF BIRTH (month, day and year) May. 13. 1850.7. AGE Years Months Days If LESS than 1 day, hrs. or min.
81. 1. 5. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Belgrade.
(State or country) Missouri.

10. NAME OF FATHER

John. H. Tennyson.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Tennessee.

12. MAIDEN NAME OF MOTHER

Nancy Maxwell.13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Virginia.14. Informant Luther. W. Tennyson.
(Address) First National Bank Bldg. Boise, Idaho.15. Filed 6-18, 31 W. A. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

6
(Month)18
(Day)3
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 10, 1930 to June 18, 1931
that I last saw him alive on May 18, 1931and that death occurred, on the date stated above, at 12:20 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Arterio Sclerosis
Heart Block

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical finding

(Signed)

W. A. Rhodes M. D.
6/18, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.June. 20. 31.

20. Undertaker

Address

Summers & Krebs. Boise, Idaho.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75523

State File No.

PLACE OF DEATH

County of Ada.

City of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. 1314 Main Street.)

Local Registrar's No. 160

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Ethel M. Dzuck

(a) Residence. No. 1314 Main Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Paul Dzuck

6. DATE OF BIRTH (month, day and year) December 6th 1894

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
36 5 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Portland, Oregon
(State or country)

10. NAME OF FATHER J. J. Jones.

11. BIRTHPLACE OF FATHER (city or town) Portland, Oregon.
(State or Country)

12. MAIDEN NAME OF MOTHER Ida Dewey.

13. BIRTHPLACE OF MOTHER (city or town) Kansas.
(State or Country)

14. Informant Paul Dzuck
(Address) Boise, Idaho.

15. Filed 6-1, 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 28th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 28th 1931, to May 28th 1931,
that I last saw him alive on May 28th 1931,
and that death occurred, on the date stated above, at 7 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral palsy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. McBratney, M. D.
5/28/31, 19 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 6/1/31

20. Undertaker Wm. McBratney. Address Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>	City of <u>Boise</u>	Registration District No. <u>2</u>		State File No. <u>75524</u>	
		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>159</u>	
		(No. <u>St. Alphonsus Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Ngou Wang</u>					
(a) Residence. No. <u>1610 Front</u> St.					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Yellow</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE <u>74</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>China</u>					
13. NAME <u>Don't know</u>					
14. BIRTHPLACE (city or town) (State or country) <u>China</u>					
15. MAIDEN NAME <u>Don't know</u>					
16. BIRTHPLACE (city or town) (State or country) <u>China</u>					
17. INFORMANT (Address) <u>Harry W. Yen</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Boise, Idaho</u> Date <u>Oct 11</u> 1931					
19. UNDERTAKER (Address) <u>Schubert & W. Baum</u>					
20. FILED <u>6-1</u> , 1931 <u>W. T. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 29</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 18</u> , 1931, to <u>May 23</u> , 1931.					
I last saw him alive on <u>May 23</u> , 1931; death is said to have occurred on the date stated above, at <u>4 A.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Cerebral apoplexy</u>					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury....., 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify (Signed) <u>J. Reno Numbers</u> M. D.					
(Address) <u>Boise Ada</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO 1931		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		DEPARTMENT OF PUBLIC WELFARE		75525	
City of <u>Bain</u>		BUREAU OF VITAL STATISTICS		State File No. <u>46</u>	
Registration District No. <u>3004</u>		Local Registrar's No. <u>49</u>			
(If death occurred in a hospital or institution, give name instead of street and number.)					
2. FULL NAME <u>Mrs. Jane Heston</u>					
(a) Residence. No. <u>Cadogan Addition</u>					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>George Heston</u>					
6. DATE OF BIRTH (month, day, and year) <u>July 12-1847</u>					
7. AGE	Years <u>83</u>	Months <u>10</u>	Days <u>24</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Kauai</u>					
10. Date deceased last worked at this occupation (month and year) <u>March 1931</u>					
11. Total time (years) spent in this occupation <u>4 mo.</u>					
12. BIRTHPLACE (city or town) <u>England</u>					
13. NAME <u>John Robinson</u>					
14. BIRTHPLACE (city or town) <u>England</u>					
15. MAIDEN NAME <u>Isabel Jane Sprague</u>					
16. BIRTHPLACE (city or town) <u>England</u>					
17. INFORMANT <u>Thos. J. Heston</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. John's Church</u> Date <u>6-15</u> , 1931					
19. UNDERTAKER <u>Schuchman & W. W. Carver</u>					
20. FILED <u>6-13</u> , 1931 <u>W. W. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 10</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 10</u> , 1931, to <u>June 10</u> , 1931.					
I last saw him alive on <u>July 8</u> , 1931; death is said to have occurred on the date stated above, at <u>2 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Deceased tooth with inflammation of alveolar process where tooth was extracted 4 mo.</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of <u>None</u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>None</u>					
23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 1931.					
Where did injury occur? <u>None</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>None</u>					
Manner of injury <u>None</u>					
Nature of injury <u>None</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>None</u>					
If so, specify <u>None</u>					
(Signed) <u>W. W. Rhodes</u> M. D.					
(Address) <u>Boise, Idaho</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75526**

PLACE OF DEATH

County of **Ada**
City of **Boise.**

CERTIFICATE OF DEATH

Registration District No. **2**Primary Registration District No. **1004**(No. **St. Lukes Hospital.**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. **162**2. FULL NAME **Mrs. Delta Collins.**(a) Residence. No. **1126 Grant Street.** St.

(Usual place of abode.)

Length of residence in city or town where death occurred. **38** yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female.** 4. COLOR OR RACE **White.** 5. Single, Married, Widowed, or Divorced (write the word.) **Married.**5a. If married, widowed, or divorced
HUSBAND of **Jack Collins.**
(or) WIFE of6. DATE OF BIRTH (month, day and year) **October 11-1891**7. AGE Years Months Days If LESS than 1 day, hrs. or min.
39 **7** **19**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housewife.**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Junction City, Ore.**
(State or country)

10. NAME OF FATHER

Manlove C. Hull.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) **Mo.**12. MAIDEN NAME OF MOTHER **Lois Daniels.**13. BIRTHPLACE OF MOTHER (city or town)
(State or County) **Ill.**14. Informant **Mrs. Dora Rogers.**(Address) **Boise, Idaho.**15. Filed **6-2**, 19**31**

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 30th 1931

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug. 15, 19**29**, to **May 30**, 19**31**.that I last saw him alive on **May 30**, 19**31**.and that death occurred, on the date stated above, at **4:30 P.***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Tuberculosis of lungs**

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY
(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **No** Date of ____Was there an autopsy? **No**What test confirmed diagnosis? **Clinical + Laboratory**(Signed) **O. F. Swindell**, M. D.**6/2/31**, 19____ (Address) **Boise, Idaho.**

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.**6/2/31** 19____20. Undertaker **Wm. McBratney.**Address **Boise, Idaho.**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75527 State File No.
PLACE OF DEATH County of <u>Ada.</u> City of <u>Boise</u>		CERTIFICATE OF DEATH Registration District No. <u>8</u> Primary Registration District No. <u>2004</u> Local Registrar's No. <u>49</u> (No. <u>2216 Sunset</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME <u>Sterling Jackson.</u> (a) Residence. No. <u>2216 Sunset</u> St. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced. (write the word) <u>Single.</u>
5a. If married, widowed, or divorced HUSBAND of ----- (or) WIFE of -----		
6. DATE OF BIRTH (month, day, and year) <u>June 19-1918</u>		
7. AGE Years <u>12</u> Months <u>11</u> Days <u>29</u> If LESS than 1 day, hrs. or min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>In School.</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country)		
MOTHER FATHER	13. NAME <u>Fred Jackson.</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Oregon.</u>	
	15. MAIDEN NAME <u>Denny Reddell.</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho.</u>	
17. INFORMANT <u>F. C. Jackson.</u> (Address) <u>Boise, Idaho.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Mountain Home, Idaho.</u> Date <u>6/19/31</u> 1931		
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>		
20. FILED <u>6-19</u> , 1931 <u>W. H. Rhodes</u> Registrar.		
MEDICAL CERTIFICATE OF DEATH		
21. DATE OF DEATH (month, day, and year) <u>June 18th</u> 1931		
22. I HEREBY CERTIFY, That I attended deceased from <u>June 11th</u> , 1931, to <u>June 18th</u> , 1931. I last saw him alive on <u>June 18th</u> , 1931; death is said to have occurred on the date stated above, at <u>2:40 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Small pox -</u>		
		Date of onset <u>June 9th</u>
Other contributory causes of importance:		
Name of operation <u>0</u> Date of What test confirmed diagnosis? <u>E. & A. film.</u> Was there an autopsy? <u>No</u>		
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury		
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify (Signed) <u>J. M. Taylor</u> , M. D. (Address) <u>Boise, Idaho</u>		

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be stated EXACTLY. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of *Keet*City of *C. D. A.*

CERTIFICATE OF DEATH

Registration District No. *30*Primary Registration District No. *1050*

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Fritz Egeen*(a) Residence. No. *Spokane Wn.* St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
about 30

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Lumberman.*(b) General nature of industry, business, or establishment in which employed (or employer) *Ohio Match Co.*(c) Name of employer *Camp 26*9. BIRTHPLACE (city or town) (State or country) *Canada*10. NAME OF FATHER *Egeen*11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Canada*12. MAIDEN NAME OF MOTHER *?*13. BIRTHPLACE OF MOTHER (city or town) (State or County) *Canada*14. Informant (Address) *Ohio Match Co. C. D. A.*15. Filed *6/24/31* *N. J. Sturgeon* Registrar

DO NOT WRITE IN THIS SPACE

State File No. *75529*Local Registrar's No. *86*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *June 17, 1931*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *June 16, 1931, to June 17, 1931*
that I last saw him alive on *June 16, 1931*and that death occurred, on the date stated above, at *4 A.* m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Fracture of base of skull. Accidental. Struck on head by limb of tree falling

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *R. B. Maene* M. D.*June 22, 1931* (Address) *Spokane, Wn.*

19. Place of Burial, Cremation, or Removal Date of Burial

Forest Cemetery *6/23 1931*

20. Undertaker Address

R. B. Maene *C. D. A.*

RECEIVED JUL 10 1931

U.S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

75530 State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Postonai*
City of *Harley, Ida.*

Registration District No. *230*
Primary Registration District No. *1050*
(No., St.)

File No.
Registered No. *97*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Deloris Marie Daway.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED
(Write the word.)

6. DATE OF BIRTH *March 20th 1931*
(Month) (Day) (Year)

7. AGE *45* yrs. Mos. ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) *Harley, Idaho.*

10. NAME OF FATHER *Albert Daway.*

11. BIRTHPLACE OF FATHER
(State or Country) *Washington*

12. MAIDEN NAME OF MOTHER *Ethel Lee.*

13. BIRTHPLACE OF MOTHER
(State or Country) *Idaho*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Albert Daway*
(Address) *Harley, Ida.*

15. Filed *6/29* 19*31* *W. J. Sturges*
Local Registrar

16. DATE OF DEATH *May 6th 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *March 20th 1931* to *May 6th 1931* that I last saw him alive on *May 6th 1931* and that death occurred on the date stated above, at *84* M.

The CAUSE OF DEATH* was as follows:

Jaundice

(Duration) Yrs. mos. ds. *4 8*

Contributory (Secondary)

(Duration) Yrs. mos. ds. *Longitudinal*

(Signed) *J. J. Hemingway* M. D.

19..... (Address) *Harley, Idaho.*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death..... yrs. mos. days. In the State..... yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL *Harley Cemetery* DATE OF BURIAL *May 7th 1931*

20. UNDERTAKER *By Friends* ADDRESS

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75531

PLACE OF DEATH

County of Apex
City of C.D.A.

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
(No. _____)

Local Registrar's No. 88

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MARTIN Johnson

(a) Residence. No. Spokane Wash. St.

(Usual place of abode.)			(If nonresident give city or town)				
Length of residence in city or town where death occurred.	yrs.	mos.	ds.	How long in U. S. if of foreign birth?	yrs.	mos.	ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>m.</i>	4. COLOR OR RACE <i>w.</i>	5. Single, Married, Widowed, or Divorced (write the word.) <i>married</i>
---------------------	-------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of _____ *Hannah*
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
	63	8	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Traveling Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town).....
(State or country) Sweden

10. NAME OF FATHER John Johnson

11. BIRTHPLACE OF FATHER (city or town).....
(State or Country) Sweden

12. MAIDEN NAME OF MOTHER — רנא חורא

13. BIRTHPLACE OF MOTHER (city or town).....
(State or County) Sweden

14. Informant Harold J. Tager
 (Address) Cocur d' Blane, Idaho

15. Filed 6/24, 1931 N. J. Sturgeon
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 24, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....
and that death occurred, on the date stated above, at 2 P.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

CAUSES, whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
auto accident Chest
crushed.
(accidental)

CONTRIBUTORY
(Secondary)
.....(duration)yrs.mos.ds

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of.....
Was there an autopsy? no

What test confirmed diagnosis _____
(Signed) Robney Brown M.D.
June 25, 1931 (Address) _____

19. Place of Burial, Cremation, or Removal	Date of Burial
SPokane Wn.	June 1933

20. Undertaker	Address
Hazen & Tager	5704 10th Ave

RECEIVED JUL 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75532

State File No. _____

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No. _____)

Local Registrar's No. 98

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. Robert Wahl

(a) Residence. No. _____

(Usual place of abode.)

St. _____

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) 1931-7-47. AGE Years Months Days If LESS than 1 day, hrs. or min.
1-19 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Idaho.10. NAME OF FATHER Adam Wahl11. BIRTHPLACE OF FATHER (city or town) M. D.
(State or Country)12. MAIDEN NAME OF MOTHER Dora Witherspoon13. BIRTHPLACE OF MOTHER (city or town) Born in the
(State or Country) ocean near Nova Scotia14. Informant (Address) com in from passport.
Adam Wahl15. Filed 7-7 1931H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 6, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 4, 1931, to July 6, 1931
that I last saw him alive on July 6, 1931and that death occurred, on the date stated above, at 2 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Premature labor

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Exam.(Signed) Herald Sturges, M. D.July 7, 1931 (Address) Coeur d'Alene

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cem. Coeur d'Alene7-71931

20. Undertaker

Address

Cassedy Funeral HomeCoeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR PRINTING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 3 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75533

State File No.

County of KootenaiCity of CataldoRegistration District No. 123Primary Registration District No. 2241Local Registrar's No. 24

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 1, 18817. AGE Years 49 Months 9 Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland13. NAME Mr. Laroma14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME No inf16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT (Address) Bertie G. Kilgus
Blindley, Idaho18. BURIAL, CREMATION, OR REMOVAL Place Rose Lake Date July 24, 193119. UNDERTAKER (Address) M. C. Thomsen
Frederick, Idaho20. FILED June 20, 1931 Dr. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from

June 20, 1931, to June 21, 1931.I last saw him alive on June 20, 1931; death is saidto have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance

were as follows:

Acute Gastritis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1931.

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify J. P. Mason....., M. D.(Signed) J. P. Mason(Address) Frederick, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Koot.

City of CDA

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME WILFRED LUNDY

(a) Residence No. 421 CDA ave St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) 1847 - Dec. 24

7. AGE Years 78 Months 5 Days 19 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ireland
(State or country)

10. NAME OF FATHER

Anthony Lundy

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Ireland

12. MAIDEN NAME OF MOTHER

Margaret Sweeney

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Ireland

14. Informant (Address) Records in House
C.A. R. B. Mooney

15. Filed 6/29 1931 R. B. Mooney
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. _____

75534

Local Registrar's No. 90

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 13, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 9, 1931, to June 13, 1931
that I last saw her alive on June 13, 1931

and that death occurred, on the date stated above, at 11 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

Age

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Eff. Lead

(Signed) _____, M. D.

6-16-, 1931 (Address Council Bluffs Ida)

19. Place of Burial, Cremation, or Removal

Date of Burial

St Thomas Catholic

6/17 1931

20. Undertaker

Address

R. B. Mooney

C.A.

RECEIVED JUL 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75535**

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1150

Local Registrar's No. 87

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Bertha Lee

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1932 - 4 - 29

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
79 1 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dress maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Norway

10. NAME OF FATHER Lee

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Norway

14. Informant (Address) Willie Rockne
Coeur d'Alene, Idaho

15. Filled 6/29 1931 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from did not attend to deceased 1931

that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic myocarditis

(duration) 1 yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Harold Sturges, M. D.

June 25, 1931 (Address) Coeur d'Alene

19. Place of Burial, Cremation, or Removal Date of Burial
Forest-Cem. Coeur d'Alene 6-25 1931

20. Undertaker Address
Carsted Funeral Home Coeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75537

PLACE OF DEATH

County of Boone
City of Rathdrum

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. 31

(No. _____)

Local Registrar's No. 89

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Annie Davis

(a) Residence. No. R. F. D. #2

St. _____

(Usual place of abode.) Length of residence in city or town where death occurred. yrs. 9 mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) August 9 - 1871

7. AGE Years 59 Months 10 Days 10 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Deer Creek County, Indiana

10. NAME OF FATHER William Richey Davis

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana

12. MAIDEN NAME OF MOTHER Somerset Agnes Davisson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ohio

14. Informant Barbara Stevens (Address) Rathdrum Idaho R. F. D. #2

15. Filed 6/29, 1931 L. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 19, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1931, to June 19, 1931, that I last saw her alive on June 19, 1931, and that death occurred, on the date stated above, at 4:30 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
(Stroke apoplexy.)

(duration) _____ yrs. _____ mos. 3 ds.
CONTRIBUTORY Enural Arteriosclerosis
(Secondary) (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Frank K. Hays, M. D.
6/19, 1931 (Address) Rathdrum, Idaho

19. Place of Burial, Cremation, or Removal Pine Grove Cemetery Rathdrum Date of Burial 6-23 1931

20. Undertaker Careless Funeral Home Address Rathdrum

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75538

State File No.

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No.)

Local Registrar's No. 96

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie Easley Howe

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of Frank J. Howe.
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1866-9-5

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
64 9 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Penn.
(State or country)

10. NAME OF FATHER Samuel J. Stites

11. BIRTHPLACE OF FATHER (city or town) Penn.
(State or Country)

12. MAIDEN NAME OF MOTHER Clark

13. BIRTHPLACE OF MOTHER (city or town) Don't know
(State or County)

14. Informant (Address) J. Easley

15. Filed 6/29 1931 N. J. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1928, to June 27, 1931
that I last saw her alive on April 3, 1931
and that death occurred, on the date stated above, at 4:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage - one hour

(duration) yrs. mos. ds.
CONTRIBUTORY Essential Hypertension
(Secondary)

(duration) 4 yrs. mos. ds.

18. Where was disease contracted if not at place of death? no

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) Harold T. Anderson, M. D.June 30, 1931 (Address) Coeur d'Alene

19. Place of Burial, Cremation, or Removal Forest Cem. Coe d'Alene Date of Burial 6-30 1931

20. Undertaker Cassidy Funeral Home Address Coe d'Alene

RECEIVED JUL 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75539

State File No.

PLACE OF DEATH

County of BoosterCity of Poeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 832. FULL NAME Patricia Dunnigan(a) Residence. No. 720 N-9th

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 30 yrs.

mos.

ds.

How long in U. S. if of foreign birth? 35 yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of =6. DATE OF BIRTH (month, day and year) 1855

7. AGE

Years 76

Months

Days

If LESS than 1 day,

..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workContractor(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Canada

10. NAME OF FATHER

Alan Dunnigan11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ireland

12. MAIDEN NAME OF MOTHER

Mary Doherty13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Ireland

PARENTS

14. Informant
(Address)H. H. Dunnigan
Poeur d'Alene

15. Filed

6/29, 1931W. J. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June81931

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

June 8, 1931, to June 8, 1931that I last saw him alive on June 8, 1931and that death occurred, on the date stated above, at 3 0 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:ApoplexyCONTRIBUTORY (Secondary) ArteriosclerosisYears (duration) yrs. mos. 9 ds.18. Where was disease contracted Harrison, Idaho
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical Signs(Signed) R. B. Mooney M. D.June 11, 1931 (Address) Colored Bluff19. Place of Burial, Cremation, or Removal St. Lawrence CemDate of Burial June 11, 193120. Undertaker R. B. MooneyAddress Poeur d'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75540

State File No.

PLACE OF DEATH

County of Footman
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 84

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herminth Spitzer(a) Residence. No. 402-17th St. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 17 - 19147. AGE Years 17 Months 1 Days 4 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Special boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Iowa
(State or country)10. NAME OF FATHER Tom Spitzer11. BIRTHPLACE OF FATHER (city or town) Tenniss
(State or Country)12. MAIDEN NAME OF MOTHER Esther Water13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or County)14. Informant Tom Spitzer
(Address) 402-So 17th St.15. Filed 6/29, 1931 W. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 14, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
June 12, 1931, to June 14, 1931
that I last saw him alive on June 14, 1931
and that death occurred, on the date stated above, at 2:45 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebro-spinal meningitis(duration) yrs. mos. ds. 3
CONTRIBUTORY Acute suppurative mastoiditis
(Secondary)(duration) yrs. mos. ds. 1 7 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Spinal puncture(Signed) Harold J. Stevens, M. D.June 15, 1931 (Address) Coeur d'Alene19. Place of Burial, Cremation, or Removal Forest Cem Date of Burial 6-16 193120. Undertaker Coeur d'Alene Address Home

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75543	
County of <u>Boysville</u>	City of <u>Coltman</u>	Registration District No. <u>23</u>	Primary Registration District No. <u>21st</u>	State File No. _____	Local Registrar's No. <u>118</u>
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Smith</u>					
(a) Residence, No. _____		St. <u>Coltman</u>		(If nonresident give city or town and state)	
(Usual place of abode)		Length of residence in city or town where death occurred.		yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>February 27, 1931</u>					
7. AGE		Years	Months	Days	Is LESS than day, hrs. or min.
			<u>2</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Idaho, Idaho</u>					
13. NAME <u>Arilla Smith</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Union, Idaho</u>					
15. MAIDEN NAME <u>Nora Wilkins</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Coltman, Idaho</u>					
17. INFORMANT <u>Arilla Smith #5</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>May</u> , 1931					
19. UNDERTAKER <u>Idaho</u> (Address) <u>Idaho</u>					
20. FILED <u>2</u> , 1931 <u>Idaho</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>April 28</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at <u>12:30 P.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Unknown</u>					
Other contributory causes of importance: <u>No medical attendance</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Idaho</u> , M. D. (Address) <u>Idaho</u>					

RECEIVED JUL 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75544

State File No. _____

PLACE OF DEATH

County of BonnevilleCity of Idaho FallsRegistration District No. 73Primary Registration District No. 214-0(No. Swan Valley)Local Registrar's No. 111-1

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Swan Valley

(Usual place of abode.)

St. _____

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Feb. 19-1929

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workno.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Idaho Falls

10. NAME OF FATHER

Francis Stollenberg11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Iowa

12. MAIDEN NAME OF MOTHER

Clara Zimmerman13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Iowa

14.

Informant
(Address)Francis Stollenberg
Idaho Falls

15.

Filed

6/121931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 9

(Month)

9

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____

and that death occurred, on the date stated above, at 10:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:accidental Drowned

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? ☒ Date of ☒Was there an autopsy? ☒

What test confirmed diagnosis?

(Signed) W. J. Jensen, M. D.June 11, 1931 (Address) Idaho Falls, Ida

19. Place of Burial, Cremation, or Removal

Idaho Falls

Date of Burial

June 1931

20. Undertaker

Alvin Heller

Address

Idaho FallsDr. JensenC. C. C.WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75545

PLACE OF DEATH
County of Bannock
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2-1-4-2

State File No. 129
Local Registrar's No. 129

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elta Maughan

(a) Residence. No. Idaho Falls Rte 3 St. 162

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. min.
2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

13. NAME J. L. Maughan

14. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

15. MAIDEN NAME Leona Murray

16. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

17. INFORMANT J. L. Maughan
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls, Idaho Date July 9, 1931

19. UNDERTAKER Idaho Falls, Idaho
(Address)

20. FILED 7/3, 1931. Idaho Falls, Idaho
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 3 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to July 3, 1931.

Last saw her alive on July 31, 1931; death is said

to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance

were as follows: hemorrhage from lungs.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. A. Dupper

(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

1. PLACE OF DEATH

County of Bonneville
City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 215-0
(No. 73 St.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 755461
Local Registrar's No. 126

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Baby
(Write the word)

6. DATE OF BIRTH

June 26 1931
(Month) (Day) (Year)

7. AGE

IF LESS than 1 day how many
0 yrs. 0 mos. 0 ds. or 40 min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Idaho Falls Idaho

10. NAME OF

Father William Lavern Judy

11. BIRTHPLACE OF FATHER

(State or Country) ?

12. MAIDEN NAME OF MOTHER

Bessie Rachel Jameson

13. BIRTHPLACE OF MOTHER

(State or Country) Durbin Mexico

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Lavern Judy
(Address) R. 23 Idaho Falls Ida.

15.

Filed 6/27 19 31 Wm. Lavern Judy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 26 1931 to June 26 1931, that I last saw her alive on June 26 1931, and that death occurred on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Secondary pneumonia due to partial premature separation of placenta (mother)
(Duration) yrs. mos. 6 hrs.

Contributory (Secondary)

pregnancy 2 wks
(Duration) yrs. mos. ds.

(Signed) Wm. Lavern Judy M.D.
26 1931 (Address) Idaho Falls

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 40 min in the State 0 yrs. 0 mos. 0 ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL 6/27 19 31

20. UNDERTAKER

ADDRESS

Edmon Lda
24 Hood Idaho Falls

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2-14-0
(No. _____ St.)

State File No. 75547
Local Registrar's No. 118

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Almira Caroline Holm

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Single
(Write the word)

6. DATE OF BIRTH

June 2 1 1931
(Month) (Day) (Year)

7. AGE

IF LESS than 1 day how many hrs. or min?
30 min.?
Yrs. Mos. ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) Idaho Falls, Idaho

10. NAME OF Father

Carl Adolphus Holm

11. BIRTHPLACE OF FATHER

(State or Country) Idaho Falls

12. MAIDEN NAME OF MOTHER

Dora Cox

13. BIRTHPLACE OF MOTHER

(State or Country) Shelby

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Adolphus Holm

(Address)

Idaho Falls R. 3.

15.

Filed

June 3

1931

C. J. Finn

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 2 1931, to June 2 1931, that I last saw her alive on June 2 1931, and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Premature birth 7 1/2 mo

(Duration) yrs. mos. ds.

Contributory (Secondary) Nonstrosity + Hydrocephalus

(Duration) yrs. mos. ds.

(Signed) J. J. J. M. D.

73 1931 (Address) Idaho Falls

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. 2 days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Same lds

6/3 1931

20. UNDERTAKER

ADDRESS

none

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

75548

PLACE OF DEATH

County of Bonneville.

CERTIFICATE OF DEATH

City of Idaho Falls.Registration District No. 73Primary Registration District No. 214-0Local Registrar's No. 110(No. Idaho Falls L. D. S. Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myron Chandler Burton.

(a) Residence. No. _____

St. _____

Rigby, Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

3

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov. 20, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>18</u>	<u>5</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work School.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho.
(State or country)

10. NAME OF FATHER

Willard Stewart Burton.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Utah.12. MAIDEN NAME OF MOTHER Cora Chandler.13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Utah.

14.

Informant
(Address)ora C Burton
Rigby, Idaho.

15.

Filed

June 1, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May191931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 16, 1931 to May 19, 1931that I last saw him alive on May 19, 1931and that death occurred, on the date stated above, at 7:30 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute diffuse perfor-
ative peritonitis(duration) yrs. mos. 12 ds.CONTRIBUTORY
(Secondary)Acute appendicitis?

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Rigby, Idaho

Did an operation precede death?

yes Date of May 16, 1931

Was there an autopsy?

yes

What test confirmed diagnosis?

Operation

(Signed)

W. Ray Patch M. D.
May 20, 1931 (Address) Idaho Falls19. Place of Burial, Cremation, or Removal
Rigby, Idaho.

Date of Burial

5/22/31 19

20. Undertaker

Address

W. E. Eckersall
Rigby

MARGIN RESERVED FOR PRINTING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

(Address) Shart Falls, Va.

JUL 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75550**

PLACE OF DEATH

County of BonnevilleCity of Idaho Falls

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

Local Registrar's No. 122(No. H. H. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emmie Albano(a) Residence. No. Spencer Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

Female white Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Aug 25 - 1889

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.41 9 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Kansas

10. NAME OF FATHER

James Bailey11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Kathie Schaeffer13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown

14. Informant

(Address)

Ledney D. Albano
Spencer Idaho

15. Filed

6/16, 1931Attendant

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 15, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 11, 1931, to June 15, 1931
that I last saw him alive on June 15, 1931
and that death occurred, on the date stated above, at 3:15 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia(duration) yrs. mos. 7 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? Spencer, IdahoDid an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. D. D. D., M. D., 19 (Address) Idaho Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Spencer Idaho, 6/17, 1931

20. Undertaker

Address

J. F. McHan Idaho Falls
Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75551	
County of <u>Bonanza</u>	City of <u>Idaho</u>	Registration District No. <u>23</u>		State File No. _____	
		Primary Registration District No. <u>2150</u>		Local Registrar's No. <u>121</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Horace Welby Allen</u>					
(a) Residence. No. <u>Idaho</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>September 2, 1915</u>					
7. AGE	Years <u>15</u>	Months <u>9</u>	Days <u>18</u>	If LESS than 1 day, hrs. min. _____	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
13. NAME <u>Thomas Edwin Allen</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Minnie Petersen</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT <u>Mr. Edwin Allen</u> (Address) <u>Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>June 23, 1931</u>					
19. UNDERTAKER <u>Idaho</u> (Address) <u>Idaho</u>					
20. FILED <u>6/25</u> , 1931 <u>Idaho</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 30, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at <u>5:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Chronic Valvular Disease</u> <u>Violent exercise, from wrestling.</u>					
Other contributory causes of importance: <u>High blood pressure</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis <u>Histology</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury <u>June 23, 1931</u>					
Where did injury occur? <u>Idaho</u> (Specify city or town, county, and State) <u>Idaho</u>					
Specify whether injury occurred in industry, in home, or in public place. <u>at home</u>					
Manner of injury <u>Wrestling</u>					
Nature of injury <u>Heart Failure</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>yes</u> If so, specify <u>Wrestling in ring.</u> (Signature) <u>Idaho</u> (Address) <u>Idaho</u>					

RECEIVED JUL 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75552

PLACE OF DEATH

County of *Bonner*City of *Idaho Falls*

CERTIFICATE OF DEATH

Registration District No. *73*Primary Registration District No. *2147*(No. *Speech Hosp.*)Local Registrar's No. *123*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Alice Fairfield*(a) Residence. No. *2147* St. *Idaho Falls*

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*4. COLOR OR RACE *White*5. Single, Married, Widowed, or Divorced (Write the word.) *Wife*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Francis Fairfield*6. DATE OF BIRTH (month, day and year) *Apr. 28 - 1880*

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

*51**2**19*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Paris, Ind.*
(State or country) *Idaho*10. NAME OF FATHER *Joseph Shoup*11. BIRTHPLACE OF FATHER (city or town) *Idaho*
(State or Country)12. MAIDEN NAME OF MOTHER *Alice Underwood*13. BIRTHPLACE OF MOTHER (city or town) *Idaho Falls*
(State or Country)

14.

Informant
(Address)*L. F. Fairfield*
Idaho Falls, Idaho

15.

Filed

*6/11/31**C. J. Fairfield*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 16, 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 10, 19*31*, to *June 16*, 19*31*
that I last saw him alive on *June 10*, 19*31*and that death occurred, on the date stated above, at *11:45* a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? ☒ Date ofWas there an autopsy? ☐

What test confirmed diagnosis?

(Signed) *H. J. Shoup* M. D.*June 18*, 19*31* (Address) *Idaho Falls, Idaho*

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls *June 19 1931*

20. Undertaker

Address

Alice Keeler *Idaho Falls**by C. J. Fairfield*WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 8 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75553 State File No. _____	
County of <u>Bonneville</u>		CERTIFICATE OF DEATH			
City of <u>Idaho Falls</u>		Registration District No. <u>73</u>		Local Registrar's No. <u>1-0</u>	
		Primary Registration District No. <u>2</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Maria Francisca Gonzales</u>					
(a) Residence. No. _____		St. <u>R.F.H.</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>May 16, 1923</u>					
7. AGE	Years <u>8</u>	Months <u>0</u>	Days <u>28</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>El Paso Texas</u>					
FATHER	13. NAME <u>Pedro Gonzales</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>				
	15. MAIDEN NAME <u>Flora dela Cruz</u>				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>				
	17. INFORMANT <u>Pedro Gonzales</u> (Address) <u>Idaho Falls Rt. #1</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lincoln, Ida.</u> Date <u>June 15, 1931</u>					
19. UNDERTAKER <u>Jack A. Wood</u> (Address) <u>Idaho Falls</u>					
20. FILED <u>6/15</u> , 1931, <u>Cepanina</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 14, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 13, 1931</u> , to <u>June 14, 1931</u>					
I last saw him alive on <u>June 13, 1931</u> ; death is said to have occurred on the date stated above, at <u>3:9</u> m.					
The principal cause of death and related causes of importance were as follows:					
					Date of onset
<u>Acute Endocarditis</u>					<u>?</u>
Other contributory causes of importance:					
<u>Acute Rheumatism</u>					<u>?</u>
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>C. C. C. C.</u> , M. D.					
(Address) <u>Idaho Falls, Ida.</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75554

State File No.

PLACE OF DEATH

County of *Bonneville*

City of *Idaho Falls*

Registration District No. *73*

Primary Registration District No. *2115*

(No. *H. D. S. Hospital*)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. *112*

2. FULL NAME *Emmie Faber*

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. *15* yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*

4. COLOR OR RACE *White*

5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of *Joseph Faber*

6. DATE OF BIRTH (month, day and year) *Sept. 29 - 1871*

7. AGE

Years *59*

Months *8*

Days *8*

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Housewife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Frederick*
(State or country) *Ohio*

10. NAME OF FATHER *Frank Gosh*

11. BIRTHPLACE OF FATHER (city or town) *Luxemburg*
(State or Country) *Germany*

12. MAIDEN NAME OF MOTHER *Mary Nye*

13. BIRTHPLACE OF MOTHER (city or town) *Luxemburg*
(State or Country) *Germany*

14. Informant *Joseph Faber*

(Address) *Idaho Falls Ida*

15. Filed *6/9*

19 *31*

Registrar *W. F. M. Han*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *June 8* 19 *31*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from *May 7* 19 *31* to *June 8* 19 *31*

that I last saw him alive on *June 7* 19 *31*

and that death occurred, on the date stated above, at *12:00 A.M.*

The CAUSE OF DEATH* was as follows:

Myocarditis

unknown (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY *Arteriosclerosis*

(Secondary)

at least (duration) *3* yrs. _____ mos. _____ ds.

18. Where was disease contracted *at home*
if not at place of death?

Did an operation precede death? *no* Date of _____

Was there an autopsy? *yes*

What test confirmed diagnosis? *Clinical*

(Signed) *Stanley L. Millon*, M. D.

June 8, 19 *31* (Address) *Idaho Falls Idaho*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Idaho Falls Ida*

Date of Burial *6/9* 19 *31*

20. Undertaker *W. F. M. Han*

(Address) *Idaho Falls Ida*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 8 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75555

State File No.

County of BonnevilleCity of Idaho Falls,Registration District No. 23Primary Registration District No. 2120(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1132. FULL NAME Joseph Harold Williams,(a) Residence. No. Seattle, St. Seattle, Washington.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJosephine Williams.6. DATE OF BIRTH (month, day, and year) Nov. 13, 1893

7. AGE

Years

Months

Days

If LESS than

37725

1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Wisconsin

MOTHER FATHER

13. NAME

William Kowcleski

14. BIRTHPLACE (city or town)

(State or country)

Warsaw Poland

15. MAIDEN NAME

Elizabeth Yoph

16. BIRTHPLACE (city or town)

(State or country)

Poland

17. INFORMANT

(Address)

Mrs. Josephine Williams,

18. BURIAL, CREMATION, OR REMOVAL

Place Seattle, Wash.Date June 8, 1931

19. UNDERTAKER

(Address)

Edwards & Sons

20. FILED

6/10, 1931Guymain

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June, 8 193122. I HEREBY CERTIFY, That I attended deceased from June 7, 1931 to June 8, 1931I last saw him alive on June 8, 1931; death is saidto have occurred on the date stated above Midnight.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Diabetes Mellitus?

Other contributory causes of importance:

Diabetic Coma24 yrs

Name of operation

Date of

What test confirmed diagnosis?

SaturnyWas there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 5 Date of injury 1931

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Edwards & Sons, M. D.(Address) Edwards & Sons

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 8 1931

PLACE OF DEATH
County of Benewah
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75556

Registration District No. 13Primary Registration District No. 150Local Registrar's No. 117

(No. L. O. S. Hospital)
If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Clara St John(a) Residence. No. 460 N. Water Ave. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Theodore H. John
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 27, 1869

7. AGE Years 61 Months 5 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Joseph, Missouri
(State or country)

13. NAME Henry Bottger

14. BIRTHPLACE (city or town) German
(State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Fred St John
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date June 10, 1931

19. UNDERTAKER Jack A. W. Ford
(Address) Idaho Falls, Idaho

20. FILED 6/12, 1931. C. K. Korman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from

Jan 21, 1931, to June 8, 1931.I last saw her alive on June 8, 1931; death is saidto have occurred on the date stated above, at 2:10 a.m.

The principal cause of death and related causes of importance

were as follows:

Metastatic Carcinomaof Lung

Date of onset

Other contributory causes of importance:

Bright diseaseAmputation breastName of operation None Date of 1929What test confirmed diagnosis? For Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 1931.Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) J. H. Ford M. D.(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH Bonneville		County of		City of Ida Falls		State File No. 75557	
Registration District No. 23		Primary Registration District No. 2 12-0		Local Registrar's No. 114			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME Annie Stuker Holland							
(a) Residence. No.				St.			
(Usual place of abode)				(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.				How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX Female		4. COLOR OR RACE White		5. Single, Married, Widowed, or Divorced (write the word) Married			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W Holland							
6. DATE OF BIRTH (month, day, and year) June 10th 1882							
7. AGE 48		Years 11		Months 37		Days 1	
						If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife					
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home					
		10. Date deceased last worked at this occupation (month and year)					
		11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) Switzerland (State or country)							
FATHER		13. NAME John Stuker					
		14. BIRTHPLACE (city or town) Switzerland (State or country)					
MOTHER		15. MAIDEN NAME Elizebeth Ruggougher					
		16. BIRTHPLACE (city or town) Switzerland (State or country)					
		17. INFORMANT Mrs Dora Holland Pierce (Address) Lorenzo, Idaho					
		18. BURIAL, CREMATION, OR REMOVAL Place Cedar Buttes Date June 11, 1931					
		19. UNDERTAKER Wm. J. Miller (Address) Idaho Falls, Idaho					
		20. FILED 6/11 , 1931 Idaho Falls Registrar.					
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) 6/7 1931							
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 , to June 7, 1931 . I last saw her alive on June 7, 1931 ; death is said to have occurred on the date stated above, at 7:00 p.m. The principal cause of death and related causes of importance were as follows: Tuberculosis of the lungs apoplexy Other contributory causes of importance: Hypertension apoplexy							
Date of onset 2 years 2 years							
Name of operation Hysterectomy Date of June 7, 1931 What test confirmed diagnosis? Hysterectomy Was there an autopsy? No							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury June 7, 1931 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury							
24. Was disease or injury in any way related to occupation of deceased? If so, specify Idaho Falls (Signed) Idaho Falls , M. D. (Address) Idaho Falls, Idaho							

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 8 1931

STATE OF IDAHO

PLACE OF DEATH

County of Benewah
City of Idaho Falls

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75558Registration District No. 73Primary Registration District No. 2180Local Registrar's No. 127(No. L. V. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Genere Page(a) Residence. No. 320 Jordan St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) May 2, 19197. AGE Years 12 Months 1 Days 4 If LESS than:
1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelton, Idaho
(State or country)13. NAME Clement Page14. BIRTHPLACE (city or town) Bozeman, Montana
(State or country)15. MAIDEN NAME Clara Howard16. BIRTHPLACE (city or town) Shelton, Idaho
(State or country)17. INFORMANT Mrs. Olive Page
(Address) Idaho Falls, Idaho18. BURIAL, CREMATION, OR REMOVAL
Place Shelton, Idaho Date June 19, 193119. UNDERTAKER Idaho Falls, Idaho
(Address)20. FILED 6/19, 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16, 193122. I HEREBY CERTIFY, That I attended deceased from
May 31, 1931 to June 16, 1931I last saw him alive on June 16, 1931; death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Incrasmy Date of June 2What test confirmed diagnosis? test Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ScratchNature of injury from street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Yes, aneurysm(Signed) Clara Howard, M. D.(Address) Idaho Falls, Idaho

RECEIVED JUL 8 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75559

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73

Primary Registration District No. 214-0

Local Registrar's No. 128

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs. 18 mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

7/3, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 3, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 2, 1931, to July 3, 1931

that I last saw her alive on July 3, 1931

and that death occurred, on the date stated above at 2:58 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Erysipelas

(duration) yrs. mos. 15 ds.

CONTRIBUTORY

acute myocarditis
(duration) yrs. mos. 1 1/2 ds.18. Where was disease contracted
if not at place of death? Sugar City Idaho

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) J. W. Hendricks M. D.

July 3, 1931 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

St Anthony's 7/4- 1931

20. Undertaker

Address

Hanson St Anthony

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75561

State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 216
(No. St Anthony Hospital)

Local Registrar's No. 93

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sanford Henry Gordon

(a) Residence. No. 830 E. Linder St St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (Write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 20th 1913

7. AGE Years 17 Months 5 Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Student School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) St Paul Minn (State or country)

10. NAME OF FATHER J. S. Gordon

11. BIRTHPLACE OF FATHER (city or town) Russia (State or Country)

12. MAIDEN NAME OF MOTHER Elmer Crosby

13. BIRTHPLACE OF MOTHER (city or town) St Paul Minn (State or Country)

14. Informant J. S. Gordon (Address) 830 E Linder Pocatello Ida

15. Filed 6-2, 1931 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 6 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6/1, 1931, to 6/1, 1931, that I last saw him alive on 6/1, 1931, and that death occurred, on the date stated above, at 5 PM m.

The CAUSE OF DEATH* was as follows:
Contusion Brain & fracture of skull
(duration) 2 hrs yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis Physical exam

(Signed) O. C. Hall M. D. 6/1, 1931 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Int View Date of Burial 6-2nd 1931

20. Undertaker Schumacher & Beachy Address Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of McCammon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 75564

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 109

(No. Four Miles South of McCammon)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Luther Carmon

(a) Residence. No. Idaho Falls, Idaho. St. _____

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or min.
About 65

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) June 1931. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) _____ (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) _____ (State or country) Unknown

17. INFORMANT Arthur W. Hall
(Address) Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Ida Date July 8, 1931.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED July 7, 1931.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 30, 1931.

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw h..... alive on _____, 193____: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Electrocuted when hay stack came in contact with high tension wire (accidental)

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury June 30, 1931

Where did injury occur? 4 Miles S. of McCammon
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Arthur W. Hall Coroner, M. D.

(Address) Pocatello, Idaho.

RECEIVED JUL 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75565

State File No.

PLACE OF DEATH

County of BannockCity of PocatelloRegistration District No. 28Primary Registration District No. 2161Local Registrar's No. 96(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geo. L. Curtis(a) Residence. No. 1044 North Harrison Ave. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Emily Faith Ash6. DATE OF BIRTH (month, day, and year) April 22, 18637. AGE Years 68 Months 1 Days 15 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.S.L.R.R. Shops10. Date deceased last worked at this occupation (month and year) November 1928 11. Total time (years) spent in this occupation 10 Yrs.12. BIRTHPLACE (city or town) (State or country) Michigan.13. NAME Benjamin Curtis14. BIRTHPLACE (city or town) (State or country) New York15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT (Address) Harvey Curtis
Glendale, California.18. BURIAL, CREMATION, OR REMOVAL Place Logan, Utah. Date June 9., 193119. UNDERTAKER (Address) Arthur W. Hall
Pocatello, Idaho.20. FILED 6/8/31, 1931 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 5, 1931.22. I HEREBY CERTIFY, That I attended deceased from June 4, 1931, to June 5, 1931Last saw him alive on June 5, 1931; death is saidto have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Fracture of base of skull

Other contributory causes of importance:

Compound fracture of right elbowName of operation Operation on elbow Date April 4, 1931What test confirmed diagnosis? Chief Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 6-4, 1931Where did injury occur? Pocatello, Bannock Co., Id.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place (Spilled alcohol burning)Manner of injury Walked into burningNature of injury Spinal fracture, injured

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Crocker M. D.(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 108(No. 183)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Antonio Carron(a) Residence. No. 505 S. Third St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29, 19197. AGE Years Months Days If LESS than 1 day, hrs. or min. 11 11 28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello (State or country) Idaho13. NAME Angelo Carron14. BIRTHPLACE (city or town) Italy (State or country)15. MAIDEN NAME Bernice Tedesco16. BIRTHPLACE (city or town) Italy (State or country)17. INFORMANT Mr. Angelo Carron (Address) 505 S. Third18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida Date July 1, 193119. UNDERTAKER Schumacher, Beasley (Address) Pocatello, Idaho20. FILED 6-30, 1931 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28, 193122. I HEREBY CERTIFY, That I attended deceased from 6-28, 1931, to 6-28, 1931.I last saw him alive on 6-28, 1931, death is said to have occurred on the date stated above, at 5:00 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Shot wound of head perforating brain

Other contributory causes of importance:

Name of operation Decompression Date of 6-28-31What test confirmed diagnosis? X-ray Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6-28, 1931Where did injury occur? City Creek Canyon, Pocatello, Ida (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. City Creek Canyon, Pocatello, IdaManner of injury Result of discharge fromNature of injury Shot wound of head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Brothman, M.D.(Address) Pocatello, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75567

State File No.

PLACE OF DEATH

County of Barroch
City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

(No. Gen. Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 104

2. FULL NAME Egbert Victor Lauthern

(a) Residence. No. Salt Lake St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced, (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 1, 1913

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
17 10 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bingham County
(State or country) Utah

10. NAME OF FATHER Wm Lauthern

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Sanders

13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)

14. Informant Mrs Wm Lauthern
(Address) Salt Lake - 2438 1st S.

15. Filed 6-24, 1931 D. C. Kay
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 23, 1931, to June 23, 1931
that I last saw him alive on 6-23, 1931

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Fractures of 6th, 7th, and 8th
thoracic vertebrae, caused
by fall from top of freight car.
(duration) yrs. mos. ds. 2 6

CONTRIBUTORY (Secondary) shock
(duration) yrs. mos. ds. 2 6

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cholera

(Signed) W. W. Brothers, M. D.
6-25, 1931 (Address) Pocatello, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal City Cemetery, Salt Lake Date of Burial June 26 1931

20. Undertaker Schymacher & Beresford Address Salt Lake

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of cause of death in plain terms, so that it may be properly classified. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75568	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		State File No.	
City of <u>Pocatello</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>102</u>	
		Primary Registration District No. <u>2161</u>			
		(No. <u>465 Wayne Ave. Poca., Ida.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Merlin Dewaine Curtis</u>					
(a) Residence. No. <u>465 Wayne Ave.</u> St.					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. <u>4</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 17, 31.</u>					
7. AGE Years <u>0</u>		Months <u>0</u>		Days <u>4</u> If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>			
		10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Pocatello, Idaho.</u>					
MOTHER FATHER	13. NAME <u>A. F. Curtis</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Utah</u>				
	15. MAIDEN NAME <u>Alice Pieper</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Rexburg</u>				
17. INFORMANT <u>A. F. Curtis</u> (Address) <u>Pocatello, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rexburg, Ida.</u> Date <u>June 21, 1931.</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>June 20, 1931.</u> <u>D C Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 20, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 17, 1931</u> to <u>June 20, 1931</u>					
I last saw him alive on <u>June 20, 1931</u> ; death is said to have occurred on the date stated above, at <u>8 p.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Deficiency - imperforate anus</u>					
					Date of onset <u>Congenital</u>
Other contributory causes of importance:					
Name of operation <u>for imperforate anus</u> Date of <u>6/20/31</u>					
What test confirmed diagnosis? <u>Yes</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify					
(Signed) <u>William F. Howard</u> M. D. (Address) <u>Pocatello, Idaho.</u>					

159 e

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

EXACTLY.

AGE should be stated EXACTLY.

Every item of information should be carefully supplied. AGE should be stated EXACTLY.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of OCCUPATION is very important. See instructions on back.

RECORDED JUL 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75569

State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

(No. S. T. Anthony Hospital)

Local Registrar's No. 98

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Ann Ricks

(a) Residence. No. 232 Wayne St.

(Usual place of abode.)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S. if of foreign birth? yrs. mos. da.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May 21 - 1931

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

3 wks

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Pocatello
Idaho

10. NAME OF FATHER

R. S. Ricks

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Boise
Idaho

12. MAIDEN NAME OF MOTHER

Emma M. Ricks

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Idaho

14.

Informant
(Address)

Mr. R. S. Ricks

15.

Filed

6-10-31

1931

D. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

5-21, 1931, to 6-10, 1931

that I last saw him alive on 6-7, 1931

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Infarctus cordis
acute
(duration)yrs.mos.da.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.da.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. J. W. Ricks, M. D.

June 10, 1931 (Address) Pocatello

19. Place of Burial, Cremation, or Removal

Pocatello, Idaho

Date of Burial

6/11/31

20. Undertaker

H. L. McMan Pocatello, Idaho

RECORDS RECEIVED FOR BIRTH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75570**

PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 103

(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Frantz

(a) Residence. (No.) St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day and year)

7. AGE Years 58 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bohemia
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Bohemia
(State or Country)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant Supt. County Infirmary
(Address) Pocatello Idaho

15. Filed 6-23, 1931 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to June 22, 1931
that I last saw him alive on June 22, 1931
and that death occurred, on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:

Cancer renal
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wesley, M. D.

6-23, 1931 (Address) Pocatello

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mountain View Cem. Date of Burial June 23, 1931

20. Undertaker Schumacher & Basley Address Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1931

STATE OF IDAHO

PLACE OF DEATH

County of Bannock
City of Pocatello

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75571

State File No.

Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 94(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Edith Horton(a) Residence. No. Bowser Dairy Poca., Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Wife of Leslie Horton
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 28, 1912

7. AGE Years 18 Months 10 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Colorado
(State or country)

13. NAME Claude Bowser

14. BIRTHPLACE (city or town) Kansas
(State or country)

15. MAIDEN NAME Cora Taylor

16. BIRTHPLACE (city or town) Kansas
(State or country)

17. INFORMANT Leslie Bowser
(Address) Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Ida. Date June 3, 1931

19. UNDERTAKER Arthur W. Hall
(Address) 451 West Lewis St. Poca.

20. FILED 6/2/31, 193

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from

May 1, 1931 to June 1, 1931I last saw deceased live on June 1, 1931; death is saidto have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

uremia Date of onset 5/30-31

Other contributory causes of importance:

Chronic Renal Failure 5/10-31
HypertensionName of operation Opened abdomen Date of 5/31/31What test confirmed diagnosis? Culture as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 193Where did injury occur? —
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —(Signed) J. C. Ray, M. D.(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		State File No. <u>75572</u>	
City of <u>Pocatello</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>99</u>	
		Primary Registration District No. <u>2161</u>			
		(No. <u>Residence</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>William Hoult</u>					
(a) Residence. No. <u>543 South Fourth Ave. Poca., St.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>10</u> yrs. mos. ds. How long in U. S., if of foreign birth? <u>50</u> yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Husband of Lucy Sproxton</u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan. 20, 1849.</u>					
7. AGE	Years <u>82</u>	Months <u>4</u>	Days <u>22</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>				
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 20, 1849.</u>				
11. Total time (years) spent in this occupation <u>Retired</u>					
12. BIRTHPLACE (city or town) (State or country) <u>England</u>					
MOTHER FATHER	13. NAME <u>Levi Hoult</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>England</u>				
	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>England</u>				
17. INFORMANT <u>A. H. Hoult</u> (Address) <u>543 So. Fourth Ave. Poca., Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>June 14, 1931.</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>451 West Lewis St. Poca., Ida.</u>					
20. FILED <u>June 13, 1931.</u> <u>6-13-31 JCH</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 11, 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 10</u> , 1931, to <u>June 11</u> , 1931.					
I last saw him alive on <u>June 11</u> , 1931; death is said to have occurred on the date stated above, at <u>10 P.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>nephritis</u>					
Date of onset					
Other contributory causes of importance: <u>Dilatation of heart</u>					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>J. J. Raaf</u> , M. D.					
(Address) <u>Pocatello, Idaho.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH		State File No. 75573	
PLACE OF DEATH County of <u>Bannock</u> City of <u>Pocatello Idaho</u>		Registration District No. <u>28</u> Primary Registration District No. <u>2161</u> Local Registrar's No. <u>105</u>	
(No. <u>A. Anthony Hoef.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Grace Gertrude Donahue</u>			
(a) Residence. No. <u>616 N. Grant</u> St. <u>126</u> (Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>F.</u>	4. COLOR OR RACE <u>A.</u>	5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>June 27, 1910</u>			
7. AGE	Years <u>20</u>	Months <u>11</u>	Days <u>27</u>
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cashier</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year) <u>10 days ago</u>		
	11. Total time (years) spent in this occupation		
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Mackay Idaho</u>		
	13. NAME <u>Peter Donahue</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Canada</u>		
	15. MAIDEN NAME <u>Julia Cagle</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Pennsylvania</u>		
	17. INFORMANT (Address) <u>Mrs. Peter Donahue</u>		
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain View Cem.</u> Date <u>June 27, 1931</u>		
	19. UNDERTAKER (Address) <u>Schumacher & Brasley Pocatello Idaho</u>		
	20. FILED <u>6-26</u> , 1931 <u>D. C. Ray</u> Registrar		
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>June 24, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>June 19-</u> , 1931, to <u>June 24</u> , 1931.			
I last saw him alive on <u>June 24</u> , 1931; death is said to have occurred on the date stated above, at <u>39</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Greater shock</u> <u>peritonitis</u> <u>Other contributory causes of importance</u> <u>Peter Donahue</u>			Date of onset
Name of operation <u>Abdominal</u>			Date of <u>6/23/31</u>
What test confirmed diagnosis? <u>—</u>			Was there an autopsy? <u>—</u>
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? <u>—</u>			Date of injury <u>—</u> , 1931.
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased?			
<u>Yes</u> If so, specify <u>—</u> (Signed) <u>Dr. J. M. D.</u> (Address) <u>Pocatello</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1931

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. <u>75574</u>	
County of <u>Bannock</u>		City of <u>Pocatello</u>		Registration District No. <u>28</u>	
Primary Registration District No. <u>2106</u>		Local Registrar's No. <u>107</u>			
(No. <u>Lynn Brothers Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Joseph E. Melbourne</u>					
(a) Residence. No. <u>722 North Hayes</u> St.					
Length of residence in city or town where death occurred. <u>4</u> yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Husband of Ruby Armstrong</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 28, 1880.</u>					
7. AGE	Years <u>51</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day, hrs. min. <u>or</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman Swartz</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Tailoring Co.</u>			
10. Date deceased last worked at this occupation (month and year) <u>June 1931.</u>		11. Total time (years) spent in this occupation <u>4 Yrs.</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Mass.</u>					
13. NAME <u>Joseph E. Melbourne</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Scotland</u>					
15. MAIDEN NAME <u>Unknown</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
17. INFORMANT <u>Mrs. Joseph E. Melbourne</u> (Address) <u>Pocatello, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>June 30, 1931.</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>June 30, 1931.</u>		<u>D C Ray</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 28, 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 26, 1931,</u> to <u>June 28, 1931.</u> last saw him alive on <u>June 28, 1931.</u> death is said to have occurred on the date stated above, at <u>10:30</u> m. The principal cause of death and related causes of importance were as follows: <u>General peritonitis.</u> Other contributory causes of importance: <u>Ruptured appendix.</u>					
Name of operation <u>appendectomy</u> Date of <u>6/29/31</u> What test confirmed diagnosis? <u>operation</u> Was there an autopsy <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>no</u> , 1931. Where did injury occur? <u>no</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>no</u> Manner of injury <u>no</u> Nature of injury <u>no</u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>no</u> (Signed) <u>D C Ray</u> , M. D. (Address) <u>Pocatello, Idaho.</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED DAHUL 3 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75575

PLACE OF DEATH

County of Bannock
City of Lund Ida

Registration District No. 84

Primary Registration District No. 2161

(No.)

Local Registrar's No. 223

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie Christina Peterson

(a) Residence. No. Lund Idaho St. Idaho

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Gust Peterson

6 DATE OF BIRTH (month, day and year) Sept. 26, 1861

7 AGE Years Months Days 1 If LESS than day, hrs. or min.
69 8 10 1 0

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Sueden

10 NAME OF FATHER

Isaac Isaacson

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Sueden

12 MAIDEN NAME OF MOTHER

Christina Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Sueden

14 Informant Harold Peterson

(Address) 1237 E. Center, Pocatello, Ida

15 Filed June 7, 1931 Mrs. G. G. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June - 5 - 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to June 5, 1931, that I last saw her alive on June 4, 1931, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Insufficient heart action
Nephritis

(duration) about 8 weeks

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? examined

(Signed) E. S. Fitz, M. D.

June 7, 1931 (Address) Pocatello, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Idaho Date of Burial

Lund Cemetery, Lund June 7, 1931

20. Undertaker Anthony or itall Address Pocatello

RECEIVED JUL 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75576

State File No.

PLACE OF DEATH

County of Bannock
City of Lago

CERTIFICATE OF DEATH

Registration District No. 84Primary Registration District No. 2161Local Registrar's No. 226

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Swensen

(a) Residence No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofRegina C. Swensen6. DATE OF BIRTH (month, day and year) June 6, 18677. AGE Years Months Days If LESS than 1 day, hrs. or min.
64 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Little Cotton Wood, Wt.
(State or country)

10. NAME OF FATHER

Jens Swensen11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Denmark

12. MAIDEN NAME OF MOTHER

Mette Swensen13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Denmark

14.

Informant
(Address)Hyman Swensen
Lago, Idaho

15.

Filed June 20, 1931Wm. G. Fitt
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

6/7/31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 1, 1928, to June 9, 1928that I last saw him alive on June 6, 1928and that death occurred, on the date stated above, at 89 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Organic Heart Disease(duration) 1 yrs. mos. ds.CONTRIBUTORY
(Secondary)Diabetes Mellitus(duration) 3 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? 0 Date ofWas there an autopsy? 0What test confirmed diagnosis? Physician Exam(Signed) Edis K. K. K., M. D.6/10/31, 1931 (Address) 800 S. 1st St.

19. Place of Burial, Cremation, or Removal

Date of Burial

GraceJune 12 1931

20. Undertaker

Address

M. W. HendricksPreston, IdahoWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1931

STATE OF IDAHO

226

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Bannock

CERTIFICATE OF DEATH

State File No. 75577City of PocatelloRegistration District No. 20Primary Registration District No. 2161Local Registrar's No. 106(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Thomas Byron Reed(a) Residence. No. 633 North Grant Ave. St. _____(Usual place of abode)
Length of residence in city or town where death occurred. 17 yrs. mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Husband of Elizabeth Miller
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Dec. 26, 18757. AGE Years 56 Months 6 Days 2 If LESS than 1 day, hrs. _____ or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Indiana
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Mrs. Thomas Byron Reed
(Address) Pocatello, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Ida. Date June 29, 193119. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.20. FILED June 29, 1931. D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28, 1931.22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1931, to 6-28, 1931.I last saw him alive on 6-28, 1931; death is said to have occurred on the date stated above, at 49 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris

Other contributory causes of importance:

Secondary anemias following removal of bloodName of operation Removal of blood Date of _____What test confirmed diagnosis? Blod Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) W. A. Brotherton, M. D.(Address) Pocatello, Idaho.

RECEIVED JUL 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75578

State File No.

PLACE OF DEATH

County of Bannock
City of Chesterfield

CERTIFICATE OF DEATH

Registration District No. 84
Primary Registration District No. 2161Local Registrar's No. 225

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Simons(a) Residence. No. Chesterfield Ida. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male4. COLOR OR RACE
white5. Single, Married, Widowed,
or Divorced (write the word.)
married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Ila Simons

6. DATE OF BIRTH (month, day and year)

May 28 1893

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

30

13

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Fairview Idaho

10. NAME OF FATHER

Joseph Simons

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Bountiful Utah

12. MAIDEN NAME OF MOTHER

Sarah Flueitt

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Bountiful Utah

14.

Informant
(Address)

Mrs Ila Simons

Chesterfield Idaho

15.

Filed June 13, 1931

Mrs. G. G. Fitz.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 10 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 10, 1931, to June 10, 1931,
that I last saw him alive on June 10, 1931,

and that death occurred, on the date stated above, at 11:45 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:acute middle ear (left)
infection(duration) yrs. 6 mos. ds.
CONTRIBUTORY Diabetes.
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? noWhat test confirmed diagnosis? examination(Signed) G. G. Fitz. M. D.June 12, 1931 (Address) Bountiful Ida.

19. Place of Burial, Cremation, or Removal

Oxford Idaho

Date of Burial

June 14 31

20. Undertaker E. W. Hendricks Preston Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75579	
CERTIFICATE OF DEATH			
PLACE OF DEATH County of <u>Bannock</u> City of <u>Pocatello</u>		State File No. _____	
Registration District No. <u>20</u> Primary Registration District No. <u>2161</u> (No. <u>Lynn Brothers Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>101</u>	
2. FULL NAME <u>Alice G. Martin</u>			
(a) Residence. No. <u>208 North Lincoln Ave. St.</u> (Usual place of abode)			
Length of residence in city or town where death occurred <u>20</u> yrs. <u></u> mos. <u></u> ds. How long in U. S., if of foreign birth? <u></u> yrs. <u></u> mos. <u></u> ds. (If nonresident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Wife of D. B. Martin</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Aug. 19, 1863</u>			
7. AGE <u>67</u>	Years <u>9</u>	Months <u>28</u>	Days <u>1</u> LESS than 1 day, <u></u> hrs. <u></u> or <u></u> min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Baltimore, Maryland.</u> (State or country)			
13. NAME <u>Thomas Toppin</u>			
14. BIRTHPLACE (city or town) <u>Ireland</u> (State or country)			
15. MAIDEN NAME <u>Margaret Hughes</u>			
16. BIRTHPLACE (city or town) <u>New York</u> (State or country)			
17. INFORMANT <u>D. B. Martin</u> (Address) <u>208 N. Lincoln Ave. Poca.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>6/19/31</u> 193 <u>1</u>			
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>451 West Lewis St. Poca.</u>			
20. FILED <u>June 19, 1931.</u>			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>June 17, 1931.</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>June 14, 1931,</u> to <u>June 18, 1931.</u>			
I last saw him alive on <u>June 15, 1931.</u> death is said to have occurred on the date stated above, at <u>4:50 P.M.</u>			
The principal cause of death and related causes of importance were as follows: <u>apoplexy</u>		Date of onset	
Other contributory causes of importance: <u>Diabetes</u>			
Name of operation		Date of	
What test confirmed diagnosis? <u>Examination</u>		Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>no</u> , 193 <u>1</u> . Where did injury occur? <u>home</u> (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury <u>none</u>			
Nature of injury <u>none</u>			
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>J. C. Ray</u> M. D. Pocatello, Idaho.			
Registrar <u>J. C. Ray</u> <u>6-19-31</u>			

RECEIVED JUL 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75580

State File No.

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. St. Anthony Hospital)Local Registrar's No. 97

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harace Raymond Jacket(a) Residence. No. Mud Lake - Ida. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of Ada. Harley now
(or) WIFE of6. DATE OF BIRTH (month, day and year) 18467. AGE 85 Years Months Days If LESS than 1 day, hrs. or min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hotel Business(b) General nature of industry, business, or establishment in which employed (or employer) Hotel(c) Name of employer Purnell9. BIRTHPLACE (city or town) Buffalo
(State or country) New York10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)14. Son. Frank L. Jacket
Informant (Address)15. Filed 6-9 1931 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 9 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June 9 1931, to June 9 1931,
that I last saw him alive on June 9 1931,
and that death occurred, on the date stated above, at 7:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Haemorrhage (apoplexy)CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) yrs. mos. 3 ds.(duration) few yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) William F. Howard M. D.619 1931 (Address) Pocatello, Idaho19. Place of Burial, Cremation, or Removal Idaho Falls Date of Burial 1920. Undertaker H. L. McLean Address Pocatello, IdahoMARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.
Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75581**Local Registrar's No. **224**

PLACE OF DEATH

County of **Bannock**
City of **Central**

Registration District No. **84**Primary Registration District No. **2161**

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Andrew Gustaf Anderson**

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 Single, Married, Widowed, or Divorced (write the word) **widowed**

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) **Nov-2-1845**

7 AGE Years **86** Months **6** Days **26** If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Farmer**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) **Sueden**
(State or country)10 NAME OF FATHER **Not known**11 BIRTHPLACE OF FATHER (city or town) **Sueden**
(State or country)12 MAIDEN NAME OF MOTHER **Not known**13 BIRTHPLACE OF MOTHER (city or town) **Sueden**
(State or country)

14 Informant **Mrs Selma Sanders**
(Address) **Lund Idaho**

15 Filled **June 30, 1931** **Mrs. G. G. Fitz**
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **May-28-1931**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
that I last saw him alive on _____, 19____.
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Diabetes

About a year (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) **None in past 6 mos.** M. D.**June 30, 1931** (Address) **Mrs. G. G. Fitz**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Central

Date of Burial

May 29 1931

20. Undertaker

Had none

Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		City of <u>Pocatello</u>		State File No. <u>75582</u>	
Registration District No. <u>28</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>100</u>	
(No. <u>Residence</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Dona Millie Stephensen</u>					
(a) Residence. No. <u>324 South Fifth Ave. Poca., Id.</u> St. <u>Id.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>12</u> yrs. <u>6</u> mos. <u>22</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Nov. 21, 1918</u>					
7. AGE	Years <u>12</u>	Months <u>6</u>	Days <u>22</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>				
	10. Date deceased last worked at this occupation (month and year)				
MOTHER FATHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) (State or country) <u>Pocatello, Idaho.</u>				
	13. NAME <u>Clarence Stephensen</u>				
MOTHER FATHER	14. BIRTHPLACE (city or town) (State or country) <u>Ogden, Utah.</u>				
	15. MAIDEN NAME <u>Iriminda Taylor</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Ogden, Utah.</u>				
17. INFORMANT <u>Clarence Stephensen</u> (Address) <u>324 So. Fifth Ave. Poca., Id.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>June 14, 1931</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>451 West Lewis St. Poca., Id.</u>					
20. FILED <u>June 13, 1931.</u> <u>D C Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 12, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>6/11</u> , 193 <u>1</u> , to <u>6/12</u> , 193 <u>1</u>					
I last saw him alive on <u>6/11</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>5</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>James J. the</u> <u>Cerebrum</u>					
Other contributory causes of importance:					
Date of onset					
<u>Exploratory at Mays Clinic</u> Name of operation <u>Exploratory</u> Date of <u>1931</u>					
What test confirmed diagnosis? <u>No</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>Violence</u> Date of injury <u>June 12, 1931</u>					
Where did injury occur? <u>At home</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>Violence</u>					
Nature of injury <u>Violence</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>No</u>					
(Signed) <u>D C Ray</u> <u>Pocatello, Idaho.</u> M. D.					
(Address)					

STATE OF IDAHO JUL 11 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75583

PLACE OF DEATH

County of Benewah
City of St. MariesRegistration District No. 32
Primary Registration District No. 2049Local Registrar's No. 19(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Frank T. Berger(a) Residence. No. St. Maries St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug 6-18697. AGE Years Months Days If LESS than 1 day, hrs. or min.
61 10 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Electrician(b) General nature of industry, business, or establishment in which employed (or employer)
Washington Water Power Co

(c) Name of employer

9. BIRTHPLACE (city or town) Minnesota
(State or country)10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)14. Informant Frank T. Berger
(Address) 2309 - 7th Ave Spokane Wash15. Filed July 9, 1931 Walter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____,
that I last saw him alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Electrocution accidentalCONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Schmull

(Signed) _____ M. D.

_____, 19____ (Address) St. Maries Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Spokane Wash Date of Burial June 25 1931
20. Undertaker Geo. Mitchell Address St. Maries

RECEIVED JUL 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75584

PLACE OF DEATH

County of Benewah
City of Pedee

CERTIFICATE OF DEATH

Registration District No. 32
Primary Registration District No. 2049

Local Registrar's No. 16

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Johnson

(a) Residence. No. Pedee, Ida St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
about 40

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Unknown
(State or country)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant O. D. Platt
(Address) St. Maries

15. Filed July 9, 1931 Walter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH accidental drowning
some time in the last week of June
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
19... to 19...

that I last saw h. alive on 19...

and that death occurred, on the date stated above, at... m.

The CAUSE OF DEATH* was as follows:

accidental drowning

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? NO

What test confirmed diagnosis? found in stream

(Signed) Arvid Platt Coroner, M. D.

June - 17, 1931 (Address) St. Maries, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

St. Maries June 18 1931

20. Undertaker Address

Knab & Mitchell St. Maries

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75586	
County of <u>Bennett</u>	City of <u>Lehi</u>	Registration District No. <u>31</u>	Primary Registration District No. _____	State File No. _____	Local Registrar's No. <u>13</u>
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Un named King</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode)					
Length of residence in city or town where death occurred. — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>Negro</u>	5. Single, Married, Widowed, or Divorced (write the word) _____			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Jun 18 - 31</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or 30 min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Bennett</u> (State or country) <u>Idaho</u>					
FATHER					
13. NAME <u>Ethel Lipscomb King</u>					
14. BIRTHPLACE (city or town) <u>North</u> (State or country) _____					
MOTHER					
15. MAIDEN NAME <u>Ethel Lipscomb</u>					
16. BIRTHPLACE (city or town) <u>N. Cor.</u> (State or country) _____					
17. INFORMANT <u>Wm King</u> (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lehi</u> Date <u>June 19, 1931</u>					
19. UNDERTAKER <u>Wm King</u> (Address) <u>Lehi</u>					
20. FILED <u>June 19, 1931</u> <u>John Post</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Jun 18, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jun 18, 1931</u> , to <u>Jun 18, 1931</u> . I last saw him alive on <u>Jun 18, 1931</u> ; death is said to have occurred on the date stated above, at <u>10:30</u> m. The principal cause of death and related causes of importance were as follows: <u>Premature birth</u> <u>6 months</u> Other contributory causes of importance: _____					
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. A. Nelson</u> M. D. (Address) <u>Lehi</u>					

MARGIN RESERVED FOR DURING

RECEIVED JUL 11 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 75587

PLACE OF DEATH

County of Renewah
City of Santa

Registration District No. 22
Primary Registration District No. 2049

Local Registrar's No. 17

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara T Brumell

(a) Residence. No. Santa Ida St. 77
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND
(or) WIFE of Geo W Brumell

6. DATE OF BIRTH (month, day and year)

7. AGE Years 68 Months 0 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Prine City
(State or country) Id

10. NAME OF FATHER Frank Zimmerman

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant Zeland A Brumell
(Address) College Place Wash

15. Filed July 9 19 31 Walter Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1931, to June 4, 1931,
that I last saw h. alive on June 4, 1931,
and that death occurred, on the date stated above, at 11 m.
The CAUSE OF DEATH* was as follows:

Insanition or exhaustion

(duration) yrs. mos. ds.
CONTRIBUTORY Melancholia
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Clara T Brumell, M. D.
June 5, 1931 (Address) St Maries

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St Maries Ida Date of Burial 6/6-31 1931
20. Undertaker Geo W Mitchell Address St Maries

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PARENTS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO JUL 11 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75588

State File No.

PLACE OF DEATH

County of

City of

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 18

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____
(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant

(Address)

15.

Filed

1931

Walter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 10th, 1931, to June 10th, 1931
that I last saw him alive on June 10th, 1931
and that death occurred, on the date stated above, at 11:30 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

M. D.

(Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

STATE OF IDAHO JUL 1 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75589

State File No.

PLACE OF DEATH
County of Benewah
City of St. MariesRegistration District No. 22
Primary Registration District No. 2049Local Registrar's No. 20(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME

(a) Residence. No. St. Maries Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
- 5a. If married, widowed, or divorced
HUSBAND of Jesse Bogardus
(or) WIFE of
6. DATE OF BIRTH (month, day and year) Aug - 9 - 1869
7. AGE Years Months Days If LESS than 1 day.
81 10 16 hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) N. Y. Cayuga Co
10. NAME OF FATHER Cornelius Bogardus
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Harris Johnson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) N. Y.

14. Informant H. R. Bogardus
(Address) St. Maries Idaho
15. Filed July 9 1931 Walter Coker Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 16, 1931, to June 25, 1931that I last saw him alive on June 24, 1931and that death occurred, on the date stated above, at 11:30 A.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage & softening

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) W. C. Mitchell

M. D.

July 7, 1931 (Address) St. Maries Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

St. Maries IdahoJune 27 1931

20. Undertaker

Address

W. C. MitchellSt. Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Renewah</u>		Registration District No. <u>46</u>		State File No. <u>75590</u>	
City of <u>Plummer</u>		Primary Registration District No. <u>2123</u>		Local Registrar's No. <u>7</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>John Temple Bush</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>2</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Julia A. Bush</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>July 5, 1876</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.	
<u>3</u>	<u>54</u>	<u>11</u>	<u>1</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Drug Store</u>					
10. Date deceased last worked at this occupation (month and year) <u>March 31</u>					
11. Total time (years) spent in this occupation <u>35yr</u>					
12. BIRTHPLACE (city or town) <u>Wilmar, Minn</u> (State or country)					
FATHER					
13. NAME <u>Hezekiah Bush</u>					
14. BIRTHPLACE (city or town) <u>New York</u> (State or country)					
MOTHER					
15. MAIDEN NAME <u>Helen M. Childs</u>					
16. BIRTHPLACE (city or town) <u>Michigan</u> (State or country)					
17. INFORMANT <u>Mrs. John T. Bush</u> (Address) <u>Plummer, Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>PLUMMER, IDA</u> Date <u>6-9, 1931</u>					
19. UNDERTAKER <u>H. G. Jaeger</u> (Address) <u>Plummer, Ida</u>					
20. FILED <u>6-7</u> , 1931 <u>H. G. Jaeger</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>6-6, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 6, 1931</u> , to <u>June 6, 1931</u>					
I last saw him alive on <u>June 5, 1931</u> ; death is said to have occurred on the date stated above, at <u>m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Glioma Brain Tumor Involving left temporal region and motor area of brain</u>					
Other contributory causes of importance:					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis? <u>autopsy</u> Was there an autopsy? <u>yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury, 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>glioma</u>					
(Signed) <u>E. B. L. Jaeger</u> , M. D.					
(Address) <u>Plummer, Ida</u>					

FORM V. S. No. 5-12 M. 6-15-17.

CERTIFICATE OF DEATH

75591
State of Idaho

BOARD OF HEALTH

Bureau of Vital Statistics

File No.

Registered No. 12

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of *Bonewah*City of *De Smet*

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31

Primary Registration District No.

(No. St.)

2. FULL NAME

William Spencer McClarey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

married
(Write the word.)

6. DATE OF BIRTH.

Feb.

(Month)

6

(Day)

1864

(Year)

7. AGE

67

Yrs.

3

Mos.

24

ds.

IF LESS than 1 day
how many hrs. or
..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

Farmer

9. BIRTHPLACE

(State or Country)

Iowa

10. NAME OF FATHER

William C. McClarey

11. BIRTHPLACE OF FATHER

(State or Country)

Iowa

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Robert McClarey

(Address)

Bend Ore

15.

Filed

June 4 1937*John Post*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 2nd

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 9 1937to *June 2* 1937that I last saw him alive on *May 29* 1937and that death occurred on the date stated above, at *6 P.* M.

The CAUSE OF DEATH* was as follows:

Cancer Stomach(Duration) *1* Yrs. *6* mos. ds.Contributory
(Secondary)

(Duration) Yrs. mos. ds.

(Signed) *J. A. Nelson* M. D.*June 3, 1937* (Address) *De Smet Ore*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place

In the

of death yrs. mos. days, State yrs. mos. days

Where was disease contracted

Place death

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

Dikoa wash

DATE OF BURIAL

6-4 1937

20. UNDERTAKER

C. L. Schulerud

ADDRESS

Dikoa wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Premont</u>		CITY OF <u>St. Anthony, Ida</u>		State File No. <u>75593</u>	
Registration District No. <u>2177</u>		Primary Registration District No. <u>99</u>		Local Registrar's No. <u>378</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Philip Gordon Klingler</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 11-1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
			<u>5</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>St. Anthony, Idaho</u>					
13. NAME <u>Karl C. Klingler</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Preston, Idaho</u>					
15. MAIDEN NAME <u>Genevieve Gordon</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Preston, Idaho</u>					
17. INFORMANT (Address) <u>K. C. Klingler, St. Anthony, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Preston</u> Date <u>May 16, 1931</u>					
19. UNDERTAKER (Address) <u>W. M. Hansen, St. Anthony, Idaho</u>					
20. FILED <u>May 16, 1931</u> <u>W. M. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 16, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 11</u> , 1931, to <u>May 16</u> , 1931.					
I last saw him alive on <u>May 15</u> , 1931; death is said to have occurred on the date stated above, at <u>3:30</u> pm.					
The principal cause of death and related causes of importance were as follows:					
<u>Congenital Incompetent heart</u>					
Date of onset <u>May 11-31</u>					
Other contributory causes of importance:					
Name of operation <u>clinical</u> Date of <u>clinical</u>					
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 1931.					
Where did injury occur? <u>✓</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>P. M. Kelly</u> M. D.					
(Address) <u>St. Anthony, Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JUL 6 1931 DO NOT WRITE IN THIS SPACE	
County of <u>Freemont</u>		CERTIFICATE OF DEATH		State File No. <u>75594</u>	
City of <u>St. Anthony</u>		Registration District No. <u>2177</u>		Local Registrar's No. <u>383</u>	
		(No. _____)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Ronald Birch</u>					
(a) Residence. No. <u>St. Anthony Idaho</u>		St. _____			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>June 5-1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
			<u>3</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			10. Date deceased last worked at this occupation (month and year)		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>St. Anthony Idaho</u>					
13. NAME <u>J. Edgar Birch</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho Idaho</u>					
15. MAIDEN NAME <u>Edna Munk</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho Idaho</u>					
17. INFORMANT (Address) <u>J. Edgar Birch</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>June 9 1931</u>					
19. UNDERTAKER (Address) <u>H. M. Hansen</u>					
20. FILED <u>June 9 1931</u> <u>H. M. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 8 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 5, 1931</u> , to <u>June 8, 1931</u> .					
I last saw him alive on <u>June 8, 1931</u> ; death is said to have occurred on the date stated above, at <u>3 1/2</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Repeated convulsions probably from intracerebral hemorrhage although labor was spontaneous + not difficult.</u>					
Other contributory causes of importance:					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>none</u> Was there an autopsy <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>J. Allison</u> , M.D.					
(Address) <u>St. Anthony Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75585	
County of <u>Fremont</u>	City of <u>St. Anthony</u>	Registration District No. <u>99</u>	Primary Registration District No. <u>2177</u>	State File No.	
(No.)		Local Registrar's No. <u>380</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Herald Hall</u>					
(a) Residence. No. <u>St. Anthony Idaho</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 1-1930</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	—	—	<u>4</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc				
	9. Industry or business in which work was done, as silk mill, saw mill, bank etc				
	<u>None</u>				
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>St. Anthony Idaho</u>					
FATHER	13. NAME <u>Jich Hall</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Sophinsville Ky</u>				
	15. MAIDEN NAME <u>Ruby Birch</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Coalmine Idaho</u>				
MOTHER	17. INFORMANT (Address) <u>Mrs Ruby Hall St. Anthony Idaho</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Welford</u> Date <u>June 4, 1931</u>				
	19. UNDERTAKER (Address) <u>None</u>				
	20. FILED <u>6/4</u> , 1931 <u>W. W. Hansen</u> Registrar.				
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 4 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 1st</u> , 1931, to <u>June 4</u> , 1931.					
I last saw him alive on <u>June 2nd</u> , 1931. death is said to have occurred on the date stated above, at <u>3:30</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
<u>Malformed Excessive liver & obstructed gall duct</u>					
Other contributory causes of importance:					
Name of operation					
What test confirmed diagnosis? <u>Clinical</u> Date of <u>7/2</u>					
Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 1931.					
Where did injury occur? <u>✓</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased?					
<u>✓</u> If so, specify					
(Signed) <u>P. M. Kelly</u> M. D.					
(Address) <u>St. Anthony, Ida</u>					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<i>Tremont</i>	CERTIFICATE OF DEATH		State File No. <i>75596</i>	
City of	<i>Egin</i>			Local Registrar's No. <i>3821</i>	
		Registration District No. <i>99</i>			
		Primary Registration District No. <i>2177</i>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME					
(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Infant</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <i>June 15-1931</i>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
			<i>1</i>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			<i>Infant</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)			<i>Egin Idaho</i>		
13. NAME			<i>Leslie Lee Moon</i>		
14. BIRTHPLACE (city or town) (State or country)			<i>Tremont Co. Idaho</i>		
15. MAIDEN NAME			<i>Bulah Marie Dietrich</i>		
16. BIRTHPLACE (city or town) (State or country)			<i>Not Known</i>		
17. INFORMANT (Address)			<i>Leslie Lee Moon</i> <i>St Anthony #3 Idaho</i>		
18. BURIAL, CREMATION, OR REBURYAL Place			<i>Interred</i>		
19. UNDERTAKER (Address)			<i>None</i>		
20. FILED <i>6/15</i> , 1931			<i>Wm. Hansen</i> Registrar.		
			21. DATE OF DEATH (month, day, and year) <i>June 15 1931</i>		
			22. I HEREBY CERTIFY, That I attended deceased from <i>June 15</i> , 1931, to <i>June 15</i> , 1931.		
			I last saw him alive on <i>June 15</i> , 1931; death is said to have occurred on the date stated above, at <i>4:45</i> a.m.		
			The principal cause of death and related causes of importance were as follows:		
			<i>Mal-Formed - no nose - Cyclops.</i>		
			Other contributory causes of importance:		
			Name of operation <i>no</i> Date of <i>no</i>		
			What test confirmed diagnosis? <i>Clinical</i> Was there an autopsy? <i>no</i>		
			23. If death was due to external causes (violence) fill in also the following:		
			Accident, suicide, or homicide? <i>no</i> Date of injury <i>no</i> , 1931.		
			Where did injury occur? <i>no</i> (Specify city or town, county, and State)		
			Specify whether injury occurred in industry, in home, or in public place. <i>no</i>		
			Manner of injury <i>no</i>		
			Nature of injury <i>no</i>		
			24. Was disease or injury in any way related to occupation of deceased? <i>no</i>		
			If so, specify		
			(Signed) <i>O. M. Kelly</i> M. D.		
			(Address) <i>St. Anthony, Ida</i>		

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of FremontCity of Idaho.

CERTIFICATE OF DEATH

Registration District No. 99Primary Registration District No. 2177(No. Brown's Hotel)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carroll Alverado Parker(a) Residence. No. St. Anthony Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 9th, 1931

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 27, 1931, to Apr. 9, 1931that I last saw him alive on Apr. 9, 1931and that death occurred, on the date stated above, at 1:50 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Dilatation of Heart.(duration) ____ yrs. ____ mos. 9 ds.CONTRIBUTORY
(Secondary)Chronic myocarditis(duration) 3 yrs. ____ mos. 9 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of ____Was there an autopsy? yesWhat test confirmed diagnosis? Physical Exam(Signed) J. M. Kelly, M. D.Apr. 10th, 1931 (Address) St. Anthony, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Muskegon, MichAbout Apr. 15-1931St. Anthony, Idaho.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 21st, 1858

7. AGE

Years

Months

Days

If LESS than 1 day,

73219____ hrs. or
____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work Retired Seed Man(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Three River Mich.
(State or country)

10. NAME FATHER

Luke Parker11. BIRTHPLACE OF FATHER (city or town) Canada
(State or Country)12. MAIDEN NAME OF MOTHER Louis Lucinda Cooke13. BIRTHPLACE OF MOTHER (city or town) Ohio.
(State or Country)

PARENTS

14. Informant Budge C. Parker
(Address)15. Bozeman, MontanFiled Apr. 10th, 1931

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75598	
County of <u>Fremont</u>		City of <u>Chester</u>		State File No.	
Registration District No.		Primary Registration District No.		Local Registrar's No. <u>385</u>	
(No. (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Raymond L. Williams</u>					
(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 26, 1931</u>					
7. AGE Years		Months		Days	
—		—		1	
If LESS than 1 day, hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Chester Idaho</u>					
13. NAME <u>Raymond L. Williams</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Buffum States</u>					
15. MAIDEN NAME <u>Lula Davis</u>					
16. BIRTHPLACE (city or town) (State or country) <u>St. Anthony Idaho</u>					
17. INFORMANT (Address) <u>Dr. T. G. Ellison</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Interred</u> Date <u>June 27, 1931</u>					
19. UNDERTAKER (Address) <u>None</u>					
20. FILED <u>6/27</u> , 1931 <u>Wm. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 27, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 26</u> , 1931, to <u>June 27</u> , 1931.					
I last saw him alive on <u>June 26</u> , 1931; death is said to have occurred on the date stated above, at <u>8 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Premature birth - (Cause not determinable)</u>					
Other contributory causes of importance:					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis? <u>none</u> Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>T. G. Ellison</u> M. D.					
(Address) <u>St. Anthony</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JUL 6 1931 DO NOT WRITE IN THIS SPACE	
County of <u>Tremont</u>	City of <u>St. Anthony</u> <u>Wilford</u>	CERTIFICATE OF DEATH		State File No. <u>75599</u>	
Registration District No.		Primary Registration District No.		Local Registrar's No. <u>384</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Gustave Johnson</u>					
(a) Residence. No.		St. <u>East Wilford Ida</u>		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. <u>40</u> yrs. mos.		ds. How long in U. S., if of foreign birth? <u>51</u> yrs. mos.		ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 6-1851</u>					
7. AGE	Years <u>80</u>	Months <u>1</u>	Days <u>20</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lumber</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Permit</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>					
MOTHER FATHER	13. NAME <u>Mr. Johnson</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>✓</u>				
	15. MAIDEN NAME <u>✓</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>✓</u>				
17. INFORMANT (Address) <u>John T. Johnson</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Refr.</u> Date <u>June 29 1931</u>					
19. UNDERTAKER (Address) <u>St. Anthony Ida</u>					
20. FILED <u>June 28 1931</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 26 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 20, 1931</u> , to <u>June 26, 1931</u> . I last saw him alive on <u>June 25, 1931</u> ; death is said to have occurred on the date stated above, at <u>11 1/2</u> a.m. The principal cause of death and related causes of importance were as follows:					
<u>Chronic Myocarditis and Endocarditis</u>					
Other contributory causes of importance: <u>Embolus left leg.</u>					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>no</u> (Signed) <u>J. A. Allison</u> M. D. (Address) <u>St. Anthony Ida</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of FremontCity of MarysvilleRegistration District No. 102Primary Registration District No. 6

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Gifford(a) Residence. No. Marysville, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced. (write the word.) <u>married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofArthur Gifford6. DATE OF BIRTH (month, day and year) Sept 23 - 1877

7. AGE <u>53</u>	Years	Months <u>9</u>	Days <u>6</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

(c) Name of employer

9. BIRTHPLACE (city or town) Richmond
(State or country) Utah10. NAME OF FATHER James Wesley11. BIRTHPLACE OF FATHER (city or town) Salt Lake
(State or Country) Utah12. MAIDEN NAME OF MOTHER Sarah Jean Lewis13. BIRTHPLACE OF MOTHER (city or town) San Bernardino
(State or County) California14. Informant Arthur Gifford
(Address) Marysville, Idaho15. Filed 6-30- 1931 Chmceah
Registrar

DO NOT WRITE IN THIS SPACE

State File No. 75600Local Registrar's No. 75

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

5-22 1930 to 6-27 1931that I last saw him alive on 6-13- 1931and that death occurred, on the date stated above, at 4 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Paralysis(duration) 1 yrs. 1 mos. 7 ds.CONTRIBUTORY
(Secondary)adsc.

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? Physical finding(Signed) Chmceah, M.D.6-30 1931 (Address) Ashton, Ida

19. Place of Burial, Cremation or Removal

Date of Burial

Pine View, Ida July 1st 1931

20. Undertaker

Wm J. Keller, Redburg
Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75601

State File No.

PLACE OF DEATH

County of VermontCity of Salem

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No. 379

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Rock Larsen

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widow-d, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

July 19, 1909

7. AGE

Years

Months

Days

If LESS than 1 day,

..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Salem

10. NAME OF FATHER

Orrison Larsen

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Nancy Ellen

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Morgan Utah

14.

Informant
(Address)George P. Peterson
Salem Idaho

15.

Filed

57-28, 1931W. W. Hammen

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May
(Month)26
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 26, 1931, toMay 26, 1931

that I last saw him alive on

May 26, 1931and that death occurred, on the date stated above, at 10:00 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pulmonary Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

Lobar Pneumonia

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No. Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

W. B. Peterson, M. D.May 27, 1931

(Address)

Rebburg

19. Place of Burial, Cremation, or Removal

Date of Burial

Rebburg CemeteryMay 29, 1931

20. Undertaker

Address

Russell E. HammenRebburg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JUL 6 1931
CERTIFICATE OF DEATHSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Premont*City of *Chester*

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No. St.)

State File No. *75609*Local Registrar's No. *589*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Will Howard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED*Female White* (Write the word)

6. DATE OF BIRTH

June 23 1930
(Month) (Day) (Year)

7. AGE

— Yrs. 4 Mos. 3 ds.
IF LESS than 1 day how many
..... hrs. or
..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work *None*
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) *Chester Idaho*10. NAME OF
Father*Wm A. Howard*11. BIRTHPLACE
OF FATHER(State or Country) *Chester Idaho*12. MAIDEN NAME
OF MOTHER*Rachel Elvora Thompson*13. BIRTHPLACE
OF MOTHER(State or Country) *Keeford Idaho*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Wm A. Howard*(Address) *Chester Idaho*

15.

Filed *May 26 1931* *Wm A. Howard*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 26 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
May 25 1931 to *May 26 1931*,
that I last saw her alive on *May 25 1931*,
and that death occurred on the date stated above, at *2 A.M.*

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria(Duration) yrs. mos. *7* ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) *J. H. Ellison* M. D.
5/26/31 (Address) *St. Anthony Idaho*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Keeford May 27 1931

20. UNDERTAKER

None ADDRESS

RECEIVED JUL 8 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75805

State File No.

PLACE OF DEATH

County of Madison
City of Burley

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2175
(No.)

Local Registrar's No. 26

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Conway Morris

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX, male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of Hazel Morris
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 28-1893

7. AGE Years Months Days If LESS than 1 day.
37 7 25 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farming

(b) General nature of industry, business, or establishment in which employed (or employer) Himself

(c) Name of employer

9. BIRTHPLACE (city or town) Morgan, Utah
(State or country)

10. NAME OF FATHER William Morris

11. BIRTHPLACE OF FATHER (city or town) Salt Lake City, Utah
(State or Country)

12. MAIDEN NAME OF MOTHER Manda Rock

13. BIRTHPLACE OF MOTHER (city or town) Salt Lake City Utah
(State or Country)

14. Informant Henry Morris
(Address) Burley, Ida.

15. Filed 7/26, 1931 JR Young
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 23, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1931 to June 23, 1931

that I last saw him alive on June 23, 1931 and that death occurred, on the date stated above, at 3:25 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Peritonitis

(duration) yrs. mos. ds. 7

CONTRIBUTORY (Secondary) Gastric ulcer
Chronic appendicitis
(duration) yrs. mos. ds. 1

18. Where was disease contracted Place of death
if not at place of death?

Did an operation precede death? No Date June 18-31

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Norman St. Rich, M. D.

6-25, 1931 (Address) Burley Idaho

19. Place of Burial, Cremation, or Removal Burley Ida. Date of Burial June 26 1931

20. Undertaker John J. Keller Address Burley

MARGIN RESERVED FOR INDEXING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully applied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

PARENTS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		JUL 3 1931	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Madison</u>		Registration District No. <u>100</u>		State File No. <u>75606</u>	
City of <u>Salem</u>		Primary Registration District No. <u>2178</u>		Local Registrar's No. <u>24</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>William G. Croft</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Mar. 18-1874</u>					
7. AGE <u>57</u>	Years	Months <u>2</u>	Days <u>14</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>on farm</u>			
		10. Date deceased last worked at this occupation (month and year) _____			
		11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) <u>Tueller</u> (State or country) <u>Utah</u>					
FATHER		13. NAME <u>Thomas Croft</u>			
		14. BIRTHPLACE (city or town) <u>England</u> (State or country)			
MOTHER		15. MAIDEN NAME <u>Elizabeth Richards</u>			
		16. BIRTHPLACE (city or town) <u>England</u> (State or country)			
17. INFORMANT <u>Thomas C. Neilbarn</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Sugar City</u> Date <u>June 4, 1931</u>					
19. UNDERTAKER <u>W. H. Kelley</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>June 2, 1931</u> <u>W. H. Kelley</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 1, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him alive on <u>June 1, 1931</u> ; death is said to have occurred on the date stated above, at <u>11:30 a.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Chronic Myocarditis</u>					
Date of onset _____					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>W. H. Kelley</u> M.D.					
(Address) <u>Boise, Idaho</u>					

RECEIVED JUL 8 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75607

State File No.

PLACE OF DEATH

County of Madison
City of Reuburg

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178
(No.)

Local Registrar's No. 25

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gertrude Charlotte Gray

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of H. F. Gray

6. DATE OF BIRTH (month, day and year) Mar 19th 1904

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
27 3 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9. BIRTHPLACE (city or town) Pleasant Grove
(State or country) Utah

10. NAME OF FATHER Fred. J. Richens

11. BIRTHPLACE OF FATHER (city or town) Pleasant Grove
(State or Country) Utah

12. MAIDEN NAME OF MOTHER Anna Peterson

13. BIRTHPLACE OF MOTHER (city or town) Pleasant Grove
(State or Country) Utah

14. Informant H. F. Gray
(Address) Reuburg Idaho

15. Filed 7/25, 1931
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 21, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to June 21, 1931
that I last saw her alive on June 21, 1931
and that death occurred, on the date stated above, at 10:30 P M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis
Pneumonia
from heart

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. King, M. D.
6/23, 1931 (Address) Reuburg

19. Place of Burial, Cremation, or Removal Date of Burial

Pleasant Grove, Utah June 25 1931

20. Undertaker Wm. J. Keller Address Reuburg
Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

RECEIVED JUL 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75608

State File No.

PLACE OF DEATH

County of Cassia

City of Burley

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Peter Dunlap McCordell

(a) Residence. No. 137 N. 4th St. Salt Lake City Utah

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced Married

5a. If married, widowed, or divorced HUSBAND of Drucilla McCordell

6. DATE OF BIRTH (month, day and year) April 10 - 1898

7. AGE 39 Years 2 Months 10 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Utah (State or country)

10. NAME OF FATHER Henry McCordell

11. BIRTHPLACE OF FATHER (city or town) Scotland (State or Country)

12. MAIDEN NAME OF MOTHER Mary Gummil

13. BIRTHPLACE OF MOTHER (city or town) Scotland (State or Country)

14. Informant Mrs C E Frew Lyndall (Address) Box 24 Wt.

15. Filed 1931 Registrar. D. C. Johnson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19

that I last saw him alive on 19

and that death occurred, on the date stated above, at

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Gunshot wound, accidental

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) X J. D. F. Sheriff M. D. 6/22 1931 (Address) Burley

19. Place of Burial, Cremation, or Removal Salt Lake City Date of Burial June 1931

20. Undertaker D. C. Johnson Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 11 1931
DO NOT WRITE IN THIS SPACE

State File No.

75610

PLACE OF DEATH

County of

City of

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

2. FULL NAME

(a) Residence, No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec 21 - 1927

7. AGE

3

Years

Months

5

Days

22

If LESS than 1 day,
.....hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

James Hill

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Utah

12. MAIDEN NAME OF MOTHER

Mary Stanger

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Idaho

14. Informant
(Address)

James Hill

15. Filed

7-6-1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 12

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 12, 1931, to June 12, 1931

that I last saw him alive on 1931

and that death occurred, on the date stated above, at 6:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

June 14, 1931 (Address) Burley

19. Place of Burial, Cremation, or Removal

Burley Cemetery

Date of Burial

6/14 1931

20. Undertaker

D. C. Johnson

Address

Burley

RECEIVED JUL 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75611

PLACE OF DEATH

County of CassiaCity of Burley

Registration District No. _____

Primary Registration District No. _____

(No. 1120 North Albion St.)

Local Registrar's No. _____

2. FULL NAME John Clinton Martindale(a) Residence. No. 1120 N. Albion

St. _____

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE Color5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Lda Martindale6. DATE OF BIRTH (month, day and year) Aug 23-1863

7. AGE

Years 65Months 9Days 27

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Rancher, and shepherd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah10. NAME OF FATHER Wm C. Martindale11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dorset, New12. MOTHER'S NAME OF MOTHER Martinda MacMurray13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Dorset, New

14.

Informant (Address) Mrs. John Clinton

15.

Filed 7-11-31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 20, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 19, 1931, to June 20, 1931
that I last saw him alive on June 20, 1931and that death occurred, on the date stated above, at 2410A m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cholerae Poisoning - Canned (tomatoes) Acute & fatal(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edmund F. Fagan, M. D.19. (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal

Burley Cemetery

Date of Burial

19

20. Undertaker

D.C. Johnson, By Paul Burley

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
DO NOT WRITE IN THIS SPACE
State File No. **75612**

PLACE OF DEATH

County of CassiaCity of Burley

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 403-11. E. 1st St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. COLOR OR RACE White 5. Single Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Lester Weight
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 19-1888

7. AGE 42 Years 9 Months 6 Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Arizona
(State or country)

10. NAME OF FATHER Sylvester Pearce

11. BIRTHPLACE OF FATHER (city or town) New York
(State or Country)

12. MAIDEN NAME OF MOTHER Rosella Reynolds

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country)

14. Informant Lester Weight
(Address) Burley

15. Filed 7-1-19 1914 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1928 to June 13, 1931

that I last saw her alive on June 13, 1931
and that death occurred, on the date stated above, at 5:30 A.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Diagnosis

(duration) _____ yrs. _____ mos. 6 ds.
CONTRIBUTORY Carditis
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Criminal
(Signed) Dr. E. Dean, M. D.

(Address) Burley

19. Place of Burial, Cremation, or Removal Burley Cemetery Date of Burial 6/14 1931

20. Undertaker D. C. Johnson Address Burley

FRIEDMAN JUN 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75613

PLACE OF DEATH

County of Cassia.City of Burley.

Registration District No. _____

Primary Registration District No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. _____

2. FULL NAME

Augusta Callaway.

(a) Residence. No. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

St. _____

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGeorge Callaway.

6. DATE OF BIRTH (month, day and year)

July 6 1854

7. AGE

Years

Months

Days

If LESS than 1 day,
_____ hrs. or
_____ min.76108

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHouse wife.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Ohio.

10. NAME OF FATHER

John Snooks11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Germany.

12. MAIDEN NAME OF MOTHER

Not Known.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Germany.

14.

Informant
(Address)Mrs. Mable Fowler.Burley Ida

15.

Filed

6-10-1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 14 1931.

(Month)

(Day)

19____
(Year)

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on May 13-1931 to May 18-1931and that death occurred, on the date stated above, at IDA m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral hemorrhageCONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Joseph H. Heston

19

(Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal

Burley Ida

Date of Burial

May 16 1931

20. Undertaker

D.E. Johnson.

Address

Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75614**

PLACE OF DEATH

County of Malta
City of Cassia

Registration District No. 119
Primary Registration District No. 2198

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Catharine Charles

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 13 - 1864

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
66 8 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Frankfort
(State or country) Indiana

10. NAME OF FATHER Andrew W Charles

11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)

12. MAIDEN NAME OF MOTHER Lucinda Pence

13. BIRTHPLACE OF MOTHER (city or town) Indiana
(State or Country)

14. Informant Mrs Lena Charles Vashugh
(Address) Malta Idaho

15. Filed June 26, 1931
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
June 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1931 to June 23, 1931
that I last saw her alive on June 22, 1931
and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH was as follows:

Apoplexy

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of death

Was there an autopsy? No

What test confirmed diagnosis? Physiologist

(Signed) E. J. Bates M. D.
June 26, 1931 (Address) Malta Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
19

20. Undertaker Address
W. J. Goodman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75615

PLACE OF DEATH

County of CassiaCity of Burley

Registration District No. _____

Primary Registration District No. _____

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Clark(a) Residence No. Home, One mile so. Churchill postoffice

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 17 1846

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.8512

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Scotland

10. NAME OF FATHER

Don't know11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

Don't know13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)Eugene Pietsch
Clark, Idaho

15.

Filed _____, 19____

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____
that I last saw h. _____ alive on _____, 19____and that death occurred, on the date stated above, at 3:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Apoplexy

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

General debility
from old age (duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) X(Address) By J. Pace Sheriff
By J. Pace Sheriff
By J. Pace Sheriff

19. Place of Burial, Cremation, or Removal

Date of Burial

Marion CemeteryJune 22 1931

20. Undertaker

Address

D.E. Johnson By Paul R. Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. *AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

RECEIVED JUL 11 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75616

PLACE OF DEATH

County of CassiaCity of Barley

Registration District No.

Primary Registration District No.

(No. Residence)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ara Anna Burns(a) Residence. No. 111 S. Hansen St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMilton Burns

6. DATE OF BIRTH (month, day and year)

Feb. 23 - 1863

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.68425

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Missouri

10. NAME OF FATHER

George Moots

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Don't Know

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Don't Know

14.

Informant (Address)

Norman E. Burns
Oakland Calif

15.

Filed

1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 27

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 20, 1931, to June 22, 1931that I last saw her alive on June 26, 1931and that death occurred, on the date stated above, at 5:22 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of sigmoid colon

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Autopsy(Signed) Joseph H. MoseleyJune 20, 1931 (Address) Barley, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Barley Cemetery6/30 1931

20. Undertaker

Address

Dr. Johnson by Paul Ben Barley

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of BlaineCity of BlaineRegistration District No. Primary Registration District No. (No.)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Willard Truman Huber(a) Residence. No. St. 73

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of No.
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 4-19147. AGE 17 Years 1 Months 8 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Burley Idaho.

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER George C. Huber11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah12. MAIDEN NAME OF MOTHER Adelaide Jolley13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah14. Informant Geo. C. Huber
(Address) Burley Idaho.15. Filed 7-8-1931 W. J. Johnson
Registrar.

RECEIVED JUL 11 1931

DO NOT WRITE IN THIS SPACE

75617

State File No. Local Registrar's No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 12, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to June 12, 1931that I last saw him alive on June 12, 1931
and that death occurred, on the date stated above, at 7:30 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:Emphysematic Sanguis(duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Was there an autopsy? NoWhat test confirmed diagnosis? Chemical(Signed) W. J. Johnson, M. D.19 (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley Cemetery4/14 1931

20. Undertaker

Address

D. C. JohnsonBurleyPaulsen

RECEIVED JUL 6 1931

RECEIVED JUL 6 1931
STATE OF IDAHODEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75618

PLACE OF DEATH

County of CassiaCity of Malta

CERTIFICATE OF DEATH

Registration District No. 119Primary Registration District No. 2198

(No. _____)

Local Registrar's No. _____

2. FULL NAME Albert Russell

(a) Residence No. _____

St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) About 5-5 yrs

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sheep Herder

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Not Known
(State or country)10. NAME OF FATHER Not Known11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Not Known12. MAIDEN NAME OF MOTHER Not Known13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Not Known14. Informant
(Address) Dore W. Miller15. Filed July 9, 1931Registrar. E. E. Sater

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 9, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 6, 1931, to May 9, 1931
that I last saw him alive on May 9, 1931and that death occurred, on the date stated above, at 5:15 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Rocky Mountain Tick
Fever(duration) _____ yrs. _____ mos. 8 ds.CONTRIBUTORY None
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted Almo Idaho
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Wound(Signed) E. E. Sater

M. D.

July 9, 1931 (Address) Almo Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley Ida May 12, 1931

20. Undertaker

Address

W. E. Johnson Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

CERTIFICATE OF DEATH

RECEIVED JUN 30 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Gooding*
City of *Hamrell*

Registration District No.

Primary Registration District No. *24*

(No. St.)

File No. *75619*Registered No. *158*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Dale Arnold Hill

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

male *white* *Single*
(Write the word)6. DATE OF BIRTH
Dec 7 - 1920
(Month) (Day) (Year)7. AGE
Yrs. *1* Mos. *12* ds.
IF LESS than 1 day how many..... hrs. or..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business or establishment in which employed (or employer)

none

9. BIRTHPLACE

(State or Country)

Hamrell Ida

10. NAME OF FATHER

Harmon R Hill

11. BIRTHPLACE OF FATHER

(State or Country)

Ida

12. MAIDEN NAME OF MOTHER

Elma O. Mitchell

13. BIRTHPLACE OF MOTHER

(State or Country)

Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs. H R Hill*(Address) *Hamrell Ida*15. Filed *6/30 - 1931* *J H Connors*

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 19 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

.....19....., to19.....

that I last saw h..... alive on19.....

and that death occurred on the date stated above, at..... M.

The CAUSE OF DEATH* was as follows:

Unknown - Died without medical services - 3
(Duration) Yrs. mos. ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) *J H Connors* M. D.19 (Address) *Coroner of Gooding Co*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Hamrell Ida 1/20 1931

20. UNDERTAKER

ADDRESS

none

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

15820

State File No.

PLACE OF DEATH

County of Gooding

City of

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter E. Chmantrant

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov. 13 - 1919

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) North Dakota10. NAME OF FATHER John E. Chmantrant11. BIRTHPLACE OF FATHER (city or town) (State or Country) Russia12. MAIDEN NAME OF MOTHER Veronica Schmidt13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Russia14. Informant John E. Chmantrant
(Address)

15. Filed _____, 19____

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 25 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June 24, 1931, to June 25, 1931, that I last saw him alive on June 25, 1931, and that death occurred, on the date stated above, at 1:05 P. m.

The CAUSE OF DEATH* was as follows: *

acute poisoning
Calcium Fluoride
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. J. Keller, M. D.
6/25, 1931 (Address) Jerome
Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Wendell Date of Burial 6-27 193120. Undertaker D. A. Harrison Address

Exact statement of OC-
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
CUPATION is very important.

RECEIVED JUN 30 1921

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75621

State File No.

PLACE OF DEATH

County of Gooding

City of Gooding

Registration District No. 24

Primary Registration District No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 159

2. FULL NAME Charles Hulbert

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. _____ mos. _____ ds.

(If nonresident give city or town and State)
How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) married

5a If married, widowed, or divorced

HUSBAND of

(or) ~~WIFE of~~

William Hulbert

6 DATE OF BIRTH (month, day and year)

7 AGE Years 52 Months 3 Days 26 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Stockman

(b) General nature of industry, business, or establishment in which employed (or employer)

Stock

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Keeney, Neb.

10 NAME OF FATHER

George Hulbert

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Town Unknown - New York State

12 MAIDEN NAME OF MOTHER

Elizabeth Blair

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Iowa

14 Informant Mrs Chas. Hulbert (Address) Gooding Idaho

15 Filed 6/31, 1921 J. H. Cornwall Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 8 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

gun shot wound - self in-
flicted - suicide

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. H. Cornwall M. D.

19 Cornwall & Gooding Co.

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

Gooding Ida

6-10 1921

20. Undertaker

Address

A. E. Thompson

CERTIFICATE OF DEATH

RECEIVED JUL 6 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of GordoniaCity of Nagerma

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21

Primary Registration District No. _____

(No. _____ St.)

File No. 75622

Registered No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

John Martin Madarieta

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Hispanic

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Married
(Write the word.)

6. DATE OF BIRTH

Mar
(Month)30
(Day)1883
(Year)

7. AGE

48 Yrs. 1 Mos. 17 ds.

IF LESS than 1 day

how many _____ hrs.

or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

Farmer

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Spain - Bilbao -

10. NAME OF FATHER

Martin Madarieta

11. BIRTHPLACE OF FATHER

(State or Country)

Spain

12. MAIDEN NAME OF MOTHER

Antonia Barinea

13. BIRTHPLACE OF MOTHER

(State or Country)

Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Gloria Glorriaga

(Address)

Nagerma

15.

Filed May 18 1931R H Green
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May
(Month)17
(Day)31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 1931, to May 16 1931that I last saw him alive on May 16 1931and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Nephritis2 (Duration) Yrs. 2 mos. _____ ds.

Contributory (Secondary)

Influenza with asthmatic attacks(Duration) Yrs. 1 mos. _____ ds.(Signed) R H Green M. D.May 19 1931 (Address) Nagerma

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For. Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death? NagermaFormer or usual residence Nagerma

19. PLACE OF BURIAL OR REMOVAL

Nagerma Cemetery

DATE OF BURIAL

May 19 1931

20. UNDERTAKER

Johnson

ADDRESS

Johnson

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 3 1931
STATE OF IDAHODEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75623

PLACE OF DEATH

County of GoodingCity of Wendell

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Lee Houston

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced—(write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 22/19097. AGE Years Months Days If LESS than 1 day,
21 11 13 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Amber, Okla.
(State or country)10. NAME OF FATHER Darres O. Houston11. BIRTHPLACE OF FATHER (city or town) Pikeville
(State or Country) Tenn12. MAIDEN NAME OF MOTHER Agnes Brown13. BIRTHPLACE OF MOTHER (city or town) Clifty Ky.
(State or Country)14. Informant (Address) Darres O. Houston
Burley Ida15. Filed 5 10 1931 C. P. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 9th 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from May 3/1931, 1931, to May 9th, 1931
that I last saw him alive on May 9th, 1931
and that death occurred, on the date stated above, at 7:10 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Sepsis Poison following
Ruptured appendix

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of 5/10/31Was there an autopsy? noWhat test confirmed diagnosis? History(Signed) C. P. Zeller M. D.
5/10, 1931 (Address) Jerome, Ida.19. Place of Burial, Cremation, or Removal Burley Ida Date of Burial 5/11 193120. Undertaker W. L. Harrison Address Jerome, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 75624

PLACE OF DEATH

County of Jerome
City of Jerome

Registration District No. _____
Primary Registration District No. _____
(No. _____) Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ross Bruner

(a) Residence. No. Jerome, Idaho St. _____

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of Nellie C. Bruner
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 21, 1882

7. AGE Years 49 Months 3 Days 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Warren County, Ill.
(State or country)

10. NAME OF FATHER Archibald Bruner

11. BIRTHPLACE OF FATHER (city or town) Ill.
(State or Country)

12. MAIDEN NAME OF MOTHER Chapman

13. BIRTHPLACE OF MOTHER (city or town) Indiana
(State or Country)

14. Informant Mrs. Nellie Bruner
(Address) Jerome - Ida.

15. Filed May 21, 1931 C. D. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 20, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from May 18, 1931 to May 20, 1931
that I last saw him alive on May 18, 1931
and that death occurred, on the date stated above, at 1:30 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:
Bruner Anasars.

CONTRIBUTORY (Secondary) Gashier & Miller (duration) 6 yrs. 6 mos. 6 ds.
(duration) 2 yrs. 6 mos. 6 ds.

18. Where was disease contracted if not at place of death? Jerome, Ida.
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? St. Day
(Signed) St. Day M. D.
May 21, 1931 (Address) St. Day

19. Place of Burial, Cremation, or Removal _____ Date of Burial _____

20. Undertaker White Mortuary Inc Address Idaho Falls, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 6 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of JeromeCity of Hazelton

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 23Primary Registration District No. 3017

(No. _____ St.)

File No. 75625

Registered No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Charles William Stuckert

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

M W Single
(Write the word.)

6. DATE OF BIRTH

Apr 25 1931
(Month) (Day) (Year)

7. AGE

2 Yrs. 7 Mos. 7 ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

none

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country)

Hazelton, Ida

10. NAME OF FATHER

John C. Stuckert

11. BIRTHPLACE OF FATHER

(State or Country)

Canada

12. MAIDEN NAME OF MOTHER

Clare Kober

13. BIRTHPLACE OF MOTHER

(State or Country)

Mich

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. C. Stuckert

(Address)

Hazelton

15.

Filed 7-1 1931

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

None 19, to _____ 19.

that I last saw him _____ alive on _____ 19.

and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

My knowledge
died suddenly

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ Yrs. _____ mos. _____ ds.

(Signed) S. Hopper M. D.19. (Address) Hazelton, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Eden Lutheran Cem 7-9 1931

20. UNDERTAKER

ADDRESS

None

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

RECEIVED JUL 3 1931
CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No.

County of Jerome

Primary Registration District No.

City of Jerome

(No., St.)

File No. 75626

Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Gustaf E. Thornby

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

married
(Write the word.)

6. DATE OF BIRTH

March 25 1891
(Month) (Day) (Year)

7. AGE

40 yrs. 2 mos. 20 ds.

IF LESS than 1 day
how many hrs. or
..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

Farmer

(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Sweden

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER

(State or Country)

Sweden

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER

(State or Country)

Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

H. B. Sumner

(Address)

Jerome Ida

15.

Filed

6/18

1931

C. F. Zeller

Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

June 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

..... 191....., to 191.....,
that I last saw h..... alive on 191.....,

and that death occurred on the date stated above, at A.M.

The CAUSE OF DEATH* was as follows:

suicide by shooting with shot gun

..... (Duration) yrs. mos. ds.

Contributory
(Secondary)

..... (Duration) yrs. mos. ds.

(Signed) J. R. Wiley, Coroner

19 (Address) Spokane

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Jerome Cemetery

June 20 1931

20. UNDERTAKER

ADDRESS

J. R. Wiley

Jerome

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 3 1931

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No.

County of Jerome

Primary Registration District No.

City of Jerome

(No., St.)

File No.

Registered No. 75627

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elizabeth Colburn

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Widowed
(Write the word.)

6. DATE OF BIRTH

Apr 9 1865
(Month) (Day) (Year)

7. AGE

73 yrs. 1 mos. 21 ds.

IF LESS than 1 day
how many hrs. or
..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)

At Home

9. BIRTHPLACE

(State or Country)

Ill

10. NAME OF FATHER

Benjamin J. Beck

11. BIRTHPLACE OF FATHER

(State or Country)

Not Known

12. MAIDEN NAME OF MOTHER

(State or Country)

Mary Ann Walrath

13. BIRTHPLACE OF MOTHER

(State or Country)

Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos A. Hendrickson(Address) Jerome Idaho

15.

Filed June 1 1931 C. D. Zeller

Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

May 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

5/20 — 1931 to 5/31 — 1931

that I last saw her alive on 5/31 — 1931and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Senile Debility

(Duration) — yrs. — mos. — ds.

Contributory —
(Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) Dr. H. Cooper M. D.

6/1 — 1931. (Address) Jerome Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Jerome Cem 6/1 1931

20. UNDERTAKER

J. R. Wiley Jerome Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 3 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75629

PLACE OF DEATH

County of Jerome
City of Jerome

Registration District No. 22
Primary Registration District No. 2018

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Deplew

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE Years Months Days 1 If LESS than 1 day or 30 min. hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MARDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed _____, 19 _____

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 31 19 31
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 31, 19 31, to May 31, 19 31 that I last saw him alive on May 31, 19 31 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Immature birth.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ✓ Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. L. Simonson M. D. 6-1 19 31 (Address) Wesley

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Date of Burial

Jerome Com 6-1 19 31

20 Undertaker Address

W. S. Wiley Jerome Ida

RECEIVED JUL 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75630**

PLACE OF DEATH

County of JeromeCity of Eden

CERTIFICATE OF DEATH

Registration District No. 23Primary Registration District No. 3017Local Registrar's No. 1015

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jim Carroll Chubbock(a) Residence No. Eden San St.(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
<u>1</u>	<u>1</u>	<u>16</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho10. NAME OF FATHER Walter Chubbock11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho12. MAIDEN NAME OF MOTHER Beryl Kelso13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho14. Informant (Address) Walter Chubbock
Eden15. Filed 7-1, 1931Registrar. S. Hopper

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 29 8 AM

(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from May 16, 1931, to June 29, 1931that I last saw him alive on June 29, 1931
and that death occurred, on the date stated above, at 29 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Congenital malformations

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Herb Lundquist M. D.
June 29, 1931 (Address) Twin Falls Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls June 30 1931

20. Undertaker

Address

F. C. Drake Twin Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75631**

PLACE OF DEATH

County of ProsserCity of Hayelton

Registration District No.

Primary Registration District No.

(No. Hayelton R.F.D. #1)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lars P. Nelson(a) Residence. No. Hayelton R.F.D. #1 St.

(Usual place of abode)

Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen P. Nelson6. DATE OF BIRTH (month, day and year) Sept. 19147. AGE Years 57 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sweden (State or country)10. NAME OF FATHER Nels Larsen11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden12. MAIDEN NAME OF MOTHER Don't know13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden14. Informant Mr. Lars P. Nelson (Address) Hayelton R.F.D. #115. Filed 1 19 1 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 26 19 31 (Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 26, 19 31, to April 26, 19 31, that I last saw him alive on April 26, 19 31, and that death occurred, on the date stated above, at 5:30 A. m. The CAUSE OF DEATH* was as follows:colitis

(duration) yrs. mos. ds.

CONTRIBUTORY aortic stenosis (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? yes

What test confirmed diagnosis?

(Signed) J. Hopper, M. D.6-13, 19 31 (Address) Hayelton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Funerary Date of Burial 4/28 19 3120. Undertaker J. P. Groen Address Funerary

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BLINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

RECEIVED JUL 3 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 18

County of Jerome

Primary Registration District No. _____

City of Jerome

(No. _____, St.)

File No. 75632

Registered No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Genevieve Grimes

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Female White Single (Write the word.)

6. DATE OF BIRTH

Dec 24 1929
(Month) (Day) (Year)

7. AGE

1 yrs. 4 mos. 7 ds.

IF LESS than 1 day
how many hrs. or mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Idaho

10. NAME OF FATHER

Austin Grimes

11. BIRTHPLACE OF FATHER

(State or Country) Tenn

12. MAIDEN NAME OF MOTHER

Elizabeth Barnes

13. BIRTHPLACE OF MOTHER

(State or Country) Tenn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Austin Grimes

(Address) Jerome Ida

15.

Filed 5/1 1931 Chas F Zeller
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

191, to 191,
that I last saw h. alive on 191,

and that death occurred on the date stated above, 10 M.

The CAUSE OF DEATH* was as follows:

Pneumonia as a sequelae
of whooping cough.
Child dead when called.
(Duration) yrs. mos. 14 ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos E Shershall M. D.

May 1 1931 (Address) Jerome

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Jerome Conn May 2 1931

20. UNDERTAKER

ADDRESS

J R Wiley Jerome Ida

RECEIVED JUL 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75633

State File No.

PLACE OF DEATH

County of JeromeCity of Jerome

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Eunice Elizabeth Williamson

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

widowed

5a. If married, widowed, or divorced

Widowed
(or) WIFE ofLate Arthur W. Williamson

6. DATE OF BIRTH (month, day and year)

Nov. 13 - 1856

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

St. Louis, Mo.

10. NAME OF FATHER

Nathan C. Gray

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Francesca Carcasson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

A. J. Adams

14. Informant

B. W. Williams

(Address)

Jerome

15. Filed

6/16, 1931C. B. Zeller

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 15, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 25, 1931, to June 15, 1931that I last saw her alive on June 15, 1931and that death occurred, on the date stated above, at 2 pm m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage(duration) yrs. mos. 20 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) John F. Schmerskall, M. D.June 25, 1931 (Address) Jerome

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Jerome6-181931

20. Undertaker

Address

D. J. HermanJerome

RECEIVED JUL 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75634

State File No.....

PLACE OF DEATH

County of JeromeCity of Jerome

Registration District No.....

Primary Registration District No.....

Local Registrar's No.....

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ada Jackson Payton

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofColumbus W Payton6. DATE OF BIRTH (month, day and year) June 21, 18817. AGE Years Months Days If LESS than 1 day, hrs. or min.
50 X X

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Georgia
(State or country)10. NAME OF FATHER W. H. Hunt11. BIRTHPLACE OF FATHER (city or town) Georgia
(State or Country)12. MAIDEN NAME OF MOTHER Don't know13. BIRTHPLACE OF MOTHER (city or town) Georgia
(State or Country)14. Informant C. W. Payton
(Address) Jerome15. Filed 6/22, 1931 C. F. Eiler
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 22, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1931, to June 21, 1931that I last saw her alive on June 18, 1931

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Paratyphoid B(duration) _____ yrs. 0 mos. _____ ds.CONTRIBUTORY Myocarditis
(Secondary)(duration) 2 yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) Wm. Schmeggall, M. D.June 22, 1931 (Address) Jerome

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Jerome Cemetery 6/23 1931

20. Undertaker Address

J. H. Harrison Jerome

RECEIVED JUL 3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75635

PLACE OF DEATH

County of

Jerome Idaho

Registration District No.

City of

Jerome

Primary Registration District No.

Local Registrar's No.

10

(No. (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Sarah Alice Boss

57 Zeller

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

William H. Boss

6. DATE OF BIRTH (month, day and year)

June 13-1865

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

65

10

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Brunswick Indiana

10. NAME OF FATHER

John N. Sieke

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Boon County Indiana

12. MAIDEN NAME OF MOTHER

Nancy Jane Davis

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Boon County Indiana

14. Informant

(Address)

William H. Boss
Jerome Idaho

15.

Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April

28

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept.

1930

to April 22

1931

that I last saw him alive on April 21, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Chronic Myocarditis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(Secondary)

(duration)

yrs.

mos.

ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

C. D. Zeller

M. D.

2/1

1931

(Address)

Jerome

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Jerome Cemetery

Date of Burial

4/30

1931

20. Undertaker

J. A. Harrison

Address

Jerome

RECEIVED JUL 3 1931
PLACE OF DEATHSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75636

State File No.

County of

Registration District No.

City of

Primary Registration District No.

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)
(No.)

2. FULL NAME

Male Pickington (Nurse)

42

(a) Residence. No.

St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant

(Address)

15.

Filed, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 22

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 18, 1931, to April 22, 1931

that I last saw him live on April 22, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Sphygmotic aortitis
No myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Blood Wassermann

(Signed)

C. B. Keller

M. D.

4/24, 1931

(Address)

Jerome

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Jerome Cemetery

May 22 1931

20. Undertaker

Address

L. H. Henson

Jerome

RECEIVED JUL 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75637

State File No.

PLACE OF DEATH

County of Jerome

CERTIFICATE OF DEATH

City of Jerome

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Rand Humphries

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb 7th/317. AGE Years Months Days If LESS than 1 day, hrs. or min.
4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Jerome Idaho
(State or country)10. NAME OF FATHER John E. Humphries11. BIRTHPLACE OF FATHER (city or town) Idaho Falls
(State or Country)12. MAIDEN NAME OF MOTHER Alta May Wolskel13. BIRTHPLACE OF MOTHER (city or town) Mullan, Ida
(State or County)

14. Informant (Address)

15. Filed....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 19, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to June 19, 1931,
that I last saw him alive on July 19, 1931,
and that death occurred, on the date stated above, at 10 A -m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pertussis complicated with Broncho-Pneumonia & Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. P. Keller, M. D.

....., 19..... (Address)

19. Place of Burial, Cremation, or Removal JeromeDate of Burial 6/20, 193120. Undertaker None Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75639

PLACE OF DEATH

County of ShoshoneCity of ArveyRegistration District No. 137Primary Registration District No. 2400Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Davie Manley

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Margaret L. Manley (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) June 27-1869

7. AGE 61 Years Months 11 Days 28 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) New York City (State or country) _____10. NAME OF FATHER Alexander D. Manley11. BIRTHPLACE OF FATHER (city or town) Scotland (State or Country) _____12. MAIDEN NAME OF MOTHER Elizabeth Duffie13. BIRTHPLACE OF MOTHER (city or town) Scotland (State or Country) _____14. Informant Mrs. J. D. Manley (Address) Arvey, Idaho15. Filed June 24, 1931 CB May Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 24 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 17, 1931, to June 24, 1931that I last saw him alive on June 24, 1931and that death occurred, on the date stated above, at 4:10 p.m.The CAUSE OF DEATH* was as follows: Central Thrombosis(duration) 5 yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? None(Signed) CB May M. D.June 24, 1931 (Address) Arvey, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal _____ Date of Burial _____

Belle Plain, Iowa 1920. Undertaker H. E. Hunt Address Spokane Wn.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75640

PLACE OF DEATH

County of ShoshoneCity of StellergRegistration District No. 123Primary Registration District No. 2201Local Registrar's No. 25

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Leo Lundgreen(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.miner(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed June 2031Mrs. Helen B. Bide
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....
that I last saw him alive on 19.....and that death occurred, on the date stated above, at 5 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Apparently suicidal
shot of woman
headCONTRIBUTORY (Secondary) none
(duration) about yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Salt Lake City, Utah June 24, 1931

20. Undertaker

Address

M. C. Thornhill Stellerg, Ida.WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 75641 State File No.	
County of <u>Shoshone</u>		Registration District No. <u>70</u>		Local Registrar's No. <u>59</u>	
City of <u>Wallace</u>		Primary Registration District No. <u>1011</u>			
(No. <u>Wallace Hospital</u>)		(If death occurred in a hospital or institution give its name instead of street and number.)			
2. FULL NAME <u>Frances Alice West</u>					
(a) Residence. No. <u>Wallace, Idaho</u> St.					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 4 - 1914</u>					
7. AGE Years <u>17</u>		Months <u>1</u>		Days <u>8</u>	
If LESS than 1 day, hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Butte</u> (State or country) <u>Mont.</u>					
13. NAME <u>Fred West</u>					
14. BIRTHPLACE (city or town) <u>West Virginia</u> (State or country)					
15. MAIDEN NAME <u>Anna Lindberg</u>					
16. BIRTHPLACE (city or town) <u>Sveasund</u> (State or country)					
17. INFORMANT <u>Mrs Anna West</u> (Address) <u>Wallace, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wallace, Ida.</u> Date <u>June 14, 1931</u>					
19. UNDERTAKER <u>J. H. Bower, Ward and Co.</u> (Address) <u>Wallace, Ida.</u>					
20. FILED <u>June 14, 1931</u> <u>F. L. Ziegler</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 12, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 7</u> , 1931, to <u>June 12</u> , 1931.					
I last saw her alive on <u>June 12, 1931</u> ; death is said to have occurred on the date stated above, at <u>11</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>uremia</u>					
<u>chr parenchymatous nephritis</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Max T. Smith</u> , M. D.					
(Address) <u>Wallace, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>		CERTIFICATE OF DEATH		State File No. <u>75642</u>	
City of <u>Cassidy</u>		Registration District No. <u>70</u>		Local Registrar's No. <u>60</u>	
		Primary Registration District No. <u>1011</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>James Hickman</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>8/24/57</u>					
7. AGE Years Months Days		If LESS than 1 day, hrs. min.			
<u>74</u>		<u>10</u> <u>15</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>St. Louis Mo.</u>					
13. NAME <u>No inf</u>					
14. BIRTHPLACE (city or town) (State or country) <u>No inf</u>					
15. MAIDEN NAME <u>No inf</u>					
16. BIRTHPLACE (city or town) (State or country) <u>No inf</u>					
17. INFORMANT (Address) <u>M. T. Thornhill</u> <u>Seeley, Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Seeley, Ida</u> Date <u>June 18, 1931</u>					
19. UNDERTAKER (Address) <u>M. T. Thornhill</u> <u>Seeley, Ida</u>					
20. FILED <u>June 18, 1931</u> <u>G. L. Quigley</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 15, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 14</u> , 1931, to <u>June 15</u> , 1931.					
Last saw him alive on <u>June 15</u> , 1931; death is said to have occurred on the date stated above, at <u>4:15</u> p. m.					
The principal cause of death and related causes of importance were as follows:					
<u>Arterio Sclerosis -</u> <u>Chr. Valv. Fault -</u> <u>Branchio pneumonia</u>					
Date of onset <u>6/14/31</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>James R Dean</u> , M. D.					
(Address) <u>Wallace</u>					

100 a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS			
PLACE OF DEATH		COUNTY OF		CITY OF	
County of		City of		Registration District No.	
Primary Registration District No.		Local Registrar's No.		State File No.	
(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME		(a) Residence. No.		St.	
Length of residence in city or town where death occurred.		yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH			
3. SEX		4. COLOR OR RACE		5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		6. DATE OF BIRTH (month, day, and year)		7. AGE	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		12. BIRTHPLACE (city or town) (State or country)		13. NAME	
14. BIRTHPLACE (city or town) (State or country)		15. MAIDEN NAME		16. BIRTHPLACE (city or town) (State or country)	
17. INFORMANT (Address)		18. BURIAL, CREMATION, OR REMOVAL Place		19. UNDERTAKER (Address)	
20. FILED		21. DATE OF DEATH (month, day, and year)		22. I HEREBY CERTIFY, That I attended deceased from	
				I last saw him alive on	
				to have occurred on the date stated above, at	
				The principal cause of death and related causes of importance were as follows:	
				Date of onset	
				Name of operation	
				What test confirmed diagnosis?	
				Was there an autopsy?	
				23. If death was due to external causes (violence) fill in also the following:	
				Accident, suicide, or homicide?	
				Date of injury	
				Where did injury occur?	
				(Specify city or town, county, and State)	
				Specify whether injury occurred in industry, in home, or in public place.	
				Manner of injury	
				Nature of injury	
				24. Was disease or injury in any way related to occupation of deceased?	
				If so, specify	
				(Signed)	
				(Address)	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 3 1931
STATE OF IDAHO

PLACE OF DEATH

County of Shoshone
City of Kingston

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 75644

Local Registrar's No. 23

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Palo 90

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb - 1861

7. AGE Years 70 Months 4 Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

13. NAME Isaac Palo

14. BIRTHPLACE (city or town) (State or country) Finland

15. MAIDEN NAME Susan Rayola

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT (Address) Nestor Hill Kingston, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Kingston, Ida Date June 20 1931

19. UNDERTAKER (Address) M. B. Thornfield Kellogg, Ida

20. FILED June 30 1931 Mrs. Helen M. Bide Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18 1931

22. I HEREBY CERTIFY, That I attended deceased from June 18 1931 to June 18 1931

I last saw him alive on June 18 1931; death is said to have occurred on the date stated above, at 8:00 m. The principal cause of death and related causes of importance were as follows:

apparent heart failure

Other contributory causes of importance: hypocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. M. Mowry M. D.

(Address) Wallace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 75645	
County of <i>Boise</i>	City of <i>Kellogg</i>	Registration District No. <i>70</i>	Local Registrar's No. <i>61</i>		
(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <i>Thomas M. Henry</i>					
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. Single, Married, Widowed, or Divorced (<i>write the word</i>)			
5a. If married, widowed, or divorced HUSBAND of <i>Mary Effie M. Henry</i> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <i>Jan 4 - 1868</i>					
7. AGE	Years <i>63</i>	Months <i>5</i>	Days <i>20</i>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Salesman</i>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) <i>June 13, 1931</i>				
12. BIRTHPLACE (city or town) (State or country) <i>Rutherford County Tennessee</i>		11. Total time (years) spent in this occupation <i>5</i>			
FATHER	13. NAME <i>Henry M. Henry</i>				
	14. BIRTHPLACE (city or town) (State or country) <i>same place</i>				
MOTHER	15. MAIDEN NAME <i>Sarah G. Dill</i>				
	16. BIRTHPLACE (city or town) (State or country) <i>Wilson Co. Tenn.</i>				
17. INFORMANT (Address) <i>Mary Effie M. Henry</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>St. James Church</i> Date <i>Apr 25, 1931</i>					
19. UNDERTAKER (Address) <i>Kellogg, Idaho</i>					
20. FILED <i>June 25, 1931</i> <i>F. L. Heigley</i> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>June 14, 1931</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>June 14</i> , 1931, to <i>June 24</i> , 1931. I last saw him live on <i>June 23</i> , 1931; death is said to have occurred on the day stated above, at <i>4/10</i> p.m. The principal cause of death and related causes of importance were as follows: <i>Sepsis Septicemia Pneumonia</i> Date of onset _____					
Other contributory causes of importance: <i>Chronic bronchitis Hypertension Diabetes Hypertrophy of heart</i>					
Name of physician <i>Dr. J. M. Jones</i> Date of report <i>June 24, 1931</i> What test confirmed diagnosis? <i>Microscopic</i> Here an autopsy? <i>No</i>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931 Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <i>No</i> If so, specify _____ (Signed) <i>D. S. Mowery</i> M. D. (Address) <i>Boise, Idaho</i>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of	<i>Shoshone</i>	Registration District No.	<i>70</i>	State File No.	<i>75640</i>
City of	<i>Wallace</i>	Primary Registration District No.	<i>1211</i>	Local Registrar's No.	<i>58</i>
(No. <i>Providence Hospital</i>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <i>Charles Hilpela</i>					
(a) Residence. No. <i>Mullan Idaho</i>		St. <i>Mullan, Ida.</i>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred <i>12</i> yrs. mos.		ds. How long in U. S., if of foreign birth <i>20</i> yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<i>About 45</i>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Miner</i>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Lead Mng.</i>				
	10. Date deceased last worked at this occupation (month and year) <i>April 1931</i>				
11. Total time (years) spent in this occupation <i>11 years</i>					
12. BIRTHPLACE (city or town) (State or country) <i>Finland</i>					
MOTHER	13. NAME <i>Not known</i>				
	14. BIRTHPLACE (city or town) (State or country) <i>Finland</i>				
	15. MAIDEN NAME <i>Not known</i>				
	16. BIRTHPLACE (city or town) (State or country) <i>Finland</i>				
17. INFORMANT <i>Joan O'ave Mullan, Idaho.</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>Mullan, Ida.</i> Date <i>June 5, 1931</i>					
19. UNDERTAKER <i>J. A. Bauer (Ward and Co.) Wallace Idaho.</i>					
20. FILED <i>June 5, 1931</i> <i>4 L. Zingler</i> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>June 2, 1931</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>Jan. 1931</i> to <i>June 2, 1931</i>					
I last saw him live on <i>June 2, 1931</i> ; death is said to have occurred on the date stated above, at <i>12:05</i> m.					
The principal cause of death and related causes of importance were as follows:					
<i>Tuberculosis of lungs</i>					
<i>Other contributory causes of importance:</i>					
<i>now known</i>					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury....., 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?					
<i>NO</i>					
(Signed) <i>W. W. O'Connell</i> (Address) <i>Wallace, Ida.</i>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Shoshone	City of		Wallace		Registration District, No.		70	
Primary Registration District, No.		1011		Local Registrar's No.		62		75647	
2. FULL NAME		John Baruch		(If death occurred in a hospital or institution, give its name instead of street and number.)		Co Hospital		31	
(a) Residence, No.		Baruch		St.		Baruch Ida.			
Length of residence in city or town where death occurred		25 yrs.		mos.		ds.		How long in U. S., if of foreign birth	
PERSONAL AND STATISTICAL PARTICULARS		2 SEX		4. COLOR OR RACE		5. Single, Married, Widowed, or Divorced (write the word)			
Male		White		Single					
5a. If married, widowed, or divorced		HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year)		March 30 - 1885							
7. AGE		Years		Months		Days		If LESS than 1 day, hrs. or min.	
46		3		16					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Miner							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Lead Mine							
10. Date deceased last worked at this occupation (month and year)		Dec 1 - 1930		11. Total time (years) spent in this occupation		5 years			
12. BIRTHPLACE (city or town) (State or country)		Ireland							
13. NAME		Not known							
14. BIRTHPLACE (city or town) (State or country)		Ireland							
15. MAIDEN NAME		Not known							
16. BIRTHPLACE (city or town) (State or country)		Ireland							
17. INFORMANT (Address)		Wm Parithy							
18. BURIAL, CREMATION, OR REMOVAL Place		Wallace Ida.		Date		June 29 1931			
19. UNDERTAKER (Address)		J. A. Bower							
20. FILED		June 29, 1931		A. L. Durgley		Registrar			
MEDICAL CERTIFICATE OF DEATH		21. DATE OF DEATH (month, day, and year)		June 26 1931					
22. I HEREBY CERTIFY, That I attended deceased from		Jan		1931, to		6/26/31		1931	
Last saw him alive on		6/20/31		1931		death is said to have occurred on the date stated above, at		345A	
The principal cause of death and related causes of importance were as follows:		Mined Consumption (Chronic)		pulmonary tuberculosis about Jan - 1931		pulmonary hemorrhage 6/16/31		Date of onset	
Other contributory causes of importance:									
Name of operation				Date of					
What test confirmed diagnosis?				Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:		Accident, suicide, or homicide?		Date of injury		1931			
Where did injury occur?		(Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.									
Manner of injury									
Nature of injury									
24. Was disease or injury in any way related to occupation of deceased?		If so, specify		James R. Bean		M. D.			
(Signed)		James R. Bean		(Address)		Wallace			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 3 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of *Shoshone*City of *Kellogg*Registration District No. *123*Primary Registration District No. *2201*

State File No.

Local Registrar's No. *22*

(No. (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Laraca, William John*(a) Residence. No. *10*

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced, (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) *1/31/21*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *10 5 12*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Kellogg Idaho*13. NAME *Laraca, John*14. BIRTHPLACE (city or town) (State or country) *Idaho*15. MAIDEN NAME *Crause, Agnes*16. BIRTHPLACE (city or town) (State or country) *Idaho*17. INFORMANT (Address) *Gabriel F. Laraca Kellogg Idaho*

18. BURIAL, CREMATION, OR REMOVAL

Place *Kellogg Idaho* Date *6/13*, 193119. UNDERTAKER (Address) *W. B. Thornhill Kellogg Idaho*20. FILED *June 30*, 1931 *Mr. Helen M. Zeid* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from *6/10*, 1931, to *6/12*, 1931.I last saw him alive on *6/11*, 1931; death is said to have occurred on the date stated above, at *6 A* m. The principal cause of death and related causes of importance were as follows:*Diphtheria*

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *J. P. Mason*, M. D.(Signed) *Kellogg, Idaho* (Address)

RECEIVED JUL 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75649

State File No.

PLACE OR DEATH

County of BinghamCity of AbodeenRegistration District No. 116Primary Registration District No. 2195Local Registrar's No. 8

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Abodeen 2nd St.

(Usual place of abode)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND or
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town,
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant

(Address)

15.

Filed

6/31931M. C. McKinnon
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 3 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 24, 1931, to June 3, 1931that I last saw him alive on June 3, 1931and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Apoplexy (Cerebral)(duration) yrs. mos. 10 ds.CONTRIBUTORY
(Secondary)Chronic nephritis(duration) 5 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

M. C. McKinnon, M. D.6/31931(Address) Abodeen, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

AbodeenJune 5 1931

20. Undertaker

Address

FrederickAbodeen

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	BINGHAM	CERTIFICATE OF DEATH		State File No. 75650	
City of	BLACK FOOT	Registration District No. 121			
Primary Registration District No. 1907		Local Registrar's No. 112			
(No. of Hospital or Institution, give its name instead of street and number.)					
2. FULL NAME		MATSUKO KOSAMI ANDO		188C	
(a) Residence. No.		FORT HALL		St.	
(Usual place of abode)				(If nonresident give city or town and state)	
Length of residence in city or town where death occurred.		yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
FEMALE	JAPANESE	MARRIED			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of KANICHI ANDO					
6. DATE OF BIRTH (month, day, and year) MAY 15 1899					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
32	1	7			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) JAPAN					
13. NAME YENSANU ANDO					
14. BIRTHPLACE (city or town) (State or country) JAPAN					
15. MAIDEN NAME TSURU KAN					
16. BIRTHPLACE (city or town) (State or country) JAPAN					
17. INFORMANT ROY M. HANAKI (Address) LOCATELL					
18. BURIAL, CREMATION, OR REMOVAL Place POCAHONTAS Date 24-6 1931					
19. UNDERTAKER E. T. Peck (Address) 13th Street 2nd St					
20. FILED June 24 1931					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 6-22 1931					
22. I HEREBY CERTIFY, That I attended deceased from 6-22 1931, to 1931					
I last saw her alive on 6-22 1931; death is said to have occurred on the date stated above, at 3:45 p.m.					
The principal cause of death and related causes of importance were as follows:					
a sharp object entering abdomen severing uterus, bladder + intestines, a. - l. - auto wreck					
Other contributory causes of importance:					
Name of operation. Date of.					
What test confirmed diagnosis? p. l. Was there an autopsy? yes					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? accident Date of injury 6-22 1931					
Where did injury occur? 8 miles south of Blackfoot (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. Highway					
Manner of injury auto accident					
Nature of injury piercing wound					
24. Was disease of injury in any way related to occupation of deceased? no					
If so, specify					
(Signed) J. D. Hampton M. D.					
(Address) Blackfoot - 2da					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE State File No. <u>75652</u>	
PLACE OF DEATH			
County of <u>Bingham</u>			
City of <u>Blackfoot</u>			
Registration District No. <u>121</u>			
Primary Registration District No. <u>1007</u>		Local Registrar's No. <u>109</u>	
(No. <u>Beck Hospital, Broadway St.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Jesse Valentine Shaw</u>			
(a) Residence. No. <u>East Judicial</u> St. <u>1889</u>			
(Usual place of abode)			
Length of residence in city or town where death occurred, <u>19</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Feb. 14, 1912.</u>			
7. AGE	Years	Months	Days
	<u>19</u>	<u>4</u>	<u>1</u>
If LESS than 1 day, hrs. or min.			
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Day labor</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)		<u>Blackfoot, Ida.</u>	
FATHER			
13. NAME <u>Alfred Shaw</u>			
14. BIRTHPLACE (city or town) (State or country)		<u>England</u>	
MOTHER			
15. MAIDEN NAME <u>Mary A. Moss</u>			
16. BIRTHPLACE (city or town) (State or country)		<u>England</u>	
17. INFORMANT (Address)		<u>Alfred Shaw</u> <u>Blackfoot, Ida.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place		<u>Blackfoot</u> Date <u>June 17, 1931.</u>	
19. UNDERTAKER (Address)		<u>Modern Mortuary</u> <u>Blackfoot, Ida.</u>	
20. FILED <u>June 16, 1931</u>		<u>Mr. Valentine E. Kates</u> Registrar.	
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>June 15, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>June 8, 1931, to June 15, 1931</u>			
I last saw him alive on <u>June 15, 1931</u> ; death is said to have occurred on the date stated above, at <u>7:00 P. m.</u>			
The principal cause of death and related causes of importance were as follows:			
<u>Injury to spinal cord 6/8/31</u> <u>at 5th cervical vertebra</u>			
Other contributory causes of importance:			
<u>Fracture of 5th cervical vertebra from diving in shallow water 6/8/31</u>			
Name of operation <u>none</u> Date of			
What test confirmed diagnosis? <u>X-Ray</u> Was there an autopsy? <u>No</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>6/8, 1931</u>			
Where did injury occur? <u>Blackfoot, Idaho</u> (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. <u>Canal</u>			
Manner of injury <u>Diving in shallow water</u>			
Nature of injury <u>Fractured 5th cervical vertebra</u>			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify			
(Signed) <u>W. W. Beck</u> M. D.			
(Address) <u>Blackfoot, Idaho</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>	City of <u>Blackfoot</u>	CERTIFICATE OF DEATH		State File No. <u>75653</u>	
Registration District No. <u>121</u>		Primary Registration District No. <u>1007</u>		Local Registrar's No. <u>112</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>George Edward H. Kaplan</u>					
(a) Residence. No. <u>South Broadway</u> St. _____ (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>June 12, 1928</u>					
7. AGE	Years <u>3</u>	Months	Days <u>15</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
	12. BIRTHPLACE (city or town) (State or country) <u>Riverside, Idaho</u>				
FATHER	13. NAME <u>W. E. Kaplan</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Riverside, Idaho</u>				
MOTHER	15. MAIDEN NAME <u>Gerde Slink</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Salt Lake City, Utah</u>				
17. INFORMANT <u>W. E. Kaplan</u> (Address) <u>Blackfoot Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Thorn in Ring</u> Date <u>June 30, 1931</u>					
19. UNDERTAKER <u>E. T. Beck</u> (Address) <u>Blackfoot Idaho</u>					
20. FILED <u>June 29, 1931</u> <u>W. E. Beck</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>6-27-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at <u>8:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Choking</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>G. O. Humphreys</u> , M. D. (Address) <u>Blackfoot Idaho</u>					

Registrar.

Ft. Hall Jurisdiction,

Current,

STATE OF IDAHO

Complete

May 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75655

PLACE OF DEATH

County of Ft. Hall Reservation CERTIFICATE OF DEATH

City of Registration District No. 121

Primary Registration District No. 2194-R

(No. At Ranch)

Local Registrar's No. 100.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carrie Martin.

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Shoshone
Ind. 7/85. Single, Married, Widowed,
or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 10, 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

0

4

16

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

None

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Ft. Hall Reseevation

10. NAME OF FATHER

James Martin

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Lemhi Reservation

12. MAIDEN NAME OF MOTHER

Phoebe Burton

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Rock Creek, Idaho

14.

Informant
(Address)

William Burton.

Ft. Hall, Idaho

15.

Filed July 1, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 18, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

No Doctor attending

that I last saw h. alive on 10: A.M., 19.

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Tubercular abscess of lung.

13 days

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted

if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Henry C. Miller, M. D.

Ft. Hall, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Butte Cemetery

19

Ft. Hall Reservation

20. Undertaker

Address

Agency Carpenter,

Ft. Hall, Idaho 5/19/31

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Ft. Hall Jurisdiction, Current STATE OF IDAHO Complete

June 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75656

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Ft. Hall Reservation

Registration District No. 121

City of At Ranch.

Primary Registration District No. 2194-R

Local Registrar's No. 117

(No. - - -)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillian Broncho.

(a) Residence. No. - - - St.

(Usual place of abode)

Length of residence in city or town where death occurred - yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Bannock
Ind. 3/4

5 Single, Married, Widowed,
or Divorced (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Daniel Broncho

6 DATE OF BIRTH (month, day and year) - - 1889- - -

7 AGE

Years
42

Months
- -

Days
- -

If LESS than
1 day, - - hrs.
or - - min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Ft. Hall Reservation

10 NAME OF FATHER

Oliver Teton

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Unknown

12 MAIDEN NAME OF MOTHER

* - - Segwep- - -

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Ft. Hall Reservation

14 Informant Daniel Broncho

(Address)

Ft. Hall, Idaho

15 Filed July 3, 1931

Mr. Walter E. Parker
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 11, 1931

(Month)

(Day)

19

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Treated by Dr. Miller, Pocatello, Idaho

that I last saw him alive on - - - 19 - - -

and that death occurred, on the date stated above, at 10: A m.

The CAUSE OF DEATH* was as follows:

Puerperal mania

(duration) - - - yrs. - - - mos. - - - ds.

CONTRIBUTORY - - -
(Secondary)

(duration) - - - yrs. - - - mos. - - - ds.

18 Where was disease contracted
If not at place of death? - - -

Did an operation precede death? No Date of - - -

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry R. Wheeler, M. D.

- - - 19 - - - (Address) Ft. Hall, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal
Presbyterian Mission,
Ft. Hall Reservation,

Date of Burial

6/12/31 19

20. Undertaker

Brown & Eldredge,
Blackfoot, Idaho.

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75657**

Local Registrar's No. **104**

PLACE OF DEATH
County of **Bingham**
City of **Blackfoot**

Registration District No. **121**
Primary Registration District No. **8194**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Myrtle Emily Hepworth**
(a) Residence. No. **So. Lane** **From Bridge** St.
(Usual place of abode)
Length of residence in city or town where death occurred, **10** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Mexican	5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward M. Hepworth		
6. DATE OF BIRTH (month, day and year) 6 - Oct - 1898		
7. AGE 32	Years 7	Months 27
If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) **Texas**
(State or country)

10. NAME OF FATHER **Edmond Durfee**

11. BIRTHPLACE OF FATHER (city or town) **Texas**
(State or Country)

12. MAIDEN NAME OF MOTHER **Ellen Durfee**

13. BIRTHPLACE OF MOTHER (city or town) **Texas**
(State or Country)

14. Informant **Edw. M. Hepworth**
(Address) **Blackfoot**

15. Filed **June 5, 1931**, **Mr. M. E. Patin**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **June 3, 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **June 3, 1931** to **June 3, 1931**
that I last saw **her** alive on **June 3, 1931**
and that death occurred, on the date stated above, at **9:00 P** m.
The CAUSE OF DEATH* was as follows:

Uremic poisoning
Eclampsia
(duration) yrs. mos. ds.
CONTRIBUTORY **Nephritis, Pregnancy**
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?
Did an operation precede death? **no** Date of
Was there an autopsy? **no**

What test confirmed diagnosis?
(Signed) **W. W. Beck**, M. D.
June 5, 1931 (Address) **Blackfoot, Ida**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Grove City Burial** Date of Burial **6-6-1931**

20. Undertaker **Modern Mortuary - Blackfoot** Address

Ft. Hall Jurisdiction.

Current Complete
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

May 1931

DO NOT WRITE IN THIS SPACE

75658

State File No.

PLACE OF DEATH

County of Ft. Hall Reservation. CERTIFICATE OF DEATHCity of Registration District No. 121Primary Registration District No. 2194-R(No. AT Ranch)Local Registrar's No. 101

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nahsee.(a) Residence. No. 0 St.

(Usual place of abode.)

Length of residence in city or town where death occurred. -- yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Bannock</u> <u>Ind. 4/4</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widow</u>
-------------------------	---	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLevi LeClaire.6. DATE OF BIRTH (month, day and year) -- 1858-

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>-</u>	<u>-</u>	<u>-</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work At home(b) General nature of industry,
business, or establishment in
which employed (or employer)(c) Name of employer None9. BIRTHPLACE (city or town)
(State or country) Ft. Hall Reservation10. NAME OF FATHER
Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Unknown14. Informant Louis LeClaire
(Address) Ft. Hall, Idaho15. Filed July 1, 19 31Registrar. Wm. W. E. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 23, 1931

(Month)

(Day)

19...
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 3, 31, to May 23, 1931that I last saw her alive on May 23, 1931, 19...
1:30 P.M.

and that death occurred, on the date stated above, at ... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Nephritis, -chronic.(duration) 3 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None(Signed) Harry R. Miller, M. D.19... (Address) Ft. Hall, Ida19. Place of Burial, Cremation, or Removal Butte Cemetery,
Ft. Hall Reservation, 5/23/31 1920. Undertaker Agency Carpenter,
Ft. Hall, Idaho. Address

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. PHYSICIANS SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. EXACT STATEMENT OF CAUSE OF DEATH IN LEGAL TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE OF DEATH

75660

State of Idaho

BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 121
County of Bingham Primary Registration District No. 2194
City of St. Hall (No. _____, _____ St.)

File No. _____
Registered No. 108

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Johnnie R. Barnes

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower
(Write the word.)

6. DATE OF BIRTH June 13 1897
(Month) (Day) (Year)

7. AGE 84 yrs. _____ mos. _____ ds. IF LESS than 1 day how many _____ hrs. or _____ min?

8. OCCUPATION
(a) Trade, profession or particular kind of work. Retired farmer 10 yrs.
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE Stukerville Ohio
(State or Country)

10. NAME OF FATHER Timothy Barnes

11. BIRTHPLACE OF FATHER Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER Unknown
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Emmahie Hutchinson
(Address) St. Hall, Idaho

15. June 5 1931
Filed June 5 1931 Local Registrar

MEDICAL CERTIFICATE OF DEATH. 83

16. DATE OF DEATH June 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1931, to June 13 1931
that I last saw him alive on June 12 1931
and that death occurred on the date stated above, at 7 a. M.

The CAUSE OF DEATH* was as follows:
Cerebral Softening

_____ (Duration) _____ yrs. 6 mos. _____ ds.
Contributory (Secondary)

_____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Henry R. Wheeler M. D.
6-13-1931 (Address) St. Hall, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Mt View Cemetery 6/16/1931
20. UNDERTAKER H. L. McHan ADDRESS Paca, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75661

State File No.

PLACE OF DEATH

County of BinghamCity of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 1007Local Registrar's No. 107

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delbert Henry Mounteer(a) Residence. No. North Ash St. St.

(Usual place of abode.)

(If non-resident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 11, 19077. AGE Years 24 Months 2 Days 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Union
(State or country) Utah10. NAME OF FATHER J. H. Mounteer11. BIRTHPLACE OF FATHER (city or town) Union
(State or Country) Utah12. MAIDEN NAME OF MOTHER Lora M. Atkinson13. BIRTHPLACE OF MOTHER (city or town) Wis.
(State or County)14. Informant (Address) J. H. Mounteer
Blackfoot Idaho15. Filed Jan 13 1931 Mr. Mallin E. Butler
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 6 - 10 - 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
6 - 1 - 1931, to 6 - 10 - 1931,
that I last saw him alive on 6 - 10 - 1931,
and that death occurred, on the date stated above, at 12 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Hemorrhage(duration) yrs. mos. 10 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? physical findings
(Signed) J. O. Humphreys, M. D.
6 - 10 - 1931 (Address) Blackfoot Idaho19. Place of Burial, Cremation, or Removal Grove City Cemetery Date of Burial 6/14 193120. Undertaker E. Speck Address Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 75662 State File No.	
County of <u>Bingham</u>	City of <u>Woodville</u>	Registration District No. <u>121</u>	Primary Registration District No. <u>2194</u>	Local Registrar's No. <u>103</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Minerva Ann Stewart</u> #1, 740					
(a) Residence. <u>None</u> St. <u>Shelly Pt.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced write the word <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Clifton J. Stewart</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>April 29, 1880</u>					
7. AGE Years <u>51</u> Months <u>1</u> Days <u>4</u> If LESS than 1 day, hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>St. George, Utah</u>					
13. NAME <u>Henry L. Chaffin</u>					
14. BIRTHPLACE (city or town) (State or country) <u>United States</u>					
15. MAIDEN NAME <u>Letha Jane Gero</u>					
16. BIRTHPLACE (city or town) (State or country) <u>United States</u>					
17. INFORMANT (Address) <u>John L. Chaffin, Blackfoot, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>May 29 1931</u>					
19. UNDERTAKER (Address) <u>Idaho</u>					
20. FILED <u>May 26</u> , 1931 <u>Mr. Walter E. Parker</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 25 1931</u>					
I HEREBY CERTIFY, That I attended deceased from <u>May 20</u> , 1931, to <u>May 25</u> , 1931.					
I last saw him alive on <u>May 25</u> , 1931; death is said to have occurred on the date stated above, at <u>10:40 a.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>apoplexy</u>					
Date of onset <u>5/20/31</u>					
Other contributory causes of importance: <u>None</u>					
Name of operation <u>None</u> Date of <u>None</u>					
What test confirmed <u>Physician's diagnosis</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury <u>None</u> , 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>H. E. Guyett</u> , M. D.					
(Address) <u>Shelly, Idaho</u>					

June 7, 1931 Mrs. Walter E. Parker

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **75663**

PLACE OF DEATH

County of Bingham
City of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2194

Local Registrar's No. 106

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Enos Short

(a) Residence. No. Our City Limits (Box 151 Blackfoot, Id.)

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Signa I. Short
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 24, 1874

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
57 2 16

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Warwick
(State or country) Maryland

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't Know

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) " "

14. Informant Signa I. Short
(Address) Box 151 Blackfoot

15. Filed June 11, 1931 Mrs. Walter E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 18, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1931
that I last saw him alive on June 10, 1931
and that death occurred, on the date stated above, at 2:15 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cancer of Gall Bladder

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Specimen
(Signed) W. M. Patrick M. D.

June 11, 1931 (Address) Blackfoot, Idaho

19. Place of Burial, Cremation, or Removal Grove City Cemetery 6, 13-31
Date of Burial 19

20. Undertaker E. J. Park Address Blackfoot

Ft. Hall Jurisdiction.

Current, Complete
STATE OF IDAHO

May 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75664

State File No.

PLACE OF DEATH

County of Ft. Hall Reservation. CERTIFICATE OF DEATHCity of Registration District No. 121Primary Registration District No. 2194-R(No. At Ranch)Local Registrar's No. 102

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Little Frank Ramsey.

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. 6 yrs. 7 mos. 14 ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Shoshone</u> <u>Ind. 4/4</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-----------------------	--	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct. 11, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>6</u>	<u>7</u>	<u>14</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work None(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Ft. Hall Reservation10. NAME OF FATHER
Frank Ramsey11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ft. Hall Reservation12. MAIDEN NAME OF MOTHER
Elsie Smith13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Ft. Hall Reservation14. Informant Frank Ramsey.
(Address) Ft. Hall, Idaho.15. Filed July 1, 1931 Wm. W. E. E. E.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 25, 1931

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 24, 1931, to May 25, 1931that I last saw him alive on May 24, 1931
6:30 A.M.and that death occurred, on the date stated above, at
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Tuberculosis of the Lungs.(duration) yrs. 1 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None(Signed) Wm. W. E. E. E. M. D.19. (Address) Ft. Hall, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Bannock Cemetery,5/28/31 19Ft. Hall Reservation

20. Undertaker

Address

Frank Ramsey,ft. Hall, Idaho.

Complete
STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

June 1931

DO NOT WRITE IN THIS SPACE

State File No. **75665**Local Registrar's No. **119****PLACE OF DEATH****CERTIFICATE OF DEATH**County of Ft. Hall Resⁿ Registration District No. 121City of At Ranch Primary Registration District No. 2194-R

(No. - - - - -)

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Nettie Penn.

(a) Residence. No. - - - - - St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred - yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE Shoshone Ind. 4/4	5 Single, Married, Widowed, or Divorced (write the word) Divorced
------------------------	---	--

5a If married, widowed, or divorced
 HUSBAND of **Edd Matsaw**
 (or) WIFE of

6 DATE OF BIRTH (month, day and year) - - **1907- -**

7 AGE	Years	Months	Days	If LESS than 1 day, - hrs. or - min.
24	-	-	-	

8 OCCUPATION OF DECEASED **Housewife**

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) **Ft. Hall Reservation**10 NAME OF FATHER **William Penn**11 BIRTHPLACE OF FATHER (city or town) (State or country) **Ft. Hall Reservation**12 MAIDEN NAME OF MOTHER - - **Bah-von-doah- - -**13 BIRTHPLACE OF MOTHER (city or town) (State or country) **Ft. Hall Reservation**

14 Informant **Tom Penn.**
 (Address) **Blackfoot, Idaho.**

15 Filed **July 3, 1931**
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 27, 1931
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from
Oct. 10, 1930, to June 27, 1931,

that I last saw her alive on **June 25, 1931,**and that death occurred, on the date stated above, at **5: A** m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs(duration) - yrs. **8** mos. - ds.

CONTRIBUTORY (Secondary)

(duration) - yrs. - mos. - ds.

18 Where was disease contracted - - -
if not at place of death?Did an operation precede death? **No** Date ofWas there an autopsy? **No**What test confirmed diagnosis? **phys signs**
(Signed) **Henry R. Wheeler** M. D.- - - - - 19. (Address) **Ft. Hall, Ida**

*State the DISEASE CAUSING DEATH, or in deaths from VIO-
 LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
 and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal
**Presbyterian Mission,
 Ft. Hall Reservation,**

Date of Burial

6/30/31 19

20. Undertaker
**Brown & Eldredge,
 Blackfoot, Idaho.**

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Ft. Hall Jurisdiction, Current STATE OF IDAHO Complete

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75666**

Local Registrar's No. **115**

PLACE OF DEATH
County of Ft. Hall Reservation Registration District No. 121
City of At Ranch Primary Registration District No. 2194-R

(No.)

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Lloyd Bat.

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred -- yrs. -- mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Bannock Ind. 4/4 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) May 3, 1920

7 AGE Years II Months 0 Days 27 If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Government school

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

10 NAME OF FATHER Jonnie Bat.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ft. Hall Reservation

12 MAIDEN NAME OF MOTHER Maggie Smart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Paradice valley, Nevada

14 Informant Maggie Bat.
(Address) Ft. Hall, Idaho

15 Filed July 3, 1931 Mr. Martin E. Lantz Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 2, 1931 19
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1929 to June 2, 1931, that I last saw him alive on June 1, 1931, and that death occurred, on the date stated above, at 11:P m. The CAUSE OF DEATH* was as follows:

tuberculosis of the lungs

(duration) I yrs. I mos. ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted At Home
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physicians

(Signed) Henry R. Wheeler, M. D.

(Address) Ft. Hall, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Presbyterian Mission
Ft. Hall Reservation, 6/4/31 19
20. Undertaker Agency Carpenter,
Ft. Hall, Idaho. Address

Ft. Hall Jurisdiction, Current STATE OF IDAHO Complete

June 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75667

State File No.

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Ft. Hall Res'vn. Registration District No. 121
City of At Ranch. Primary Registration District No. 2194-RLocal Registrar's No. 118

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Pohenaus Ingawanup.(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Bannock Ind. 4/4 5 Single, Married, Widowed, or Divorced (write the word) Widower5a If married, widowed, or divorced
HUSBAND of Lulu Anderson.
(or) WIFE of6 DATE OF BIRTH (month, day and year) -- 1896 --7 AGE Years 35 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Own farm9 BIRTHPLACE (city or town) Ft. Hall Reservation
(State or country)10 NAME OF FATHER Pe-you Sawyer11 BIRTHPLACE OF FATHER (city or town) Ft. Hall Reservation
(State or country)12 MAIDEN NAME OF MOTHER -- 'tseambo --13 BIRTHPLACE OF MOTHER (city or town) Ft. Hall Reservation
(State or country)14 Informant Roy Ingawanup.
(Address) Blackfoot, Idaho.15 Filed July 3, 1931 Wm. Walter E. Patris Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 24, 1931
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1931 to June 24, 1931,
that I last saw him alive on Jan. 23, 1931,
and that death occurred, on the date stated above, at 7: A m.
The CAUSE OF DEATH* was as follows:Tuberculosis of Lungs.(duration) yrs. 6 mos. ds.CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds.18 Where was disease contracted
if not at place of death?Did an operation precede death? No Date of Was there an autopsy? NoWhat test confirmed diagnosis? Phys. Signs(Signed) Harry R. Wheeler M. D.
 , 19 (Address) Ft. Hall, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Mt. Putnam Cemetery,
Ft. Hall Reservation, Date of Burial 6/27/31 19
20. Undertaker Agency Carpenter, Address
Ft. Hall, Idaho.WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Ft. Hall Jurisdiction Delayed STATE OF IDAHO Complete Jan. 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75668

State File No.

PLACE OF DEATH

County of Ft. Hall Reservation. CERTIFICATE OF DEATH

City of At Ranch Registration District No. 121

Primary Registration District No. 2194-R

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pearl Peyope.

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. -- yrs. -- mos. -- ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Shoshone</u> <u>Ind. 3/4</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-------------------------	--	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 16, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>I</u>	<u>7</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

10. NAME OF FATHER

Wilford Peyope

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Washakie, Utah

12. MAIDEN NAME OF MOTHER

Capitola Broncho

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Ft. Hall Reservation

14. Informant Salmon Broncho

(Address) Blackfoot, Idaho.

15. Filed July 3, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

January 8, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased on

Jan. 4, 1931, to Jan. 8, 1931

that I last saw her alive on Jan. 7, 1931

and that death occurred, on the date stated above, at 8:15 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Tubercular Meningitis,-
cerebral.

..... (duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted At Home
if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. signs

(Signed) Henry P. ... M. D.

(Address) Ft. Hall, Ida

19. Place of Burial, Cremation, or Removal

Portneuf Cemetery,
Ft. Hall Reservation,

Date of Burial

1/11/31 19

20. Undertaker

Mc. Han, Pocatello, Idaho.

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Ft. Hall Jurisdiction,

Current Complete
STATE OF IDAHO

RECEIVED JUL 1

DO NOT WRITE IN THIS SPACE

State File No. 75669

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Ft. Hall Reservation. CERTIFICATE OF DEATHCity of _____ Registration District No. 121Primary Registration District No. 2194-R(No. At Ranch.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Ballard.(a) Residence. No. ----- St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Shoshone</u> <u>Ind. 4/4</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-------------------------	--	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----6. DATE OF BIRTH (month, day and year) Dec. 13, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>4</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. None(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Ft. Hall Reservation10. NAME OF FATHER Julius Ballard11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ft. Hall Reservation12. MAIDEN NAME OF MOTHER Kittie Hill13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Wind River Wyo.14. Informant Kittie Ballard
(Address) Ft. Hall, Idaho15. Filed July 1, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 8, 1931, 19____
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Anril 28, 1931, to May 8, 1931, 19____that I last saw her alive on May 8, 1931, 19____
and that death occurred, on the date stated above, at _____ m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Whooping-cough28 days

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY -----
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Phys. Signs(Signed) [Signature] M. D._____, 19____ (Address) Ft. Hall, Id19. Place of Burial, Cremation, or Removal
Bannock Cemetery
Ft. Hall Reservation 5/11/31 19____20. Undertaker
Mc. Han Co., Pocatello, Idaho

Address

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Ft. Hall Jurisdiction,

Current Complete
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

June 1931

DO NOT WRITE IN THIS SPACE

75670

State File No.

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Ft. Hall Reser'vn. Registration District No. 121

City of At Ranch Primary Registration District No. 2194-R

Local Registrar's No. 111

(No.)

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME William Ballard.

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Shoshone Ind. 4/4 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of - - - - -

6 DATE OF BIRTH (month, day and year) Dec. 4, 1924

7 AGE Years Months Days If LESS than 1 day, hrs. or min. 6 5 29

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ft. Hall Reservation

10 NAME OF FATHER Julius Ballard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ft. Hall Reservation

12 MAIDEN NAME OF MOTHER Kittie Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wind River, Wyo.

14 Informant Kittie Ballard. (Address) Ft. Hall, Idaho

15 Filed July 3, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 3, 1931 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1931, to June 3, 1931, that I last saw him alive on June 2, 1931, and that death occurred, on the date stated above, at 7:4 m. The CAUSE OF DEATH* was as follows:

Whooping-cough

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Reservation

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. signs

(Signed) James R. Wheeler, M. D.

(Address) Ft. Hall, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Bannock Cemetery, Ft. Hall Reservation, 6/7/31 Date of Burial 19

20. Undertaker H. L. McHan, Pocatello, Idaho. Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED JUL 9 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75671

State File No.

PLACE OF DEATH

County of Bennett
City of Leadore

CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2116

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel Statters(a) Residence. No. Leadore, Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE N 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEuphrasia Statters

6. DATE OF BIRTH (month, day and year)

May 28, 1858

7. AGE

Years 73

Months

Days 19

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Day Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

North Wales

10. NAME OF FATHER

William Statters

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Wales

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Idaho

14.

Informant (Address)

Sarah Corlett Leadore, Idaho

15.

Filed

July 6, 1931Cliff Bellamy

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 16, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

August 15, 1930, to June 16, 1931that I last saw him alive on June 16, 1931and that death occurred, on the date stated above, at 2:25 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cardio Renal Disease

(duration) 2 yrs. 0 mos. 0 ds.
CONTRIBUTORY (Secondary) General Edema

(duration) 6 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Symptoms(Signed) Chas. B. Babbie, M. D.June 16, 1931 (Address) Leadore

19. Place of Burial, Cremation, or Removal

Date of Burial

Yeasman Cemetery June 17, 1931

20. Undertaker

Address

Am C Doebler, Leadore, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 9 1931

PLACE OF DEATH
County of Tennile
City of Solomon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75672

State File No.

Registration District No. 41
Primary Registration District No. 2116

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Al Powell(a) Residence. No. Solomon Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
about 75

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Patient
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) United States
(State or country)

13. NAME Not known
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) None Known18. BURIAL, CREMATION, OR REMOVAL Place Solomon Idaho Date 6/21, 1931.19. UNDERTAKER (Address) None Known20. FILED July 6 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 20 193122. I HEREBY CERTIFY, That I attended deceased from Feb, 1931, to June 20, 1931.I last saw him alive on June 20, 1931; death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Perforation of Gastric Ulcer

Date of onset

21 June 1931

Other contributory causes of importance:

Gastric UlcerNot known

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.....(Signed) F. H. Wright, M. D.(Address) Solomon

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75673

PLACE OF DEATH

County of Lemhi
City of SalmonRegistration District No. 41Primary Registration District No. 2116Local Registrar's No. 1119

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geo W Cronkite(a) Residence. No. Salmon Idaho St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word)Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

May 7, 1855

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.7623

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Probate Judge(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer _____

9. BIRTHPLACE (city or town)
(State or country)Jefferson County
Ohio

10. NAME OF FATHER

George Cronkite11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Don't know

12. MAIDEN NAME OF MOTHER

Annie Meyers13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Jefferson Co. Ohio14. Informant
(Address)Nancy Nancy Frazier
Elizabethahter

15. Filed

July 6, 1931Chas Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May
(Month)30
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

January31

to

May 301931

that I last saw him alive on

May 291931and that death occurred, on the date stated above, at 8-30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Ulcer of Stomach

(duration)

Don't know

ds.

CONTRIBUTORY
(Secondary)Cholecystitis

(duration)

Don't know

ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Dr Wright

(Signed)

June 81931

(Address)

Salmon

19. Place of Burial, Cremation, or Removal

Date of Burial

Salmon CemeteryJune 3rd 1931

20. Undertaker

Address

Wm E. ToebkeSalmonIda.

RECEIVED JUL 12 1931 STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75674

State File No.

PLACE OF DEATH

County of Custer
City of Mackay

CERTIFICATE OF DEATH

Registration District No. 16
Primary Registration District No. 2153
(No.)

Local Registrar's No. 148

2. FULL NAME Lottie May Kent
(If death occurred in a hospital or institution, give its name instead of street and number.)

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 13 yrs. 10 mos. 2 ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) Aug. 26-1917

7. AGE Years Months Days If LESS than 1 day,
13 10 2 hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (city or town) Mackay
(State or country) Idaho

10. NAME OF FATHER

George F. Kent

11. BIRTHPLACE OF FATHER (city or town) Malad
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER

Betta Buckley

13. BIRTHPLACE OF MOTHER (city or town) Homestead
(State or County) Utah

14.

Informant
(Address)

George F. Kent
Mackay Idaho

15.

Filed

July 9, 1931

Rose Nowacki
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

6 - 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

6-28, 1931, to 6-28, 1931

that I last saw her alive on 6-28, 1931
and that death occurred, on the date stated above, at 6 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Thrombophlebitis (uterine)

..... (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Influenza

..... (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Conrad A. Jensen, M. D.

....., 19..... (Address) Mackay Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

M. M. Cabot Cem

July 1, 1931

20. Undertaker

Address

Rich Mortuary

Mackay Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

95

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

15875

State File No.

PLACE OF DEATH

County of ChelanCity of ChelanRegistration District No. 108Primary Registration District No. 2186Local Registrar's No. 119

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles B. Latta

(a) Residence, No.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred 40 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed,
or Divorced (write the word.) Married

5a. If married, widowed or divorced

HUSBAND of
(or) WIFE of Joanna Latta6. DATE OF BIRTH (month, day and year) Aug. 16 - 1888

7. AGE

Years 73

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Idaho10. NAME OF FATHER Raymond J. Latta11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Canada12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Unknown14. Informant
(Address) Mrs. John M. Latta15. Filed April 3, 1931

1931

John M. Latta
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 2

(Month)

(Day)

1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 19, 1931, to April 2, 1931that I last saw him alive on April 1, 1931and that death occurred, on the date stated above, at 9 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Hemorrhage from
gastro-intestinal tract.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? N.O. Date ofWas there an autopsy? N.O.

What test confirmed diagnosis?

(Signed) C. B. Latta

M. D.

4/28

1931

(Address) Chelan, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Chelan, IdahoApril 14, 1931

20. Undertaker

Address

Latta Funeral Home

RECEIVED JUL 12 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75676

State File No.

PLACE OF DEATH

County of Custer
City of Bernice

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2153

Local Registrar's No. 147

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

David Sinclair Turner

(a) Residence. No.

Blackfoot Idaho

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

ys. / mos. 2 ds.

How long in U. S. if of foreign birth?

ys. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Agnes H. Turner

6. DATE OF BIRTH (month, day and year)

Nov. 27, 1883

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

49

23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Clerk & Sheepman

(b) General nature of industry, business, or establishment in which employed (or employer)

Parley Price

(c) Name of employer

9. BIRTHPLACE (city or town)

Holden, Utah

(State or country)

10. NAME OF FATHER

David F. Turner

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Florida

12. MAIDEN NAME OF MOTHER

Mary Mirandy Giles

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Fillmore, Utah

14.

Informant
(Address)

Agnes H. Turner
Blackfoot Idaho

15.

Filed

July 9, 1931

Rene Nowacki
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 20, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....

that I last saw him alive on, 19.....

and that death occurred, on the date stated above, at

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. Druegm M. D.

....., 19..... (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Holden Utah

May 25 1931

20. Undertaker

Address

Ed. J. Beck

Blackfoot Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75677	
County of <u>Elmore</u>	City of <u>Glenns Ferry, Ida.</u>	CERTIFICATE OF DEATH		State File No.	
Registration District No. <u>35</u>		Primary Registration District No. <u>2021</u>		Local Registrar's No.	
(No. (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Frank Ray Rudolph</u>					
(a) Residence. No. (Usual place of abode) <u>Glenns Ferry, Ida.</u>					
Length of residence in city or town where death occurred. <u>6</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed or divorced HUSBAND of <u>Alice Rudolph</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept 14-1861</u>					
7. AGE <u>69</u>	Years <u>9</u>	Months <u>7</u>	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hostler</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>O S L R R. Co.</u>			
10. Date deceased last worked at this occupation (month and year) <u>6-10-31</u>		11. Total time (years) spent in this occupation <u>7 yrs.</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Alliance Ohio</u>					
13. NAME <u>Jacob Rudolph</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>					
15. MAIDEN NAME <u>Sarah Cunningham</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Penn.</u>					
17. INFORMANT (Address) <u>Mrs Alice Rudolph</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Bury</u> Date <u>6-13 1931</u>					
19. UNDERTAKER (Address) <u>A. C. Zacher</u>					
20. FILED <u>6-13</u> , 1931 <u>Mary Sullivan</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>6-11 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 193..., to, 193....					
I last saw him alive on, 193...: death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
Date of onset					
<u>Chronic Myocarditis</u>					
<u>(found dead in bed)</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>A. C. Zacher</u> M. D. (Address) <u>Coroner Elmore Co</u> <u>Int Home Idaho</u>					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

CERTIFICATE OF DEATH

County of ElmoreCity of Glenns Ferry, IdaRegistration District No. 35Primary Registration District No. 2027

DO NOT WRITE IN THIS SPACE

State File No. 75678Local Registrar's No. 885(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Samuel Smith Palmer(a) Residence. No. Glenns Ferry, Idaho St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 6 yrs. 9 mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mrs Samuel Smith Palmer
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 18, 19607. AGE Years Months Days If LESS than 1 day, hrs. or min.
70 5 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Indiana
(State or country)10. NAME OF FATHER John Palmer11. BIRTHPLACE OF FATHER (city or town) Penn
(State or Country)12. MAIDEN NAME OF MOTHER Mary Melott13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or Country)14. Informant W. H. Palmer
(Address) Glenns Ferry, Ida15. Filed 6-10, 1931 Mrs Mary A. Sullivan
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 9 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb 1930 to June 9 1931that I last saw him alive on 6/8/31, 19____
and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis, Myocardial failure(duration) 10 yrs. _____ mos. _____ ds.CONTRIBUTORY Chr Arterio-sclerotic
(Secondary) hypertensive heart disease 15 yr
(duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death? NoDid an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Physical exam(Signed) W. H. Palmer, M. D.6/9, 1931 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Glenns Ferry, Ida Date of Burial 6-11-193120. Undertaker G. C. Zacher Address W. H. Palmer

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75679	
County of <u>Power</u>		CERTIFICATE OF DEATH		State File No.	
City of <u>Ray Idaho</u>		Registration District No. <u>25</u>		Local Registrar's No. <u>15</u>	
		Primary Registration District <u>2072</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Henry Joseph Blenz</u> <u>Ray Idaho</u> <u>2056</u>					
(a) Residence. No. St. (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years <u>67</u>	Months <u>7</u>	Days <u>12</u>	If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>St Louis Missouri</u> (State or country)					
MOTHER FATHER	13. NAME <u>Adam Blenz</u>				
	14. BIRTHPLACE (city or town) <u>Germany</u> (State or country)				
	15. MAIDEN NAME <u>Louis Seigman</u>				
	16. BIRTHPLACE (city or town) <u>Germany</u> (State or country)				
17. INFORMANT <u>Adam Blenz</u> (Address) <u>Ray Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Power</u> Date <u>June 16 1931</u>					
19. UNDERTAKER <u>Am. Falls, Idaho</u> (Address)					
20. FILED <u>76</u> , 1931 <u>General</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 13 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 1931, to 1931.					
I last saw him alive on 1931: death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows: <u>Did not attend deceased</u> <u>Don't know cause of death</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>W. J. Logan County Physician</u> (Address) <u>Power Co. Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
CERTIFICATE OF DEATH					
PLACE OF DEATH		DO NOT WRITE IN THIS SPACE			
County of <u>Power</u>		75680			
City of <u>American Falls, Idaho</u>		State File No.			
Registration District No. <u>25</u>		Primary Registration District No. <u>2072</u>		Local Registrar's No. <u>17</u>	
(No. <u>Bethony Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Robert Lee Hughes</u>					
(a) Residence. No. <u>18 Miles South of Am Falls</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced. (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Single</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec 24th 1923</u>					
7. AGE	Years <u>7</u>	Months <u>5</u>	Days <u>26</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Am Falls, Idaho.</u> (State or country)					
MOTHER	13. NAME <u>Leon Hughes</u>				
	14. BIRTHPLACE (city or town) <u>Colo.</u> (State or country)				
	15. MAIDEN NAME <u>Louise Mattingly</u>				
16. BIRTHPLACE (city or town) <u>Ind.</u> (State or country)					
17. INFORMANT <u>Leon Hughes</u> (Address) <u>American Falls, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place Date 193					
19. UNDERTAKER <u>H. Davis</u> (Address) <u>American Falls, Idaho</u>					
20. FILED <u>7-20</u> , 193 <u>1</u> . <u>Quarantine North</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 20 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>6-19-</u> , 1931, to <u>6-20</u> , 1931.					
I last saw <u>him</u> alive on <u>6-20</u> , 1931; death is said to have occurred on the date stated above, at <u>11:15 a.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Continuing Cough (Accident)</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Date of injury <u>6-18-1931</u> Where did injury occur <u>American Falls, Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Home</u>					
Manner of injury <u>By Wholly truck</u>					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>V. G. Logan</u> , M. D.					
(Address) <u>American Falls, Idaho.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75681 State File No. _____	
PLACE OF DEATH			
County of <u>Power</u>	City of <u>Am. Falls</u>	Registration District No. <u>25</u>	Local Registrar's No. <u>14</u>
		Primary Registration District <u>2072</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Francis Marce Christensen</u>		182	
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)	
(Usual place of abode)		Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>July 19th -</u>			
7. AGE	Years	Months	Days
	<u>7</u>	<u>10</u>	<u>23</u>
		If LESS than 1 day, hrs. min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
		<u>Student</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>American Falls,</u>			
FATHER	13. NAME <u>Martin Christensen</u>		
	14. BIRTHPLACE (city or town) (State or country)		
	15. MAIDEN NAME <u>Wallis</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>		
MOTHER	17. INFORMANT (Address) <u>Martin Christensen</u>		
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Do. I.</u> Date <u>Jan 9, 1931</u>		
	19. UNDERTAKER (Address) <u>W. Davis American Falls, Idaho</u>		
	20. FILED <u>6/9</u> , 1931 <u>Garcia</u> <u>W. Davis</u> Registrar. (Address)		
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>June 6, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.			
I last saw him alive on _____, 1931: death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows:			
<u>Rode horse into River (Snake)</u> <u>horse fell boy went over</u> <u>up 2 wire on horse</u>			
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: <u>Accident, while on horse?</u> Date of injury _____, 1931.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify _____			
(Signed) <u>W. Davis</u> , M. D. (Address) <u>Carroll</u>			

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75682 State File No.	
County of <u>Power</u>	City of <u>Rockland</u>	Registration District No. <u>25</u>	Primary Registration District No. <u>2072</u>	Local Registrar's No. <u>18</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>William George Brown</u>		<u>90</u>			
(a) Residence. No. <u>Rockland Idaho</u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ann E. Brown</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE Years <u>55</u>	Months <u>1876</u>	Days <u>Jan</u>	If LESS than 1 day, hrs. or min. <u>7th</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>Life</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					
13. NAME <u>Joseph Brown</u>					
14. BIRTHPLACE (city or town) (State or country) <u>England</u>					
15. MAIDEN NAME <u>Jane Brown</u>					
16. BIRTHPLACE (city or town) (State or country) <u>England</u>					
17. INFORMANT (Address) <u>Mable M. H. Garmon Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Charles</u> Date <u>6-26, 1931</u>					
19. UNDERTAKER (Address) <u>W. D. Davis American Falls, Idaho</u>					
20. FILED <u>6-26, 1931</u> Registrar <u>W. D. Davis</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>6-25, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>6-25</u> , 1931, to <u>6-25</u> , 1931.					
I last saw him alive on <u>6-25</u> , 1931; death is said to have occurred on the date stated above, at <u>5:30</u> m. The principal cause of death and related causes of importance were as follows: <u>Myocardial stenosis of heart</u>					
Other contributory causes of importance:					Date of onset
Name of operation <u>None</u> Date of					
What test confirmed diagnosis? <u>None</u> Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>W. D. Davis</u> , M. D. (Address) <u>American Falls, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED JUL 8 1931	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE			
BUREAU OF VITAL STATISTICS		State File No. 75683			
County of <u>Powers</u>		City of <u>American Falls</u>		Registration District No. <u>25</u>	
Primary Registration District No. <u>2072</u>		Local Registrar's No. <u>16</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Gertrude Hecum Roane</u> <u>749</u>					
(a) Residence. No. <u>American Falls</u> St. <u>Idaho</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. <u>2</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>7</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Charles T. Roane</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 10 1857</u>					
7. AGE	Years <u>74</u>	Months <u>1</u>	Days <u>9</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
13. NAME <u>E. M. Roane</u>					
14. BIRTHPLACE (city or town) <u>Sheridan Penn.</u> (State or country)					
15. MAIDEN NAME <u>Emily Griffin</u>					
16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
17. INFORMANT <u>Mrs. C. C. Thornhill</u> (Address) <u>American Falls</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>June 23 1931</u>					
19. UNDERTAKER <u>H. Davis</u> (Address) <u>American Falls Idaho</u>					
20. FILED <u>720</u> , 1931 <u>Guendine North</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 19 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 22</u> , 1930, to <u>June 19</u> , 1931.					
I last saw her alive on <u>June 9</u> , 1931; death is said to have occurred on the date stated above, at <u>2 P.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage May 20</u>					
Other contributory causes of importance: <u>hemorrhagic arthritis</u> <u>Several years</u>					
Name of operation <u>✓</u> Date of <u>✓</u>					
What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>✓</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 1931.					
Where did injury occur? <u>✓</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>C. F. Schief</u> M. D. (Signed) <u>C. F. Schief</u> (Address) <u>American Falls Idaho</u>					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75684 State File No.	
County of <u>Lincoln</u>		BUREAU OF VITAL STATISTICS			
City of <u>Dietrich</u>		CERTIFICATE OF DEATH			
		Registration District No. <u>16</u>		Local Registrar's No. <u>17</u>	
		Primary Registration District No. <u>2016</u>			
		(No.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>John J. Murphy</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Mary E. Murphy</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept 9-1856</u>					
7. AGE	Years <u>74</u>	Months <u>9</u>	Days <u>10</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					Date of onset
12. BIRTHPLACE (city or town) (State or country) <u>New York</u>					
MOTHER FATHER	13. NAME <u>Joseph Murphy</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>				
	15. MAIDEN NAME <u>Not Known</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>				
17. INFORMANT <u>Mary E. Murphy</u> (Address) <u>1014 1/2 St.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Bowl</u> Date <u>Oct 6-21</u> , 1931					
19. UNDERTAKER <u>Schreiner-McCane</u> (Address) <u>Boysen St.</u>					
20. FILED <u>6/19</u> , 1931 <u>J. L. Stuller</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 19, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 15</u> , 1931 to <u>June 5</u> , 1931.					
I last saw him alive on <u>June 5</u> , 1931. Death is said to have occurred on the date stated above, at <u>2308</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Chronic Interstitial Nephritis</u>					
Other contributory causes of importance:					
<u>Chronic Myocarditis</u>					
<u>Incipient</u>					
Name of operation					
Date of					
What test confirmed diagnosis? <u>5 days</u> <u>Exam</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
no. If so, specify					
(Signed) <u>J. E. D. Barrett</u> , M. D.					
(Address) <u>Alachua Fla.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO 1931 JUL 10 RECEIVED		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75685	
County of <u>Lincoln</u>		City of <u>Nietuch</u>		Registration District No. <u>16</u>		State File No.	
		Primary Registration District No. <u>2016</u>		Local Registrar's No. <u>16</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Alma Matson</u>							
(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)							
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>Caucasian</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>John Matson</u> (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) <u>June 9 1872</u>							
7. AGE Years <u>59</u>		Months <u>#</u>		Days <u>#</u>		If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Alt. Co. Iowa</u>							
MOTHER		13. NAME <u>Lewis Sebold</u>					
		14. BIRTHPLACE (city or town) (State or country) <u>Norway</u>					
		15. MAIDEN NAME <u>Unknown</u>					
		16. BIRTHPLACE (city or town) (State or country) <u>Lincoln Nebraska</u>					
17. INFORMANT <u>John Matson</u> (Address)							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Shoshone Idg</u> Date <u>June 11 1931</u>							
19. UNDERTAKER <u>W. H. H. H. H.</u> (Address) <u>Shoshone Idg</u>							
20. FILED <u>6/11</u> , 1931 <u>J. S. Fuller</u> Registrar.							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>6-9-1931</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>6-1-</u> , 1931, to <u>6-9-</u> , 1931.							
I last saw her alive on <u>6-8-</u> , 1931; death is said to have occurred on the date stated above, at <u>3.9</u> a. m.							
The principal cause of death and related causes of importance were as follows:							
<u>Endo-Carditis</u>							
Other contributory causes of importance:							
Name of operation Date of							
What test confirmed diagnosis? Was there an autopsy? <u>no</u>							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? Date of injury, 1931.							
Where did injury occur? (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury							
Nature of injury							
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>							
If so, specify							
(Signed) <u>W. H. H. H.</u> M. D.							
(Address) <u>Shoshone Idg</u>							

89

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Lincoln</u>		CERTIFICATE OF DEATH		State File No. <u>75686</u>	
City of <u>Richfield</u>		Registration District No. <u>16</u>		Local Registrar's No. <u>18</u>	
		Primary Registration District No. <u>2016</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mary C Flaval</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Oct 1 1887</u>					
7. AGE	Years <u>43</u>	Months <u>9</u>	Days <u>5</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Shanish Fork Utah</u>					
MOTHER	13. NAME <u>John Huntington</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Utah</u>				
	15. MAIDEN NAME <u>Sarah Banks</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>				
17. INFORMANT <u>W T Flaval</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Richfield</u> Date <u>7-8</u> , 1931					
19. UNDERTAKER <u>C. E. Hickok</u> (Address) <u>Shoshone Ida</u>					
20. FILED <u>7/8</u> , 1931 <u>J. J. Fuller</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7/6</u> 1931					
22. I HEREBY CERTIFY, That I attended/deceased from _____ <u>June</u> , 1931, to <u>July 6</u> , 1931. I last saw her alive on <u>July 6</u> , 1931; death is said to have occurred on the date stated above, at <u>11:00</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u> <u>7/6/31</u> <u>Cortic. Gaiter</u> <u>10 yrs.</u> <u>Chronic Myocarditis</u> <u>5 yrs.</u>					
Other contributory causes of importance: <u>Chronic Tubercular</u> <u>Myocarditis</u> <u>Hypertension</u> <u>300/160</u> <u>24 yrs.</u> <u>2 yrs.</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Phys. Exam</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> . If so, specify _____ (Signed) <u>F. E. J. Barrett</u> , M.D. (Address) <u>Shoshone Ida</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 11 1931

75687

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Owyhee State 3 IDAHO Registered No. 75
 Township _____ or Village 2000 or _____
 City Homedale No. _____ St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

James Milton Gillilan
 (a) Residence: No. Homedale St., _____ Ward. 744
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 13-1868

7. AGE Years 62 Months 6 Days 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Amanda Key

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Ing. C. Griffith
(Address) Homedale

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Date July 6, 1931

19. UNDERTAKER C. V. Peckham
(Address) Caldwell, Idaho

20. FILED 7-9-, 1931. John H. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4, 1931

22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____; death is said

to have occurred on the date stated above, at 530 a.m.

The principal cause of death and related causes of importance were as follows:

Probably cerebral hemorrhage. Died just as getting up in morning

Other contributory causes of importance:

History of heart trouble and fainting spells

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Removal with tractor from

Manner of injury in 1914 and never fully

Nature of injury removed

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. V. Peckham

(Address) Caldwell, Idaho

RECEIVED JUL 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75688

State File No.

PLACE OF DEATH

County of OwyheeCity of 15 miles west of
Grand ViewRegistration District No. 74Primary Registration District No. 2151Local Registrar's No. 68

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty Lou Horton

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed,
or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 5, 19317. AGE Years Months Days If LESS than 1 day,
6 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Grand View, Idaho
(State or country)

10. NAME OF FATHER

Wm. Rex Horton11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Michigan

12. MAIDEN NAME OF MOTHER

Elsie Meyer13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Illinois14. Informant Mother(Address) Grand View, Idaho15. Filed July 7, 1931W. J. Eikenbush
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 4th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

Skull crushed by the bite
of a hog

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. J. Eikenbush, M. D.July 5, 1931 (Address) Grand View*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Grand ViewJuly 5 1931

20. Undertaker

None

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Boundary
City of Portkell

Registration District No. 79Primary Registration District No. 2/56

(No. _____)

Local Registrar's No. _____

If death occurred in a hospital or institution, give its name instead of street and number.

2. FULL NAME William French

(a) Residence. No. _____

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. _____

yrs. _____

mos. _____

ds. _____

How long in U. S. if of foreign birth? _____

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word.)
--------------------	------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>7</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Michigan
(State or country)10. NAME OF FATHER Luce French11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14.

Informant (Address) Leon French
Portkell, Ida.

15.

Filed. Apr. 16, 1931Registrar. E. H. Fry

RECEIVED JUN 23 1931

DO NOT WRITE IN THIS SPACE

State File No. _____

75690

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 25, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw him alive on _____, 19____,

and that death occurred, on the date stated above, at 7:30 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Fracture of skull
Accidental death - struck
by stump blown by dynamite.
(duration) _____ yrs. _____ mos. 1 hour

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Physical examination(signed) E. H. FryApr. 16, 1931(Address) Bonner Ferry, Ida.

M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

Portkell, Idaho Apr 29, 1931

20. Undertaker

Address

A. R. Crouch, Bonner Ferry

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED JUL 9 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Boundary
City of Bonniers Ferry

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 2156
(No. _____)

DO NOT WRITE IN THIS SPACE

State File No. 75691

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earl Teller

(a) Residence. No. _____

(Usual place of abode.)

St. Spokane, Wash

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs. 2 mos. _____

ds. _____

How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFlorence Teller6. DATE OF BIRTH (month, day and year) Sept. 2, 1895

7. AGE Years 35 Months 9 Days 8 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer(b) General nature of industry, business, or establishment in which employed (or employer) Truck driver(c) Name of employer Triangle Construction Co9. BIRTHPLACE (city or town) _____
(State or country) Iowa

10. NAME OF FATHER

Theodore Teller11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) U S A12. MAIDEN NAME OF MOTHER Unobtainable13. BIRTHPLACE OF MOTHER (city or town) _____
(State or County) U S A14. Informant Mrs Earl Teller
(Address) 811 1/2 W Riverside Spokane, Wash15. Filed June 11, 1931 _____
Registrar _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 10, 1931

(Month)

(Day)

19. _____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19. _____, to _____, 19. _____

that I last saw him alive on _____, 19. _____

and that death occurred, on the date stated above, at 2:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute fatal stroke
Compressed comminuted skull fracture
(Truck plunged thru bridge railing).
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Physician examination

(Signed) _____

June 11, 1931 (Address) Spokane, Wash19. Place of Burial, Cremation, or Removal
Greenwood, Spokane, WnDate of Burial
6-13-31 19

20. Undertaker

Address

Mission Funeral Home, Spokane, Wash

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75692

County of BoundaryRegistration District No. 79City of Bonnars FerryPrimary Registration District No. 2156Local Registrar's No. 918

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Margaret Bruce(a) Residence. No. Bonnars Ferry, Idaho St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 40 yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>married</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMalcomb Bruce6. DATE OF BIRTH (month, day and year) June 3rd. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>64</u>	<u>11</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Listwell
(State or country) Ontario, Canada

10. NAME OF FATHER

Robert Mills11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ireland

12. MAIDEN NAME OF MOTHER

Mary Armstrong13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Ireland14. Informant Dollie Bruce
(Address) Bonnars Ferry, Idaho.15. Filed May 24, 1931. E. J. King
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 23, 1931, 7 A.M. 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1928, to May 23, 1931that I last saw her alive on May 23, 1931and that death occurred, on the date stated above, at 7:AM m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Arteriosclerosis
Chr. Interstitial Nephritis
Chr. Myocardial degeneration
(duration) 4 yrs. mos. ds.CONTRIBUTORY Recompensation of heart
(Secondary)(duration) 3 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? No Physical & Laboratory
What test confirmed diagnosis Autopsy examination

(Signed)

May 24, 1931 (Address) Bonnars Ferry, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonnars Ferry, Idaho.May 25, 1931

20. Undertaker

Address

H.R. Crouch, Bonners Ferry, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75693

PLACE OF DEATH

County of Boundary

CERTIFICATE OF DEATH

City of Bonnars FerryRegistration District No. 79Primary Registration District No. 2156Local Registrar's No. 89

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Martha Cooper,

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of C.G. Cooper6. DATE OF BIRTH (month, day and year) Mar. 11, 1868.7. AGE Years 63 Months 3 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) _____ (State or country) Ohio.10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) _____ (State or Country) Unknown12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) _____ (State or Country) Unknown14. Informant C.G. Cooper,
(Address) Bonnars Ferry, Idaho.15. Filed Mar. 15, 1931 S.E. Fry
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 14, 1931. 19____
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 14, 1931 to _____, 19____

that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Angina PectorisCONTRIBUTORY Chronic myocardial degeneration
(Secondary) (duration) 4 hours yrs. mos. ds.(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Physic's examination(Signed) R. H. Bowers, M. D.March 15, 1931 (Address) Bonnars Ferry, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Bonnars Ferry, Ida. Mar. 16, 1931 19____

20. Undertaker Address

H. R. Crouch, Bonnars Ferry, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75694
State File No.

PLACE OF DEATH

County of Boundary
City of Moyie Springs

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 2156
(No.)

Local Registrar's No. 88

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur W. Fisher

(a) Residence, No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Mabel E. Fisher
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 5, 1873

7. AGE Years 58 Months 3 Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Village of Bonners Ferry

9. BIRTHPLACE (city or town) Milwaukee
(State or country) Wis.

10. NAME OF FATHER W. J. Fisher

11. BIRTHPLACE OF FATHER (city or town) Penn.
(State or Country)

12. MAIDEN NAME OF MOTHER Ella Case

13. BIRTHPLACE OF MOTHER (city or town) Wis.
(State or Country)

14. Informant Mrs. Mabel Fisher
(Address) Moyie Springs, Idaho.

15. Filed Apr. 12, 1931 SS. J. M.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 11, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

October 12, 1930, to April 11, 1931

that I last saw him alive on April 10, 1931

and that death occurred, on the date stated above, at 6:50 A. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Myocardial Regeneration

(duration) yrs. 4 1/2 mos. ds.
CONTRIBUTORY Neuritis - Infected Teeth
(Secondary)

(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) R. B. Jones M. D.

April 12, 1931 (Address) Bonners Ferry, Idaho

19. Place of Burial, Cremation, or Removal Bonners Ferry, Ida. Date of Burial Apr. 14, 1931

20. Undertaker H. R. Crouch, Bonners Ferry, Idaho Address

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. _____

75695

PLACE OF DEATH

CERTIFICATE OF DEATH

County of BoundaryCity of Bonniers FerryRegistration District No. 79Primary Registration District No. 2156(No. Bonniers Ferry Hospital)Local Registrar's No. 848

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johnathan Robert Crites

(a) Residence. No. _____

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

How long in U. S. if of foreign birth? _____ yrs. _____ mo. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single. Married. Widowed. or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Hannie Crites
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 9 - 1883

7. AGE

Years 47Months 11Days 11

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work U. S. Customs Service

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) _____

(State or country) Canada10. NAME OF FATHER David Crites11. BIRTHPLACE OF FATHER (city or town) New York
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)

14.

Informant Mrs. Hannie Crites
(Address)

15.

Filed Apr. 16, 193119 31S. E. Fry
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 15 - 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 14, 1931, to April 15, 1931that I last saw him alive on April 14, 1931and that death occurred, on the date stated above, at 6:15 A. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic myocardial degeneration

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Compensation

(Secondary)

(duration) _____ yrs. _____ mos. 20 ds.18. Where was disease contracted if not at place of death? Browning, MontanaDid an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Physical Examination(Signed) R. M. FryApr. 16, 1931 (Address) Bonniers Ferry, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Hingham, Mont.

19

20. Undertaker

Address

H. R. Cronch, Bonners Ferry, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 23 1931

DO NOT WRITE IN THIS SPACE

75696

State File No.

PLACE OF DEATH

County of Boundary

CERTIFICATE OF DEATH

City of

Registration District No. 29Primary Registration District No. 2156Local Registrar's No. 88

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eliza T. York

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed,
or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years 52

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Missouri10. NAME OF FATHER Jasper York11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown12. MAIDEN NAME OF MOTHER Goodenough13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Texas

14.

Informant
(Address) Chris Wilman
App 45 Spokane, Wash

15.

Filed Apr 2, 1931Registrar H. R. Crouch, Bonanza, Idaho

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 30, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to

....., 19.....

that I last saw him alive on March 30, 1931
and that death occurred, on the date stated above, at 5:15 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Hypertrophy & degeneration of
myocardium of left ventricle
?

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary) Coronary Sclerosis

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? YesWhat test confirmed diagnosis, autopsy Kim Bowdell

(Signed)

Apr 1

1931

(Address) Bonanza, Idaho

Cor. M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 23 1931
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75697

State File No.

PLACE OF DEATH

County of Boundary
City of Porthill

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 2156
(No.)

Local Registrar's No. 84

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wendell Charles Hendricks,

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar. 8, 1850.

7. AGE Years Months Days If LESS than 1 day.
81 18 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Stone Mason.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Quincy
(State or country) Ill.

10. NAME OF FATHER Wendell Hendricks,

11. BIRTHPLACE OF FATHER (city or town) Ill.
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)

14. Informant Walter Hendricks
(Address) Porthill, Idaho,

15. Filed Mar. 27, 1931 Registrar E. E. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 26, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
19 28, to March 26, 19 31
that I last saw him alive on 4: A. m.

and that death occurred, on the date stated above, at 4: A. m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic myocardial degeneration

(duration) 38 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician's Examination

(Signed) [Signature] M. D.

March 27, 19 31 (Address) Bonnerting Idaho

19. Place of Burial, Cremation, or Removal Porthill, Idaho. Date of Burial Mar. 28, 1931

20. Undertaker H. R. Crouch, Bonners Ferry, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75698

State File No.

PLACE OF DEATH

County of Boundary
City of Bonnors FerryRegistration District No. 79Primary Registration District No. 2156(No. Bonnors Ferry Hospital)Local Registrar's No. 88

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Phillips,

(a) Residence. No.

St. Naples, Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos. 2 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)
Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

July 10, 1855

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.75814

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.At home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Ohio

10. NAME OF FATHER

John Cramer11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Penn.

12. MAIDEN NAME OF MOTHER

Sarah Essex13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Penn.

14.

Informant
(Address)Grover Phillips,Naples, Idaho.

15.

Filed Mar. 25, 19311931Registrar H. R. Crouch

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 24, 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 14, 1930, to March 24, 1931that I last saw her alive on March 24, 1931
and that death occurred, on the date stated above, at 1:00 p. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Myocardial degeneration(duration) 1 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical Examination

(Signed)

March 21, 1931 (Address) Bonnors Ferry, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

McArthur, Idaho.Mar. 29, 1931

20. Undertaker

Address

H. R. Crouch, Bonnors Ferry, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Boundary
City of Bonners Ferry

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 5156

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 6 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofDaniel B. Fry6. DATE OF BIRTH (month, day and year) May 31st. 1850.

7. AGE Years Months Days If LESS than 1 day.
80 10 21 _____ hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) _____
(State or country) Kitchener, Ontario.10. NAME OF FATHER Heist11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) Germany12. MAIDEN NAME OF MOTHER Burkhardt.13. BIRTHPLACE OF MOTHER (city or town) _____
(State or County) Germany

14.

Informant
(Address) S. E. Fry.

15.

Filed Mar. 22-31 1931Registrar S. E. Fry.

DO NOT WRITE IN THIS SPACE

State File No. 75699Local Registrar's No. 886

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 21st. 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

that I last saw her alive on March 21, 1931and that death occurred, on the date stated above, at 4 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic myocardial degeneration.(duration) 1 yrs. mos. ds.CONTRIBUTORY
(Secondary) _____

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death? _____Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Physical Examination(Signed) R. M. Borell

M. D.

March 22, 1931 (Address) Bonners Ferry, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonners FerryMay 24 1931

20. Undertaker

Address

S. R. BranchBonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

75700

PLACE OF DEATH

County of BoundaryCity of Bonnerr's Ferry

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156

(No.)

Local Registrar's No. 886

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles R. Adair,

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofEliza A. Adair6. DATE OF BIRTH (month, day and year) Feb. 24, 1854.

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or7724

..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Retired farmer,(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Wisconsin

10. NAME OF FATHER

James Adair11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ohio

12. MAIDEN NAME OF MOTHER

Hossman13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Indiana

14.

Informant
(Address)Clark Adair,Bonnerr's Ferry, Idaho.

15.

Filed

Mar 22, 1931.

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 20, 1931.

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 3, 1931 to March 20, 1931that I last saw him alive on March 14, 1931and that death occurred, on the date stated above, at 2:15 A. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Myocardial Degeneration(duration) 6 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical Examination

(Signed)

Mar 22, 1931(Address) Bonnerr's Ferry, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonnerr's Ferry, Ida.Mar. 23, 1931

20. Undertaker

Address

H.R. Crouch, Bonnerr's Ferry, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75701

State File No.

PLACE OF DEATH

County of BoundaryCity of Bonner Ferry

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2154(No. Bonner Ferry Hospital)Local Registrar's No. 188

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vern Eugene Leonard

(a) Residence No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

St.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec. 12 - 1927

7. AGE

Years

Months

Days

If LESS than 1 day,

..... hrs. or

..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Bonner Ferry,
Idaho

PARENTS

10. NAME OF FATHER

Percy Leonard11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Washington

12. MAIDEN NAME OF MOTHER

Lydia Buck13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Missouri14. Informant
(Address)Percy Leonard
Bonner Ferry, Idaho

15. Filed

Apr. 22, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 21

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 20, 1931, to April 21, 1931that I last saw him alive on April 21, 1931and that death occurred, on the date stated above, at 8:15 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral ConcussionCONTRIBUTORY
(Secondary)(duration) 1 mos. 1 ds.18. Where was disease contracted
if not at place of death?Boise, IdahoDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical Examination

(Signed)

Rm. GangelApril 27, 1931(Address) Bonner Ferry, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonner Ferry, IdahoApril 23, 1931

20. Undertaker

Address

H. H. Cronch, Bonner Ferry, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED JUN 23 1931

DO NOT WRITE IN THIS SPACE

75702

State File No.

PLACE OF DEATH

County of BoundaryCity of Bonner Ferry

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156(No. Bonner Ferry Hospital)Local Registrar's No. 749

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John David Hoy

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word) Infant

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Apr. 9-1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho10. NAME OF FATHER Louis Hoy11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Dorothy Bartlett13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14.

Informant
(Address) Louis Hoy
Idaho

15.

Filed Apr. 27, 1931Registrar S. E. Fry

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. 26, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 22, 1931, to Apr. 26, 1931that I last saw him alive on Apr. 26, 1931

and that death occurred, on the date stated above, at m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage(duration) yrs. mos. 15 ds.CONTRIBUTORY Breath Scurvy
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Colburn Idaho
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no Physical ExaminationWhat test confirmed diagnosis? Rm. Sayre

(Signed)

M. D.

Apr. 27, 1931 (Address) Bonner Ferry Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

McArthur, Idaho Apr. 27, 1931

20. Undertaker

Address

A. B. Brunel Bonner Ferry

RECEIVED JUN 20 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75703

State File No.

PLACE OF DEATH

County of *Boundary*
City of *Bonners Ferry*

CERTIFICATE OF DEATH

Registration District No. *79*

Primary Registration District No. *2156*

Local Registrar's No. *749*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

..... yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word.) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Ed. Logner*

6. DATE OF BIRTH (month, day and year) *Dec. 21-1859*

7. AGE Years *71* Months *4* Days *2* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Housewife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Lagunary* (State or country) *Mich.*

10. NAME OF FATHER *Wm Strong*

11. BIRTHPLACE OF FATHER (city or town) *Scotland* (State or Country)

12. MAIDEN NAME OF MOTHER *Tubette*

13. BIRTHPLACE OF MOTHER (city or town) *Canada* (State or Country)

14. Informant (Address) *E. Logner*

15. Filed *Apr. 24*, 19*31*. *E. E. Fry* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Apr. 23* 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Feb.* 19*31*, to *Apr. 23* 19*31*

that I last saw *h. e.* alive on *Apr. 22* 19*31*

and that death occurred, on the date stated above, at *3:15* p. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *Physic. Exam.*

(Signed) *E. E. Fry*, M. I. *Apr. 24* 19*31* (Address) *Bonners Ferry*

19. Place of Burial, Cremation, or Removal *Bonners Ferry, Ida.* Date of Burial *Apr 25* 19*31*

20. Undertaker *H. R. Crouch Bonners Ferry* Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75704

State File No.

PLACE OF DEATH

County of BoundaryCity of Bonner Ferry

CERTIFICATE OF DEATH

Registration District No. 29Primary Registration District No. 2156(No. Bonner Ferry Hospital)Local Registrar's No. 749

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Margaret Hoagland

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 1-1931

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bonner Ferry
(State or country) Idaho10. NAME OF FATHER Ronald Hoagland11. BIRTHPLACE OF FATHER (city or town) Bonner Ferry
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Margaret Oliver13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or County)14. Informant
(Address) Ronald Hoagland
Bonner Ferry, Idaho15. Filed Apr. 15, 1931Registrar E. E. King

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 15, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 1, 1931to Apr. 15, 1931that I last saw him alive on Apr. 14, 1931and that death occurred, on the date stated above, at 5:45 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage(duration) yrs. mos. 10 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) E. E. King, M. D.Apr. 15, 1931(Address) Bonner Ferry

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonner Ferry, IdahoApr. 16, 1931

20. Undertaker

Address

R. R. Croush, Bonner Ferry

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 23 1931

DO NOT WRITE IN THIS SPACE

75705

State File No.

PLACE OF DEATH

County of Bonner
City of Bonner Ferry

CERTIFICATE OF DEATH

Registration District No. 29Primary Registration District No. 2156

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norma E. Ohmen

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

May 7, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 4, 1931, to May 7, 1931

that I last saw her alive on May 7, 1931

and that death occurred, on the date stated above, at 2:45 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed)

May 7, 1931 (Address) Bonner Ferry, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

H.R. Crouch Bonner Ferry, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 75706

PLACE OF DEATH

County of Boundary
City of Bonnors Ferry

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No. 656
(No. Bonnors Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louise Thompson

(a) Residence. No. Libby Mont.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

/ mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Louis Thompson,

6. DATE OF BIRTH (month, day and year) June 1, 1871

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
59 9 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Norway

10. NAME OF FATHER

Just Flotten

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Norway

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Norway.

14.

Informant (Address)

Louis Thompson,

Libby Mont.

15.

Filed

Mar. 17, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar. 16, 1931.

(Month)

(Day)

19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept. 29, 1930

to Mar. 16, 1931.

that I last saw h...er alive on Mar. 15, 1931

and that death occurred, on the date stated above, at 3:30 A. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Hodgkins Disease

CONTRIBUTORY (Secondary)

18. Where was disease contracted Libby, Mont. if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Physical exam & history

(Signed)

Mar. 17, 1931

(Address)

Bonnors Ferry, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Libby, Mont.

19

20. Undertaker

Address

H.R. Crouch, Bonnors Ferry, Ida.

RECEIVED JUN 23 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75707**

PLACE OF DEATH

County of *Boundary*City of *Bonner Ferry*

CERTIFICATE OF DEATH

Registration District No. *29*Primary Registration District No. *2156*(No. *Bonner Ferry Hospital*)Local Registrar's No. *589*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *David Long*(a) Residence. No. *St.*

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*4. COLOR OR RACE *White*5. Single. Married. Widowed.
or Divorced (write the word.) *Unknown*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
hrs. or min.
62

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) *Unknown*10. NAME OF FATHER *Unknown*11. BIRTHPLACE OF FATHER (city or town)
(State or Country) *Unknown*12. MAIDEN NAME OF MOTHER *Unknown*13. BIRTHPLACE OF MOTHER (city or town)
(State or County) *Unknown*14. Informant (Address) *Hospital Record*15. Filed *May 12, 1931* *ESM* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 30, 1930 to *May 11, 1931*
that I last saw him alive on *May 10, 1931*and that death occurred, on the date stated above, at *3:14* m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Pericious anemia*(duration) *2* yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *No*. Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Blood Examination*(Signed) *ESM*, M. D.*May 12, 1931* (Address) *Bonner Ferry, Idaho*

19. Place of Burial, Cremation, or Removal Date of Burial

Bonner Ferry, Idaho *May 14, 1931*

20. Undertaker Address

A.R. Crouch Bonner Ferry

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75708

State File No.

PLACE OF DEATH

County of BoundaryCity of Bonnors Ferry

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156(No. Bonnors Ferry Hospital)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Daisy McMillan

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of R.A. McMillan6. DATE OF BIRTH (month, day and year) Feb. 8, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>54</u>	<u>3</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Oregon10. NAME OF FATHER
George Dawson11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Illinois12. MAIDEN NAME OF MOTHER Mary Boggs13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Oregon14. Informant Mrs. Mary Dawson,
(Address) Missoula, Mont.15. Filed June 1, 1931. S.E. Smy.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 31, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 25, 1931, to May 31, 1931that I last saw her alive on May 31, 1931and that death occurred, on the date stated above, at 9:P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Diabetes Mellitus
(pseudosis)(duration) 17 yrs. mos. ds.CONTRIBUTORY
(Secondary)Infected Land
(duration) yrs. mos. 10 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Infection, Gram stain(Signed) Paul Bonnell, M. D.June 1, 1931 (Address) Bonnors Ferry, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonnors Ferry, Idaho.June 3, 1931

20. Undertaker

Address

H.R. Crouch, Bonnors Ferry, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75709

State File No.

PLACE OF DEATH

County of BoundaryCity of Bonnerr's Ferry

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carrie Belle Thomas,

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Clayton Thomas6. DATE OF BIRTH (month, day and year) Mar. 16, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>50</u>		<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Virginia,10. NAME OF FATHER
Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown12. MAIDEN NAME OF MOTHER
Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Unknown14. Informant Clayton Thomas
(Address) Bonnerr's Ferry, Idaho.15. Filed Apr. 5- 1931. EE Fry
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 4, 1931.

(Month)

(Day)

19...
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 31, 1931, to Apr. 4, 1931
that I last saw him alive on Apr. 3 - 1931and that death occurred, on the date stated above, at 7:15A m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma of ovary(duration) yrs. 6 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of Jan. 26-1931Was there an autopsy? noWhat test confirmed diagnosis? operation

(Signed)

Apr. 5- 1931 (Address) Bonnerr's Ferry, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonnerr's Ferry, Ida.Apr. 6, 1931

20. Undertaker

Address

H.R. Crouch, Bonnerr's Ferry, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75710

State File No.

PLACE OF DEATH

County of Bonner

CERTIFICATE OF DEATH

City of Bonner FerryRegistration District No. 29Primary Registration District No. 2157Local Registrar's No. 46

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Moral Catherine Butler

(a) Residence. No.

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 20 yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of W.C. Butler6. DATE OF BIRTH (month, day and year) May 19 - 18877. AGE Years Months Days If LESS than 1 day, hrs. or min.
43 11 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wisconsin10. NAME OF FATHER R.J. Sage11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wisconsin12. MAIDEN NAME OF MOTHER Coyner13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Michigan14. Informant (Address) W.C. Butler
Bonner Ferry, Idaho15. Filed May 8 - 1931 E.E. Mc Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 7th 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at 12:30 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma of ovary

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 9 mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb. 17 - 1931Was there an autopsy? noWhat test confirmed diagnosis? operation

(Signed)

E.E. Mc, M. D.(Address) Bonner Ferry, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonner Ferry, Idaho May 11 1931

20. Undertaker

Address

H.R. Crouch Bonner Ferry, Idaho

RECEIVED JUL 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75711**

PLACE OF DEATH

County *Lincoln*City of *Lincoln*Registration District No. *37*Primary Registration District No. *1025*(No. *Salmon River Dam*)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. *102*2. FULL NAME *Alvin B. Hess*(a) Residence. No. *Lincoln Falls* St.

(Usual place of abode)

Length of residence in city or town where death occurred *10* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *Mar. 9 1884*7. AGE Years *47* Months *3* Days *7* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Lindsey Ohio*
(State or country)10. NAME OF FATHER *Jacob Hess*11. BIRTHPLACE OF FATHER (city or town) *Ohio*
(State or Country)12. MAIDEN NAME OF MOTHER *Amanda Overmyer*13. BIRTHPLACE OF MOTHER (city or town) *Ohio*
(State or Country)14. Informant *Orville Hess*
(Address) *Lindsey Ohio*15. Filed *June 30th 1931* *Elyse J. Smith* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *June 16* 19*31*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *June 16* 19*31* to *June 16* 19*31* that I last saw him alive on *June 16* 19*31* and that death occurred, on the date stated above, at *1* p.m.

The CAUSE OF DEATH* was as follows:

*Accidental Drowning at about 6 miles up from Salmon Dam.*CONTRIBUTORY (Secondary) *Post lung tipped*
Mr. L. J. Smith (duration) yrs. mos. ds.18. Where was disease contracted *Salmon Dam*
if not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *Yes*What test confirmed diagnosis? *Physical Exam*(Signed) *Wm. Leach, M. D.**6-25-31* (Address) *Lincoln Falls*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Lindsey Ohio* Date of Burial *19*20. Undertaker *J. J. Gorman* Address *Lincoln Falls*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75713

State File No.

PLACE OF DEATH
County Blaine
City of Hamberly

Registration District No. 37
Primary Registration District No. 2081

Local Registrar's No. 100

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Dr. Davis 171

2. FULL NAME Eva Grace Douglas
(a) Residence. No. Hamberly St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Douglas
6. DATE OF BIRTH (month, day and year) Aug 30/1879
7. AGE Years 51 Months 9 Days 11 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Indiana (State or country)
10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Clara Hutzler
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Howard Douglas (Address) Hamberly, Ind
15. Filed June 30th 1931 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

5 P m

16. DATE OF DEATH June 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 9 1931 to June 10 1931
that I last saw her alive on June 10 1931
and that death occurred, on the date stated above, at 4:10 m.

The CAUSE OF DEATH* was as follows:
chronic interstitial nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? chemical
(Signed) Dr. Davis M. D.
6-10-1931 (Address) Hamberly

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Ham Falls Date of Burial June 14 1931
20. Undertaker J. E. Drake Address Ham Falls

RECEIVED JUL 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75714

State File No.

PLACE OF DEATH

County of Joan FallsCity of Joan Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085

(No.)

Local Registrar's No. 102

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eliza Janette Lambing(a) Residence. No. 657 - 2nd Ave N. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWm M. Lambing6. DATE OF BIRTH (month, day and year) Oct 15 - 1863

7. AGE

67

Years

Months

8

Days

10

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Wayne
Iowa

10. NAME OF FATHER

R. A. Young11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ohio

12. MAIDEN NAME OF MOTHER

Jane Moorehead13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Iowa

14.

Informant
(Address)Mrs. E. A. Barnett
Claremont - Calif

15.

Filed June 30 1931Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June251931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended ~~deceased~~ from April 15th, 1929, to June 25th, 1931, that I last saw her alive on June 25th, 1931, and that death occurred, on the date stated above, at 8:00 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Nephritis - Arterio-sclerotic
Chronic (with suppression
urine)(duration) 10 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

Arterio-sclerotic
Hypertension(duration) 3 yrs. mos. ds.18. Where was disease contracted Buhl Idaho
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Laboratory(Signed) Dr. E. A. Barnett M. D.624, 1931 (Address) Joan Falls Idaho

19. Place of Burial, Exhumation, or Removal

Date of Burial

Claremont Cemetery

19

20. Undertaker

Address

White Mortuary IncJoan Falls
Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Lincoln
City of "
Registration District No. 37
Primary Registration District No. 2085
(No. C. Gen. Hospital St.)

File No. 75715
Registered No. 104

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Harry Lee Suter Jr.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Male white Single
(Write the word.)
6. DATE OF BIRTH June 24 1916
(Month) (Day) (Year)

7. AGE 15 Yrs. 0 Mos. 0 ds.
IF LESS than 1 day how many hrs. or min. 2

8. OCCUPATION

(a) Trade, profession or particular kind of work... Dealer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE

(State or Country)

Oklahoma

10. NAME OF FATHER

Harry L Suter

11. BIRTHPLACE OF FATHER

(State or Country)

Mo.

12. MAIDEN NAME OF MOTHER

Cora Sanders

13. BIRTHPLACE OF MOTHER

(State or Country)

Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry L Suter
(Address) Jerome Ida RFD

15. Filed July 6 1931
Elizabeth G. Smith
Local Registrar

16. DATE OF DEATH June 24 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 24 1931 to June 24 1931, that I last saw him alive on June 24 1931, and that death occurred on the date stated above, at " M.
The CAUSE OF DEATH* was as follows:

Appendicitis Gangrenous Ate
(Perforative)

(Duration) Yrs. 5 mos. 5 ds.
Contributory Peritonitis Suppurative Ate
(Secondary)

(Signed) Alverson R. Phares M. D.
6/26 1931 (Address) Swan Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Swan Falls DATE OF BURIAL June 27 1931
20. UNDERTAKER J. J. Grossman ADDRESS Swan Falls

RECEIVED JUL 6 1931
STATE OF IOWA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75716

State File No.

PLACE OF DEATH

County of *Juice Falls*City of *Buhl*Registration District No. *39*Primary Registration District No. *2087*

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Loren Herbert Gurnea (GURNEA)

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Minnie Gurnea*

6. DATE OF BIRTH (month, day and year)

Feb 29 - 1855

7. AGE

Years

76

Months

3

Days

3

If LESS than 1 day,

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Moore Ill.

10. NAME OF FATHER

Jack Gurnea

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Penna.

12. MAIDEN NAME OF MOTHER

Anna McGary

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Penna.

14.

Informant
(Address)*Mrs. Minnie Gurnea*

15.

Filed

*June 4, 1931**J. H. Murphy*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 1

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 15, 19*31*, to *June 1*, 19*31*that I last saw him alive on *May 25*, 19*31*and that death occurred, on the date stated above, at *2 P.* m.

The CAUSE OF DEATH* was as follows:

Cystic Obstruction(duration) *1* yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *R. E. Lundy*, M. D.*June 3*, 19*31* (Address) *Buhl*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

*Buhl**6-3 1931*

20. Undertaker

Address

*L. Johnson**Buhl.*

RECEIVED JUL 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

75717

PLACE OF DEATH

County of Twin FallsCity of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2083(No. Twin Falls County General Hospital)Local Registrar's No. 103

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ada Millicent Hedstrom

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 14 yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofH. H. Hedstrom

6. DATE OF BIRTH (month, day and year)

Aug 11 - 1888

7. AGE

Years

Months

Days

If LESS than 1 day,

..... hrs. or
..... min.431014

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)New Castle
Australia

10. NAME OF FATHER

Matt Meddings11. BIRTHPLACE OF FATHER (city or town)
(State or Country)England

12. MAIDEN NAME OF MOTHER

Ann Dixon13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)England

14.

Informant
(Address)Mrs George Hallatt

15.

Filed June 30th, 1931..Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June
(Month)23
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June, 1929, to June 23, 1931that I last saw her alive on June 23, 1931and that death occurred, on the date stated above, at 11:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cardiac insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Fibroid Uterus & Hemorrhage(duration) 3 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of June 15thWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas. B. Scott, M.D.June 26, 1931 (Address) Twin Falls, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls Cemetery6-26 1931

20. Undertaker

Address

White Mortuary Inc Twin Falls
Ida.

STATE OF IDAHO

CERTIFICATE OF DEATH

7571

Local Registrar's No.....

County of San Jose

City of Summit Hills Casino

-Registration District No. 09

~~Primary~~ Registration District No. 2081

(No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME..... Mary Ward

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Harvey E. Ward.

6. DATE OF BIRTH (month, day and year) *June 2 - 1889*

7. AGE	Years 42	Months —	Days 3	If LESS than 1 day,hrs. ormin.
--------	-------------	-------------	-----------	--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) _____
(State or country) _____ *Chis*

10. NAME OF FATHER *R. J. McPherson*

11. BIRTHPLACE OF FATHER (city or town).....
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country) *Ohio*

14. Informant A. E. Ward
(Address) B. E. Ward

15. Filed June 17, 1931 J. F. Munkley

16. DATE OF DEATH

16. DATE OF DEATH _____
 _____ 19____
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 12th, 1931, to June 5th, 1931,
that I last saw her alive on June, 1931.

and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Distation, Heath sent to P.O.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY *rephrases & cute (Supp)*
(Secondary)

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of June 4 '79

Was there an autopsy? no

What test confirmed diagnosis? Laboratory blood
 (Signed) Dr. H. H. ..., M. D.

6-7-31 19 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
--	----------------

20. Undertaker	Address
----------------	---------

RECEIVED JUL 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75719

State File No.

PLACE OF DEATH

County of

City of

Registration District No.

Primary Registration District No.

(No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word)

5a. If married, widowed or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

June 30th 1931.

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 23

1931, to June 15

1931

that I last saw him alive on June 15

1931

and that death occurred, on the date stated above, at 11:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(Secondary)

Diabetes

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed)

June 16th 1931 (Address) Twin Falls, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley Idaho

6/19 1931

20. Undertaker

Address

D.C. Johnson

Burley

134 Paulsen

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75720

State File No.

PLACE OF DEATH

County of Ben FallsCity of FilerRegistration District No. 37Primary Registration District No. 2086Local Registrar's No. 99

(No.)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME

Laura M. Grant(a) Residence No. Filer

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Aug 11 / 1872

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.58920

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Ill

10. NAME OF FATHER

Shredrick
Shredrick Kernerpp11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ill

12. MAIDEN NAME OF MOTHER

Quenda Talley13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Tenn.

14.

Informant
(Address)O. E. Grant

15.

Filed June 30th 1931E. E. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

7-45

(Month)

(Day)

(Year)

I HEREBY CERTIFY That I attended deceased from May 20 1931 to May 31 1931that I last saw him alive on May 31 1931
and that death occurred, on the date stated above, at 7:45 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral EmbolismCONTRIBUTORY
(Secondary)Lobar Pneumonia

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. W. Newberry M. D.
June 2 1931 (Address) Filer

19. Place of Burial, Cremation, or Removal

Date of Burial

Filer June 3 1931

20. Undertaker

Address

F. E. Drake Filer

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75721

PLACE OF DEATH

County of *Lincoln*City of *Tiler*

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Sadie Ruth Osborn

(a) Residence. No.

St.

(Usual place of abode)

Length of residence in city or town where death occurred

21 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*A. Osborn*

6. DATE OF BIRTH (month, day and year)

Feb 2 - 1881

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

*50**4**4*

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

*Housewife*9. BIRTHPLACE (city or town)
(State or country)*Shambaugh, Iowa*

10. NAME OF FATHER

*Arkando A. Miller*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)*Ohio*

12. MAIDEN NAME OF MOTHER

*Ledia Beery*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)*Indiana*

14. Informant

(Address)

*A. Osborn**Tiler, Idaho*

15. Filed

June 17, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 6

(Month)

(Day)

31
19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 15, 19*31*, to *June 6*, 19*31*that I last saw her alive on *June 2*, 19*31*

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

*Cancer of R. breast
& Liver*(duration) *3* yrs. mos. ds.CONTRIBUTORY
(Secondary)*Right side of nipple*(duration) *8* yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Dr. John R. Morgan, M. D.*6/7/31*19*31*

(Address)

Tiler, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

*Tiler**June 8 1931*

20. Undertaker

Address

*Johnson**Buhl, Idaho*

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 7-25 M. 1-16-13

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Linn Falls
City of Linn FallsRegistration District No. 37Primary Registration District No. 1086(No. 4th Ave No. St.)File No. 15722
Registered No. 107

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Charlotte French

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Female white Married (Write the words)

6. DATE OF BIRTH.

Nov. 10 1893
(Month) (Day) (Year)

7. AGE

37 Yrs. 7 Mos. 7 ds.IF LESS than 1 day
how many hrs. or min. 2)

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).at home

9. BIRTHPLACE

(State or Country)

Scotland

10. NAME OF FATHER

Mitchell

11. BIRTHPLACE OF FATHER

(State or Country)

Scotland

12. MAIDEN NAME OF MOTHER

Forrest

13. BIRTHPLACE OF MOTHER

(State or Country)

Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

Edna French

(Address)

Linn Falls 4th Ave

15.

Filed July 3rd 1931E. J. Gossman Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 27 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from May 26 1931, to June 27 1931, that I last saw him alive on June 27 1931, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.(Duration) 1 Yrs. mos. ds.Contributory (Secondary) Secondary Carcinoma - bowels.(Duration) 1 yrs. mos. ds.(Signed) H. W. Wilson M. D.June 27 1931 (Address) Linn Falls, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Linn Falls June 29 1931

20. UNDERTAKER

ADDRESS

E. J. Gossman Linn Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75723

PLACE OF DEATH

County of Blaine
City of BlaineRegistration District No. 37Primary Registration District No. 1085 Local Registrar's No. 108

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Minnie Hackbaum(a) Residence. No. 511 5th E St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofW. H. Hackbaum6. DATE OF BIRTH (month, day and year) Jan 7 - 18757. AGE Years Months Days If LESS than 1 day, hrs. or min.
55 5 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Russia10. NAME OF FATHER Jake Wahl11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany12. MAIDEN NAME OF MOTHER Minnie Strauss13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany14. Informant (Address) Mrs. Edward DeWitt
Blaine15. Filed July 8, 1931, Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 30, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from never saw her alive, 1931that I last saw her expired 6-30, 1931
and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

From examination of body & history obtainable would diagnose as cancer of pyloric end of stomach & intestines

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? BeforeDid an operation precede death? yes Date of deathWas there an autopsy? noWho last confirmed diagnosis? Physician (Signed) Blaine M. D.6-30, 1931 (Address) Blaine19. Place of Burial, Cremation, or Removal Blaine Date of Burial July 3 193120. Undertaker Blaine Address Blaine

RECEIVED JUL 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75724

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 16

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roy Allen Reed Jr.(a) Residence No. 205 7th Ave N. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 8 - 19137. AGE Years Months Days If LESS than 1 day, hrs. or min.
17 11 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

10. NAME OF FATHER

Roy A. Reed11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Canada

12. MAIDEN NAME OF MOTHER

Mabel Mitchell13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) England14. Informant (Address) Roy A. Reed
205 7th Ave N.15. Filed June 30 1931. Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 7, 1931 to June 26, 1931that I last saw him alive on June 25, 1931and that death occurred, on the date stated above, at 2:30 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Syphemia melitensis
(Organism): Bacillus melitensis
Var. abortus(duration) yrs. mos. ds. 1 20

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds. 1 2018. Where was disease contracted if not at place of death? Twin Falls, Id.Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Microscopic and bacteriologic(Signed) W. H. Prosser M. D.
June 26 1931 (Address) Twin Falls, Id.

19. Place of Burial, Cremation, or Removal Date of Burial

Twin Falls Cemetery June 27 1931

20. Undertaker Address

White Mortuary Inc Twin Falls, Ida.

MARGIN RESERVED FOR PRINTING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75725

State File No.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No.

Primary Registration District No. 2087

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Hudson

(a) Residence. No. Buhl, Idaho St.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of J. E. Hudson
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 28 / 1893

7. AGE Years Months Days If LESS than 1 day.
38 4 22 min. hrs. or

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Hartsville, Missouri
(State or country)

10. NAME OF FATHER John J. Shoner

11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)

12. MAIDEN NAME OF MOTHER Martha Perkins

13. BIRTHPLACE OF MOTHER (city or town) Kentucky
(State or Country)

14. Informant J. E. Hutcherson
(Address) Buhl

15. Filed June 30, 1931 J. T. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 20, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 17, 1931, to June 20, 1931
that I last saw her alive on June 19, 1931
and that death occurred, on the date stated above, at 9¹⁵ a.m.
The CAUSE OF DEATH* was as follows:

Diphtheria

(duration) yrs. mos. ds. 3
CONTRIBUTORY Chr. appendicitis & ophoritis
(Secondary)
(duration) yrs. mos. ds. 2

18. Where was disease contracted ✓
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? positive cultures

(Signed) G. A. Morrison, M. D.

June 21, 1931 (Address) Buhl, Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery Date of Burial 6/23 1931

20. Undertaker J. E. Schmidt Address Buhl, Id.
License # 172

RECEIVED JUL 5 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75726

State File No.

PLACE OF DEATH

County of ClearwaterCity of Orford

CERTIFICATE OF DEATH

Registration District No. 90Primary Registration District No. 2184

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ira Milliken(a) Residence. No. Moscow, Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 2 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofDavid L. Milliken6. DATE OF BIRTH (month, day and year) Dec. 23, 1891

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.40528

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.House-wife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Moscow, Idaho
(State or country)10. NAME OF FATHER W. H. Hill11. BIRTHPLACE OF FATHER (city or town) North
(State or Country) Carolina12. MAIDEN NAME OF MOTHER Archie West13. BIRTHPLACE OF MOTHER (city or town) North Carolina
(State or Country)14. Informant Commitment paper
(Address)15. Filed June 25, 1931 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 23, 1931, to June 25, 1931that I last saw her alive on June 24, 1931and that death occurred, on the date stated above, at 4:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic morphinism

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) G. J. Hopkins M. D.
6/25, 1931 (Address) Crofting, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Moscow IdaJune 27, 19

20. Undertaker

Address

R. ShartMoscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Clearwater

CERTIFICATE OF DEATH

State File No.

75727

City of OrofinoRegistration District No. 29Primary Registration District No. 2157Local Registrar's No. 27

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas Bellmer(a) Residence. No. Orofino Idaho St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced Married
(If married, give the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 17, 1867

7. AGE Years 64 Months — Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Druggist

10. Date deceased last worked at this occupation (month and year) June 6, 1931 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) _____
(State or country)

17. INFORMANT Mrs. Adeline
(Address) Orofino

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date June 10, 1931

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED June 9, 1931 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1931 to June 8, 1931.
Last saw him alive on June 8, 1931; death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 6/8/31
Date of onset

Other contributory causes of importance:

Name of operation Aorta Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) P. J. Hopkins, M. D.(Address) Orofino, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of **Clearwater**
City of **Orofino**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75728

State File No.

Registration District No. **70**
Primary Registration District No. **2187**
(No. **State Hospital North**)

Local Registrar's No. **32**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Merle Hooper**(a) Residence. No. **913 Garden Avenue** St. **Coeur d'Alene, Idaho**

(Usual place of abode)

Length of residence in city or town where death occurred. **0** yrs. **0** mos. **5** ds. How long in U. S., if of foreign birth? **16** yrs. **?** mos. **?** ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of **Unascertained**

6. DATE OF BIRTH (month, day, and year) **April 12, 1857**

7. AGE Years **74** Months **2** Days **6** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **"Laborer"**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) **Unascertained** 11. Total time (years) spent in this occupation **?**

12. BIRTHPLACE (city or town) **Wilkesburg, Ontario** (State or country)

13. NAME **Richard Hooper**

14. BIRTHPLACE (city or town) **Plymouth, England** (State or country)

15. MAIDEN NAME **Jane Walker**

16. BIRTHPLACE (city or town) **Dublin, Ireland** (State or country)

17. INFORMANT **Records, State Hospital No.** (Address) **Orofino, Idaho**

18. BURIAL, CREMATION, OR REMOVAL Place **St. Mary's Cemetery** Date **June 20, 1931**

19. UNDERTAKER **F. A. Biggberg Imp. and** (Address) **Orofino, Idaho**

20. FILED **June 27, 1931** Registrar. **H. A. Shaw**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **June 18 1931**

22. I HEREBY CERTIFY, That I attended deceased from **June 14** **1**, 1931, to **June 18** **1**, 1931.

I last saw him alive on **June 17**, 1931; death is said

to have occurred on the date stated above, at **2.40 A.M.**

The principal cause of death and related causes of importance

were as follows:

Exhaustion of psychosis

Chronic myocarditis

General arteriosclerosis

Date of onset

?

?

?

Other contributory causes of importance:

Psychosis with cerebral

arteriosclerosis

?

Name of operation **None** Date of

What test confirmed diagnosis **Phys.** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) **Dr. Irvine M. Melway**, M. D.

(Address) **Orofino, Idaho**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Clearwater</u>		CERTIFICATE OF DEATH		State File No. <u>75729</u>	
City of <u>Drogin</u>		Registration District No. <u>96</u>		Local Registrar's No. <u>34</u>	
		Primary Registration District No. <u>2157</u>			
		(No. <u>State Hospital North</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Jennie Hoskins</u>					
(a) Residence. No. <u>St. Coeur d'Alene, Idaho.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>9</u> yrs. <u>9</u> mos. <u>6</u> ds. How long in U. S., if of foreign birth? <u>✓</u> yrs. <u>✓</u> mos. <u>✓</u> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>James E. Hoskins</u>					
6. DATE OF BIRTH (month, day, and year) <u>1852</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, _____ hrs. or min.
		<u>79</u>	<u>?</u>	<u>?</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
					11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) <u>Kalamazoo, Michigan</u> (State or country)					
MOTHER	13. NAME <u>Charles McCormick</u>				
	14. BIRTHPLACE (city or town) <u>Pennsylvania</u> (State or country)				
	15. MAIDEN NAME <u>Sarah Brown</u>				
					16. BIRTHPLACE (city or town) <u>Pennsylvania</u> (State or country)
17. INFORMANT <u>Records: State Hospital North, Drogin - Idaho.</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Hosp. North Cemetery</u> Date <u>July 1, 1931</u>					
19. UNDERTAKER <u>F. A. Billberg, Hospital Attendant.</u> (Address) <u>Drogin - Idaho</u>					
20. FILED <u>4/30</u> , 1931 <u>W. A. Shaw</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 28 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 1</u> , 1931 to <u>June 28</u> , 1931.					
I last saw her alive on <u>June 27</u> , 1931; death is said to have occurred on the date stated above, at <u>5:45 A.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Chronic myocarditis</u>					
Date of onset <u>?</u>					
Other contributory causes of importance: <u>Psychosis with mental deficiency 1919</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>Phys. Signs</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>John Irvine McAlway</u> , M. D. (Address) <u>Drogin - Idaho</u>					

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 75730

1. PLACE OF DEATH

County of Clearwater
City of Elk River

Registration District No. 91

Primary Registration District No. 2168

(No. St.)

Registered No. 3

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Crten William

Beardsley

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED
Divorced
(Write the word.)

6. DATE OF BIRTH

July 27

(Month)

(Day)

1901

(Year)

7. AGE

69 Yrs. 10 Mos. 8 ds.

IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

Clothing Salesman

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Crystal Lake, Ill.

10. NAME OF FATHER

Crseumus Beardsley

11. BIRTHPLACE OF FATHER

(State or Country)

New York

12. MAIDEN NAME OF MOTHER

Mary Peck

13. BIRTHPLACE OF MOTHER

(State or Country)

Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Flora Dygert

(Address)

Moscow, Idaho

15.

Filed July 6 1931

Mildred Hambley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June

(Month)

5

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19

to

19

that I last saw him alive on 19

and that death occurred on the date stated above, at 3:00 AM.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

F. W. Porro

M. D.

6/5 1931

(Address) Borrell, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Moscow, Ida.

DATE OF BURIAL

6/1/31 19

20. UNDERTAKER

F. R. Short

ADDRESS

Moscow

RECEIVED JUL 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75731

State File No.

PLACE OF DEATH

County of ClearwaterCity of Mail Abschick

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No. 80

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas James

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 3 yrs. — 0 mos. — 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCatherine James

6. DATE OF BIRTH (month, day and year)

Aug 16-19057. AGE Years 25 Months Days 11 LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Kanab

10. NAME OF FATHER

William J. James

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant (Address)

Mrs Thomas James
R. F. B. Lane

15.

Filed

June 24, 1931V. A. Shaw

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 23 — 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1928, 19....., to 6/23 — 1931that I last saw him alive on 6-23 — 1931and that death occurred, on the date stated above, at 9 a m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

PneumoniaCONTRIBUTORY (Specific) (duration) yrs. mos. 10 ds.
(Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? ✓ Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? Symptoms(Signed) M. A. Robison M. D.6/23, 1931 (Address) Orifino

19. Place of Burial, Cremation, or Removal

Date of Burial

CannidishJune 25 1931

20. Undertaker

Address

V. A. ShawOrifino

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75732

State File No.

PLACE OF DEATH

County of ClatsopCity of Orfino

CERTIFICATE OF DEATH

Registration District No. 90Primary Registration District No. 2187

(No.)

Local Registrar's No. 26

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Vriesman Lee Snyder(a) Residence. No. Orfino Idaho

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept 13 - 19147. AGE Years 13 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ida
(State or country)10. NAME OF FATHER Amos Snyder11. BIRTHPLACE OF FATHER (city or town) West Virgin
(State or Country)12. MAIDEN NAME OF MOTHER Bettie Ladd13. BIRTHPLACE OF MOTHER (city or town) Nebraska
(State or Country)14. Informant Anna Ladd
(Address) Orfino15. Filed June 7, 1931 V. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 6 - 5 - 31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June 3, 1931, to 6 - 5 - 1931,
that I last saw him alive on 6 - 5 - 1931and that death occurred, on the date stated above, at 6:45 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:Auto-Intoxication.
(Acute nephritis)(duration) yrs. mos. 7 ds.CONTRIBUTORY Burned over intest
(Secondary) trunc arms legs face
(Universal) (duration) yrs. mos. 7 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? Symptoms(Signed) M. R. Robertson, M. D.6 - 5 - 1931 (Address) Orfino Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Wheaton cemetery June 8 1931

20. Undertaker Address

V. A. Shaw Orfino

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED JUL 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75733

State File No.

PLACE OF DEATH

County of Clearwater
City of Mar Pierce

CERTIFICATE OF DEATH

Registration District No. 90Primary Registration District No. 2187Local Registrar's No. 33

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tom Scanlon(a) Residence No. St. Headquarters Ida(Usual place of abode.) (If nonresident, give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
74 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Timberman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Michigan
(State or country)10. NAME OF FATHER unknown11. BIRTHPLACE OF FATHER (city or town) unknown
(State or Country)12. MAIDEN NAME OF MOTHER unknown13. BIRTHPLACE OF MOTHER (city or town) unknown
(State or County)14. Informant W. D. Pearson
(Address) Arpino15. Filed 6/30, 19... W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

6 28 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19... to 19...

that I last saw h... alive on 19...

and that death occurred, on the date stated above, at...

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

death caused
from automobile
accident (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. D. Pearson
6/28, 19... (Address) Arpino

19. Place of Burial, Cremation, or Removal

Date of Burial

Arpino Ida 7/2 19...

20. Undertaker

Address

Arpino Mortuary Arpino Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED JUL 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

15734

State File No.

PLACE OF DEATH

County of ElmoreCity of Orfino

CERTIFICATE OF DEATH

Registration District No. 70Primary Registration District No. 2167Local Registrar's No. 25

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.About65

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workLabor(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

W. R. PinnerJune 8, 1931OrfinoW. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June
(Month)4th
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at 1:20 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:no Doctor(duration) yrs. mos. ds.
CONTRIBUTORS Heart Attack
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. R. Pinner, M. D.6/4, 1931 (Address) Orfino

19. Place of Burial, Cremation, or Removal

Date of Burial

Orfino IdaJune 9, 1931

20. Undertaker

W. A. Shaw

Address

Orfino

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75735**

PLACE OF DEATH

County of Leton

City of Driggs

Registration District No. 77

Primary Registration District No. 2176

Local Registrar's No. 12

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hiram Lublin

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 12 1857

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
74 6- 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mo.
(State or country)

10. NAME OF FATHER Samuel Lublin

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Denmark

12. MAIDEN NAME OF MOTHER

Ann Christina Christensen

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Denmark

14. Informant Samuel Lublin
(Address) Driggs Utah

15. Filed 6-30- 1931 Martha Marker
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw h_____ alive on _____, 19____

and that death occurred, on the date stated above, at _____m.

The CAUSE OF DEATH* was as follows:

unknown

_____, (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Found dead
(Secondary)

_____, (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) John C. Coughlin

June 13, 1931 (Address) Driggs Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Darby Cemetery Date of Burial 6/4 1931

20. Undertaker Swiss Kiser Address Ashton Idaho

RECEIVED JUL 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

PLACE OF DEATH 1001

County of TetonCity of Victor

CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 2176

(No. _____)

Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Flora Stratton

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 30 - 19317. AGE Years Months Days If LESS than 1 day, hrs. or min. 2 yrs. 4 mos. 2 hrs.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Victor Idaho
(State or country)

10. NAME OF FATHER

George F. Stratton11. BIRTHPLACE OF FATHER (city or town) Logan Wt.
(State or Country)12. MAIDEN NAME OF MOTHER Mildred Hatch13. BIRTHPLACE OF MOTHER (city or town) Victor Idaho
(State or Country)14. Informant (Address) George F. Stratton15. Filed 6-30- 1931 Martha Marker
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 30 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 6-29 1931, to 6-29 1931,
that I last saw her alive on 6-29 1931,
and that death occurred, on the date stated above, at 8 a m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Premature

(duration) yrs. mos. ds.

CONTRIBUTORY Ability of mother
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. J. Parkerson, M. D., 19 (Address) Suggs

19. Place of Burial, Cremation, or Removal Date of Burial

Victor Idaho July 1 1931

20. Undertaker Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

7-22-'31

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

 State File No. 7 55388

PLACE OF DEATH
County of Boise
City of Banks

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 51

(No. Near Banks, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lyman O. Littlefield.

(a) Residence. No. Magna, Utah. St. Utah.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds. 182

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced. (write the word) <u>Married.</u>			21. DATE OF DEATH (month, day, and year) <u>7/4/31</u> 193	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Myrtle Littlefield.</u>				22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.		
6. DATE OF BIRTH (month, day, and year) <u>Apr 20-1891</u>				I last saw him alive on _____, 193____; death is said to have occurred on the date stated above, at <u>about 5 P.</u> m.		
7. AGE Years <u>40</u>		Months <u>2</u>	Days <u>6</u>	If LESS than 1 day, _____ hrs. or min.		The principal cause of death and related causes of importance were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter.</u>			Date of onset		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
	10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation			Other contributory causes of importance:			
12. BIRTHPLACE (city or town) (State or country) <u>Henryville, Utah.</u>						
MOTHER FATHER	13. NAME <u>David Littlefield.</u>			Name of operation _____ Date of _____		
	14. BIRTHPLACE (city or town) (State or country) <u>Quincy, Ill.</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____		
	15. MAIDEN NAME <u>Mary Louisa Riggs.</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____.		
	16. BIRTHPLACE (city or town) (State or country) <u>Quincy, Ill.</u>			Where did injury occur? _____ (Specify city or town, county, and State)		
17. INFORMANT <u>J. W. Littlefield.</u> (Address) <u>Oakley, Idaho.</u>			Specify whether injury occurred in industry, in home, or in public place. _____			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salt Lake, Utah</u> Date <u>7/10/31</u> 193			Manner of injury _____			
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>			Nature of injury _____			
20. FILED <u>7-9</u> , 193 <u>1</u> <u>W. S. Rhodes</u> Registrar.			24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>J. E. Shanahan, Cor.</u> (Address) <u>Idaho City, Idaho</u>			

N. B.—WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

7-25-31

PLACE OF DEATH

County of AdaCity of BoiseSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8Primary Registration District No. 2004(No. V.A., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MESSICK, Brinkley H.(a) Residence. No. Basalt, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. B.H. Messick6. DATE OF BIRTH (month, day, and year) May 31, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>34</u>	<u>1</u>	<u>19</u>	

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Laborer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. XX10. Date deceased last worked at
this occupation (month and
year) XX11. Total time (years)
spent in this
occupation XX12. BIRTHPLACE (city or town) Kentucky
(State or country)13. NAME XX14. BIRTHPLACE (city or town) XX
(State or country)15. MAIDEN NAME XX16. BIRTHPLACE (city or town) XX
(State or country)17. INFORMANT L.H. Beaman
(Address) V.A. Boise, Idaho18. BURIAL, CREMATION, OR REMOVAL
Place Boise, Idaho Date July 23, 193119. UNDERTAKER Tom McFarlane
(Address) Boise, Idaho20. FILED 7-21, 1931 W.H. Rhodes
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 75739Local Registrar's No. 54

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20 193122. I HEREBY CERTIFY, That I attended deceased from
July 16, 1931, to July 20, 1931.I last saw him alive on July 20, 1931; death is saidto have occurred on the date stated above, at 11:05 p.m.

The principal cause of death and related causes of importance

were as follows:

Gastric ulcer

Date of onset

Other contributory causes of importance:

Paralytic ilius P.O.(Gastroenterostomy)Name of operation (Appendectomy) Date of 7-16-31What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Nature of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Meg's Hand(Signed) MELORE WARD, ACT. REG. MED. OFF. D.(Address) V.A. Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada.</u>		CERTIFICATE OF DEATH		State File No. <u>75740</u>	
City of <u>Boise.</u>		Registration District No. <u>8</u>		Local Registrar's No. <u>55</u>	
		Primary Registration District No. <u>2004</u>			
		(No. <u>23rd & Pennsylvania.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>William W. Redenbaugh.</u>					
(a) Residence. No. <u>23rd & Pennsylvania.</u> St. <u>90</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>10</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widower.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Nancy J. Redenbaugh.</u>					
6. DATE OF BIRTH (month, day, and year) <u>May 13-1848</u>					
7. AGE Years <u>83</u>		Months <u>2</u>		Days <u>19</u>	
If LESS than 1 day, hrs. or min.					
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter.</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired.</u>			
		10. Date deceased last worked at this occupation (month and year)			
		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Ottumwa, Iowa.</u> (State or country)					
MOTHER		13. NAME <u>Alonzo John Redenbaugh</u>			
		14. BIRTHPLACE (city or town) <u>Pennsylvania</u> (State or country)			
		15. MAIDEN NAME <u>Becky Higdon Davis</u>			
		16. BIRTHPLACE (city or town) <u>Virginia</u> (State or country)			
		17. INFORMANT <u>Mrs. J.K. Radley</u> (Address) <u>Boise, Idaho</u>			
		18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cemetery.</u> Date <u>8-6-31</u> , 193 <u>1</u>			
		19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>			
		20. FILED <u>8-5</u> , 193 <u>1</u> <u>W. W. Rhodes</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8/3/31</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 2</u> , 193 <u>1</u> , to <u>Aug 3</u> , 193 <u>1</u>					
I last saw him alive on <u>Aug 2</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>9:15 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Valvular Heart Chronic</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Yes</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> .					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) <u>W. W. Rhodes</u> M. D.					
(Address) <u>Boise, Idaho.</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75741**

PLACE OF DEATH

County of Blaine Registration District No. 6

City of Emmett Primary Registration District No. _____

(No. _____)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Myrtle M. Holmes

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 27-1902

7. AGE 28 Years 11 Months 20 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cafe mgr.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Gunnison
(State or country) Utah

10. NAME OF FATHER Joseph W. Gribble

11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)

12. MAIDEN NAME OF MOTHER Maria Erickson

13. BIRTHPLACE OF MOTHER (city or town) Gunnison
(State or Country) Utah

14. Informant J W Gribble
(Address) Marysville Idaho

15. Filed 7/20 1931 J R Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, that I attended deceased from

_____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____

and that death occurred, on the date stated above, at 2:45 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Case of accidental drowning
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J R Reynolds M. D.
7/20 1931 (Address) Emmett Idaho

19. Place of Burial, Cremation, or Removal Marysville Idaho Date of Burial 19____

20. Undertaker C S Bucknum Address Emmett Idaho

Rec'd 8-17-31

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE ✓

State File No. 7575742

PLACE OF DEATH

County of Ada.

City of Boise.

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 59

(No. Diversion Dam, II Miles, S.E. of Boise.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John R. Kennaly.

(a) Residence. No. I713-N-19th Street.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White.

5. Single, Married, Widowed,

Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Lulu Miller Kennaly.

6. DATE OF BIRTH (month, day and year) May-2-1883.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

48

3

13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Book keeper for

Boise Payette Company

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer Boise Payette Lumber co.

9. BIRTHPLACE (city or town) Idaho City.
(State or country) Idaho.

10. NAME OF FATHER

John E. Kennaly.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Canada.

12. MAIDEN NAME OF MOTHER Eliza Jacobs.

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

Pennsylvania.

14.

Informant
(Address)Mrs. Lulu Miller Kennaly.
I713-N-19th Street, Boise Ida.

15.

Filed

8-17-31

1931

W. W. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug.

15th

31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19.....

to

19.....

that I last saw him alive on..... 19.....

and that death occurred, on the date stated above, at..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Drowned while swimming below

Diversion Dam, August-15th-1931

About 7.p.m. Body recovered Aug. 16

1931. 12-30 p.m.
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Aug. 17-1931

(Address) Boise Ida. Idaho County

19. Place of Burial, Cremation, or Removal

Morris Hill Cemetery.

Date of Burial

Aug. 17th 1931

20. Undertaker

Summers & Krebs.

Address

Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10 1931

PLACE OF DEATH

County of Ada.City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Helen Elizabeth Fogerson.(a) Residence. No. 528 South 16th Street.

(Usual place of abode)

Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced
HUSBAND of Ammi R. Fogerson.
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 4-1909

7. AGE Years 22 Months 1 Days 9 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

13. NAME Geo. B. Frasier.

14. BIRTHPLACE (city or town) Neb.
(State or country)

15. MAIDEN NAME Myrtle McCurdy.

16. BIRTHPLACE (city or town) Neb.
(State or country)

17. INFORMANT Mrs. Geo. Stanton.
(Address) Weiser, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. Date 7/15/31 1931

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 7-14, 1931 W. H. Rhodes
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 75743Local Registrar's No. 206

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/13/31 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1931, to July 13, 1931.

I last saw him alive on July 13, 1931; death is said

to have occurred on the date stated above, at 6:40 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Septic Endocarditis
probably caused by septic
throat, lobar pneumonia
Apr 18 to 30th

Other contributory causes of importance:

general septic infection

Name of operation Exploratory for pneumonia. Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. M. Holmson, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75744

State File No.

PLACE OF DEATH

County of Ada

City of Meridian

Registration District No. 11

Primary Registration District No. 2003

Local Registrar's No. 12

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME

Emily C Garver

(a) Residence. No. 1 mi N of Meridian Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. 20 yrs. . mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Frank P Garver

6. DATE OF BIRTH (month, day and year)

Dec 11-1854

7. AGE 76 Years 5 Months 22 Days

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farming and Fruit growing

(b) General nature of industry, business, or establishment in which employed (or employer)

same as above

(c) Name of employer

None

9. BIRTHPLACE (city or town) (State or country)

Bryan, Williams Co. Ohio

10. NAME OF FATHER

Jacob Youse

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Pennsylvania

12. MAIDEN NAME OF MOTHER

Emily Washburn

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Pennsylvania

14.

Informant

(Address)

J. J. Garver
Bosse Idaho

15.

Filed

6-3

1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

6

(Month)

3

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

6-3-31

19

to

6-3

19

31

19

31

19

31

19

31

that I did not see her alive last saw her alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Cerebral

hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis

(Signed)

J. H. Neal

M. D.

6-3-

1931

(Address) Meridian

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill cemetery

June 7

1931

20. Undertaker

Address

J. H. Neal
Meridian Idaho

RECEIVED AUG 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75745

PLACE OF DEATH
County of Ada
City of BoiseRegistration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 207(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Gustave Adolph Ballot
(a) Residence. No. Cruzen Adeline St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 41 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of F. Carrie Ballot
(or) WIFE of6. DATE OF BIRTH (month, day, and year) April 4-18667. AGE Years 69 Months 3 Days 6 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jewelry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Berlin, Germany
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Carrie Ballot
(Address) Boise, Ida18. BURIAL, CREMATION, OR REMOVAL
Place Moun. Hill Date 7/14 193119. UNDERTAKER Schubert & Williams
(Address) Boise20. FILED 7-14, 1931 W. R. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10 193122. I HEREBY CERTIFY, That I attended deceased from June 3, 1931, to July 10, 1931.
last saw h. alive on June 3, 1931; death is saidto have occurred on the date stated above, at 6:40 a.m.
The principal cause of death and related causes of importance were as follows:Cerebral Hemorrhage June 1
due to arteriosclerosisOther contributory causes of importance
Paralysis of VagusName of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Dwyer M. D.(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. E. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75746

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No.)

Local Registrar's No.

211

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alma Stearns(a) Residence. No. 1101 1/2 W Jefferson St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 18 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 74 yrs. 0 mos. 0 ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1851

7. AGE Years 80 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Savannah
(State or country) Missouri10. NAME OF FATHER James M. Proctor11. BIRTHPLACE OF FATHER (city or town) Richmond
(State or Country) Kentucky12. MAIDEN NAME OF MOTHER Mary Ellen Woodward13. BIRTHPLACE OF MOTHER (city or town) Indiana
(State or Country)14. Informant E. B. Sherman
(Address) 1215 Lathrop Avenue
Oakland Calif15. Filed 7-20, 1931 W. L. Rhodes

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

7 (Month) 17 (Day) 1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 15, 1931, to July 17, 1931.
that I last saw her alive on July 17, 1931.
and that death occurred, on the date stated above, at 0 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Brain hemorrhage

(duration) 0 yrs. 0 mos. 0 ds.CONTRIBUTORY
(Secondary)(duration) 0 yrs. 0 mos. 0 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? 0 Date of 0Was there an autopsy? 0What test confirmed diagnosis? 0

(Signed) E. B. Sherman
July 18, 1931, (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Lincoln Neb July 21 1931
20. Undertaker Summers & Kufs Address Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Ada

CERTIFICATE OF DEATH

City of BoiseRegistration District No. 2State File No. 75747Primary Registration District No. 1004Local Registrar's No. 217(No. 1723 Washington Street.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Sarah J. Carr.(a) Residence. No. 1723 Washington Street. St.

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word) Widow.
--------------------------	-----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Wm. W. Carr.
(or) WIFE of6. DATE OF BIRTH (month, day, and year) July 23-1841

7. AGE Years <u>90</u>	Months <u>0</u>	Days <u>4</u>	If LESS than 1 day, hrs. or --- min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Meskingdon, Ohio.
(State or country)13. NAME Ralph Cartnal.14. BIRTHPLACE (city or town) Ohio.
(State or country)15. MAIDEN NAME Annette Bradley.16. BIRTHPLACE (city or town) Unknown.
(State or country)17. INFORMANT Mrs. C. H. Shoumaker.
(Address) Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date 8/2/31, 193119. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.20. FILED 7-29, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 27, 1931.22. I HEREBY CERTIFY, That I attended deceased from July 20, 1930., to July 27, 1931.I last saw her alive on June 30, 1931; death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Chronic nephritis & Cardiovascular diseaseName of operation Date of What test confirmed diagnosis? Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1931.Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) W. H. Rhodes M. D.(Address) Boise, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75748

State File No.

PLACE OF DEATH

County of Ada
City of Meridian

Registration District No. 11
Primary Registration District No. 2003

Local Registrar's No. 11

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jonas Bradley Bell

(a) Residence. No. _____ St. _____

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

16. DATE OF DEATH June 3, 1931
(Month) (Day) (Year)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. M. C. Bell, deceased

17. I HEREBY CERTIFY, That I attended deceased from 6, 3, 1931 to June 3, 1931
that I did not see him alive last saw him alive on _____, 19____

6. DATE OF BIRTH (month, day and year) Jan 8, 1843
7. AGE Years 88 Months 4 Days 26 If LESS than 1 day, hrs. or min. _____

and that death occurred, on the date stated above, at 3:35 P.M.
The CAUSE OF DEATH* was as follows:

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer, Retired 20 years.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

Cerebral
Cerebral hemorrhage
(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (city or town) Wilson County
(State or country) Tennessee

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

10. NAME OF FATHER Lamuel Bell

18. Where was disease contracted if not at place of death? _____

11. BIRTHPLACE OF FATHER (city or town) Don't know
(State or Country) _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

12. MAIDEN NAME OF MOTHER _____

What test confirmed diagnosis? _____

(Signed) J. F. Neal, M. D.

6-3, 1931 (Address) Meridian

13. BIRTHPLACE OF MOTHER (city or town) Don't know
(State or Country) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. Informant Mrs. M. C. Roath
(Address) Meridian, Ida

19. Place of Burial, Cremation, or Removal Meridian, Ida Date of Burial 6/5 1931

15. Filed 6-3-, 1931 Registrar J. F. Neal

20. Undertaker B. W. Robinson Address Meridian, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75749

State File No.

PLACE OF DEATH

County of Idaho
City of Meridian

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2003

(No.)

Local Registrar's No. 16

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gertrude A Webb(a) Residence. No. Meridian Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 4 1840

7. AGE Years Months Days If LESS than 1 day,
84 2 15 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife & Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Illinois
(State or country)10. NAME OF FATHER Horace Hathaway11. BIRTHPLACE OF FATHER (city or town) Illinois
(State or Country)12. MAIDEN NAME OF MOTHER Margaret Tomeroy13. BIRTHPLACE OF MOTHER (city or town) Illinois
(State or Country)14. Informant S. A. Webb
(Address) Meridian Idaho15. Filed 7-19, 1931 Registrar. J. H. Keef

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 19, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 7-16, 1931, to 7-19, 1931
that I last saw him alive on 7-19, 1931

and that death occurred, on the date stated above, atm.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) J. H. Keef, M. D.8/1, 1931 (Address) Meridian Idaho19. Place of Burial, Cremation, or Removal Meridian Cemetery Date of Burial July 21 193120. Undertaker W. B. Mateer Meridian Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75750

State File No.

PLACE OF DEATH

County of Adair
City of Meridian

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2003Local Registrar's No. 15

(No.)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Carver Elton Gregory

(a) Residence, No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 15 1867

7. AGE Years 64 Months 0 Days 0 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Jefferson Co Iowa
(State or country)10. NAME OF FATHER Peter Gregory11. BIRTHPLACE OF FATHER (city or town) Ill.
(State or Country)12. MAIDEN NAME OF MOTHER Melissa Wheeler13. BIRTHPLACE OF MOTHER (city or town) Spedromma
(State or County)14. Informant (Address) Rozella Gregory
Meridian15. Filed 7-16-31 Registrar H. F. Neal

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, that I attended deceased from Jan 8/22 1928, to July 15 1931
that I last saw him alive on July 15 1931
and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Bright's Disease

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. F. Neal, M. D.7-16, 1931 (Address) Meridian

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery July 17 1931

20. Undertaker Address

W. S. Mateer Meridian Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75751 State File No.	
County of <u>Ada.</u>		City of <u>Boise.</u>		Registration District No. <u>2</u> Primary Registration District No. <u>1004</u> Local Registrar's No. <u>193</u>	
Registration District No.		Primary Registration District No.		Local Registrar's No.	
City of <u>Boise.</u>		St. <u>Lakes Hospital.</u>		(No.)	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mrs. Anna Pearl Capps.</u>					
(a) Residence. No. <u>Nampa, Idaho. Route #2.</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>8</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S., if of foreign birth? <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Charles E. Capps.</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>March 6-1883</u>					
7. AGE	Years	Months	Days	If LESS than	
<u>48</u>	<u>3</u>	<u>23</u>	<u>1</u> day	<u>0</u> hrs. <u>0</u> min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Oseola, Mo.</u> (State or country)					
13. NAME <u>J. M. Kelley.</u>					
14. BIRTHPLACE (city or town) <u>N. C.</u> (State or country)					
15. MAIDEN NAME <u>Unknown.</u>					
16. BIRTHPLACE (city or town) <u>Ind.</u> (State or country)					
17. INFORMANT <u>Charles E. Capps.</u> (Address) <u>Nampa, Idaho, R#2.</u>					
18. BURIAL CREMATION OR REMOVAL <u>Morris Hill Cemetery.</u> Place <u>Boise, Idaho.</u> Date <u>7/2/31</u> , 1931					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>7-1</u> , 1931 <u>W. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>6/29/31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 3</u> , 1931, to <u>June 29</u> , 1931.					
I last saw <u>her</u> alive on <u>June 29</u> , 1931; death is said to have occurred on the date stated above, at <u>2:30 P.M.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Permeious Anemia</u> 1930					
Other contributory causes of importance:					
<u>Chronic nephritis</u>					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis? <u>Labatory</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Wm. Rhodes</u> , M. D.					
(Address) <u>Boise, Idaho.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		1931		State File No. <u>75752</u>	
City of <u>Boise</u>		CERTIFICATE OF DEATH			
Registration District No. <u>3</u>		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>201</u>	
(No. <u>St. Lukes Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mrs. Ella Jane Howell</u>					
(a) Residence. No. <u>2509 Madison</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>20</u> yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Beverly V. Howell</u>					
6. DATE OF BIRTH (month, day, and year) <u>June 22-1887</u>					
7. AGE	Years	Months	Days	If LESS than 1 day—hrs. or min.	
	<u>44</u>	<u>0</u>	<u>16</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
MOTHER FATHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) (State or country) <u>Showball, Ark.</u>				
	13. NAME <u>Charles Bohannon</u>				
14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
15. MAIDEN NAME <u>Dulcencia Chandler</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
17. INFORMANT <u>B. V. Howell</u> (Address) <u>Boise, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Morriss Hill Cemetery</u> Date <u>7-11-31</u> , 1931					
19. UNDERTAKER <u>Wm. McBratney</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>7-9</u> , 1931 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7/8/31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 6</u> , 1931, to <u>July 8</u> , 1931. Last saw <u>her</u> alive on <u>July 7</u> , 1931; death is said to have occurred on the date stated above, at <u>3:30 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma of sigmoid</u> Date of onset					
Other contributory causes of importance: <u>Fat embolus and sudden death 7 hours after operation</u>					
Name of operation <u>Exploratory</u> Date of <u>July 8</u> What test confirmed diagnosis? <u>Operation</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>Operated by Dr. L. E. Stewart</u> (Signed) <u>W. H. Rhodes</u> , M. D. (Address) <u>Boise, Idaho</u>					

RECEIVED AUG 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75753

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1004Local Registrar's No. 204

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Zylpha Slocum James(a) Residence. No. 1319 N. 15 Street St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widow</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 21, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>61</u>	<u>0</u>	<u>19</u>	<u>19</u>	<u>min.</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ashville County
(State or country) Ohio

10. NAME OF FATHER

Charles Slocum11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER Ann Eliza Branch13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or Country)14. Informant Mrs. Ruth Cole
(Address) Rawlins Wyoming15. Filed 7-13 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 10, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1931, to July 10, 1931that I last saw her alive on July 10, 1931and that death occurred, on the date stated above, at 8:55 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Carcinoma of breastat least (duration) 4 yrs. mos. ds.CONTRIBUTORY metastasis to stomach
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? clinical; biopsy(Signed) H. M. Howerson, M. D.July 11, 1931 (Address) Boise Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery July 12, 1931

20. Undertaker Address

Summers & Krebs, Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10 1931

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of AdaCity of Boise

CERTIFICATE OF DEATH

State File No. 75754Registration District No. 3
Primary Registration District No. 1004Local Registrar's No. 218(No. 1309 Franklin St.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Maude Rintha Fruit.(a) Residence. No. 1309 Franklin

(Usual place of abode)

St.

Length of residence in city or town where death occurred. 30 yrs. mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word)Female. White.Widow.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWm. H. Fruit.6. DATE OF BIRTH (month, day, and year) Mar. 27-1874

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.57327

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Boscabelle, Wis.
(State or country)

MOTHER, FATHER

13. NAME John G. Richardson.14. BIRTHPLACE (city or town)
(State or country)Ky.15. MAIDEN NAME Eliza Jane Spencer.16. BIRTHPLACE (city or town)
(State or country)Unknown.17. INFORMANT Harley S. Fruit.
(Address) Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Mormon Hill Cemetery. Date 7/26/31 193119. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.20. FILED 7-29 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/24/31 193122. HEREBY CERTIFY, That I attended deceased from
April 12, 1931, to July 24, 1931.
I last saw him alive on July 2, 1931; death is said
to have occurred on the date stated above, at 9:10 P.M.
The principal cause of death and related causes of importance
were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical findings23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 1931Where did injury occur?.....
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Fred A. Pugh, M. D.(Address) Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75755

State File No.

PLACE OF DEATH

County of AdaCity of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Harriet Irons. (Irons)(a) Residence. No. 1616. Main Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 13 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHarry. E. Irons.6. DATE OF BIRTH (month, day and year) July. 1. 1901.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
30 0 20.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Gunnison.
(State or country) Utah.

10. NAME OF FATHER

Richard Woolsey.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Utah.

12. MAIDEN NAME OF MOTHER

Christiana Sanders.13. BIRTHPLACE OF MOTHER (city or town) Sweden.
(State or County)14. Informant Harry. E. Irons.
(Address) 1616. Main Street, Boise, Idaho.15. Filed 7-22-31 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July

(Month)

20

(Day)

31

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 14, 1931, to July 20, 1931that I last saw her alive on July 20, 1931and that death occurred, on the date stated above, at 7:30 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenza Septicæmia,
Arthritis, Endocarditis
Myocarditis

(duration) yrs. 2 mos. 6 ds.CONTRIBUTORY
(Secondary)Cerebral Embolus(duration) yrs. mos. 6 ds.18. Where was disease contracted Boise Idaho
if not at place of death?Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? None(Signed) J. H. Brantner, M. D.July 21, 1931 (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.July. 22 1931

20. Undertaker

Address

Summers & Krebs. Boise, Idaho.

RECEIVED AUG 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75756

State File No.

PLACE OF DEATH

County of AdaCity of BoiseRegistration District No. 2Primary Registration District No. 1004Local Registrar's No. 212(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 31

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofTheresa Fogarty Pence

6. DATE OF BIRTH (month, day, and year)

Aug 30, 1884

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

431020

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Hot Springs

13. NAME

Arthur Pence Sr.

14. BIRTHPLACE (city or town) (State or country)

Pennsylvania

15. MAIDEN NAME

Mary Sidney Wells

16. BIRTHPLACE (city or town) (State or country)

Massachusetts

17. INFORMANT (Address)

Mrs. Josephine Beebe
Boise, Idaho. R.F.D. 1.

18. BURIAL, CREMATION OR REMOVAL Place

Date 7/23 1931

19. UNDERTAKER (Address)

W. H. Rhodes
Boise, Idaho

20. FILED

7-21, 1931W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-20 193122. I HEREBY CERTIFY, That I attended deceased from June 25, 1931, to July 20, 1931I last saw him alive on July 20, 1931; death is saidto have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance

were as follows:

Pulmonary embolusDate of onset 7/20/31

Other contributory causes of importance:

Chronic cholecystitisEmpyema of gall bladderName of operation Drainage of gall bladderDate of July 3, 1931What test confirmed diagnosis? W. H. RhodesWas there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury July 20, 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) Harold W. Stone(Address) 317 Eastman BldgBoise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

75757

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. St Lukes Hospital.)Local Registrar's No. 199

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Warren V. Chipp(a) Residence. No. 1317 East Jefferson Street St.

(Usual place of abode.)

Length of residence in city or town where death occurred 20 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGeorgine Chipp6. DATE OF BIRTH (month, day and year) February 14, 1900

7. AGE

31

Years

Months

4

Days

24

If LESS than 1 day,

..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workSalesman, Falk Whole(b) General nature of industry,
business, or establishment in
which employed (or employer)sale Company

(c) Name of employer

9. BIRTHPLACE (city or town) Sumpter
(State or country) Oregon

10. NAME OF FATHER

Warren S. Chipp11. BIRTHPLACE OF FATHER (city or town) Kingston
(State or Country) New York12. MAIDEN NAME OF MOTHER Annette Biggs13. BIRTHPLACE OF MOTHER (city or town) Fort Wayne
(State or County) Indiana

14.

Informant
(Address)Mrs. W.V. Chipp1317 E. Jefferson St, Boise, Idaho

15.

Filed

7-8 31W. J. Rhodes

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July

(Month)

8

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 61931July 81931

that I last saw him alive on

July 71931and that death occurred, on the date stated above, at 8:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Delayed Shock, from accident
resulting in fracture of Rt. shoulder
several ribs, and internal abdominal
injuries (Auto Wreck)CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical Findings

(Signed)

H. E. Dradman, M. D.July 9 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery, July 10, 1931

20. Undertaker

Address

Summer & Krebs, Boise, Idaho

RECEIVED AUG 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75758

PLACE OF DEATH

County of Ada

CERTIFICATE OF DEATH

City of

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 52

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phyllis Ann Glimp.

(a) Residence. No. 3 Miles North West of Boise. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) February, 20, 1931.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
4 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER Fred. L. Glimp.

11. BIRTHPLACE OF FATHER (city or town) Oklahoma.
(State or Country)

12. MAIDEN NAME OF MOTHER Emily Turner.

13. BIRTHPLACE OF MOTHER (city or town) Idaho City Idaho.
(State or Country)14. Informant Fred. L. Glimp.
(Address) Boise, Idaho. R.D. #115. Filed 7-13, 1931 a. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 10th 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July 10th 1931, to July 10th 1931, that I last saw her alive on July 10th 1931, and that death occurred, on the date stated above, at 11:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Information cause of death - accidental falling - bedding -

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Paul Bank M.D. July 11th 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery July 12, 1931

20. Undertaker Address

Summers & Krebs, Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75759

State File No.

PLACE OF DEATH

County of AdaCity of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2004

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vern. A. Mc Bride.(a) Residence. No. State Penitentiary.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. 6 mos.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married.</u>
------------------------	-----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFrances Mc Bride.6. DATE OF BIRTH (month, day and year) April. 4. 1894.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>37.</u>	<u>3</u>	<u>11.</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farmer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Illinois.
(State or country)

10. NAME OF FATHER

Steve Mc Bride.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Illinois.

12. MAIDEN NAME OF MOTHER

Minnie Gariott.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Illinois.14. Informant Frances Mc Bride.
(Address) Twin Falls, Idaho.15. Filed 7-17 1931W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 13 1931 to July 13 1931
that I ~~lost~~ found him ~~alive~~ dead July 13 1931and that death occurred, on the date stated above, at 20 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Suicide. Hanged himself
at Idaho State Penitentiary
on overalls in strips
with ropeCONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed)

July 14 1931 (Address) Chyd. E. Summers, Coroner
Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls, Idaho.July 18 1931

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of AdaCity of BowenRegistration District No. 2Primary Registration District No. 1004(No. St. Luke's)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Phillip Keith Bowles(a) Residence. No. Werner

(Usual place of abode)

St. IdahoLength of residence in city or town where death occurred. yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —6. DATE OF BIRTH (month, day, and year) May 9 - 19317. AGE Years — Months 2 Days 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) Werner (State or country) Idaho13. NAME George Edward Bowles14. BIRTHPLACE (city or town) Afton (State or country) Utah15. MAIDEN NAME Ida Marguerite Bowles16. BIRTHPLACE (city or town) Idaho (State or country) Idaho17. INFORMANT G. E. Bowles (Address) Werner, Ida18. BURIAL, CREMATION, OR REMOVAL Place Werner, Ida Date 7-14, 193119. UNDERTAKER Schreiber, McElroy (Address) Bowles, Ida20. FILED 7-13, 1931 W. H. Rhodes Registrar.

DO NOT WRITE IN THIS SPACE

75760

State File No. 205Local Registrar's No. 162

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-12 193122. I HEREBY CERTIFY, That I attended deceased from June 23, 1931, to July 12, 1931.
last saw him alive on July 12, 1931; death is said to have occurred on (the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows: Pyemic Stenosis

Date of onset

Other contributory causes of importance: Acute PeritonitisName of operation Pancreatic Date of 7/8/31What test confirmed diagnosis? Autopsy Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? — Date of injury —, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? —If so, specify —(Signed) Emmett E. Lamborgh, M. D.(Address) Prine, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75761**

PLACE OF DEATH
County of **Ada**
City of **Boise**

Registration District No. **2**

Primary Registration District No. **1004**

Local Registrar's No. **210**

(No. **St. Alphonsus**)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME **Leona May Yates**

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**

4. COLOR OR RACE **white**

5. Single, Married, Widowed, or Divorced (write the word.) **Infant**

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) **May 18 - 1931**

7. AGE _____ Years _____ Months **2** Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Infant**

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) **Shoshone**
(State or country) **Idaho**

10. NAME OF FATHER **D. C. Yates**

11. BIRTHPLACE OF FATHER (city or town) **Idaho**
(State or Country) **Idaho**

12. MAIDEN NAME OF MOTHER **Leona May Brown**

13. BIRTHPLACE OF MOTHER (city or town) **Idaho**
(State or Country) **Idaho**

14. Informant (Address) **D. C. Yates**
Shoshone, Ida

15. Filed **7-20** 19**31** **W. H. K. Rode**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **July 18** 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **8 PM July 15** 19**31** to **9:30 PM 7/18** 19**31**

that I last saw her alive on **7-18** 19**31**
and that death occurred, on the date stated above, at **9:30 P. M.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Streptococcus respiratory infection.

Known (duration) **19 hours** ds.

CONTRIBUTORY **Hot weather travel.**
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? **Not Known**

Did an operation precede death? **No** Date of _____

Was there an autopsy? **No**

What test confirmed diagnosis? **Culture report.**

(Signed) **Harmon Hamane M. D.**

(Address) **Boise.**

19. Place of Burial, Cremation, or Removal **Emmett Ida** Date of Burial **7/19** 19**31**

20. Undertaker **C. S. Bucknum** Address **Emmett Idaho**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10 1931
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75762

County of AdaCity of BoiseRegistration District No. 2Primary Registration District No. 1004Local Registrar's No. 209(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Barbara W. Schuyler(a) Residence. No. 1004St. New Meadows, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 15-19317. AGE Years Months Days If LESS than 1 day, hrs. or min. 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida.13. NAME William J. Schuyler14. BIRTHPLACE (city or town) (State or country) Boise, Ida.15. MAIDEN NAME Genevieve Amick16. BIRTHPLACE (city or town) (State or country) Col.17. INFORMANT (Address) William J. Schuyler
New Meadows, Ida.18. BURIAL, CREMATION, OR REMOVAL Place St. John's Cemetery 7/17, 1931.19. UNDERTAKER (Address) Schreiber & W. Baum
Boise, Ida.20. FILED 7-16, 1931 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16, 193122. I HEREBY CERTIFY, That I attended deceased from July 15, 1931, to July 16, 1931.I last saw her alive on July 16, 1931; death is said to have occurred on the date stated above, at 2 a. m.The principal cause of death and related causes of importance were as follows: Seven month baby,

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. O. Amick M. D.

(Address)

RECEIVED AUG 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75763

PLACE OF DEATH

County of Ada
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St Lukes Hospital.)

Local Registrar's No. 213

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roxie Louise Taylor.

(a) Residence. No. 1315. N. 19 th Street.

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October, 6. 1915.

7. AGE Years 15. Months 9 Days 13. If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Meridian, Idaho.
(State or country)

10. NAME OF FATHER

George. J. Taylor.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) UTAH.

12. MAIDEN NAME OF MOTHER

Nettie. E. Boring.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Missouri.14. Informant George. J. Taylor.
(Address) 1315. N. 19 Street, Boise, Idaho.

15. Filed 7-21-31 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 27th 1931, to July 19th 1931
that I last saw her alive on July 19th 1931
and that death occurred, on the date stated above, at 3:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Abdominal abscess
on right side -

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Acute appendicitis
complicated with Peritonitis
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Rhodes, M.D.
July 21, 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Meridian Cemetery,

July 21, 1931.

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<u>Ada</u>	CERTIFICATE OF DEATH		State File No. <u>75764</u>	
City of	<u>Boise</u>				
Registration District No. <u>2</u>		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>203</u>	
(No. <u>H. Alphonsus Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Charles Smith</u>		129			
(a) Residence. No. <u> </u>		St. <u>Horseshoe Bend</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Not Known</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u> </u> 1861					
6. DATE OF BIRTH (month, day, and year) <u>about 1876</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>About</u>	<u>55</u>	<u>70</u>			
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Prospector</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>					
10. Date deceased last worked at this occupation (month and year) <u> </u>					
11. Total time (years) spent in this occupation <u> </u>					
12. BIRTHPLACE (city or town) (State or country) <u>Not Known</u>					
FATHER					
13. NAME <u>Not obtainable</u>					
14. BIRTHPLACE (city or town) (State or country) <u> </u>					
MOTHER					
15. MAIDEN NAME <u> </u>					
16. BIRTHPLACE (city or town) (State or country) <u> </u>					
17. INFORMANT <u>A. Schreiber</u> (Address) <u>Boise</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Adm. Cemetery</u> Date <u>7/9</u> 1931					
19. UNDERTAKER <u>Schreiber & Co. Caretaker</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>7-10</u> 1931 <u>W. N. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7-7</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 5</u> , 1931, to <u>July 7</u> , 1931.					
I last saw her alive on <u>July 7</u> , 1931; death is said to have occurred on the date stated above, at <u>96</u> m.					
The principal cause of death and related causes of importance are as follows: <u>Chronic Nephritis</u>					
Date of onset <u> </u>					
Other contributory causes of importance: <u>Nephritic Coma</u>					
Name of operation <u>None</u> Date of <u> </u>					
What test confirmed diagnosis <u>Urinalysis</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u> </u>					
Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u> </u>					
(Signed) <u>T. T. Drayton</u> M. D.					
(Address) <u>Boise Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada.</u>		CERTIFICATE OF DEATH		State File No. <u>75765</u>	
City of <u>Boise.</u>		Registration District No. <u>2</u>		215	
		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>128</u>	
		(No. <u>St. Alphonsus Hospital.</u>)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>James R. Bright.</u>					
(a) Residence. No. <u>Boise, Idaho. R.#5.</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>30</u> yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Rhoda Bright</u>					
6. DATE OF BIRTH (month, day, and year) <u>August 2-1866</u>					
7. AGE <u>64</u>	Years <u>11</u>	Months <u>21</u>	Days <u>11</u>	LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Novelty, Mo.</u> (State or country)					
13. NAME <u>Jacob Bright.</u>					
14. BIRTHPLACE (city or town) <u>Mo.</u> (State or country)					
15. MAIDEN NAME <u>Arlot Richardson.</u>					
16. BIRTHPLACE (city or town) <u>Norway.</u> (State or country)					
17. INFORMANT <u>Mrs. James Bright.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cemetery.</u> Date <u>7/26/31</u> 193					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise Idaho.</u>					
20. FILED <u>7-25</u> 1931 <u>W.H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7/23/31</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 29</u> , 193 <u>1</u> , to <u>July 23</u> , 193 <u>1</u> .					
I last saw him alive on <u>July 23</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>6:55 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Nephritis with cardiac and liver involvement</u>					
Date of onset <u>about June 1930</u>					
Other contributory causes of importance:					
Name of operation <u>Blood & urine analysis</u> Date of <u></u>					
What test confirmed diagnosis? <u>Was there an autopsy?</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 193 <u></u> Where did injury occur? <u></u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u></u>					
Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>W.H. Rhodes</u> , M. D. (Signed) <u>Boise, Idaho.</u> (Address)					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

Ada.

BUREAU OF VITAL STATISTICS

75766

County of

CERTIFICATE OF DEATH

State File No.

City of

Boise.

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Lawrence Rayercraft Eastman.

2. FULL NAME

(a) Residence. No. 1314 Colorado Ave.

St.

(Usual place of abode)

Length of residence in city or town where death occurred. 24 yrs. mos.

(If nonresident give city or town and state)

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

Male.

White.

Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 12-1903.

7. AGE

Years

Months

Days

If LESS than

27

11

27

1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Truck driver.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Okla.

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME

J. L. Eastman.

14. BIRTHPLACE (city or town) (State or country)

Waterloo, Iowa.

15. MAIDEN NAME

Sarah Ann Rayercraft.

16. BIRTHPLACE (city or town) (State or country)

Watford, Canada.

17. INFORMANT (Address)

J. L. Eastman.
Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL

Memphis Hill Cemetery Date 7/12/31 1931

19. UNDERTAKER (Address)

McBratney.
Boise, Idaho.

20. FILED 7-10, 1931

W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/9/31 1931

22. I HEREBY CERTIFY, That I attended deceased from

July 8th, 1931, to July 9th, 1931.
I last saw him alive on July 9th, 1931; death is said

to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of July 8th, 1931

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Boise, Idaho.

M. D.

RECEIVED AUG 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75767

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital)Local Registrar's No. 2082. FULL NAME William H. Brown

(a) Residence. No. _____

(Usual place of abode.)

St. Mackay Idaho

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. _____

yrs.

mos.

ds.

How long in U. S. if of foreign birth? _____

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofChloe Brown

6. DATE OF BIRTH (month, day and year)

Nov. 29, 1866

7. AGE

64 Years

Months

7 / 14

Days

If LESS than 1 day,

_____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Illinois

10. NAME OF FATHER

Charles Brown

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Unknown

PARENTS

14. Informant
(Address)Mrs. Chloe Brown
Mackay, Idaho

15. Filed

7-16, 1931W. H. [Signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

7 (Month)13 (Day)1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

7/101931to 7/131931that I last saw him alive on 7/131931and that death occurred, on the date stated above, at A.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Lobar pneumonia
- right.(duration) About 2 yrs. 7 mos. 7 ds.CONTRIBUTORY
(Secondary)Myocarditis

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Mackay Idaho

Did an operation precede death?

Date of _____

Was there an autopsy?

What test confirmed diagnosis?

Clinical

(Signed)

7/15, 1931

(Address)

Boise

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery July 15, 1931

20. Undertaker

Address

Summers & Sons Boise Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10

PLACE OF DEATH

County of AdaCity of BoiseSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Constantine Leoses.(a) Residence. No. Boise, Idaho. St. _____

(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE Greek 5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years About 37 Months _____ Days _____ If LESS than 1 day, ____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shepherd.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Greece.

13. NAME

Unknown.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

Nick Varkas.
Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL

Morris Hill Cemetery. Date 7/29/31 1931

19. UNDERTAKER (Address)

Wm. McBratney.
Boise, Idaho.

20. FILED

7-28, 1931 W. H. Rhodes

Registrar.

DO NOT WRITE IN THIS SPACE

75768

State File No. _____

Local Registrar's No. 216

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/27/31 1931

22. I HEREBY CERTIFY, That I attended deceased from

July 22, 1931, to July 27, 1931.I last saw him alive on July 26, 1931; death is saidto have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:Lobar Pneumonia Date of onset About 7/15/31

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) H. E. Hedman, M. D.(Address) Boise, Idaho.

RECEIVED AUG 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75769

PLACE OF DEATH

County of Ada

City of Boise

Registration District No.

Primary Registration District No.

(No. St Lukes Hospital.)

Local Registrar's No. 200

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vera Ethel Auxier

(a) Residence No. 5 Miles North West of Meridian St.

(Usual place of abode.) Length of residence in city or town where death occurred 8 yrs. mo. ds. How long in U. S. if of foreign birth? 90 yrs. mo. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) December 23, 1902

7. AGE Years 28 Months 6 Days 14 If LESS than 1 day, min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work School teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Cascade, Idaho (State or country)

10. NAME OF FATHER James W. Auxier

11. BIRTHPLACE OF FATHER (city or town) Ill. (State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth Piercy

13. BIRTHPLACE OF MOTHER (city or town) Indiana (State or County)

14. Informant James W. Auxier (Address) R.D. # 1, Meridian, Idaho

15. Filed 7-8 1931 W.N. Rhodes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 8 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20 1931, to July 2 1931, that I last saw her alive on July 7 1931, and that death occurred, on the date stated above, at 7 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic valvular heart disease

(duration) 10 yrs. mo. ds. CONTRIBUTORY Acute Influenza (Secondary)

(duration) 20 yrs. mo. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph R. Summers, M. D. July 9 1931 (Address) Boise

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery Date of Burial July 10, 1931

20. Undertaker Summers & Krebs, Boise, Idaho Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

RECEIVED AUG 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75770

State File No.

PLACE OF DEATH

County of Ada
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 10241
(No. St Lukes Hospital.)Local Registrar's No. 196

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Hamilton.

(a) Residence. No.

St. New Plymouth Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) November. 27. 18557. AGE Years 75. Months 7. Days 6. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Cleveland, Ohio.
(State or country)10. NAME OF FATHER Thomas Hamilton.11. BIRTHPLACE OF FATHER (city or town) Ireland.
(State or Country)12. MAIDEN NAME OF MOTHER Mary Whigam.13. BIRTHPLACE OF MOTHER (city or town) Ireland.
(State or County)14. Informant Mrs. J.H. Beck.
(Address) New Plymouth Idaho.15. Filed 7-5-31, 1931.W.N. Rhoades
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 3, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 15, 1931, to July 3, 1931
that I last saw her alive on July 3, 1931
and that death occurred, on the date stated above, at 108 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Myocarditis
sclerosis(duration) 5 yrs. mos. ds.
CONTRIBUTORY Myocarditis
(Secondary) (duration) yrs. 2 mos. 3 ds.18. Where was disease contracted I don't know
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? your
(Signed) J. H. Beck M.D.
July 6, 1931 (Address) Boise Idaho19. Place of Burial, Cremation, or Removal Date of Burial July 5. 31. 19Morris Hill Cemetery. Address20. Undertaker Summers & Krebs. Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75771

PLACE OF DEATH

County of Ada
City of Meridian Idaho

Registration District No.

Primary Registration District No. 2003

(No.)

Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hiram K. Rhoads(a) Residence. No. R-3 Meridian Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 8 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>78</u>	<u>11</u>	<u>17</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sm Somerset Pa----
(State or country)

10. NAME OF FATHER

Samuel Rhoads11. BIRTHPLACE OF FATHER (city or town).....
(State or Country) Somerset -Pa12. MAIDEN NAME OF MOTHER Kathirine Frank13. BIRTHPLACE OF MOTHER (city or town).....
(State or Country) Somerset Pa14. Informant H E Rhoads
(Address) R-3 Meridian Idaho15. Filed 6-27, 1931Registrar. J F Neal

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 25th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

11-18, 1931, to 4-1, 1931that I last saw him alive on 4-1, 1931and that death occurred, on the date stated above, at 3:30 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J F Neal, M. D.
6-27, 1931 (Address) Meridian

19. Place of Burial, Cremation, or Removal

Date of Burial

Meridian CemeteryJune 29 1931

20. Undertaker

Address

Meridian Idaho

RECEIVED AUG 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75772

State File No.

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004

(No.)

Local Registrar's No. 197

2. FULL NAME

Albert B. Mathison(a) Residence. No. 924

(Usual place of abode.)

St. IdahoLength of residence in city or town where death occurred. 10 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJullah Mathison

6. DATE OF BIRTH (month, day and year)

Feb. 15 - 1891

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

40419

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Manager, of(b) General nature of industry,
business, or establishment in
which employed (or employer)Jack's Mens

(c) Name of employer

Store9. BIRTHPLACE (city or town)
(State or country)Placerville
Idaho

10. NAME OF FATHER

Nels Mathison11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Norway

12. MAIDEN NAME OF MOTHER

Josephine Rohm13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Placerville
Idaho

14.

Informant
(Address)Mrs. A. B. Mathison
924 Days St. Boise Idaho

15.

Filed

7-61931H. B. Rhoder
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July41931

17. I HEREBY CERTIFY, That I attended deceased from

July 4, 1931, to July 4, 1931that I last saw him alive on July 4, 1931and that death occurred, on the date stated above, at 1:30 p. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Arteriosclerosis

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Symptoms(Signed) J. A. P. P. P., M. D.76, 1931 (Address) Boise

19. Place of Burial, Cremation, or Removal

Date of Burial

Sperry's Cemetery July 7, 1931

20. Undertaker

Summers & Sons

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75773

State File No.

PLACE OF DEATH

County of Idaho
City of Meridian

CERTIFICATE OF DEATH

Registration District No. 11Primary Registration District No. 2003Local Registrar's No. 14

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry J Mahla(a) Residence. No. Meridian Id St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElizabeth Mahla6. DATE OF BIRTH (month, day and year) Jan 21 - 1849

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
82 5 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mechanic & Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Near Trondheim
(State or country) Norway

10. NAME OF FATHER Mekuson

11. BIRTHPLACE OF FATHER (city or town) Norway
(State or Country)

12. MAIDEN NAME OF MOTHER Mekuson

13. BIRTHPLACE OF MOTHER (city or town) Norway
(State or Country)

14. Elizabeth Mahla
Informant (Address) Meridian Idaho

15. Filed 6-29, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 27, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

6-15, 1931, to 6-27, 1931

that I last saw him alive on 6-26, 1931and that death occurred, on the date stated above, at 830 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myocarditis(duration) yrs. mos. 15 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. F. Neal, M. D.6-29, 1931 (Address) Meridian Id

19. Place of Burial, Cremation, or Removal Date of Burial

Meridian Cemetery June 30, 1931

20. Undertaker Address

W. S. Waters Meridian Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH		State File No. <u>75774</u>	
City of <u>Boise</u>		Registration District No. <u>3</u>		Local Registrar's No. <u>198</u>	
		Primary Registration District No. <u>1004</u>			
		(No. <u>St. Alphonsus Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Laurence Reinhart</u>					
(a) Residence. No. <u>3</u> St. <u>Perham Minn</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs <u>3</u> mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Lill Reinhart</u>					
6. DATE OF BIRTH (month, day, and year) <u>Mar 30th 1865</u>					
7. AGE	Years <u>66</u>	Months <u>3</u>	Days <u>3</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Perham Minn</u>					
13. NAME <u>John Reinhart</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Cherland Ohio</u>					
15. MAIDEN NAME <u>Don't know</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Switzerland</u>					
17. INFORMANT (Address) <u>Clara Reinhart</u> <u>Grand View Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Johns</u> Date <u>7-6</u> , 1931					
19. UNDERTAKER (Address) <u>Schneider McClain</u> <u>Boise Idaho</u>					
20. FILED <u>7-7</u> , 1931 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 3</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>3-27</u> , 1931, to <u>Death</u> , 1931.					
I last saw him alive on <u>7-2</u> , 1931; death is said to have occurred on the date stated above, at <u>10:2</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
<u>Myocarditis</u>					
Other contributory causes of importance:					
<u>Arteriosclerosis.</u>					
Name of operation <u>None</u> Date of					
What test confirmed diagnosis <u>Physician</u> there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
Yes. If so, specify <u>Life of hard work - farmer</u>					
(Signed) <u>L. T. West</u> M. D.					
(Address) <u>410 Eastman Bldg.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

PLACE OF DEATH

County of AdaCity of Boise

CERTIFICATE OF DEATH

Registration District No. 3004Primary Registration District No. St. Alphonsus(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Alexander Bell(a) Residence. No. St. Cambridge Ida

(Usual place of abode)

Length of residence in city or town where death occurred. yrs 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed or divorced HUSBAND of Sadie a Bell (or) WIFE of6. DATE OF BIRTH (month, day, and year) Oct 3-18697. AGE Years 61 Months 8 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Prop.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) 22 spent in this occupation12. BIRTHPLACE (city or town) (State or country) New Jersey13. NAME Thomas Parker Bell14. BIRTHPLACE (city or town) (State or country) Scotland15. MAIDEN NAME Don't Know16. BIRTHPLACE (city or town) (State or country) Scotland17. INFORMANT Mrs. J. E. Ogilvie (Address) Boise, Ida.18. BURIAL, CREMATION, OR REMOVAL Place Waller Date 7-3, 193119. UNDERTAKER Schreiber McCann (Address) Boise, Ida.20. FILED 7-2, 1931 W. D. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 30 193122. I HEREBY CERTIFY, That I attended deceased from June 27, 1931, to June 30, 1931.I last saw him alive on June 30, 1931; death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Angina PectorisDate of onset 6/30/31

Other contributory causes of importance:

AtherosclerosisEnteritis with gangrene of toeName of operation Amputation of toe Date of 6/24/31What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify(Signed) J. A. Soelch, M. D.(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED
1931
CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Adams
City of Council

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No. St.)

State File No. 75776

Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Jack H. Coubs

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Male

White

Married

(Write the word)

6. DATE OF BIRTH

Unknown

(Month)

(Day)

(Year)

7. AGE

74

Yrs.

Mos.

ds.

IF LESS than 1 day how many
hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

Farmer

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country)

Kentucky

10. NAME OF Father

Unknown

11. BIRTHPLACE OF FATHER

(State or Country)

Probably Scotland
Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER

(State or Country)

Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Dr. J. M. Miller

(Address)

Council Bluffs

15.

Filed

July 27

19

1931

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July

25

31

Month

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from July 21 1931 to July 25 1931, that I last saw him alive on July 25 1931, and that death occurred on the date stated above, at 7:25 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Stroke

(Duration)

YRS.

MOS.

ds. 5

Contributory (Secondary)

Hypertension

affected

(Duration)

YRS.

MOS.

ds. 5

(Signed)

Oliver S. Thurston

M. D.

July 25, 1931 (Address) Council Bluffs

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place

✓

Yrs.

In the

of death.

Yrs.

Mos.

Days.

State

Yrs.

Mos.

ds.

Where was disease contracted if not at place of death?

Former or

usual residence

Council Bluffs

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Amora Oregon

19

20. UNDERTAKER

ADDRESS

D. A. Miller, Amora Ore.

MARGIN RESERVED FOR SEVERAL
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 75777

PLACE OF DEATH

County of Adams
City of Fruitvale

Registration District No. _____
Primary Registration District No. _____
(No. _____)

Local Registrar's No. 71

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miles D. Chaffee

(a) Residence No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 18, 1849

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
82 1 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pennsylvania
(State or country)

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)

14. Informant Roy Bethel Fruitvale Idaho
(Address)

15. Filed Aug 10 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Did not treat him about July 1, 1931
that I last saw him alive on 7/12/31 P.M.

and that death occurred, on the date stated above, at

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Was called and found him dead. Probably heart degeneration
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes about 10 mos, Date of appendectomy
Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. M. Brown, M. D.
Aug 4 1931 (Address) L. H. Key

19. Place of Burial, Cremation, or Removal Council Idaho Date of Burial Aug 3 1931

20. Undertaker Robert Young Council Idaho Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		State File No. <u>75779</u>	
City of <u>Pocatello</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>117</u>	
		Primary Registration District No. <u>2161</u>			
		(No. <u>Saint Anthony's Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Gaynelle Finks</u>					
(a) Residence. No. <u>Bannock Hotel</u> <u>St. Salt Lake City, Utah.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>0</u> yrs. <u>0</u> mos. <u>8</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 29, 1894</u>					
7. AGE	Years <u>36</u>	Months <u>6</u>	Days <u>12</u>	If LESS than 1 day, hrs. min. <u>12</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Trained-Nurse</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Salt Lake General Hospital</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation <u>12</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Rileyville, Va.</u>					
13. NAME <u>Unknown</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
15. MAIDEN NAME <u>Unknown</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
17. INFORMANT <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>July 16, 1931.</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>July 15, 1931.</u> <u>D C Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 10, 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 193....., to....., 193.....					
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at..... m.					
The principal cause of death and related causes of importance were as follows: <u>Death probably due to one of the barbiturates, self administered either as a medicine or with suicidal intent</u>					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy? <u>yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 193.....					
Where did injury occur?..... (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Arthur W. Hall</u> <u>Coroner</u> (Address) <u>Pocatello, Idaho.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
Bureau of Vital Statistics		BUREAU OF VITAL STATISTICS		75780	
PLACE OF DEATH		COUNTY OF		State File No.	
Bannock		Lava Hot Springs			
City of		Registration District No.		28	
		Primary Registration District No.		2161	
		Local Registrar's No.		110	
(No. In Hills Lava Hot Springs)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME		Charles Sankey		170	
(a) Residence. No.		Lava Hot Springs		St.	
(Usual place of abode)					
Length of residence in city or town where death occurred.		yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX		4. COLOR OR RACE		5. Single, Married, Widowed, or Divorced (write the word)	
Male		White		Single	
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of Unknown					
6. DATE OF BIRTH (month, day, and year) Unknown					
7. AGE		Years		Months	
About 65				Days	
				If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
Laborer					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
Farm					
10. Date deceased last worked at this occupation (month and year) Unknown					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) Unknown					
13. NAME Unknown					
14. BIRTHPLACE (city or town) (State or country) Unknown					
15. MAIDEN NAME Unknown					
16. BIRTHPLACE (city or town) (State or country) Unknown					
17. INFORMANT Arthur W. Hall (Address) Pocatello, Idaho.					
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date July 7, 1931.					
19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.					
20. FILED July 7, 1931. D C Ray Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) July 3, 1931					
22. I HEREBY CERTIFY, That I attended deceased from					
, 193, to, 193.					
I last saw h. alive on, 193: death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
Date of onset					
Gun shot wound in head at own hands (Suicidal)					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 7-3, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. In Hills Lava Hot Springs					
Manner of injury Gun shot wound					
Nature of injury Suicidal					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) Arthur W. Hall Coroner, M. D.					
(Address) Pocatello, Idaho.					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO 10 1931		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		DEPARTMENT OF PUBLIC WELFARE		State File No. <u>75781</u>	
City of <u>Pocatello</u>		BUREAU OF VITAL STATISTICS			
Registration District No. <u>2</u>		CERTIFICATE OF DEATH			
Primary Registration District No. <u>2161</u>		(No. <u>Pocatello General Hospital</u>)		Local Registrar's No. <u>119</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Homer D. Hill</u> (<u>Infant</u>)					
(a) Residence. No. <u>Pocatello, Idaho.</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds.		(If nonresident give city or town and state)		yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>July 18, 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or min.	
	<u>0</u>	<u>0</u>	<u>0</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>				
	10. Date deceased last worked at this occupation (month and year) <u></u>				
11. Total time (years) spent in this occupation <u></u>					
12. BIRTHPLACE (city or town) <u>Pocatello, Idaho.</u> (State or country)					
MOTHER FATHER	13. NAME <u>Howard P. Hill</u>				
	14. BIRTHPLACE (city or town) <u>Idaho.</u> (State or country)				
	15. MAIDEN NAME <u>Rhoda Homer</u>				
	16. BIRTHPLACE (city or town) <u>Idaho.</u> (State or country)				
17. INFORMANT <u>Howard P. Hill</u> (Address) <u>Pocatello, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>July 22, 1931</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>July 22, 1931</u> <u>D C Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 18, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 18, 1931</u> , to <u>July 18, 1931</u> I last saw him alive on <u>July 18, 1931</u> ; death is said to have occurred on the date stated above, at <u>930 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Transition—premature (6 1/2 mos gestation) birth</u>					
Date of onset <u></u>					
Other contributory causes of importance: <u></u>					
Name of operation <u></u> Date of <u></u>					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 1931. Where did injury occur? <u></u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u></u> Manner of injury <u></u> Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>William F. Howard</u> , M. D. (Signed) <u>Pocatello, Idaho.</u> (Address) <u></u>					

1619

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(Address) _____ Howard

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		State File No. <u>75783</u>	
City of <u>Pocatello</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>118</u>	
		Primary Registration District No. <u>2161</u>			
		(No. <u>St. Anthony's Hosp.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Francis Pellum</u>					
(a) Residence. No. <u>216 Wayne Ave.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>July 15, '31</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
			<u>0</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Pocatello</u> (State or country) <u>Idaho</u>					
FATHER	13. NAME <u>Bartlett Pellum</u>				
	14. BIRTHPLACE (city or town) <u>Preston</u> (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Ethel Hottel</u>				
	16. BIRTHPLACE (city or town) <u>Utah</u> (State or country)				
MOTHER	17. INFORMANT (Address) <u>Mrs. Bartlett Pellum</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountview Cem.</u> Date <u>July 16, 1931</u>				
	19. UNDERTAKER <u>Schumacher & Bessley</u> (Address) <u>Pocatello Idaho</u>				
	20. FILED <u>7-18</u> , 1931 <u>D. C. Ray</u> Registrar				
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 15, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 15</u> , 1931, to <u>July 15</u> , 1931.					
I last saw her alive on <u>July 15</u> , 1931; death is said to have occurred on the date stated above, at <u>12</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Premature Birth</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>F. O. Miller</u> , M. D.					
(Address) _____					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO AUG 10 1931		DO NOT WRITE IN THIS SPACE	
Bannock		DEPARTMENT OF PUBLIC WELFARE		State File No. 75784	
Bureau of Vital Statistics		CERTIFICATE OF DEATH			
County of		Registration District No. 2		Local Registrar's No. 121	
City of Pocatello		Primary Registration District No. 2161			
(No. Lynn Brothers Hospital)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME Infant Adams					
(a) Residence. No. Pocatello, Idaho.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Single			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) July 24, 1931.					
7. AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min.	
	0	0	0	0	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.					
13. NAME George W. Adams					
14. BIRTHPLACE (city or town) (State or country) St. Anthony, Idaho.					
15. MAIDEN NAME Letta Bowler					
16. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.					
17. INFORMANT George W. Adams (Address) 450 South Johnson Poca. Ida.					
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date July 26, 1931.					
19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.					
20. FILED July 24, 1931. D. C. Ray Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) July 24, 1931.					
22. I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to July 24, 1931. Last saw deceased on July 24, 1931; death is said to have occurred on the date stated above, at 5 p. m. The principal cause of death and related causes of importance were as follows: Premature Perist.					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Urine Was there an autopsy? No					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. Pocatello, Idaho.					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		CERTIFICATE OF DEATH		State File No. 75785	
County of Bannock		City of Pocatello		Registration District No. 28	
		Primary Registration District No. 2164		Local Registrar's No. 122	
		(No. Residence)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Infant Overland					
(a) Residence. No. Pocatello Brick Plant St. 					
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Single			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) July 19, 1931.					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	0	0	7		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.					
MOTHER FATHER	13. NAME Neeley K. Overland				
	14. BIRTHPLACE (city or town) (State or country) Bountiful, Utah.				
	15. MAIDEN NAME Ella Nelson				
	16. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.				
17. INFORMANT Neeley K. Overland (Address) Pocatello, Idaho.					
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date July 27, 1931.					
19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.					
20. FILED July 27, 1931. D C Ray Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) July 25, 1931.					
22. I HEREBY CERTIFY, That I attended deceased from July 19 , 1931, to July 25 , 1931. Last saw him alive on 7-25 , 1931. Death is said to have occurred on the date stated above, at 7:00 p.m. The principal cause of death and related causes of importance were as follows:					
					Date of onset
Premature birth due to fever in mother					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) D C Ray , M. D. (Address) Pocatello, Idaho.					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
75787
State File No.

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2101
(No. Lynn Bros Ash)
Local Registrar's No. 123
(If death occurred in a hospital or institution, give its name instead of street and number.)
101 A
2. FULL NAME Peter A. Celler
(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 14, 1878

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
53 3 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Road Contractor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Brigham City
(State or country) Utah

10. NAME OF FATHER Perley Catter

11. BIRTHPLACE OF FATHER (city or town) Joplin Mo.
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) "
(State or Country)

14. Informant Vivian Catter
(Address)

15. Filed July 25, 1931, D.C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 24 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1931, to July, 1931,
that I last saw him alive on July 24, 1931,
and that death occurred, on the date stated above, at 1140 1/2 N.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia

(duration) yrs. mos. ds. 1 1/2
CONTRIBUTORY L.P. previously
(Secondary)
(duration) yrs. mos. ds. 1 yrs. 10 mos.

18. Where was disease contracted if not at place of death? "

Did an operation precede death? " Date of "

Was there an autopsy? "

What test confirmed diagnosis? X-Ray, phy, Exam

(Signed) D.C. Ray, M. D.

7/27, 1931 (Address) Pocatello

19. Place of Burial, Cremation, or Removal Date of Burial

Pocatello, Idaho July 28 1931

20. Undertaker H. L. McHan Address Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED AUG 10 1931		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. <u>75788</u>	
City of <u>Pocatello</u>		Registration District No. <u>28</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>115</u>	
(No. <u>Residence</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Beverley Donna Ray Lish</u>							
(a) Residence. No. <u>242 South Thirteenth Ave.</u>							
(Usual place of abode)		(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. <u>1</u> yrs. <u></u> mos. <u></u> ds.		How long in U. S., if of foreign birth? yrs. <u></u> mos. <u></u> ds.					
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) <u>July 11, 1930</u>							
7. AGE	Years <u>1</u>	Months <u>0</u>	Days <u>2</u>	If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>						
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>						
	10. Date deceased last worked at this occupation (month and year)						
11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) <u>Pocatello, Idaho.</u> (State or country)							
MOTHER FATHER	13. NAME <u>Elvin M. Lish</u>						
	14. BIRTHPLACE (city or town) <u>McCammon, Idaho.</u> (State or country)						
	15. MAIDEN NAME <u>Clarisa Robinson</u>						
	16. BIRTHPLACE (city or town) <u>Mexico.</u> (State or country)						
17. INFORMANT <u>Elvin M. Lish</u> (Address) <u>Pocatello, Idaho.</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>McCammon, Ida.</u> Date <u>July 15, 1931</u>							
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>							
20. FILED <u>July 15, 1931</u> <u>D C Ray</u> Registrar							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>July 13, 1931</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>July 6, 1931</u> to <u>July 13, 1931</u>							
I last saw him alive on <u>July 12, 1931</u> ; death is said to have occurred on the date stated above, at <u>4 a.</u> m.							
The principal cause of death and related causes of importance were as follows:							
<u>Broncho-pneumonia</u> <u>July 5</u>							
Other contributory causes of importance: <u>Malnutrition</u>							
Name of operation <u>Clinical</u> Date of <u>76</u>							
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>76</u>							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 1931.							
Where did injury occur? <u></u> (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place. <u></u>							
Manner of injury <u></u>							
Nature of injury <u></u>							
24. Was disease or injury in any way related to occupation of deceased? <u></u>							
If so, specify <u>William J. Howard</u> (Signed) <u>Pocatello, Idaho.</u> (Address)							

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED AUG 10 1931	
County of <u>Bannock</u>		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
City of <u>Pocatello</u>		BUREAU OF VITAL STATISTICS		75789	
Registration District No. <u>28</u>		CERTIFICATE OF DEATH		State File No. _____	
Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>116</u>			
(No. <u>Pocatello General Hospital</u>)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Emma Harper Mikesell</u>					
(a) Residence. No. <u>319 North Johnson Ave.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>2</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Wife of Geo. W. Mikesell</u>					
6. DATE OF BIRTH (month, day, and year) <u>March 16, 1904</u>					
7. AGE	Years <u>27</u>	Months <u>3</u>	Days <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>					
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Pleasant Grove, Utah.</u>					
FATHER					
13. NAME <u>John S. Harper</u>					
14. BIRTHPLACE (city or town) (State or country) <u>England</u>					
MOTHER					
15. MAIDEN NAME <u>Elenora Cobbley</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Pleasant Grove, Utah.</u>					
17. INFORMANT <u>Geo. W. Mikesell</u> (Address) <u>Pocatello, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>July 15, 1931.</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>July 15, 1931.</u> <u>J. C. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 12, 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>7-12</u> , 1931, to <u>7-12</u> , 1931.					
I last saw her alive on <u>7-12</u> , 1931; death is said to have occurred on the date stated above, at <u>7:30</u> p. m.					
The principal cause of death and related causes of importance were as follows:					
<u>Cardiac Embolism.</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>No</u> Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>J. C. Ray</u> M. D.					
(Address) <u>Pocatello, Idaho.</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75790

PLACE OF DEATH

County of BannockCity of Paratello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Paratello General Hospital)Local Registrar's No. 114

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Kate Wilson(a) Residence. No. 237 West Bridger St.

(Usual place of abode.)

Length of residence in city or town where death occurred 15 yrs. 5 mos. 4 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMr. Wilson6. DATE OF BIRTH (month, day and year) March 7 18437. AGE Years 88 Months 5 Days 4 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper(b) General nature of industry, business, or establishment in which employed (or employer) none(c) Name of employer none9. BIRTHPLACE (city or town) (State or country) New York State

10. NAME OF FATHER

Van Loan Unknown11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York State12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown14. Informant (Address) Mary Steel
Paratello Idaho15. Filed 7-10, 1931D. O. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 10, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 1, 1931 to July 10, 1931
that I last saw her alive on July 9, 1931and that death occurred, on the date stated above, at 4:29 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myocarditis chronic(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Chemical(Signed) W. W. Griffiths, M. D.7-10, 1931 (Address) Paratello Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Mt. View Cemetery7/11/31

20. Undertaker

Address

R. L. McLeanParatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Barnack</u>	City of <u>Parcatello</u>	CERTIFICATE OF DEATH		State File No. <u>75791</u>	
Registration District No. <u>2</u>		Primary Registration District No. <u>216</u>		Local Registrar's No. <u>111</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Sarah Adeluid Nelson</u>					
(a) Residence. No. <u>531 West Bonnaville</u> St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>widowed</u>					
6. DATE OF BIRTH (month, day, and year) <u>Oct 25 1870</u>					
7. AGE	Years <u>60</u>	Months <u>8</u>	Days <u>14</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Honamif</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Ogden</u> (State or country) <u>Utah</u>					
FATHER	13. NAME <u>Levi Wheeler</u>				
	14. BIRTHPLACE (city or town) <u>Agua Fria</u> (State or country) <u>Man</u>				
MOTHER	15. MAIDEN NAME <u>Phoebe Perry</u>				
	16. BIRTHPLACE (city or town) <u>Keokuk</u> (State or country) <u>Iowa</u>				
17. INFORMANT <u>L. A. Wilson</u> (Address) <u>Idaho, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>July 12, 1931</u>					
19. UNDERTAKER <u>G. T. Perry</u> (Address) <u>Idaho</u>					
20. FILED <u>7-10</u> , 1931 <u>D C Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 9</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 10</u> , 1931, to <u>July 8</u> , 1931					
I last saw him live on <u>July 7</u> , 1931; death is said to have occurred on the date stated above, at <u>7 p</u> m.					
The principal cause of death and related causes of importance were as follows: <u>apoplexy</u>					
Other contributory causes of importance: <u>she had rheumatism</u>					
Name of operation <u>no</u> Date of <u>no</u>					
What test confirmed diagnosis? <u>no</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>no</u> , 1931					
Where did injury occur? <u>no</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>no</u>					
Manner of injury <u>no</u>					
Nature of injury <u>no</u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>no</u>					
(Signed) <u>D. C. Ray</u> , M. D. address <u>Parcatello, Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED AUG 10 1931	
County of Bannock		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
City of Pocatello		BUREAU OF VITAL STATISTICS		State File No. 75792	
Registration District No. 28		Primary Registration District No. 2161		Local Registrar's No. 124	
(No. Pocatello General Hospital)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME Rhoda H. Sheppard					
(a) Residence. No. Idaho Falls, Idaho. St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Married			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Hyrum Sheppard					
6. DATE OF BIRTH (month, day, and year) June 12, 1896.					
7. AGE	Years 35	Months 1	Days 18	If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) Rexburg, Idaho.					
MOTHER FATHER					
13. NAME Geo. Hibbard					
14. BIRTHPLACE (city or town) (State or country) Logan, Utah.					
15. MAIDEN NAME Julia Lemmon					
16. BIRTHPLACE (city or town) (State or country) Smithfield, Utah.					
17. INFORMANT Hyrum Sheppard (Address) Idaho Falls, Idaho.					
18. BURIAL, CREMATION, OR REMOVAL Place Rexburg, Idaho. Date Aug. 2., 1931.					
19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.					
20. FILED Aug. 1., 1931. D. C. Ray Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) July 29, 1931.					
22. I HEREBY CERTIFY, That I attended deceased from 7-19 , 1931, to 7-29 , 1931.					
I last saw him alive on 7-29 , 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
Cerebral hemorrhage					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? no					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? no					
If so, specify _____					
(Signed) D. C. Ray M. D.					
(Address) Pocatello, Idaho.					
Roberts					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Bannock	STATE OF IDAHO AUG 10 1931		75793	
City of	Pocatello	CERTIFICATE OF DEATH		State File No.	
Registration District No. 28		Primary Registration District No. 2161		Local Registrar's No. 126	
(No. Residence)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME John Erickson		749			
(a) Residence. No. 826 South Main St.		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred 33 yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Married			
5a. If married, widowed, or divorced HUSBAND of Husband of Mary Anderson (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) July 7, 1856.					
7. AGE	Years 75	Months 0	Days 24	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired				
	10. Date deceased last worked at this occupation (month and year)				
12. BIRTHPLACE (city or town) (State or country)		Sweden			
MOTHER FATHER	13. NAME Eric Gustavson				
	14. BIRTHPLACE (city or town) (State or country) Sweden				
	15. MAIDEN NAME Anna Johnson				
	16. BIRTHPLACE (city or town) (State or country) Sweden				
17. INFORMANT Mrs. John Erickson (Address) Pocatello, Idaho.					
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Aug. 2, 1931.					
19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.					
20. FILED Aug. 1, 1931. D. C. Ray Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) July 31, 1931.					
22. I HEREBY CERTIFY, That I attended deceased from July 24 , 1931, to July 31 , 1931. I last saw him alive on July 31 , 1931; death is said to have occurred on the date stated above, at 8:30 p.m. The principal cause of death and related causes of importance were as follows: Cerebral hemorrhage Date of onset July 24, 1931.					
Other contributory causes of importance: High Blood Pressure Intermittent nephritis many years. many years.					
Name of operation _____ Date of _____					
What test confirmed diagnosis? None Was there an autopsy? no					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) H. H. Hughart , M. D. (Address) Pocatello, Idaho. Hughart					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75794	
County of <u>Bannock</u>		City of <u>Pocatello</u>		State File No.	
Registration District No. <u>2</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>113</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Isaac L. Meader</u>					
(a) Residence. No. <u>n. of city - Fish Hatchery St.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>16</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 18, 1852</u>					
7. AGE <u>78</u>	Years	Months <u>6</u>	Days <u>22</u>	If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>plasterer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation <u>30</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Penn.</u>					
MOTHER FATHER	13. NAME <u>John Meader</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Penn.</u>				
	15. MAIDEN NAME <u>unknown</u>				
	16. BIRTHPLACE (city or town) (State or country)				
17. INFORMANT <u>Dr. L. Meader</u> (Address) <u>Fish Hatchery - n. of city</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello</u> Date <u>July 13, 1931</u>					
19. UNDERTAKER <u>Schumacher & Brothers, Inc.</u> (Address) <u>Pocatello Idaho</u>					
20. FILED <u>7-11</u> , 1931 <u>D. C. Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 10</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 6</u> , 1931, to <u>July 10</u> , 1931					
last saw him alive on <u>July 10</u> , 1931; death is said to have occurred on the date stated above, at <u>12 A.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>apoplexy</u>					
Other contributory causes of importance: <u>age</u>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy? <u>✓</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>no</u>					
(Signed) <u>Dr. L. Meader</u> , M. D.					
(Address) <u>Pocatello Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH Bannock		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of		City of		State File No. 75795	
Pocatello		Registration District No. 28		Local Registrar's No. 120	
Primary Registration District No. 2161		424 North Eighth Ave.			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Sarah E. Christensen					
(a) Residence. No. 424 North 8th., Ave. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. 13 yrs. mos. ds.		(If nonresident give city or town and state) yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Married			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Joseph Christensen					
6. DATE OF BIRTH (month, day, and year) Feb. 16, 1876					
7. AGE Years 55	Months 5	Days 6	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Housewife			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		At Home			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) Woodruff, Utah.					
13. NAME Charles Dean					
14. BIRTHPLACE (city or town) (State or country) England					
15. MAIDEN NAME Mary Cope					
16. BIRTHPLACE (city or town) (State or country) England					
17. INFORMANT Joseph Christensen (Address) Pocatello, Idaho.					
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date July 23, 1931					
19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.					
20. FILED July 22, 1931		J. C. Ray Registrar			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) July 21, 1931					
22. I HEREBY CERTIFY, That I attended deceased from May 20, 1931, to July 21, 1931. Last saw alive on July 20, 1931. death is said to have occurred on the date stated above, at 7:30 a.m.					
The principal cause of death and related causes of importance here as follows: General carcinoma Date of onset					
Other contributory causes of importance:					
Name of operation Amputation Date of 5-20-31					
What test confirmed diagnosis path Was there an autopsy? no					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury —, 1931. Where did injury occur? road (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. road					
Manner of injury road					
Nature of injury road					
24. Was disease or injury in any way related to occupation of deceased? If so, specify no					
(Signed) J. C. Ray, M. D. Pocatello, Idaho.					

RECEIVED IDAHO AUG 10 1931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>	City of <u>Pocatello</u>	Registration District No. <u>28</u>		State File No. <u>75796</u>	
		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>112</u>	
		(No. <u>St. Anthony's Hosp.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mrs. Bridget Rush</u>					
(a) Residence. No. <u>144 S. 8th St.</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Pat Rush</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years <u>68</u>	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Washington, Indiana</u>				
	13. NAME <u>John Padgett</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Penn.</u>				
	15. MAIDEN NAME <u>unknown</u>				
MOTHER FATHER	16. BIRTHPLACE (city or town) (State or country) <u>Penn.</u>				
	17. INFORMANT (Address) <u>Leo Rush Pocatello Idaho</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>July 13, 1931</u>				
	19. UNDERTAKER <u>Schumacher & Bradley, Inc.</u> (Address) <u>Pocatello Idaho</u>				
20. FILED <u>7-11</u> , 1931 <u>D. C. Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 9, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 9, 1931</u> , to <u>July 9, 1931</u> . I last saw him alive on <u>July 9, 1931</u> ; death is said to have occurred on the date stated above, at <u>6:45</u> a.m. The principal cause of death and related causes of importance were as follows:					
<u>Adeno Carcinoma of Uterus</u>					
Other contributory causes of importance:					
Name of operation <u>hysterectomy</u> Date of <u>6-26-1931</u>					
What test confirmed diagnosis <u>pathologic anatomy</u> <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury <u></u> , 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>no</u>					
(Signed) <u>D. C. Ray</u> M. D.					
(Address) <u>Pocatello Idaho</u>					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75798**

PLACE OF DEATH

County of **Bonanza**
City of **Idaho Falls**Registration District No. **32**Primary Registration District No. **2049**Local Registrar's No. **23**

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Betty Jean Sadler**(a) Residence. No. **617 Jefferson** St.(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of **Import**6. DATE OF BIRTH (month, day and year) **July 30th 1931**7. AGE Years Months Days **11 hours** If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **✓**(b) General nature of industry, business, or establishment in which employed (or employer) **✓**

(c) Name of employer

9. BIRTHPLACE (city or town) **Idaho Falls**
(State or country)10. NAME OF FATHER **E. J. Sadler**11. BIRTHPLACE OF FATHER (city or town)
(State or Country) **Michigan**12. MAIDEN NAME OF MOTHER **Laurine Ace**13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) **Idaho Falls**14. Informant **E. J. Sadler**
(Address) **617 Jefferson**15. Filed **Aug 11**, 19**31**

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **July 30th 1931**

(Month) (Day) (Year)

17. HEREBY CERTIFY, that I attended deceased from

July 30, 19**31** to **July 30**, 19**31**that I last saw her alive on **July 30**, 19**31**and that death occurred on the date stated above, at **9 A** M.

The CAUSE OF DEATH* was as follows:

Pneumonia
(7 mo)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? **No**Did an operation precede death? **No** Date of _____Was there an autopsy? **No**What test confirmed diagnosis? **Cadaveric**(Signed) **E. J. Sadler****7/30**, 19**31** (Address) **Idaho Falls**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Idaho Falls** Date of Burial **July 31 1931**20. Undertaker **R. E. Tucker** Address **Idaho Falls**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75799**

PLACE OF DEATH

County of Renewah
City of St. Maries, Idaho

Registration District No. 32
Primary Registration District No. 2049

Local Registrar's No. 22

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Carrie E. Gregory

(a) Residence. No. College and Elmwood St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Charles Henry Gregory
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
67 1 11 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) La Plume
(State or country) Peru

10. NAME OF FATHER

Rev

11. BIRTHPLACE OF FATHER (city or town) Saddleworth
(State or Country) England

12. MAIDEN NAME OF MOTHER

Mary Chase

13. BIRTHPLACE OF MOTHER (city or town) La Plume
(State or Country) Peru

14. Informant Chas H Gregory
(Address) St Maries Idaho

15. Filed Aug 11, 1931 Walter Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Feb. 5, 1930, 19 , to July 25, 1931

that I last saw h. er. alive on July 25, 1931

and that death occurred, on the date stated above, at 1:57 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Stewart, M. D.

July 27, 1931 (Address) St. Maries, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

St Maries Ida July 27 1931

20. Undertaker Address

State Mitchell St Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75800

PLACE OF DEATH

County of

Blennet

City of

St. Maries, Idaho

Registration District No.

32

Primary Registration District No.

2049

Local Registrar's No.

21

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Jasper N. Beebe

(a) Residence No.

324 Third St

St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed or divorced

HUSBAND of
(or) WIFE of

Katherine Beebe

6. DATE OF BIRTH (month, day and year)

Sept - 5 1871

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs.

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Section Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

Railroad maintenance

(c) Name of employer

C. & P. R. Ry

9. BIRTHPLACE (city or town)
(State or country)

Missouri

10. NAME OF FATHER

Hiram Bell

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Missouri

12. MAIDEN NAME OF MOTHER

Mary Conrad

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Penn

14. Informant

Katherine Bell

(Address)

St Maries

15. Filed

Aug 11

1931

Walter Poberg

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 2

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 16 1931 to July 2 1931

that I last saw him alive on

July 1 1931

and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH was as follows:

Myelitis, transverse, ascending

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(Secondary)

Hypertrophic spinal arthritis

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?

Unknown

Did an operation precede death?

No

Was there an autopsy?

No

What test confirmed diagnosis?

Clinical

(Signed)

C. P. Poberg

M. D.

7/2

1931

(Address)

St Maries, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

St Maries Idaho

July 5

1931

20. Undertaker

Address

Grover Mitchell

St Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75801	
County of <u>Bingham</u>		Registration District No. <u>21</u>		State File No. _____	
City of <u>Blackfoot</u>		Primary Registration District No. <u>1007</u>		Local Registrar's No. <u>27</u>	
(No. <u>Blackfoot Hospital Francis Street</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>H. Robert Wiley</u>					
(a) Residence. No. <u>Springfield, Idaho</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>24</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 20, 1904</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>26</u>	<u>8</u>	<u>22</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Rocky Ford, Colo.</u> (State or country)					
MOTHER					
13. NAME <u>H.K. Wiley</u>					
14. BIRTHPLACE (city or town) <u>Makanda, Ill.</u> (State or country)					
15. MAIDEN NAME <u>LeMaud Stokes</u>					
16. BIRTHPLACE (city or town) <u>New Haven, Mo.</u> (State or country)					
17. INFORMANT <u>H.K. Wiley</u> (Address) <u>Springfield, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Grove City Cem.</u> Date <u>7-14-</u> , 1931					
19. UNDERTAKER <u>E. J. Beck</u> (Address) <u>Blackfoot, Idaho</u>					
20. FILED <u>July 3, 1931</u> <u>Mo. Natural State</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 12, 1931</u>					
I HEREBY CERTIFY, That I attended deceased from <u>July 9</u> , 1931, to <u>July 12</u> , 1931.					
I last saw him alive on <u>July 12, 1931</u> ; death is said to have occurred on the date stated above, at <u>12:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Auto accident</u> <u>to chest</u> <u>leg.</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>Autopsy</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide <u>Accident</u> Date of injury <u>July 9, 1931</u>					
Where did injury occur? <u>Blackfoot, Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Public Highway</u>					
Manner of injury <u>Automobile accident</u>					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) <u>H. Wiley</u> M. D.					
(Address) <u>Blackfoot, Idaho</u>					

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

7-19-91 9:10 AM

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
<div style="display: flex; justify-content: space-between;"> <div> <p>PLACE OF DEATH BINGHAM</p> <p>County of BINGHAM</p> <p>City of Blackfoot</p> </div> <div> <p>CERTIFICATE OF DEATH</p> <p>Registration District No. 121</p> <p>Primary Registration District No. 2194</p> <p>(No. STATE HOSPITAL SOUTH)</p> <p>(If death occurred in a hospital or institution, give its name instead of street and number.)</p> <p>A. J. ASHCROFT</p> </div> <div> <p>RECEIVED AUG 6 1931</p> <p>DO NOT WRITE IN THIS SPACE</p> <p>State File No. 75803</p> </div> </div>					
<p>2. FULL NAME A. J. ASHCROFT</p> <p>(a) Residence. No. Boise St. Boise</p> <p>(Usual place of abode)</p> <p>Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.</p>					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX MALE		4. COLOR OR RACE WHITE		5. Single, Married, Widowed, or Divorced (write the word) Do not know	
5a. If married, widowed, or divorced HUSBAND of Do not know (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) June, 11-1854					
7. AGE 77		Years 1		Months 16	
				Days 16	
				If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year) Do not know					
11. Total time (years) spent in this occupation Do not know					
12. BIRTHPLACE (city or town) (State or country) Indiana					
FATHER					
13. NAME Do not know					
14. BIRTHPLACE (city or town) (State or country) Do not know					
MOTHER					
15. MAIDEN NAME Do not know					
16. BIRTHPLACE (city or town) (State or country) Do not know					
17. INFORMANT (Address) RECORDS OF STATE HOSP SOUTH Blackfoot, Idaho					
18. BURIAL, CREMATION, OR REMOVAL Place Do not know Date July 25 1931					
19. UNDERTAKER (Address) Do not know					
20. FILED July 25 1931 Mrs. Helen E. Patrick Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) July 27 1931					
22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th, 1931 to July 27-1931					
I last saw him alive on July 27th, 1931 ; death is said to have occurred on the date stated above, at 11 P. m.					
The principal cause of death and related causes of importance were as follows:					
Senility					
Other contributory causes of importance: Gangrene of both feet- Of right foot Of left foot					
Date of onset 7-24-31 6-15-31					
Name of operation None performed Date of None					
What test confirmed diagnosis? Clinical symptoms					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? --- Date of injury --- 1931					
Where did injury occur? --- (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. ---					
Manner of injury None					
Nature of injury None					
24. Was disease or injury in any way related to occupation of deceased? No If so, specify ---					
(Signed) Chas. R. Lewis , M.D.					
(Address) Blackfoot, Idaho.					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		RECEIVED AUG 6 1931	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		State File No. 75804	
CERTIFICATE OF DEATH County of Bingham City of Blackfoot, Ida. Registration District No. 121 Primary Registration District No. 1007 Local Registrar's No. 122			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME Elizabeth Ann Kinney			
(a) Residence. No. 398 East Bridge St. St. _____ (Usual place of abode) (If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Widowed	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. E. Kinney			
6. DATE OF BIRTH (month, day, and year) Nov 6 1851			
7. AGE	Years 79	Months 8	Days 3 If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) North Manchester Ind.			
FATHER	13. NAME William Hood		
	14. BIRTHPLACE (city or town) (State or country) Dont know		
MOTHER	15. MAIDEN NAME Katherine Miller		
	16. BIRTHPLACE (city or town) (State or country) Dont know		
17. INFORMANT Maryde Chobotar (Address) Blackfoot Idaho			
18. BURIAL, CREMATION, OR REMOVAL Place from City Cem. Date July 5 1931			
19. UNDERTAKER G. J. Park (Address) Blackfoot Idaho			
20. FILED July 4, 1931 M. H. Miller Registrar.			
MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day, and year) July 3 1931 22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 , to July 3, 1931 I last saw her alive on July 3, 1931 ; death is said to have occurred on the date stated above, at 8 a.m. The principal cause of death and related causes of importance were as follows: senility Other contributory causes of importance:			
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____ 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____ 24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) H. H. Miller , M. D. (Address) Blackfoot Idaho			

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		RECEIVED AUG 6 1931 DO NOT WRITE IN THIS SPACE 75805 State File No.
PLACE OF DEATH County of <i>Blaine</i> City of <i>Blaine</i> Registration District No. <i>121</i> Primary Registration District No. <i>1007</i>		Local Registrar's No. <i>133</i>
(No.) If death occurred in a hospital or institution, give its name instead of street and number.		
2. FULL NAME <i>Philip Hernandez</i>		
(a) Residence. No. <i>West Pacific</i> St. <i>1619</i> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX <i>male</i>	4. COLOR OR RACE <i>Mex</i>	5. Single Married, Widowed, or Divorced (Write the word) <i>Single</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year)		
7. AGE	Years	Months Days If LESS than 1 day 10 hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>none</i>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <i>Blaine, Idaho</i>		
13. NAME <i>Philip Hernandez</i>		
14. BIRTHPLACE (city or town) (State or country) <i>Mexico</i>		
15. MAIDEN NAME <i>Bernie Aulas</i>		
16. BIRTHPLACE (city or town) (State or country) <i>New Mexico</i>		
17. INFORMANT (Address) <i>Blackfoot, Idaho</i>		
18. BURIAL, CREMATION, OR REMOVAL Place <i>Home City, Cal.</i> Date <i>July 31, 1931</i>		
19. UNDERTAKER (Address) <i>None</i>		
20. FILED <i>July 31, 1931</i> <i>Mrs. Hattie E. Colver</i> Registrar.		
MEDICAL CERTIFICATE OF DEATH		
21. DATE OF DEATH (month, day, and year) <i>July 30, 1931</i>		
22. I HEREBY CERTIFY, That I attended deceased from <i>July 30, 1931</i> , to <i>July 30, 1931</i> . I last saw him alive on <i>July 30, 1931</i> ; death is said to have occurred on the date stated above, at <i>11:00 a.m.</i> The principal cause of death and related causes of importance were as follows:		
<i>Pr. mature 7 months</i> Other contributory causes of importance:		
Name of operation. Date of.		
What test confirmed diagnosis? Was there an autopsy?		
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <i>NI</i> Date of injury., 1931.		
Where did injury occur? (Specify city or town, county, and State)		
Specify whether injury occurred in industry, in home, or in public place.		
Manner of injury.		
Nature of injury.		
24. Was disease or injury in any way related to occupation of deceased?		
If so, specify (Signed) <i>Philip Hernandez</i> M. D. (Address) <i>Blackfoot, Idaho</i>		

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		BUREAU OF VITAL STATISTICS		State File No. <u>75806</u>	
City of <u>Blackfoot</u>		CERTIFICATE OF DEATH			
Registration District No. <u>121</u>		Primary Registration District No. <u>121</u>		Local Registrar's No. <u>121</u>	
(No. <u>County Hospital 20 Broadway St.</u> (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Andy Baland Wike</u>					
(a) Residence. No. <u>County Hospital 20 Broadway St.</u>					
(Usual place of abode)					
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Jan 17 1880</u>					
7. AGE	Years <u>51</u>	Months <u>4</u>	Days <u>23</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Jackson Co. N.C.</u>					
MOTHER FATHER	13. NAME <u>Jerry Wike</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Jackson Co. N.C.</u>				
	15. MAIDEN NAME <u>Tennessee Zachary</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Jackson Co. N.C.</u>				
17. INFORMANT <u>Kitter Wike</u> (Address) <u>Firth Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>From City of</u> Date <u>July 12 1931</u>					
19. UNDERTAKER <u>G. H. B. B.</u> (Address) <u>Blackfoot</u>					
20. FILED <u>July 11 1931</u> <u>Wm. H. B. B.</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7-10 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>7-1 1931</u> , to <u>7-10 1931</u> .					
I last saw him alive on <u>7-10 1931</u> ; death is said to have occurred on the date stated above, at <u>11:30 A.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>chronic asthma 3 yrs. & Emphysema</u>					
Other contributory causes of importance: <u>chronic myocarditis</u>					
Name of operation <u>Physical Examinations</u> Date of <u>7-10 1931</u>					
What test confirmed <u>Physical Examinations</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Yes</u> Date of injury <u>7-10 1931</u>					
Where did injury occur? <u>Yes</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Yes</u>					
Manner of injury <u>Yes</u>					
Nature of injury <u>Yes</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u>Emphysema</u>					
(Signed) <u>J. J. Humphreys</u> M. D.					
(Address) <u>Blackfoot Idaho</u>					

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PLACE OF DEATH BINGHAM		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED AUG 6 1931 DO NOT WRITE IN THIS SPACE State File No. 75807	
County of BLACKFOOT		City of BLACKFOOT		Registration District No. 121	
		Primary Registration District No. 2194		Local Registrar's No. 132	
		STATE HOSPITAL SOUTH			
		(No. JAMES T WILSON)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME		St. MIDDLETON			
(a) Residence. No.		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX MALE	4. COLOR OR RACE WHITE	5. Single, Married, Widowed, or Divorced (write the word) MARRIED			
5a. If married, widowed, or divorced HUSBAND of Winifred M Wilson (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Oct. 21, 1863					
7. AGE 67	Years	Months 9	Days 9	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) Do spent in this occupation not know				
12. BIRTHPLACE (city or town) Missouri (State or country)					
FATHER	13. NAME Oscar Wilson				
	14. BIRTHPLACE (city or town) Kentucky (State or country)				
MOTHER	15. MAIDEN NAME Mary Wells				
	16. BIRTHPLACE (city or town) Missouri (State or country)				
17. INFORMANT Records of State Hosp. South Blackfoot. (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place As per funeral home Date July 30, 1931					
19. UNDERTAKER E. T. Blackfoot Idaho (Address)					
20. FILED July 30, 1931 M. H. Nelson & Son Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) July 30, 1931					
22. I HEREBY CERTIFY, That I attended deceased from July 23rd, 1931 , to July 30th, 1931					
I last saw him live on July 30th , 1931; death is said to have occurred on the date stated above, at 9.10 AM					
The principal cause of death and related causes of importance were as follows:					
LOBAR PNEUMONIA- present on admission.					
Other contributory causes of importance: In Jan. 1931 had Influenza followed by bronchitis. old age.					
Name of operation None Date of					
What test confirmed diagnosis? Clinical symptoms					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury, 1931.					
Where did injury occur? --- (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury ---					
Nature of injury ---					
24. Was disease or injury in any way related to occupation of deceased? No If so, specify					
(Signed) Chas. H. Lowe , M. D. (Address) Blackfoot, Idaho.					

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PLACE OF DEATH		STATE OF IDAHO		RECEIVED AUG 6 1931	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE			
BUREAU OF VITAL STATISTICS		State File No. 75808			
County of <u>Bingham</u>		Registration District No. <u>121</u>		Local Registrar's No. <u>121</u>	
City of <u>Blackfoot</u>		Primary Registration District No. <u>1007</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Silas Walton</u>					
(a) Residence. No. <u>East Bridge St.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>8</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Nov. 1864.</u>					
7. AGE Years <u>67</u>		Months		Days	
				If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Utah.</u> (State or country)					
MOTHER FATHER		13. NAME <u>Daina Walton</u>			
		14. BIRTHPLACE (city or town) <u>Maine</u> (State or country)			
		15. MAIDEN NAME <u>Rebecca Card.</u>			
		16. BIRTHPLACE (city or town) <u>Ohio.</u> (State or country)			
17. INFORMANT (Address) <u>George Walton</u> <u>Blackfoot, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Grove City</u> Date <u>7-5-31</u> 1931					
19. UNDERTAKER <u>Modern Mortuary</u> (Address) <u>Blackfoot, Ida.</u>					
20. FILED <u>July 5, 1931</u> <u>Mrs. Helen E. Carter</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7-2-31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 2, 1931</u> , to <u>July 2, 1931</u>					
I last saw him alive on <u>July 2, 1931</u> ; death is said to have occurred on the date stated above, at <u>11:30 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Lobar Pneumonia</u>					
Date of onset <u>July 10 1931</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>W. W. Beck</u> M. D.					
(Address) <u>Blackfoot, Idaho</u>					

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED AUG 6 1931

DO NOT WRITE IN THIS SPACE

State File No. 75809

PLACE OF DEATH

County of Bingham
City of Shelby

Registration District No. 121
Primary Registration District No. 2194

Local Registrar's No. 123

(No. 80)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Theodore Edwin Butler
(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant
6. DATE OF BIRTH (month, day and year)
7. AGE Years 4 Months 2 Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED Infant
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) Birth Idaho
(State or country)

10. NAME OF FATHER James L. Butler
11. BIRTHPLACE OF FATHER (city or town) Butterfield, Ida
(State or Country)
12. MAIDEN NAME OF MOTHER Debra Murphy
13. BIRTHPLACE OF MOTHER (city or town) Cambridge, Mass
(State or Country)
14. Informant James LeRoy Butler
(Address) Birth, Idaho
15. Filed July 7, 1931 Mrs. Hattie E. Catron
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 5, 1931
(Month) (Day) (Year)
17. I HEREBY CERTIFY, that I attended deceased from July 4, 1931 to July 5, 1931
that I last saw him alive on July 4, 1931
and that death occurred, on the date stated above, at 1234
The CAUSE OF DEATH* was as follows:
Cholera Infantum
(duration) 3 yrs. 3 mos. ds.
CONTRIBUTORY Corrosion
(Secondary)
(duration) yrs. 1 mos. ds.

18. Where was disease contracted if not at place of death? Idaho
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Specimen
(Signed) July 5, 1931 (Address) Shelby, Ida
M. D.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Butterfield, Birth Idaho Date of Burial July 6, 1931
20. Undertaker Address

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		CERTIFICATE OF DEATH Registration District No. <u>121</u> Primary Registration District No. <u>2194</u>		State File No. <u>75810</u>	
City of <u>Blackfoot</u>				Local Registrar's No. <u>120</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>William Avery Goodwin</u>					
(a) Residence. No. <u>Thomas, Idaho</u> St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. <u>22</u> yrs. <u>4</u> mos. <u>3</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Carry Andersen Goodwin</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 8, 1876</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>54</u>	<u>10</u>	<u>24</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month, and year) <u>July 25, 1929</u>				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Salt Lake City</u> (State or country) <u>Utah.</u>					
FATHER	13. NAME <u>J.W. Goodwin</u>				
	14. BIRTHPLACE (city or town) <u>England</u> (State or country)				
MOTHER	15. MAIDEN NAME <u>Catherine M. Staker</u>				
	16. BIRTHPLACE (city or town) <u>Salt Lake City</u> (State or country) <u>Utah</u>				
17. INFORMANT <u>Geo. Goodwin</u> (Address) <u>Blackfoot, Id.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Thomas Riverside</u> Date <u>July 5, 1931</u>					
19. UNDERTAKER <u>E. T. Peck</u> (Address) <u>Blackfoot, Idaho</u>					
20. FILED <u>July 3, 1931</u> <u>Mr. Nelson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7-2-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw h. _____ alive on _____, 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage 1928</u> <u>and Hemorrhage 7-2-31</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>J. D. Humphrey</u> , M. D.					
(Address) <u>Blackfoot, Idaho</u>					

749

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

State File No. 75811

Registration District No. 1861
Primary Registration District No. 1007

Local Registrar's No. 122

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pamela Owen Seng 19
(a) Residence. No. 459 East Pacific St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. 34 yrs. 3 mos. 3 ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6 1931

22 I HEREBY CERTIFY, That I attended deceased from.....
July 6, 1931, to July 6, 1931

I last saw her alive on July 6, 1931; death is said to have occurred on the date stated above, at 6:00 P.m.

The principal cause of death and related causes of importance were as follows:

Arpley 7/6/3

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

24. Was disease or injury in any way related to occupation of deceased?

(Signed) W. Beck, M.D.

(Address) Blackfoot, Ida

19. UNDERTAKER (Address) *Blank*

20. FILED July 8, 1937 W.D. Halsey Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		CERTIFICATE OF DEATH		State File No. <u>75812</u>	
City of <u>Blackfoot</u>		Registration District No. <u>121</u>		Local Registrar's No. <u>129</u>	
		Primary Registration District No. <u>2194</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Emma Flora Wheeler Hill</u>					
(a) Residence. No. <u>R.D. # 4 Blackfoot, Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>David Hill</u>					
6. DATE OF BIRTH (month, day, and year) <u>Sept 15 1875</u>					
7. AGE	Years <u>55</u>	Months <u>10</u>	Days <u>11</u>	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Huntsville, Ut</u>					
FATHER	13. NAME <u>Levi L. Wheeler</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>U.S.A.</u>				
	15. MAIDEN NAME <u>Ellen Pavender</u>				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>England</u>				
	17. INFORMANT (Address) <u>David Hill</u> <u>Blackfoot Idaho</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Fun City Cem.</u> Date <u>July 23, 1931</u>					
19. UNDERTAKER (Address) <u>E. F. Pugh</u> <u>Blackfoot Idaho</u>					
20. FILED <u>July 23, 1931</u> <u>Wm. Hill</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 21, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>March 1, 1931</u> , to <u>July 21, 1931</u> .					
I last saw her alive on <u>May 15, 1931</u> ; death is said to have occurred on the date stated above, at <u>6:15 a. m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Addison's Disease</u>					Date of onset <u>about May 1, 1930</u>
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>NO</u>					
If so, specify _____ (Signed) <u>W. W. Beck</u> M. D.					
(Address) <u>Blackfoot, Idaho</u>					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75813

State File No.

PLACE OF DEATH

County of **BINGHAM**
City of **Blackfoot**

CERTIFICATE OF DEATH

Registration District No. **121**Primary Registration District No. **2194**(No. **State Hospital, South**)Local Registrar's No. **135**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **VINCEN T JACKSON**

(a) Residence, No.

St. Pocatello

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. **8** mos. **1** ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **NEGRO** 5. Single, Married, Widowed, or Divorced (write the word.) **WIDOWED**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Mar. 30 1878**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
53 **3** **8**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Laborer**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Salt Lake City, Utah**
(State or country)10. NAME OF FATHER **Andrew Jackson**11. BIRTHPLACE OF FATHER (city or town) **Not known**
(State or Country)12. MAIDEN NAME OF MOTHER **Not known**13. BIRTHPLACE OF MOTHER (city or town) **Not known**
(State or Country)14. Informant **Records of State Hosp. South,**
(Address) **Blackfoot, Idaho.**15. Filed **July 9, 1931** **Wm. H. Talbot**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 8th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 15th 1931 19 to **July 8, 1931** 19that I last saw him alive on **July 8th, 1931** 19and that death occurred, on the date stated above, at **4:35P** m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

SEPTICEMIA due to severe infection of left foot and leg.(duration) yrs. mos. **4** ds.CONTRIBUTORY **General paralysis of**
(Secondary) **insane****at least** (duration) yrs. **8** mos. **1** ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? **No** Date ofWas there an autopsy? **No**What test confirmed diagnosis? **Clinical symp.**(Signed) **Chas. R. Howe** M. D.**July 8, 1931** 19 (Address) **Blackfoot, Ida**19. Place of Burial, Cremation, or Removal **Asylum Cemetary** Date of Burial **8-9-31** 1920. Undertaker **Holland** Address **B.**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		CERTIFICATE OF DEATH Registration District No. <u>121</u> Primary Registration District No. <u>1007</u> (No. <u>County Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		State File No. <u>75814</u>	
City of <u>Blackfoot</u>				Local Registrar's No. <u>120</u>	
2. FULL NAME <u>Paul Jenkins</u>					
(a) Residence. No. _____		St. _____		(If nonresident give city or town and state)	
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. _____		ds. How long in U. S., if of foreign birth? yrs. mos. _____		ds. _____	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Aug 13. 1894</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or min.	
	<u>36</u>	<u>11</u>	<u>14</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) _____ (State or country) <u>Iowa</u>					
FATHER					
13. NAME <u>Dont know</u>					
14. BIRTHPLACE (city or town) _____ (State or country) _____					
MOTHER					
15. MAIDEN NAME _____					
16. BIRTHPLACE (city or town) _____ (State or country) _____					
17. INFORMANT <u>E. T. Peck</u> (Address) <u>Blackfoot, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Blackfoot, Ida.</u> Date <u>July 27, 1931</u>					
19. UNDERTAKER <u>E. T. Peck</u> (Address) <u>Blackfoot, Ida.</u>					
20. FILED <u>July 27, 1931</u> <u>Mr. Walter E. C. Stone</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7-27</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>7-1</u> , 193 <u>1</u> , to <u>7-27</u> , 193 <u>1</u> . I last saw <u>him</u> alive on <u>7-26</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>4 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis Dec. 1929 with Hemoptysis</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed <u>clinical</u> _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>J. O. Humphrey</u> M. D. (Address) <u>Blackfoot, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Blaine
City of Hailey

Registration District No. 59
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE

State File No. 75817

Local Registrar's No. 14

(No. (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willis Eugene Sullivan

(a) Residence. No. _____ St. _____

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen T. Sullivan

6. DATE OF BIRTH (month, day, and year) Aug 24 - 1874

7. AGE Years 56 Months 10 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 31 years

12. BIRTHPLACE (city or town) (State or country) Coffeyville Kansas

13. NAME Isaac H. Sullivan

14. BIRTHPLACE (city or town) (State or country) Coffey Grove Iowa

15. MAIDEN NAME Charity I. Moore

16. BIRTHPLACE (city or town) (State or country) Adrian Ohio

17. INFORMANT (Address) Lauren A. Sullivan Boise Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date June 30 1931

19. UNDERTAKER (Address) Harris & Brown

20. FILED 7/31, 1931 Robert H. Wright Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 30 1931

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1931, to June 30, 1931.

Last saw him alive on June 30, 1931; death is said to have occurred on the date stated above, at 4 p. pm.

The principal cause of death and related causes of importance were as follows:

Hemorrhage from stomach

Other contributory causes of importance:

cirrhosis of liver

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) J. Springer M. D.

(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 5 1931 75820 58

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 78
 Township _____ or Village _____ or
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Andrew Killen 1888
 (a) Residence: No. _____ St. _____ Ward. Trent Creek, Mont.
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aline Killen

6. DATE OF BIRTH (month, day, and year) Feb. 3, 1898

7. AGE Years 33 Months 5 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unloading Coal Cars

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway Coal Dock

10. Date deceased last worked at this occupation (month and year) July 3, 1931 11. Total time (years) spent in this occupation 1/31

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME D. R. Swindall

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Aline Killen

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Aline Killen (Address) Trent Creek, Mont.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida. Date 7/7, 1931

19. UNDERTAKER B. E. Messa (Address) Basent River, Ida.

20. FILED July 7, 1931 Viola Allers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5, 1931

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at 11:32 a.m.

The principal cause of death and related causes of importance were as follows:

Accidental Traumatism
Crushed by railway train.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of Injury 7/5, 1931

Where did Injury occur? Sandpoint, Idaho
 (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place.

Public place

Manner of Injury Railway train

Nature of Injury Body almost severed at abdomen

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) L. S. Moon Coroner

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 78
 Township _____ or Village _____
 City Sandpoint No. 75821 Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 2 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Bernard Fred Port
 (a) Residence: No. West Main St., _____ Ward. 182
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14, 1919

7. AGE Years 12 Months 4 Days 24 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Plummer
(State or country) Idaho

13. NAME Fred Port

14. BIRTHPLACE (city or town) Wis.
(State or country)

15. MAIDEN NAME Margaret Moran

16. BIRTHPLACE (city or town) Wis.
(State or country)

17. INFORMANT Fred Port
(Address) Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Sandpoint, Idaho Date July 8, 1931

19. UNDERTAKER Moore Mortuary
(Address) Sandpoint, Idaho

20. FILED July 7, 1931
Viola Allen
deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. ____ alive on _____, 19____; death is said

to have occurred on the date stated above, at 12:59pm.

The principal cause of death and related causes of importance were as follows:

Accidental Drowning
while bathing.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury _____, 19____

Where did injury occur? Sandpoint Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. E. Moon Coroner M.D.

(Address) Sandpoint, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75822**

PLACE OF DEATH

County of Banner

City of Hope

Registration District No. 80

Primary Registration District No. 2157

Local Registrar's No. 2

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ira Queen.

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) JAN. 25, 1917.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
14 6 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) At Home.

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Jenn

10. NAME OF FATHER Theo Hoover

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Jenn

12. MAIDEN NAME OF MOTHER Mary

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) UNKNOWN

14. Informant Theo Hoover
(Address) Hope, Idaho

15. Filed 7-17-31 John Larsson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 15, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw h..... alive on 19.....

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) L. A. Moon Coroner
July 15, 1931. (Address) Sandpoint, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Hope, Idaho. Date of Burial July 17, 1931.

20. Undertaker L. G. Moon Address Sandpoint, Ida.

RECEIVED AUG 5 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75823

State File No.

PLACE OF DEATH

County of Bonner
City of Priest River

CERTIFICATE OF DEATH

Registration District No. 85Primary Registration District No. 2185Local Registrar's No. 26

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alex H. McLean

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug. 30, 18807. AGE Years Months Days If LESS than 1 day, hrs. or min.
50 10 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Blacksmith(b) General nature of industry, business, or establishment in which employed (or employer) Lumbering

(c) Name of employer

9. BIRTHPLACE (city or town) Unknown
(State or country)10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)14. Informant R. E. Dow
(Address) Priest River, Idaho15. Filed July 18, 1931 R. E. Wessa
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 9, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....and that death occurred, on the date stated above, at 9:45 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Suicide by Drowning.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy? NoWhat test confirmed diagnosis? Autopsy(Signed) R. E. Dow C. R. R. R.
July 10, 1931 (Address) Sanford, Idaho19. Place of Burial, Cremation, or Removal I.O.O.F. Cemetery Date of Burial July 18, 193120. Undertaker R. E. Wessa Address Priest River, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of BannerCity of SandpointRegistration District No. 78Primary Registration District No. 2155(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Brown(a) Residence. No. Newport Wash.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

July 22, 1931

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sandpoint Ida.
(State or country)

10. NAME OF FATHER

Richard Brown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Wisconsin

12. MAIDEN NAME OF MOTHER

Hilda Evans13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Washington

14.

Informant
(Address)Mrs Richard Brown
Newport Wash.

15.

Filed

July 24, 1931Viola Allen
Deputy
Registrar.

DO NOT WRITE IN THIS SPACE

75824

State File No.

Local Registrar's No. 64

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July
(Month)22
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 22, 1931, to July 22, 1931
that I last saw him alive on July 22, 1931and that death occurred, on the date stated above, at 4:30 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Immature foetus (6 1/2 months)CONTRIBUTORY (Secondary) cause of premature delivery
unknown (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

Wm F. Juler, M. D.July 23, 1931(Address) Sandpoint Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Lakeview CemeteryJuly 24, 1931

20. Undertaker

Address

Turnbull CoSandpoint

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 5 1931 56

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Banner State IDAHO Registered No. 78
 Township _____ or Village _____ 75825 or
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 4 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? 20 yrs. _____ mos. _____ ds.

2. FULL NAME

Joanna Duthie
 (a) Residence: No. 604-71 4th Ave. St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Duthie
 6. DATE OF BIRTH (month, day, and year) May 27, 1848
 7. AGE Years 83 Months 1 Days 4 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) New Richmond
 (State or country) Canada

13. NAME John Rogers
 14. BIRTHPLACE (city or town) England
 (State or country) _____

15. MAIDEN NAME Nora Pearson
 16. BIRTHPLACE (city or town) County Waterford
 (State or country) Ireland

17. INFORMANT Emma M. Dade
 (Address) Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL
 Place Greencrest Cemetery Date July 6, 1931

19. UNDERTAKER L. E. Major
 (Address) Sandpoint Idaho

20. FILED July 5, 1931 Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 3, 1931
 22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1928, to July 1st, 1931
 I last saw him alive on June 30th, 1931; death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Vascular-Renal Do not know
disease

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) V. D. Evans, M. D.
 (Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 2 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Banner State IDAHO Registered No. 78
Township _____ or Village _____ **75826** or _____
City Sandpoint No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred 11 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? 20 yrs. _____ mos. _____ ds.

2. FULL NAME

Albertina G. Altman 131
(a) Residence: No. 705 Jefferson St St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Altman

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1870

7. AGE Years 60 Months 8 Days 30 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Christian Lange

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Wilhelmina Redmond

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Robert Altman
(Address) Sandpoint, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Lincrest Cemetery Date July 5, 1931

19. UNDERTAKER L. J. Noble
(Address) Sandpoint, Ida

20. FILED July 5, 1931 Ugala Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 2, 1931.

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1929 to June 26th, 1931
I last saw him alive on June 26th, 1931, death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular - Renal disease Date of onset Do not know

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) A. B. Evans M. D.

(Address) Sandpoint, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO RECEIVED AUG 5 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75827

State File No. _____

PLACE OF DEATH

County of BonnerCity of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 78Primary Registration District No. 2155(No. 117 S Second)Local Registrar's No. 65

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Anna West(a) Residence. No. 117 S Second St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 1 yrs. 7 mos. ds.How long in U. S. if of foreign birth? 1 yrs. 7 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of Samuel West
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 12 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>55</u>	<u>1</u>	<u>16</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9. BIRTHPLACE (city or town) North Dakota
(State or country)10. NAME OF FATHER Simon Sorenson11. BIRTHPLACE OF FATHER (city or town) North Dakota
(State or Country)12. MAIDEN NAME OF MOTHER Anna13. BIRTHPLACE OF MOTHER (city or town) Denmark
(State or Country)14. Informant Gail Jackson
(Address) 117 S Second Sandpoint Ida15. Filed July 30, 1931 Viola Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 28, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July 26, 1931, to July 28, 1931
that I last saw her alive on July 28, 1931and that death occurred, on the date stated above, at 2:26 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cardiac - Arterial - Renal disease(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) 1 yrs. 6 mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) J. W. Evans M. D.July 29, 1931 (Address) Sandpoint, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Lakeview Cemetery 7/30 1931

20. Undertaker

Address

Turnbull Co. Sandpoint

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

Purdy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75828
State File No.

PLACE OF DEATH

County of BonnerCity of Clarks Fork

CERTIFICATE OF DEATH

Registration District No. 80Primary Registration District No. 2107(No. Clarks Fork Ida)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Seymour W Purdy(a) Residence. No. Clarks Fork St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE white5. Single, Married, Widowed,
or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Ruth Purdy6. DATE OF BIRTH (month, day and year) April 7 1880

7. AGE

Years 51Months 3Days 5If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farmer Miner(b) General nature of industry,
business, or establishment in
which employed (or employer) self

(c) Name of employer

9. BIRTHPLACE (city or town) Canada

(State or country)

10. NAME OF FATHER Samuel Purdy11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Canada

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Canada

14.

Informant Mrs Ruth Purdy
(Address) Clarks Fork Idaho

15.

Filed July 14 1931
John Larson
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 12 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
did not see him until after the death.
19... to 19...

that I last saw him alive on 19...

and that death occurred, on the date stated above, at 11:50 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? A.D. Graves

(Signed)

7-16

1931

(Address) San Diego, Calif.

19. Place of Burial, Cremation, or Removal

Date of Burial

Clarks Fork Ida7/16 1931

20. Undertaker

Address

Turnbull CoSandpoint

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

RECEIVED AUG 5 1931

61

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 78
 Township _____ or Village 75829 or _____
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 21 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? 55 yrs. _____ mos. _____ ds.

2. FULL NAME

JOHN A Falmo
 (a) Residence: No. R.F.D. 2 St. _____ Ward. 749
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Falmo

6. DATE OF BIRTH (month, day, and year) Sept. 2, 1870

7. AGE Years 60 Months 10 Days 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary Steam

10. Date deceased last worked at this occupation (month and year) Aug 1927 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Norway

13. NAME Carl Strom

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Carrie Falmo

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Chas. A. Olson
(Address) R.F.D. 2 - Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL PLACE Sandpoint, IDAHO Date July 24, 1931

19. UNDERTAKER A. H. Moon
(Address) Sandpoint Idaho

20. FILED July 22, 1931 Viola Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20, 1931

22. I HEREBY CERTIFY That I attended deceased from June 1931 to July 20 1931
 I last saw him alive on July 19 1931; death is said to have occurred on the date stated above, at 2:00 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 3 yrs

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Floyd G. Weasle M. D.
 (Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 2 1931
STANDARD CERTIFICATE OF DEATHDEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

63

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 78
Township _____ or Village 75830 or
City Sandpoint No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. 14 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Harry Hill
(a) Residence: No. _____ St. _____ Ward. Priest River Ida.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
About 55

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT J. I. Moon
(Address) Sandpoint, Ida.

18. BURIAL, CREMATION, OR REMOVAL Me Cent Cem.
Place Sandpoint, Ida. Date July 22, 1931

19. UNDERTAKER R. E. Wess
(Address) Priest River Ida.

20. FILED July 22, 1931 W. P. Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24, 1931

22. I HEREBY CERTIFY, that I attended deceased from

July 19, 1931 to July 22, 1931

I last saw him alive on July 21, 1931; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance

were as follows:

Cerebral hemorrhage Date of onset 14 days

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Floyd C. Wendt M. D.

(Address) Sandpoint, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75831

PLACE OF DEATH

County of Bonner

Registration District No. 85

City of Priest River

Primary Registration District No. 2185

(No. Priest River Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 14

2. FULL NAME Arthur Jake Petrie

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed,
or Divorced (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mary Petrie

6 DATE OF BIRTH (month, day and year) March 14, 1860

7 AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

71

3

19

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer) Retired five years

(c) Name of employer

9 BIRTHPLACE (city or town) Sheboygan
(State or country) Wis.

10 NAME OF FATHER

Philip Petrie

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Germany

14 Informant Alton Petrie

(Address) Priest River, Idaho

15 Filed July 6, 1931 R. E. Wessner
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July
(Month)

3
(Day)

31
19____
(Year)

17 I HEREBY CERTIFY, That I attended deceased from

May 17, 1931, to July 3, 1931

that I last saw him alive on July 3, 1931

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH was as follows:

cerebral hemorrhage

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) L. J. Stauffer M. D.

July 3, 1931 (Address) Priest River Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIO-
LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

I. O. O. F. Cemetery

20. Undertaker

Moon Mortuary Priest River

Address

July 6, 1931
Idaho

RECEIVED AUG 5 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 15
 Township _____ or Village _____ 75832 or
 City Coolin No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. 2 mos. 26 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Joseph Broughton Slee

(a) Residence: No. _____ St. _____ Ward. Spokane, Wash.
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of Hattie Slee

6. DATE OF BIRTH (month, day, and year) Feb. 5, 1846

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
85 5 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boat Liveryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 10, 1931 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Utica
 (State or country) N.Y.

13. NAME Joseph Slee

14. BIRTHPLACE (city or town) England
 (State or country)

15. MAIDEN NAME Ann Meadows

16. BIRTHPLACE (city or town) England
 (State or country)

17. INFORMANT Allen Chase Klein
 (Address) 1516 Boone Spokane, Wn.

18. BURIAL, CREMATION, OR REMOVAL
 Place Spokane, Wn. Date 7-10-31 19.

19. UNDERTAKER Smith & Co.
 (Address) Spokane, Wn.

20. FILED July 10, 1931 J. E. Wheeler
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Natural Cause:
 Probable Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) L. E. Moon CORONER D.

(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

8-2091
V.B. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 75833
 Township _____ or Village _____
 City Sandpoint No. _____ St. _____ Ward _____
 Length of residence in city or town where death occurred _____ yrs. 3 mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

D. M. Mc Bride
 (a) Residence: No. _____ St. _____ Ward Priest River, Idaho
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 31, 1873

7. AGE Years 57 Months 8 Days 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cooper County Mo.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Parish Hospital Sandpoint Idaho
(Address) Insane Asylum Sandpoint, Id.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Id. Date July 22, 1931

19. UNDERTAKER R. E. Wessell
(Address) Priest River, Idaho

20. FILED July 22, 1931
Viola Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 21, 1931

22. I HEREBY CERTIFY That I attended deceased from Feb. 1931 to July 21 1931

I last saw him alive on July 19 1931; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Hodgkins disease

Date of onset

2 yrs

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Flora G. Wessell M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Canyon</u>		Registration District No. <u>7</u>		State File No. <u>75837</u>	
City of <u>Nampa</u>		Primary Registration District No. <u>2006</u>		Local Registrar's No. <u>88</u>	
		(No. <u>Mary Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Ovanda Jane Chancellor</u>					
(a) Residence. No. <u>Orchard Ave. & Midland Bldg</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>E. K. Chancellor</u>					
6. DATE OF BIRTH (month, day, and year) <u>Apr 30 - 92</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>38</u>		<u>9</u>	<u>22</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
MOTHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
FATHER	13. NAME <u>W. H. Gardner</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Iowa</u>				
	15. MAIDEN NAME <u>Cox</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Iowa</u>				
17. INFORMANT (Address) <u>E. K. Chancellor</u> <u>Nampa Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Nampa Ida</u> Date <u>7-26</u> , 1931					
19. UNDERTAKER <u>F. K. Robinson</u> (Address) <u>Nampa Ida</u>					
20. FILED <u>7-26</u> , 1931 <u>Arthur Conway</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7-23-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 10</u> , 1931, to <u>July 23</u> , 1931.					
I last saw her alive on <u>July 23</u> , 1931; death is said to have occurred on the date stated above, at <u>11</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Heart stroke</u> <u>Came on 6 hours after abdominal operation.</u>					
Other contributory causes of importance: <u>Chronic adhesions causing hemorrhages</u> <u>contractures</u>					
Name of operation <u>adhesions</u> Date of <u>7-21-31</u>					
What test confirmed diagnosis? <u>Autopsy</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>W. C. Robinson</u> , M.D.					
(Address)					

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

(St.)

File No.

Registered No.

County of *Canyon*
City of *Naupa*

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Lester Deemy

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

(Write the word.)

6. DATE OF BIRTH

7. AGE

IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

The CAUSE OF DEATH* was as follows:

(Duration) Yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

(Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death. yrs. mos. days. In the State. yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State IDAHO Registered No. 82
 Township _____ or Village 2005 75839 or
 City Caldwell Idaho No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Obediah Wilkerson

(a) Residence: No. Caldwell Ida. R.D. St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 27-1894

7. AGE Years 36 Months 10 Days 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clinton
(State or country) Mo.

13. NAME Horace B Wilkerson

14. BIRTHPLACE (city or town) Mead Co
(State or country) Kentucky

15. MAIDEN NAME Amanda Shafer

16. BIRTHPLACE (city or town) Henry Co
(State or country) Mo.

17. INFORMANT Mr. Mary E. Wilkerson
(Address) Caldwell Ida. R.D.

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date July 21, 1931

19. UNDERTAKER C. V. Pickham
(Address) Caldwell Idaho

20. FILED 7-24-1931 John H. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18, 1931

22. I HEREBY CERTIFY that I attended deceased from

June 25, 1931, to July 18, 1931

I last saw him alive on July 18, 1931; death is said

to have occurred on the date stated above, at 1:25 a.m.

The principal cause of death and related causes of importance were as follows:

Sub-Pharyngeal

abscess

(abscess)

Other contributory causes of importance:

appendicitis

Name of operation June Date of

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. P. McLeod M. D.

(Address) Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

 DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Caldwell Canyon State 3 IDAHO Registered No. 89
 Township _____ or Village 2005 75840 or
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

John Crump
 (a) Residence: No. Garma, Idaho St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 8 Dec 16-1860

7. AGE Years 70 Months 7 Days 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Agnes Pritchard
 (Address) Garma, Idaho

18. BURIAL, CREMATION, OR REMOVAL
 Place San Diego Date Aug 4, 1931

19. UNDERTAKER C. V. Leckie
 (Address) Caldwell, Idaho

20. FILED 8-6-, 1931 John S. Meyer
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 2, 1931

22. I HEREBY CERTIFY That I attended deceased from July 15, 1931, to Aug 2, 1931.
 I last saw him alive on Aug 2, 1931; death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Aug 1

Other contributory causes of importance:

Chronic Arteriosclerosis
and Endocarditis

Name of operation None Date of _____

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. M. Meyer M. D.

(Address) Caldwell, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75841
State File No.

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 2005

Local Registrar's No. 83

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Carolyn Eve Adams Pearson

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 26, 1888

7. AGE Years Months Days If LESS than 1 day.
43 — 25 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bowling Green Ky
(State or country)

10. NAME OF FATHER Samuel Tyler Adams

11. BIRTHPLACE OF FATHER (city or town) Bowling Green Ky
(State or Country)

12. MAIDEN NAME OF MOTHER Salley George Carter

13. BIRTHPLACE OF MOTHER (city or town) Tenn.
(State or County)

14. Informant Mrs L. Fred Kress
(Address) Caldwell Idaho

15. Filed 8-1-, 1931 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

7-28
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1931, to July 21, 1931
that I last saw him alive on July 20, 1931

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) B. L. Whittenburg, D. O. P.
Aug 3, 1931 (Address) Caldwell, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Canyon Hill Cemetery July 23-31

20. Undertaker Address

Paul L. Case Caldwell Idaho

RECEIVED AUG 7 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75842

State File No.

PLACE OF DEATH

County of CanyonCity of CaldwellNampa

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1006(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 862. FULL NAME Harry E. Davis(a) Residence. No. R. F. D. # 4 Caldwell, Id.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 4 mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

1862

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

69

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workCommon Laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)unknown

10. NAME OF FATHER

unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)unknown

12. MAIDEN NAME OF MOTHER

unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or County)unknown

14.

Informant
(Address)John Daniels
Caldwell, Id.

15.

Filed

7-5-31 W. D. Talley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 13

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 11, 1931, to July 13, 1931that I last saw him alive on July 12, 1931and that death occurred, on the date stated above, at 1:50 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Ruptured Aortic AneurysmCONTRIBUTORY
(Secondary)Chronic (duration) 2 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of 7-13-31Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) W. D. TalleyJuly 15, 1931 (Address) Nampa, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Woblerlawn Nampa

19

20. Undertaker

Address

W. D. Talley Nampa, Ida

RECEIVED AUG 7 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75843

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 2006(No. 403 - Maple)Local Registrar's No. 85

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wrethajane Jerome(a) Residence. No. 403 - Maple St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWren Jerome6. DATE OF BIRTH (month, day and year) Nov. 27th 18487. AGE Years 87 Months 7 Days 10 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)10. NAME OF FATHER Josiah Hampton11. BIRTHPLACE OF FATHER (city or town) Joshua
(State or Country)12. MAIDEN NAME OF MOTHER Bernard13. BIRTHPLACE OF MOTHER (city or town) unknown
(State or Country)14. Informant Mrs. Arlie Irwin
(Address) Nampa, Ida.15. Filed 7/8 1931 Sept 1st
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July 6, 1931, to July 6, 1931
that I last saw her alive on July 6, 1931and that death occurred, on the date stated above, at 3:15 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Bronchitis(duration) yrs. mos. ds.
CONTRIBUTORY unknown
(Secondary)(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. P. Wells M. D.
July 7, 1931 (Address) Nampa, Ida.19. Place of Burial, Cremation, or Removal minot. no. Dak. Date of Burial 1920. Undertaker Mrs. Nina M. Talley Nampa, Ida. Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 90
 Township _____ or Village 2009 75844 or
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Zekehaniah Ellis Lundy
 (a) Residence: No. 7 D Caldwell St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced
 HUSBAND of Lara Bell Lundy
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 10

7. AGE Years 77 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Williamsport
 (State or country) Penn

13. NAME Cornelius Lundy

14. BIRTHPLACE (city or town) Penn
 (State or country)

15. MAIDEN NAME Amelia Bucher

16. BIRTHPLACE (city or town) Penn
 (State or country)

17. INFORMANT C. J. Lundy
 (Address) Caldwell

18. BURIAL, CREMATION, OR REMOVAL
 Place Canyon, Idaho Date 8-5, 1931

19. UNDERTAKER C. J. Lundy
 (Address) Caldwell

20. FILED 8-6, 1931 John B. Ince
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 3, 1931

22. I HEREBY CERTIFY That I attended deceased from July 1, 1931, to Aug 3, 1931

I last saw him alive on Aug 3, 1931; death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Montgomery

(Signed) Caldwell Ida M. D.

(Address) _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
RECEIVED AUG 10 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75845

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1005
(No.)

Local Registrar's No. 88

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Anna Eliza Ferguson

(a) Residence. No. 1710 Blaine

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) WIDOW

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Ferguson (Deceased)

6. DATE OF BIRTH (month, day and year) 12-30-1856

7. AGE Years 74 Months 7 Days 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Coldwater Mich (State or country)

10. NAME OF FATHER Geo. Cook

11. BIRTHPLACE OF FATHER (city or town) Scotland (State or Country)

12. MAIDEN NAME OF MOTHER Sarah Van Barcum

13. BIRTHPLACE OF MOTHER (city or town) Mich (State or Country)

14. Informant L. A. McBride
(Address) 1710 Blaine Caldwell Ida

15. Filed 8-3-1931 John L. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 2-31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 15, 1931, to Aug 2, 1931
that I last saw him alive on Aug 2, 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Embolus

(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Arteriosclerosis & Embolus (duration) several yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symples

(Signed) J. L. Meyer M. D.

8/3 1931 (Address) Caldwell

19. Place of Burial, Cremation, or Removal Date of Burial

Bloomington Mich 19

20. Undertaker Address

Paul L. Case Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Cassia

CERTIFICATE OF DEATH

State File No.

75846

City of Sublett Registration District No. 119Primary Registration District No. 2198

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dale Leroy Ward(a) Residence. No. Sublett, Idaho St. _____

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) July 31/317. AGE Years Months Days If LESS than 1 day, hrs. or min. 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Sublett (State or country) Idaho13. NAME Dale Leroy Ward14. BIRTHPLACE (city or town) Idaho (State or country) Idaho15. MAIDEN NAME Myrtle Beatrice Rosemeyer16. BIRTHPLACE (city or town) Providence (State or country) Idaho17. INFORMANT Dale Leroy Ward (Address) _____18. BURIAL, CREMATION, OR REMOVAL Place Sublett Date Aug 2 193119. UNDERTAKER None (Address) _____20. FILED Aug 1, 1931 C. I. Sater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____

July 31, 1931, to Aug 31, 1931I last saw him alive on July 31, 1931; death is saidto have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance

were as follows: _____

Date of onset _____

Premature

Other contributory causes of importance: _____

Name of operation No Date of _____What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 1931

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) C. I. Sater M. D.(Address) Malta Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED AUG 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75847**

PLACE OF DEATH

County of Aspen
City of Burley

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____ Local Registrar's No. _____

(No. National Hotel, Burley)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Murphy(a) Residence. No. 498 Walnut, Idaho Falls, Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 6 - 1931

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
0 0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Burley, Idaho
(State or country)10. NAME OF FATHER Wm Murphy11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Lois Sheldon13. BIRTHPLACE OF MOTHER (city or town) Illinois
(State or Country)14. Informant Wm Murphy
(Address) Idaho Falls, Idaho15. Filed _____, 1931 F. H. Carter
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 7 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-6, 1931, to 7-6, 1931

that I last saw him alive on 7/6, 1931and that death occurred, on the date stated above, at 8 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature Birth
8 mos.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? St. Joseph

(Signed) _____, M. D.

7/6, 1931 (Address) Burley

19. Place of Burial, Cremation, or Removal Boise, Idaho. Date of Burial 7/7 1931

20. Undertaker Paul Beer Address Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of CassiaCity of ShrevelSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 119Primary Registration District No. 2198

DO NOT WRITE IN THIS SPACE

State File No. 75848

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Walter Jones(a) Residence. No. Shellsville, Utah St. _____

Length of residence in city or town where death occurred. yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Feb 28 18597. AGE Years 72 Months 4 Days 23 If LESS than 1 day, hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Local Work10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation 1512. BIRTHPLACE (city or town) Shellsville (State or country) Utah13. NAME Leonard Jones14. BIRTHPLACE (city or town) South Wales (State or country) Wales15. MAIDEN NAME Sarah Walters16. BIRTHPLACE (city or town) Shellsville (State or country) Utah17. INFORMANT (Address) Estow Jones18. BURIAL, CREMATION, OR REMOVAL Place Shellsville Date 7/23, 193119. UNDERTAKER (Address) None20. FILED July 24, 1931 C. L. Sater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 21 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.

I last saw him alive on _____, 1931; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance

were as follows: Probably Apoplexy Date of onset _____Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 1931.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) C. L. Sater M. D.(Address) Shellsville, Utah

AUGUST 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75849

State File No.

PLACE OF DEATH

County of CassiaCity of Burley

Registration District No.

Primary Registration District No.

(No. Residence

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie R. Roberts(a) Residence. No. 311 - North Alms St. 44

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced

~~HUSBAND~~ or (or) WIFE ofWm Roberts6. DATE OF BIRTH (month, day and year) July 22 18517. AGE Years Months Days If LESS than 1 day, hrs. or min.
79 11 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Denmark10. NAME OF FATHER Chris Kofford11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark12. MAIDEN NAME OF MOTHER Don't know13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Denmark14. Informant (Address) Wigbert Robbins
Burley Idaho.15. Filed 8-5- 1931 J. H. Carter
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 10 1931 to June 28 1931that I last saw her alive on June 28 1931and that death occurred, on the date stated above, at 6:30 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cancer of Pyloric
end of stomach(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Dr. E. Dean, M. D., 1931 (Address) Burley19. Place of Burial, Cremation, or Removal Burley cemetery Date of Burial 7/1/31 1920. Undertaker D. E. Johnson by Paul Burley Address Burley

RECEIVED AUG 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75850

State File No.

PLACE OF DEATH

County of ClearwaterCity of GreerRegistration District No. 90Primary Registration District No. 2187Local Registrar's No. 99

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Ann Right(a) Residence. No. Greer, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced Widowed of John Right (or) WIFE of6. DATE OF BIRTH (month, day and year) Feb 217. AGE Years 59 Months 5 Days 27 If LESS than 1 day, hrs. or min.8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri (State or country)10. NAME OF FATHER Jack Faust11. BIRTHPLACE OF FATHER (city or town) Unknown (State or Country)12. MAIDEN NAME OF MOTHER Arlena Gray13. BIRTHPLACE OF MOTHER (city or town) Unknown (State or Country)14. Informant John Right (Address)15. Filed 7/22, 1931 H. Ad Chan Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 18 1931 (Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June 15, 1931 to July 19, 1931 that I last saw him alive on July 10, 1931 and that death occurred, on the date stated above, at m.The CAUSE OF DEATH* was as follows: Nervous and physical exhaustion coupled with acute intoxication

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Highly etc(Signed) H. W. Winters, M. D.July 19, 1931 (Address) Stites Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Croftino, Ida. Date of Burial 7/22 193120. Undertaker Croftino Mortuary Address Croftino

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH
RECEIVED AUG 10 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 91
County of Cassia Primary Registration District No. 2168
City of Elk River, Ida. (No. _____ St.)

File No. 75851
Registered No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Axel Holmgren

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Married
(Write the word.)

6. DATE OF BIRTH March 11 1873
(Month) (Day) (Year)

7. AGE 58 yrs. 3 mos. 2 ds.
IF LESS than 1 day how many _____ hrs. or _____ mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Lbr. worker
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE
(State or Country) Sweden

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER
(State or Country) Sweden

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER
(State or Country) Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Holmgren
(Address) Elk River, Idaho

15. Filed July 2 1931 Mildred Hamby
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 13th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 191 to 191,
that I last saw h. _____ alive on 191,
and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:
Automobile accident, car which he was riding upset after leaving grave.
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____
(Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. D. Pinson Coroner
19 (Address) Croftine Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL Elk River, Idaho DATE OF BURIAL June 13 1931
20. UNDERTAKER _____ ADDRESS _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75852

State File No.

PLACE OF DEATH

County of Clearwater
City of Pierce

CERTIFICATE OF DEATH

Registration District No. 90Primary Registration District No. 2184

(No.)

Local Registrar's No. 41

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

File

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

5

(Month)

1

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:accidental drowning

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? at Kelly Forks.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) V. A. Spencer

19.....

(Address) Crofton

19. Place of Burial, Cremation, or Removal

Date of Burial

CroftonJuly 25 19

20. Undertaker

Address

V. A. SpencerCrofton

Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE

State File No. 75853

Local Registrar's No. 37

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Olsen

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced Single
(If married, give the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
About 66

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT H. L. Pinner (Address) Orofino

18. BURIAL, CREMATION OR REMOVAL Place Orofino Date 7/16, 1931

19. UNDERTAKER (Address)

20. FILED 7/15, 1931 H. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 14 1931

22. I HEREBY CERTIFY, That I attended deceased from

....., 1931, to , 1931

I last saw h..... alive on , 1931; death is said

to have occurred on the date stated above, at 6.10 A.

The principal cause of death and related causes of importance were as follows:

Date of onset

Suicide by jumping into the river.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify

(Signed) H. A. Shaw M.D.

(Address) Orofino

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 5 1931
STATE OF IDAHO

PLACE OF DEATH
County of Clearwater
City of Orofino

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75854

State File No.

Registration District No. 20

Primary Registration District No. 2157

Local Registrar's No. 85

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Odette

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than
About 42 1 day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Common Labor

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town) Wisconsin
(State or country)

13. NAME ✓

14. BIRTHPLACE (city or town) ✓
(State or country)

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) ✓
(State or country)

17. INFORMANT Orofino Hospital
(Address) Orofino

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date 7/7, 1931

19. UNDERTAKER H. A. Shaw
(Address)

20. FILED July 6, 1931 H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from

June 27, 1931, to July 4, 1931

I last saw him alive on July 4, 1931; death is said
to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance
were as follows:

Pneumonia Date of onset June 30, 1931

Other contributory causes of importance:
alcoholism

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1931

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Dr. B. Pappenhagen, M.D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 5 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75855**PLACE OF DEATH
County of Blaine
City of ChubbuckRegistration District No. 90
Primary Registration District No. 2187Local Registrar's No. 44(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME James L. Lamley

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 72 Months _____ Days _____ If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hamlet, N.Y.
(State or country)13. NAME L14. BIRTHPLACE (city or town) L
(State or country)15. MAIDEN NAME L16. BIRTHPLACE (city or town) L
(State or country)17. INFORMANT J. L. Paisley
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Chubbuck Date July 27, 193119. UNDERTAKER V. A. Shaw
(Address)20. FILED 7/29, 1931 V. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____

December, 1931, to July 28, 1931.I last saw him alive on 7/1, 1931; death is saidto have occurred on the date stated above, at 2:20 m.

The principal cause of death and related causes of importance

were as follows: Hæmorrhage Date of onset _____

Other contributory causes of importance:

Influenza -Probably carcinoma ofstomach involving liver

Name of operation _____ Date of _____

What test confirmed diagnosis? Aspiration Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) W. R. Linton M. D.(Address) Profess Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED AUG 5 1931	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Clearwater	CERTIFICATE OF DEATH		State File No. 75856	
City of	Orofino	Registration District No. 2187		Local Registrar's No. 36	
(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Fred Shaw</u>					
(a) Residence. No. _____		St. _____			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
Male	white	Single			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
About 49					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Logger</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Michigan</u>					
FATHER					
13. NAME <u>✓</u>					
14. BIRTHPLACE (city or town) (State or country) <u>✓</u>					
MOTHER					
15. MAIDEN NAME <u>✓</u>					
16. BIRTHPLACE (city or town) (State or country) <u>✓</u>					
17. INFORMANT <u>Orofino Hospital</u> (Address) <u>Orofino</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Orofino</u> Date <u>7 10 1931</u>					
19. UNDERTAKER (Address) <u>Orofino</u>					
20. FILED <u>7 10 1931</u> <u>Orofino</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 7 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 5</u> , 1931, to <u>July 7</u> , 1931.					
I last saw him alive on <u>July 7</u> , 1931; death is said to have occurred on the date stated above, at <u>9:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Coronary thrombosis</u> <u>7/5/31</u>					
Other contributory causes of importance:					
<u>Pulmonary edema</u> <u>7/5/31</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>P. J. Hopkins</u> , M. D.					
(Address) <u>Orofino, Idaho</u>					

92

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 5 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of ClearwaterCity of OrofinoRegistration District No. 20Primary Registration District No. 2154(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 75857Local Registrar's No. 432. FULL NAME S. L. Willis(a) Residence. No. St. Moscow, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced, (write the word) <u>Divorced</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Jan. 23, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>67</u>	<u>6</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30+12. BIRTHPLACE (city or town) Kansas
(State or country)13. NAME James Willis14. BIRTHPLACE (city or town) Ohio
(State or country)15. MAIDEN NAME Rebecca Willis16. BIRTHPLACE (city or town) Unascertained
(State or country)17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho18. BURIAL, CREMATION, OR REMOVAL
Place None Date , 193 19. UNDERTAKER W. Hart
(Address) 20. FILED 7/25, 193

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28, 193122. I HEREBY CERTIFY, That I attended deceased from July 26, 1931, to July 28, 1931.I last saw him alive on July 27, 1931; death is said to have occurred on the date stated above, at 4:30 A. am.

The principal cause of death and related causes of importance were as follows:

Pulmonary oedema
Mitral regurgitation

Date of onset

Other contributory causes of importance:

Alcoholic psychosisName of operation None Date of What test confirmed diagnosis? Phys. signs as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193 Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) Phu Irwin McElwain, M. D.(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 5 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of PreswilerCity of OrofinoRegistration District No. 90Primary Registration District No. 2197(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Saunders(a) Residence. No. 90

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

St. Priest River, Idaho

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single5a. If married, widowed, or divorced
HUSBAND of ☒
(or) WIFE of ☒6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE

58

Years

?

Months

?

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Common labor9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Georgia
(State or country)

13. NAME

Moses Saunders14. BIRTHPLACE (city or town) Scotland
(State or country)15. MAIDEN NAME Unascertained16. BIRTHPLACE (city or town) Unascertained
(State or country)17. INFORMANT Records: State Hospital North.
(Address) Orofino - Idaho -

18. BURIAL, CREMATION, OR REMOVAL

Place State Hosp. No. Cemetery Date July 18, 193119. UNDERTAKER F. A. Billberg, Hosp. Att.
(Address) Orofino - Idaho -20. FILED 7/18, 1931Registrar. H. A. Shaw

DO NOT WRITE IN THIS SPACE

75858

State File No.

Local Registrar's No. 37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 17, 193122. I HEREBY CERTIFY, That I attended deceased from October 8, 1928, to July 17, 1931.I last saw him alive on July 16, 1931; death is said
to have occurred on the date stated above, at 8:50 A.M.

The principal cause of death and related causes of importance

were as follows:

Chronic valvular heart disease
(Mitral regurgitation)

Date of onset

?

Other contributory causes of importance:

Involution melancholia?Name of operation None Date ofWhat test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) John Irvine McElwain, M. D.(Address) Orofino - Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75859 State File No.	
County of <u>Clearwater</u>	City of <u>Orofino</u>	Registration District No. <u>90</u>	Primary Registration District No. <u>2187</u>	Local Registrar's No. <u>42</u>	
(No. <u>State Hospital North</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Ernest A. HESSNER</u>					
(a) Residence. No. <u>Belmont, Idaho</u>					
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. <u>2 yrs. 5 mos. 20 ds.</u>		How long in U. S., if of foreign birth? <input checked="" type="checkbox"/> yrs. <input checked="" type="checkbox"/> mos. <input checked="" type="checkbox"/> ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Verna L. HESSNER</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 8, 1874</u>					
7. AGE	Years <u>56</u>	Months <u>7</u>	Days <u>19</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Skramberg, Tenn.</u> (State or country) <u>Tenn.</u>					
MOTHER	13. NAME <u>Andrew HESSNER</u>				
	14. BIRTHPLACE (city or town) <u>Germany</u> (State or country)				
	15. MAIDEN NAME <u>Loretta Dewey</u>				
16. BIRTHPLACE (city or town) <u>U. S.</u> (State or country)					
17. INFORMANT <u>Records: State Hospital North</u> (Address) <u>Orofino - Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Paul</u> Date <u>7/28</u> , 1931					
19. UNDERTAKER <u>V. A. Shaw</u> (Address) <u>Orofino</u>					
20. FILED <u>7/28</u> , 1931 <u>V. A. Shaw</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 27, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>February 8</u> , 1931, to <u>July 27</u> , 1931.					
I last saw him alive on <u>July 27, 1931</u> ; death is said to have occurred on the date stated above, at <u>2:05 P.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>General paralysis of the insane</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of					
What test confirmed diagnosis? <u>Hessner</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify					
(Signed) <u>John W. McElwain</u> , M. D. (Address) <u>Orofino - Idaho</u>					

RECEIVED AUG 5 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75860

PLACE OF DEATH

County of Clearwater

City of Crofins

CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 2157

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Bell Kousin

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Michael Kousin

6. DATE OF BIRTH (month, day and year) 5/1/1882

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 49 2 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home work

(c) Name of employer

9. BIRTHPLACE (city or town) Kentucky (State or country)

10. NAME OF FATHER Golder

11. BIRTHPLACE OF FATHER (city or town) Kentucky (State or Country)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address) Mike Kousin Crofins Ida

15. Filed 7/29 1931 Registrar. W. A. Shaw

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 7 - 28 - 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 2nd 1931, to July 28th 1931, that I last saw her alive on July 28th 1931, and that death occurred, on the date stated above, at 9:45 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Cerebral apoplexy

(duration) yrs. mos. ds. CONTRIBUTORY Probably menstrual (Secondary) Disturbance & Leukemia

18. Where was disease contracted Her home if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) M. R. Burton M. D. 7/29 1931 (Address) Crofins Ida

19. (Place of Burial, Cremation, or Removal) Date of Burial

20. Undertaker Address

Crofins Mortuary Crofins Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 5 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75861**

PLACE OF DEATH **Clearwater**
County of **Orofino**
City of **Orofino**

Registration District No. **90**
Primary Registration District No. **2187**

Local Registrar's No. **40**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **William Harrington**

(a) Residence. No. _____ St. _____
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <i>m</i>	4. COLOR OR RACE <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year)				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>About 49</i>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Logger</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <i>✓</i>				
MOTHER FATHER	13. NAME			
	14. BIRTHPLACE (city or town) (State or country) <i>✓</i>			
	15. MAIDEN NAME <i>✓</i>			
	16. BIRTHPLACE (city or town) (State or country) <i>✓</i>			
17. INFORMANT <i>Orofino Hospital</i> (Address)				
18. BURIAL, CREMATION, OR REMOVAL Place <i>Orofino</i> Date <i>7/25, 1931</i>				
19. UNDERTAKER <i>W. A. Shaw</i> (Address) <i>Orofino</i>				
20. FILED <i>7/24, 1931</i> <i>W. A. Shaw</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <i>July 23, 1931</i>	
22. I HEREBY CERTIFY, That I attended deceased from <i>July 23, 1931</i> to <i>July 23, 1931</i> . I last saw him alive on <i>July 23, 1931</i> ; death is said to have occurred on the date stated above, at <i>3 P. M.</i> The principal cause of death and related causes of importance were as follows: <i>Chronic alcoholic poisoning</i> Date of onset <i>7/23/31</i>	
Other contributory causes of importance: <i>Pulmonary edema.</i>	
Name of operation <i>None</i> Date of <i>None</i> What test confirmed diagnosis? <i>Chloroform</i> Was there an autopsy? <i>Yes</i>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <i>Yes</i> If so, specify <i>P. J. McFloris</i> (Signed) <i>Orofino, Idaho</i> M. D. (Address) <i>Orofino, Idaho</i>	

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75862

State File No.

PLACE OF DEATH

County *Franklin*City of *Charley*

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. *120*2. FULL NAME *Fred Schmidt*

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *March 31 - 1847*7. AGE Years *84* Months *3* Days *3* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Farmer*(b) General nature of industry, business, or establishment in which employed (or employer) *Building of log houses*

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Germany*10. NAME OF FATHER *Unknown*11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Unknown*12. MAIDEN NAME OF MOTHER *Unknown*13. BIRTHPLACE OF MOTHER (city or town) (State or County) *Unknown*

14.

Informant (Address)

15.

Filed *July 6*, 19*31*Registrar *Edna - K...*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *July 4*, 19*31*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19*28*, to *7/4*, 19*31*that I last saw him alive on *July 1*, 19*31*and that death occurred, on the date stated above, at *11 A.* m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

*myocarditis*CONTRIBUTORY (Secondary) *neuritis* (duration) *5* yrs. mos. ds.(duration) *2* yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *J. H. H. H.*

M. D.

19*31*(Address) *C. H. H. H.*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Frederick's, Idaho**July 6*, 19*31*

Undertaker

Address

*Edna - K...**Idaho*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		State File No. <u>75863</u>	
PLACE OF DEATH		COUNTY OF <u>Elmore</u>		CITY OF <u>Atlanta Springs</u>	
Registration District No. <u>34</u>		Primary Registration District No. <u>2020</u>		Local Registrar's No. <u>8</u>	
(No. _____) (If death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>Francisco Agote</u>					
(a) Residence. No. <u>Mountain Home, Idaho</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Lorena Rementeria</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Feb 10, 1892</u>					
7. AGE	Years <u>39</u>	Months <u>4</u>	Days <u>22</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shepherd</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Bennett Bros</u>				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Elgoibar</u> (State or country) <u>Spain</u>					
MOTHER FATHER	13. NAME <u>Ygnacio Alfiano Agote</u>				
	14. BIRTHPLACE (city or town) <u>Elgoibar</u> (State or country) <u>Spain</u>				
	15. MAIDEN NAME <u>Josefa Antonia Ansola</u>				
16. BIRTHPLACE (city or town) <u>Elgoibar</u> (State or country) <u>Spain</u>					
17. INFORMANT (Address) <u>J. G. Anderson</u> <u>Boise Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain Home</u> Date <u>July 7, 1931</u>					
19. UNDERTAKER (Address) <u>J. G. Anderson</u> <u>Mountain Home, Idaho</u>					
20. FILED <u>Mar 30, 1932</u> <u>Anderson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 2, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Gun shot wound accidental</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>accident</u> Date of injury <u>7-2, 1931</u> Where did injury occur? <u>Near Atlanta, Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Out on sheep range</u>					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>G. S. Zacher</u> Coroner, M.D. (Address) <u>Mountain Home, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

 County of Blaine
 City of Atlanta
Registration District No. 34Primary Registration District No. 2220

State File No.

75863

Local Registrar's No. 8
 (No. _____)
 (If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Francisco Agote(a) Residence. No. Mt. Home Idaho
 (Usual place of abode) (If nonresident give city or town and state)
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

 5a. If married, widowed, or divorced
 HUSBAND of Agote
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

 7. AGE Years 38 Months Days If LESS than 1 day, hrs. or min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep Herder
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bennett/Kran
 10. Date deceased last worked at this occupation (month and year) 11/1/31 11. Total time (years) spent in this occupation 10 years
12. BIRTHPLACE (city or town) Spain
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Fred Bennett
(Address) Mt. Home Idaho18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Home Idaho 7-7, 193119. UNDERTAKER S. J. Fisher
(Address) Mt. Home Idaho20. FILED July 28, 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-2, 1931

22. I HEREBY CERTIFY, That I attended deceased from

_____, 193____, to _____, 193____

I last saw him alive on _____, 193____; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance

were as follows: Gun shot wound Date of onsetaccidental

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide (Date of injury) 7-2, 1931Where did injury occur? Near Atlanta, Ida.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place On Range while workingManner of injury Gunshot woundNature of injury Accidental Self-

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. J. Fisher S. J. Fisher M. D.(Address) Mt. Home Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75864

State File No.

PLACE OF DEATH
County of Colmore
Neels Home
City of near Mayfield
Idaho

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 9

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Mayfield Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 15 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Frank Miller

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT J. S. Zucker
(Address) Int. Home Id.

18. BURIAL, CREMATION, OR REMOVAL
Place Int. Home Id. Date 7/20, 1931

19. UNDERTAKER J. S. Zucker
(Address) Int. Home, Idaho

20. FILED July 28, 1931
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/19 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.

I last saw him alive on _____, 1931; death is said

to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

accidental
drowning

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. While in swimming

Manner of injury drowned

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. S. Zucker Cover

(Address) Int. Home Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED AUG 1931	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Elmore</u>	City <u>Near King Hill Idaho</u>		Registration District No. <u>38</u>		State File No. <u>75865</u>
Primary Registration District No. <u>2021</u>			Local Registrar's No. _____		
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Maud Willbanks</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. <u>15</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>W. E. Willbanks</u>					
6. DATE OF BIRTH (month, day, and year) <u>6-23-1874</u>					
7. AGE	Years <u>57</u>	Months <u>1</u>	Days <u>7</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation <u>most of life</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Illinois</u>					
MOTHER FATHER	13. NAME <u>James Honeycutt</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>unknown</u>				
	15. MAIDEN NAME <u>unknown</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>unknown</u>				
17. INFORMANT (Address) <u>Jack Willbanks Stanford California</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Stanford Calif</u> Date <u>July 30, 1931</u>					
19. UNDERTAKER (Address) <u>St. Zachary Mt Home Idaho</u>					
20. FILED <u>July 30, 1931</u> Registrar. <u>Mrs Mary Sullivan</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 21, 1931</u> to <u>July 30, 1931</u>					
I last saw her alive on <u>July 29, 1931</u> ; death is said to have occurred on the date stated above, at <u>127</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Pleuro pneumonia</u>					
Other contributory causes of importance:					
<u>Influenza</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Dr. J. W. Davis</u> M. D.					
(Address) <u>Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		State File No. <u>75865</u>	
County of <u>Elmore</u>			
City of <u>Near King Hill</u>			
CERTIFICATE OF DEATH			
Registration District No. <u>33</u>			
Primary Registration District No. <u>2021</u>		Local Registrar's No.	
(No.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Margaret Willbanks</u>			
(a) Residence. No. <u>Stanford California</u>			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. <u>15</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>	
5a. If married, widowed, or divorced HUSBAND of <u>W.E. Willbanks</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>6-23-1874</u>			
7. AGE <u>57</u>	Years	Months <u>1</u>	Days <u>7</u>
		If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>		
	10. Date deceased last worked at this occupation (month and year) <u>cannot state</u>		
11. Total time (years) spent in this occupation <u>most of life</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Illinois</u>			
FATHER	13. NAME <u>James Honeycutt</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>unknown</u>		
	15. MAIDEN NAME <u>unknown</u>		
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>unknown</u>		
	17. INFORMANT (Address) <u>Jack Willbanks Stanford California</u>		
	18. BIRTHPLACE (city or town) (State or country) <u>Stanford Calif</u>		
19. UNDERTAKER (Address) <u>J.C. Zacher - mt Hope</u>			
20. FILED <u>July 30, 1931</u> <u>Mary L. Sullivan</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>July 30, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>July 21, 1931</u> , to <u>July 30, 1931</u>			
I last saw her alive on <u>July 29, 1931</u> ; death is said to have occurred on the date stated above, at <u>12:18</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Pneumonia</u>			Date of onset
Other contributory causes of importance:			
<u>Influenza</u>			
Name of operation <u>Chemical</u> Date of			
What test confirmed <u>Chemical</u> Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? Date of injury, 1931			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify			
(Signed) <u>D. J. W. Davis</u> M.D.			
(Address) <u>Elmore Ferry, Ida</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75866

County of ElmoreCity of Mt. Home

CERTIFICATE OF DEATH

Registration District No. 34Primary Registration District No. 2020

State File No.

Local Registrar's No. 10(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Emelia Blunk

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-5-18457. AGE Years 86 Months 0 Days 20 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany13. NAME W. Schroder14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Stollery16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT (Address) Emelia Montgomery
Mt. Home Idaho18. BURIAL, CREMATION, OR REMOVAL (Place) Gravestone Date 7-28, 193119. UNDERTAKER (Address) Mt. Home Idaho20. FILED July 28, 1931 Registrar. W. J. Evans

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-25 193122. I HEREBY CERTIFY, That I attended deceased from 2-10-, 1931, to 7-25-, 1931.I last saw her alive on 7-24-, 1931; death is saidto have occurred on the date stated above, at 11:20 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset 10Other contributory causes of importance: Chronic Arthritis 1915

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) W. J. Evans M.D.(Address) Mountain Home Idaho

RECEIVED AUG 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75867

State File No.

PLACE OF DEATH

County of ElmoreCity of Mt. HornRegistration District No. 34Primary Registration District No. 2020Local Registrar's No. 7(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME John W. Ake

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.4. COLOR OR RACE White5. Single, Married, Widowed,
or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct-17-18507. AGE Years Months Days If LESS than 1 day,
80 5 7 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Trapper(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Penn
(State or country)10. NAME OF FATHER Ake11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Penn12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) ✓14. Informant Ethel Hendricks
(Address) Mt. Horn15. Filed July 28, 1931 A. Hendricks
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar - 24 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

2-22-, 1931, to 3-24-, 1931that I last saw him alive on 3-23, 1931and that death occurred, on the date stated above, at 5:05 pm

The CAUSE OF DEATH* was as follows:

Cerebrum Of Prostrate(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

3-28-, 1931(Address) Mt. Horn*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Mountain Horn3-21 1931

20. Undertaker

Address

G. S. ZachMt. Horn

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75869**

PLACE OF DEATH

County of Franklin
City of Weston

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119
(No. _____)Local Registrar's No. 151

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norma LeDean Jensen(a) Residence. No. Weston Idaho St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) no single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 14 19317. AGE Years Months Days If LESS than 1 day.
4 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Weston
(State or country)10. NAME OF FATHER Walter Jensen11. BIRTHPLACE OF FATHER (city or town) Weston
(State or Country)12. MAIDEN NAME OF MOTHER Bessie Gardner13. BIRTHPLACE OF MOTHER (city or town) Tatum Idaho
(State or Country)14. Informant Walter Jensen
(Address) Weston15. Filed angl, 1931 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 18 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
June 14 1931 to June 18 1931
that I last saw her alive on June 18 1931
and that death occurred, on the date stated above, at 1:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Congenital Heart
disease -
Blue baby -(duration) _____ yrs. _____ mos. 3 ds.CONTRIBUTORY ☒
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted ☒
if not at place of death?Did an operation precede death? no Date of Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) G. W. States, M. D.June 18 1931 (Address) Preston Ida19. Place of Burial, Cremation, or Removal Weston Date of Burial June 19 193120. Undertaker none Address

STATE OF IDAHO

RECEIVED AUG 3 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75870

State File No.

PLACE OF DEATH

Franklin

County of

City of Preston

CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 3

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

George Thomas Marshal

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed,

Divorced (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mary Jane Marshal

6. DATE OF BIRTH (month, day and year)

Nov 9 1851

7. AGE

Years
29Months
8Days
12If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

NONE

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

England

10. NAME OF FATHER

Thomas Marshal

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

England

12. MAIDEN NAME OF MOTHER

Sarah Good

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

England

14.

Informant
(Address)

Geo. Marshal

Rexburg Idaho

15.

Filed

Aug 1, 1931

G. W. Stiles

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July

20

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 12

1931

to One call only

that I last saw him alive on

July 19

1931

and that death occurred, on the date stated above, at 3⁰⁰ a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Myocardial
degeneration

(duration) 12 yrs.

mos.

ds.

CONTRIBUTORY
(Secondary)Hypertension, Arterio-
sclerosis

(duration) 12 yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no

Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

G. W. Stiles

M. D.

July 21, 1931

(Address)

Preston, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Franklin Idaho

July 23 3⁰⁰

M. W. Hendricks

Preston

Address

20. Undertaker John H. & Sons

RECEIVED AUG 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75872

PLACE OF DEATH

County of Fremont

City of Ashton

Registration District No. 18

Primary Registration District No. 6

Local Registrar's No. 1619

(No. 1619)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME (Premature) Grube

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) ✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) 7-6-31

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 3 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (city or town) (State or country) Ashton Ida.

10. NAME OF FATHER Mark P. Grube

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ashton Ida.

12. MAIDEN NAME OF MOTHER Evelyn M. Grube

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Norfolk Va.

14. Informant Mark P. Grube (Address) Ashton Idaho.

15. Filed 7-7-31 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 7-6-31 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-6-31, 1931, to 7-6-31, 1931, that I last saw him alive on 7-6-31, 1931, and that death occurred, on the date stated above, at 7:30 A.M. The CAUSE OF DEATH* was as follows: Premature

(duration) yrs. mos. ds. CONTRIBUTORY Fall of mother (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) C. C. Chapman, M. D. 7-7-31 (Address) Ashton Idaho.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial Ashton Idaho 7-7-31

20. Undertaker Address Kiser Ashton Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PARENTS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of **FREMONT**

City of **ASHTON**

If death occurs away from usual residence, give facts called for under special information.

Registration District No. **102**

Primary Registration District No. **6**

(No. _____ St.)

State File No. **75873**

Local Registrar's No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME **LARS FRANSEN.**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WID-OWED OR DIVORCED **MARRIED**

6. DATE OF BIRTH

JULY **23rd** **1869**
(Month) (Day) (Year)

7. AGE

63 **Co.m.**

IF LESS than 1 day how many
_____ hrs. or
_____ min.?

Yrs. **69** Mos. **11** ds. **8**

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

FARMER

9. BIRTHPLACE

(State or Country)

DENMARK

10. NAME OF

Father

FRANZ FRANSEN

11. BIRTHPLACE OF FATHER

(State or Country)

DENMARK

12. MAIDEN NAME OF MOTHER

TRENA CHRISTIANSEN.

13. BIRTHPLACE OF MOTHER

(State or Country)

DENMARK

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

LARUE FRANSEN

(Address)

15. **7-16-** **ASHTON IDAHO**

Filed

19-31

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

JULY 15th 1930
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

7-15-1930 to **7-15-1930**

that I last saw him alive on **7-15-1930**

and that death occurred on the date stated above, at **12/30 P.M.**

The CAUSE OF DEATH* was as follows:

Rupture Aorta
Aneurism

(Duration) **10** yrs. **10** mos. **10** ds.

Contributory (Secondary)

(Duration) **10** yrs. **10** mos. **10** ds.

(Signed)

C. M. Meecham, M. D.

7/16/1931 (Address) **Ashton, Idaho**

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____

of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

ASHTON IDAHO

DATE OF BURIAL

7/18/1930 **19-31**

20. UNDERTAKER

LEWIS KISER

ADDRESS

ASHTON IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED AUG 12 1931

DO NOT WRITE IN THIS SPACE

75874

State File No.

PLACE OF DEATH

County of Ben
City of Emmett

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olive Hanson

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. IF married, widowed, or divorced

HUSBAND of
(or) WIFE ofOle Hanson

6. DATE OF BIRTH (month, day and year)

March 20th 1852

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

7945

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town).....
(State or country)Norway

10. NAME OF FATHER

Larson11. BIRTHPLACE OF FATHER (city or town).....
(State or Country)Norway

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town).....
(State or Country)Unknown

14.

Informant
(Address)Edward Larson

15.

Filed July 16, 1931W. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July151931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 1, 1931, to July 1, 1931that I last saw her alive on July 1, 1931and that death occurred, on the date stated above, at 9 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Septic infection of bullet
in thigh

(duration) yrs. mos. 20 ds.CONTRIBUTORY
(Secondary)fracture of neck of femur
after 24 hours

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) R. O. Quinn, M. D.7-16-1931 (Address) Emmett Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Horseshoe BendJuly 16- 1931

20. Undertaker

Address

C. D. Bucknum Emmett Idaho

RECEIVED AUG 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75875

PLACE OF DEATH

County of Idaho Registration District No. 6
City of Emmett Primary Registration District No. _____ Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie Matheson

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar 21 - 18827. AGE 49 Years 3 Months 29 Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Scotland
(State or country)10. NAME OF FATHER George Matheson11. BIRTHPLACE OF FATHER (city or town) Scotland
(State or Country)12. MAIDEN NAME OF MOTHER Catherine McQuinn13. BIRTHPLACE OF MOTHER (city or town) Scotland
(State or Country)14. Informant (Address) George Matheson15. Filed 7/22 1931 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 20 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, that I attended deceased from June 16 1931, to July 20 1931
that I last saw her alive on July 8 1931
and that death occurred, on the date stated above, at _____ m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Gastric Carcinoma18. (duration) abt 1 yrs. _____ mos. _____ ds.
CONTRIBUTORY (Secondary) Ulcer of stomach abt 1911
(duration) abt 20 yrs. _____ mos. _____ ds.19. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) A. C. Cunningham M. D.
7/22 1931 (Address) Emmett19. Place of Burial, Cremation, or Removal Boise Idaho Date of Burial 7/22 193120. Undertaker C. S. Buckman Address Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED AUG 12 1931
DO NOT WRITE IN THIS SPACE
75876
State File No.

PLACE OF DEATH

County of Benewah Registration District No.
City of Emmett Primary Registration District No. Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Robert Leathers

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 2 - 1853

7. AGE 78 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kentucky
(State or country)

10. NAME OF FATHER Nicholas Leathers

11. BIRTHPLACE OF FATHER (city or town) Kentucky
(State or Country)

12. MAIDEN NAME OF MOTHER Grace Monday

13. BIRTHPLACE OF MOTHER (city or town) Kentucky
(State or County)

14. Informant Mrs. Sylvia Lake
(Address)

15. Filed 6/7 1931 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 2 1931 to July 4 1931
that I last saw him alive on July 4 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Calamary spasm due
to atheroma of arteries

..... (duration) yrs. mos. ds.

CONTRIBUTORY arteriosclerosis
(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. L. Reynolds M. D.

6/7 1931 (Address)

19. Place of Burial, Cremation, or Removal Emmett Ida Date of Burial 7/8 1931

20. Undertaker C. Buckner Address Emmett

Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED AUG 12 1931
DO NOT WRITE IN THIS SPACE
State File No. 75877

PLACE OF DEATH
County of *Ben* Registration District No.
City of *Emmett* Primary Registration District No. *6* Local Registrar's No. *99*
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME *Warren Klingback*
(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word.) *single*
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) *June 29-1880*
7. AGE 80 Years Months 8 Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED *Farmer*
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Denmark*

10. NAME OF FATHER *Jacob C. Klingback*

11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Denmark*

12. MAIDEN NAME OF MOTHER *Not known*

13. BIRTHPLACE OF MOTHER (city or town) (State or County) *" "*

14. Informant (Address) *E. E. Klingback Emmett, Idaho*

15. Filed *3/6* 19 *31* *J. H. Reynolds* Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Mar 5* 19 *31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Feb 18* 19 *31* to *Mar 4* 19 *31*
that I last saw him alive on *Feb 18* 19 *31*
and that death occurred, on the date stated above, at *1* a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Bronchial trouble

Several yrs. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) *Myocarditis*
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of.

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *J. H. Reynolds* M. D. *3/6* 19 *31* (Address) *Emmett, Ida*

19. Place of Burial, Cremation, or Removal Date of Burial
Emmett Ida *Mar 6 1931*

20. Undertaker *C. Buckner* Address *Emmett, Idaho*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75878**

PLACE OF DEATH

County of Ben Registration District No. 4
City of Emmett Primary Registration District No. _____
(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Lawrence Williams

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofKatherine M. Williams6. DATE OF BIRTH (month, day and year) Jan 3 - 18767. AGE Years Months Days If LESS than 1 day, hrs. or min.
55 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. County Agricultural Extension work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Emporia
(State or country) Kansas10. NAME OF FATHER J. L. Williams11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER Jane Priest13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or County)14. Informant (Address) Mrs Fred L Williams15. Filed July 22 1931 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 14 1931 to July 20 1931
that I last saw him alive on July 14 1931and that death occurred, on the date stated above, at 41-304*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH* was as follows:
Peritonitis(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Appendicitis Streptococcus
(Secondary) infection (duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of July 14 1931Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. L. Reynolds M. D.
July 22 - 1931 (Address) Emmett Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Manhattan Kansas July 28 1931

20. Undertaker Address

W. J. Schum Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75879

State File No. _____

PLACE OF DEATH

County of Bennett Registration District No. _____
City of Emmett Primary Registration District No. 6 Local Registrar's No. _____
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrum Ira Despain
(a) Residence. No. _____ St. _____
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced* (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 17 - 1913

7. AGE Years Months Days If LESS than 1 day.
18 4 13 _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work student

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Oakley
(State or country) Idaho

10. NAME OF FATHER Myrum Otis Despain

11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)

12. MAIDEN NAME OF MOTHER Lucie May Whitaker

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant H. O. Despain
(Address) Emmett Idaho

15. Filed 8/1 1931 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 28 1931 to July 30 1931
that I last saw him alive on July 30 1931
and that death occurred, on the date stated above, at 4 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Fulminating appendicitis
(duration) _____ yrs. _____ mos. 1 ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? yes Date of July 28

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) J. L. Reynolds, M. D.
8/1 1931 (Address) Emmett Idaho

19. Place of Burial, Cremation, or Removal Emmett Idaho Date of Burial 8/2 1931

20. Undertaker C. D. Bucknam Address Emmett Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED AUG 12 1931

DO NOT WRITE IN THIS SPACE

State File No. 75880

PLACE OF DEATH

County of Emmett Registration District No. 4
City of Emmett Primary Registration District No. _____ Local Registrar's No. _____
(No. _____)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Charles Augustus Ahrens

(a) Residence. No. _____ St. _____

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) divorced5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept 1 - 18607. AGE Years 70 Months 10 Days 18 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kentucky
(State or country)10. NAME OF FATHER Not known11. BIRTHPLACE OF FATHER (city or town) Not known
(State or Country)12. MAIDEN NAME OF MOTHER Not known13. BIRTHPLACE OF MOTHER (city or town) Not known
(State or Country)14. Informant J. K. Nesbitt, Emmett, Ida R. I
(Address)15. Filed 7/21 1931 L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 14 1931 to July 19 1931
that I last saw him alive on July 18 1931and that death occurred, on the date stated above, at 11 a m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Uremia from subnormal
kidney function due to prolonged
back pressure from urinary retention.
(duration) _____ yrs. _____ mos. 8 ds.CONTRIBUTORY accidental injuries
(Secondary)(duration) _____ yrs. _____ mos. 8 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) R. C. Cunningham, M. D. 7/21 1931 (Address) Emmett, Ida19. Place of Burial, Cremation, or Removal Emmett, Ida Date of Burial 7/21 193120. Undertaker C. Buckner Address Emmett, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED AUG 12 1931
DO NOT WRITE IN THIS SPACE
State File No. 75881

PLACE OF DEATH

County of Idaho Registration District No. _____
City of Emmett Primary Registration District No. 6 Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annastasia Soran

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 17 - 1931

7. AGE Years Months Days If LESS than 1 day
— 6 11 _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

10. NAME OF FATHER Christopher T. Soran

11. BIRTHPLACE OF FATHER (city or town) Denver
(State or Country) Col.

12. MAIDEN NAME OF MOTHER Cleo Faye

13. BIRTHPLACE OF MOTHER (city or town) Mayetta
(State or County) Idaho

14. Informant (Address) Christopher T. Soran
Emmett Idaho

15. Filed 7/28, 1931 J. H. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to July 28, 1931,
that I last saw her alive on July 28, 1931,
and that death occurred, on the date stated above, at 11:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Food poisoning

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Gasoline Intoxication
(Secondary)
7/28-1931 (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. H. Reynolds, M. D.
7/28, 1931 (Address) Emmett Idaho

19. Place of Burial, Cremation, or Removal Emmett Idaho Date of Burial 7/29, 1931

20. Undertaker C. D. Bucknum Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75882

PLACE OF DEATH

County of Ben Registration District No. 6
City of Emmett Primary Registration District No. _____ Local Registrar's No. _____
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bernice Sprague

(a) Residence. No. _____ St. _____

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 23 - 1912

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
18 11 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Marysville
(State or country) Idaho

10. NAME OF FATHER Frank Sprague

11. BIRTHPLACE OF FATHER (city or town) Cassia Co., Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Laura Gribble

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Frank Sprague
(Address)

15. Filed 7/20 1931 J. H. Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____

and that death occurred, on the date stated above, at 2:30 PM

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Case of accidental drowning

_____, (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

_____, (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. H. Reynolds M. D.
7/20 1931 (Address) Emmett Idaho

19. Place of Burial, Cremation, or Removal Emmett, Idaho Date of Burial 7/20 1931

20. Undertaker C. D. Bucknum Address Emmett Idaho

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

75883

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Gooding
City of Wendell

Registration District No. 22
Primary Registration District No. 2018

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Edward Coffelt

(a) Residence No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) married

5a If married, widowed, or divorced
HUSBAND of Martha Jane
(or) WIFE of

6 DATE OF BIRTH (month, day and year) July 1-1896

7 AGE 55 Years Months Days 0 8 If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work R.R. Section foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Keeping upright
(c) Name of employer O.S.R. R.R.

9 BIRTHPLACE (city or town) Henry Co.
(State or country) Missouri

10 NAME OF FATHER James W. Coffelt

11 BIRTHPLACE OF FATHER (city or town) Hickory Co Mo
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Gregg

13 BIRTHPLACE OF MOTHER (city or town) Hickory Co Mo
(State or country)

14 Informant _____
(Address) _____

15 Filed 7-11-31 E. L. Dimonten
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 9 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to July 9, 1931, that I last saw him alive on July 8, 1931, and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:
Coronary Thrombosis
with Angina
pectoris

(duration) ____ yrs. ____ mos. ____ ds.
CONTRIBUTORY arteriosclerosis
(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.
18 Where was disease contracted ✓
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? B.P. Urinalysis

(Signed) E. L. Dimonten M. D.

July 11, 1931 (Address) Wendell Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIO-
LENT CAUSES, state (1) MEANS and NATURE OF INJURY,
and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Wendell Idaho Date of Burial July 23

20 Undertaker A. L. Harrison Address _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

PLACE OF DEATH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 18 1931

DO NOT WRITE IN THIS SPACE

75884

State File No.

County of WendellCity of Wendell

Registration District No.

Primary Registration District No. 2018

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob William Schild

(a) Residence No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of✓

6. DATE OF BIRTH (month, day and year)

July 16-1910

7. AGE

Years

Months

Days

If LESS than 1 day,

201118.....hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Odesa
Ukraine

10. NAME OF FATHER

Henry Schild

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Prussia

12. MAIDEN NAME OF MOTHER

Elizabeth Weis

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Prussia

14.

Informant
(Address)Henry Schild

15.

Filed

7-41931E. L. Dimanton

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July

(Month)

4

(Day)

1931

(Year)

I HEREBY CERTIFY, That I attended deceased from

June 29 1931, to July 4 1931
that I last saw him alive on July 29 1931and that death occurred, on the date stated above, at 11 A. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:General peritonitis
resulting a perforated
appendix.

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of June 30-31Was there an autopsy? noWhat test confirmed diagnosis? E. L. Dimanton(Signed) E. L. Dimanton (M. D.)

, 19.... (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Trwin Falls Idaho July 6 1931

20. Undertaker

Address

W. C. I. Make Trwin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 24County of Gooding

Primary Registration District No. _____

City of Bliss

(No. _____, St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Bell HendersonFile No. 75885Registered No. 161

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

(Write the word.)

6. DATE OF BIRTH

Jul 8 1931
(Month) (Day) (Year)

7. AGE

_____ yrs. 11 mos. _____ ds.

IF LESS than 1 day
how many _____ hrs. or
_____ mins.?

8. OCCUPATION

- (a) Trade, profession or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)

none

9. BIRTHPLACE

(State or Country)

Bliss Ida

10. NAME OF FATHER

Arch Henderson

11. BIRTHPLACE OF FATHER

(State or Country)

Kansas

12. MAIDEN NAME OF MOTHER

Cora A. Sanders

13. BIRTHPLACE OF MOTHER

(State or Country)

Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

A. Henderson

(Address)

Bliss Ida

15.

Filed

Jul 301931J. H. Cronmull
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

July 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
7-19 1931, to 7-19 1931

that I last saw her alive on 7-19 1931
and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) _____ yrs. _____ mos. 2 ds.

Contributory

(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

J. H. Cronmull M. D.
7/20 1931 (Address) Gooding Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death. _____ yrs. _____ mos. _____ days. In the State. _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death? _____

Former or usual residence. _____

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Gooding Ida 7-21- 1931

20. UNDERTAKER

ADDRESS

A. B. Thompson Gooding Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho
City of Boles

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 103
Primary Registration District No. 2181

DO NOT WRITE IN THIS SPACE

State File No. 75886

Local Registrar's No. 27

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ethel Pearl Wright

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George E Wright

6. DATE OF BIRTH (month, day and year)

7. AGE Years 42 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Prescott Lower (State or country)

10. NAME OF FATHER J H Wright

11. BIRTHPLACE OF FATHER (city or town) Idaho (State or Country)

12. MAIDEN NAME OF MOTHER Ada M Green

13. BIRTHPLACE OF MOTHER (city or town) Idaho (State or Country)

14. Informant J E Wright (Address) Boles Idaho

15. Filed 8-1-, 1931 B Chipman Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Prod 1 1/2 hrs before arrived

that I last saw h. alive on, 19....

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Childbirth

(duration) yrs. mos. ds.

CONTRIBUTORY Perimenstrual (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J D Shumack M. D. Aug 1 1931 (Address) Boles Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St. Margaret's Ch. Date of Burial 7-9-1931

20. Undertaker Hamock M. Co. Address Boles Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHENOMENA should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

RECEIVED AUG 1 1931

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2193
(No. _____ St.)

File No. 75887
Registered No. 15

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Jda May Bledsoe

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Married
(Write the word.)

6. DATE OF BIRTH.

May 30 1882
(Month) (Day) (Year)

7. AGE

49 Yrs. 1 Mos. 5 ds.

IF LESS than 1 day
how many _____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) North Carolina

10. NAME OF FATHER

William Williams

11. BIRTHPLACE OF FATHER

(State or Country) North Carolina

12. MAIDEN NAME OF MOTHER

Gauthier

13. BIRTHPLACE OF MOTHER

(State or Country) North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address) Cottonwood

15.

Filed 7-13 1931

H. J. Owen
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 2 1931, to July 4 1931, that I last saw him alive on July 4 1931, and that death occurred on the date stated above, at 3:4 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) Yrs. _____ mos. 3 ds.

Contributory (Secondary) Arteriosclerosis

(Duration) Yrs. _____ mos. _____ ds.

(Signed) B. Chapman M. D.

7-13-1931 (Address) Grandville Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF ~~RESIDENCE~~ (For Hospitals, Institutions, Transients or ~~Recent Residents~~.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cottonwood Ida 7-7-1931

20. UNDERTAKER

ADDRESS

Braverly Warr Brewster Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IOWA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75888

State File No.

PLACE OF DEATH
County of Shelby
City of Grangerville

Registration District No. 103
Primary Registration District No. 2181

Local Registrar's No. 28

44

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Margaret Delphine Paul
(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced
HUSBAND of James E. Paul
(or) WIFE of
6. DATE OF BIRTH (month, day and year) 1861, June 24
7. AGE Years Months Days 70 4 9 LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wafi
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Iowa
(State or country)

10. NAME OF FATHER Amesbury

11. BIRTHPLACE OF FATHER (city or town) Louisiana
(State or Country)

12. MAIDEN NAME OF MOTHER Sherran

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country)

14. Informant James E. Paul
(Address) Grangerville

15. Filed 8-1-1931 B. Chapman
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
June 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1931, to June 28, 1931
that I last saw her alive on June 28, 1931
and that death occurred, on the date stated above, at 7:30 a.m.
The CAUSE OF DEATH* was as follows:

Gastric Carcinoma
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) J. W. Baker, M. D.

June 28, 1931 (Address) Grangerville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Grangerville Ia. Date of Burial 7-1-1931

20. Undertaker Hancock Mnf. Co. Address Grangerville

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75889	
County of <u>Jefferson</u>		CERTIFICATE OF DEATH		State File No.	
City of <u>Roberts</u>		Registration District No. <u>98</u>		Local Registrar's No. <u>8</u>	
		Primary Registration District No. <u>2176</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Glenn Frank Bywater</u>					
(a) Residence. No. St. <u>Salt Lake, Utah</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced, (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Jan 6, 1906</u>					
7. AGE	Years <u>25</u>	Months <u>7</u>	Days <u>0</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Salt Lake, Utah</u>					
MOTHER FATHER					
13. NAME <u>Joseph Frank Bywater</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					
15. MAIDEN NAME <u>Susan M. Jones</u>					
16. BIRTHPLACE (city or town) (State or country) <u>North Carolina</u>					
17. INFORMANT (Address) <u>Mr. G. E. King, Roberts, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salt Lake, Utah</u> Date <u>Aug 9, 1931</u>					
19. UNDERTAKER (Address) <u>Jack G. Wood, Salt Lake, Idaho</u>					
20. FILED <u>8/9/31</u> , 1931 <u>C. B. Scheraga</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>August 6, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 1931, to, 1931.					
I last saw him alive on, 1931; death is said to have occurred on the date stated above, at <u>10</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Gun shot wound thru head</u> <u>12 gauge shotgun</u> <u>accidental</u>					
Other contributory causes of importance:					
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accidental</u> Date of injury <u>8/6</u> , 1931 Where did injury occur? <u>Roberts, Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>at road near Roberts, Idaho</u>					
Manner of injury					
Nature of injury <u>thru head</u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>C. B. Scheraga</u> , M. D. (Address) <u>Roberts, Idaho</u>					

RECEIVED AUG 12 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75890

PLACE OF DEATH
County of Jefferson

City of Rigby

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 1

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chester Jay Elber.

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 12 yrs. 6 mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Single.
----------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 9, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	6	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Schoolboy.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Menan, Idaho.
(State or country)

10. NAME OF FATHER

Joseph Elber.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Paris, Idaho.

12. MAIDEN NAME OF MOTHER Lillian Grace Clark.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Menan, Idaho.

14. Informant (Address) Mrs. Grace Berrett.
Lorenzo, Idaho. R. #1

15. Filed June 23 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:accidental drowning.
Drown in water about two
hours.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Earl J. Jones

M. D.

19. Place of Burial, Cremation, or Removal

Annis, Idaho.

Date of Burial

6/24/31 19

20. Undertaker

Address

Rigby

RECEIVED AUG 12 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75891**

PLACE OF DEATH

County of **Jefferson**
City of **Rigby**

CERTIFICATE OF DEATH

Registration District No. **98**

Primary Registration District No. **2176**

Local Registrar's No. **2**

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Lillis Ione Preston.**

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F. M.** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Babe**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **May 24 1931**

7. AGE Years **0** Months **1** Days **9** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Babe**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) **Lorenzo, Idaho.**

10. NAME OF FATHER **Bert E. Preston.**

11. BIRTHPLACE OF FATHER (city or town) (State or Country) **Utah.**

12. MAIDEN NAME OF MOTHER **Mina Slater.**

13. BIRTHPLACE OF MOTHER (city or town) (State or County) **Idaho.**

14. Informant (Address) **Bert E. Preston**

15. Filed **July 5, 1931**

A. B. E. Churnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **July 3 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **July 2, 1931**, to **July 2, 1931**, that I last saw her alive on **July 2, 1931** and that death occurred, on the date stated above, at **8:00 a.m.**

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Melancholia (2d degree)
acidosis
Dehydration
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **A. B. E. Churnell**, M. D. **July 3, 1931** (Address) **Rigby**

19. Place of Burial, Cremation, or Removal **Annis, Idaho.** Date of Burial **7/5/31** 19

20. Undertaker **A. B. E. Churnell** Address **Rigby**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

162

RECEIVED AUG 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75892

State File No.

PLACE OF DEATH

County of Jefferson
City of Rigby, Idaho

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2176
(No.)Local Registrar's No. 3

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Harrens

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) BABY5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 1, 19317. AGE Years Months Days If LESS than 1 day.
8 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Rigby, Idaho
(State or country)

10. NAME OF FATHER

Marion Harrens11. BIRTHPLACE OF FATHER (city or town) Mo.
(State or Country)12. MAIDEN NAME OF MOTHER Vergina M. Murdock13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Mrs Geo H. Harrens
(Address)15. Filed July 9, 1931Registrar. W E Hersell

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 8, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to July 8, 1931
that I last saw him alive on July 7, 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chremature "exhaustion"

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? noDid an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) W. R. West

M. D.

July 10, 1931 (Address) Rigby, Idaho19. Place of Burial, Cremation, or Removal Rigby, Idaho Date of Burial 7/10/3120. Undertaker W E Hersell Address Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75893

State File No.

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 7

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Albertsen Petersen.

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced
HUSBAND of ~~MINNIE A. PETERSEN~~ Minnie A. Petersen.

6. DATE OF BIRTH (month, day and year) Nov. 3, 1854

7. AGE Years 76 Months 9 Days 3 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Self.

9. BIRTHPLACE (city or town) Denmark.
(State or country)10. NAME OF FATHER Albert Petersen.11. BIRTHPLACE OF FATHER (city or town) Denmark.
(State or Country)12. MAIDEN NAME OF MOTHER Anna Sofie (unknown)13. BIRTHPLACE OF MOTHER (city or town) Sweden.
(State or Country)14. Informant Louise Ball.
(Address) Sacramento, Calif. R. #515. Filed 8/8, 1931 W. B. Becknell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
August 6, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Aug 1, 1931, to Aug 6, 1931
that I last saw him alive on Aug 5, 1931
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:
ArteriosclerosisCONTRIBUTORY (Secondary) Seriously (duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted if not at place of death? SanDid an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) W. B. Becknell M. D.1931 (Address) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Rigby, Idaho. Date of Burial 8/8/31 1920. Undertaker W. B. Becknell Address Rigby

RECEIVED
STATE OF IDAHO JUL 13 1931DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75894

State File No.

PLACE OF DEATH

Jefferson

County of

City of Rigby

CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 7176

(No.)

Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Baby Sayer.

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Babe

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Babe

6. DATE OF BIRTH (month, day and year)

July 13 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

10

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Babe

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Rigby, Idaho.

10. NAME OF FATHER

John Richard Sayer.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Lewisville, Idaho

12. MAIDEN NAME OF MOTHER

Margaret Theo Green

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Menan, Idaho.

14. Informant
(Address)

Rigby, Idaho.

15. Filed

July 14, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July

14

1931

19....

(Month)

(Day)

(Year)

17. WHEREBY CERTIFY, That I attended deceased from

July 14, 31, to July 14, 31.

that I last saw him alive on July 13, 31.

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Heart disease of newborn.
Patent Foramen Ovale?

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

M. R. Kott, M. D.

7/16

1931

(Address)

Rigby, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Rigby, Idaho.

7/14/31 19

20. Undertaker

Address

Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75895**

PLACE OF DEATH

County of **Jefferson**City of **Rigby**

CERTIFICATE OF DEATH

Registration District No. **98**Primary Registration District No. **2176**

(No. _____)

Local Registrar's No. **6**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Francis Adaline McMurtrey.**

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred **23** yrs. **mo.** **ds.** How long in U. S. if of foreign birth? **23** yrs. **mo.** **ds.**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M.	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Married
------------------------	----------------------------------	---

5a. If married, widowed, or divorced

~~DECEASED~~
(or) WIFE of**James Calvin McMurtrey.**6. DATE OF BIRTH (month, day and year) **Aug. 29 1858**

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Housewife.**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Alabama.**
(State or country)10. NAME OF FATHER **Thomas Benton Scott.**11. BIRTHPLACE OF FATHER (city or town) **Tenn.**
(State or Country)12. MAIDEN NAME OF MOTHER **Phillips.**
Virginia Elizabeth13. BIRTHPLACE OF MOTHER (city or town) **Ga.**
(State or County)14. Informant **Mrs. Birtie L. Loynd.**
(Address)15. Filed **Aug 1**, 19**31**. **A. B. Echard**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 1 1931, 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec, 19**29**, to **Aug 1**, 19**31**
that I last saw him alive on **Aug 1**, 19**31**and that death occurred, on the date stated above, at **6:20 P.m.***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Generalized Carcinoma.**(duration) **1** yrs. **8** mos. **ds.**CONTRIBUTORY **Carcinoma of breast.**
(Secondary)(duration) **2** yrs. **mos.** **ds.**18. Where was disease contracted
if not at place of death?Did an operation precede death? **yes** Date of **Sept 1928**Was there an autopsy? **no**What test confirmed diagnosis **Biological Laboratory.**(Signed) **H. R. Abbott** M. D.
Aug 3, 19**31** (Address) **Rigby Idaho**19. Place of Burial, Cremation, or Removal **Rigby, Idaho.** Date of Burial **8/4/31** 19**31**20. Undertaker **A. B. Echard** Address **Rigby**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 75896	
County of <u>Jefferson</u>	City of <u>Roberts</u>	Registration District No. <u>298</u>	Primary Registration District No. <u>2176</u>	Local Registrar's No. <u>5</u>	
(No. _____) (If death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>Annie Bradley</u>					
(a) Residence. No. <u>Roberts, Idaho</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John Wolf</u>					
6. DATE OF BIRTH (month, day, and year) <u>February 12, 1866</u>					
7. AGE	Years <u>69</u>	Months <u>5</u>	Days <u>14</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Minnesota</u>					
FATHER	13. NAME <u>J. A. W. Boyd</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>				
MOTHER	15. MAIDEN NAME <u>Martha Friedman</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Indiana</u>				
17. INFORMANT <u>Mrs. Ed. Bryan</u> (Address) <u>Roberts, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho Falls</u> Date <u>Aug 2, 1931</u>					
19. UNDERTAKER <u>John A. Wood</u> (Address) <u>Idaho Falls, Idaho</u>					
20. FILED <u>Aug 4, 1931</u> <u>A. B. Eichenell</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 26, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 10, 1931</u> , to <u>7/26, 1931</u>					
I last saw him alive on <u>7/26, 1931</u> ; death is said to have occurred on the date stated above, at <u>1:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Ischemic Coroner</u>					
Date of onset <u>8/5</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>Cholera</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>no</u>					
Manner of injury <u>no</u>					
Nature of injury <u>no</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>E. D. Jones</u> , M. D.					
(Address) <u>Roberts, Idaho</u>					

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Jefferson

City of _____

Registration District No. 98Primary Registration District No. R176

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME (unnamed) Muro(a) Residence. No. Highway R D 2 Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. 2 hours How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mexican 5. Single. Married. Widowed, or Divorced (write the word.) Infant5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓6. DATE OF BIRTH (month, day and year) June 7 - 19317. AGE Years Months Days If LESS than 1 day, hrs. or min. Two hours

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant(b) General nature of industry, business, or establishment in which employed (or employer) ✓(c) Name of employer ✓9. BIRTHPLACE (city or town) (State or country) Highway R D 2 Bx63

PARENTS

10. NAME OF FATHER John Muro11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mexico12. MAIDEN NAME OF MOTHER Soledad Gomez13. BIRTHPLACE OF MOTHER (city or town) (State or County) Mexico14. Informant (Address) John C. Lewis15. Filed Jul - 1 31, 1931 E. GAVIN, M.D. Registrar.

RECEIVED JUL 23 1931

DO NOT WRITE IN THIS SPACE

State File No. 75897

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 7th 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from OR
June 7, 1931, to June 7, 1931,
that I last saw him alive on June 7, 1931,
and that death occurred, on the date stated above, at 3:00 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? 7/0 Date of ✓Was there an autopsy? 7/0What test confirmed diagnosis? Autopsy & examination(Signed) J. G. Anderson, M. D.
June 8 1931 (Address) Highway Idaho19. Place of Burial, Cremation, or Removal Grilo Idaho Date of Burial 6/8 193120. Undertaker W. E. Chubb Address Highway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED JUL 23 1931	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE		75898	
BUREAU OF VITAL STATISTICS		State File No.			
County of <u>Jefferson</u>		Registration District No. <u>98</u>		Local Registrar's No. <u>128</u>	
City of <u>Roberts</u>		Primary Registration District No. <u>2176</u>			
(No. _____)					
(If death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>Verda Mae Sheely</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>April 7, 1905</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>24</u>	<u>1</u>	<u>18</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Roberts, Ida.</u>					
MOTHER	13. NAME <u>Fred Sheely</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				
	15. MAIDEN NAME <u>Louisa Palmer</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Blackfoot, Ida.</u>				
17. INFORMANT <u>Fred Sheely</u> (Address) <u>Roberts, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho Falls</u> Date <u>May 28 1931</u>					
19. UNDERTAKER <u>Jack A. Wood</u> (Address) <u>Idaho Falls, Ida.</u>					
20. FILED <u>JUL - 1 '31</u> , 1931 <u>H. CAVIN, M.D.</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 25 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>March 18</u> , 1931, to <u>May 25</u> , 1931.					
I last saw him alive on <u>5/25</u> , 1931; death is said to have occurred on the date stated above, at <u>5:20 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>acute nephritis</u>					Date of onset <u>D.A.</u>
Other contributory causes of importance:					
<u>Influenza</u>					
Name of operation <u>none</u> Date of <u>no</u>					
What test confirmed diagnosis? <u>no</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify <u>Ear & Throat</u>					
(Signed) <u>Roberts, Ida.</u> , M.D.					
(Address) <u>Roberts, Ida.</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75899

State File No.

PLACE OF DEATH
Jefferson

County of

City of Grant.

CERTIFICATE OF DEATH

Registration District No. 98Primary Registration District No. 2176

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donna Lavana Blood.

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F. M.</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Babe</u>
------------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND or
(or) WIFE ofBabe6. DATE OF BIRTH (month, day and year) Jan 31, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>0</u>	<u>18</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Babe(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Grant, Idaho.
(State or country)10. NAME OF FATHER
A. E. Blood11. BIRTHPLACE OF FATHER (city or town) Blackfoot
(State or Country) Ida.12. MAIDEN NAME OF MOTHER Grace Lindsrog13. BIRTHPLACE OF MOTHER (city or town) Utah.
(State or Country)14. Informant A E Blood
(Address) Idaho Falls # 515. JUL - 1 '31
Filed, 19..... H. GAVIN, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 18 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

2-18 1931, to 2-18 1931that I last saw her alive on 2-17 1931and that death occurred, on the date stated above, at 7:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) H. Gavin, M. D.2-21, 1931 (Address) Bigby

19. Place of Burial, Cremation, or Removal

Date of Burial

Grant, Idaho.2-18 1931

20. Undertaker

Address

W. Bicknell Bigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 27 1931
DO NOT WRITE IN THIS SPACE
State File No. 75900

PLACE OF DEATH
County of Jefferson
City of Rigby

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eugene Pinnock.

(a) Residence. No.

(Usual place of abode.)

St.

(If non-resident give city or town and State.)

Length of residence in city or town where death occurred 12 yrs. 11 mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Child.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 8 1919

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
12 11 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho.
(State or country)

10. NAME OF FATHER Cain Pinnock

11. BIRTHPLACE OF FATHER (city or town) Idaho.
(State or Country)

12. MAIDEN NAME OF MOTHER Golda Pinnock

13. BIRTHPLACE OF MOTHER (city or town) Idaho.
(State or County)

14. Informant Cain Pinnock.
(Address) Rigby, Idaho. R. #1

15. Filed JUL -1 '31, 19... C. H. GAVIN, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1930, to Oct 22, 1930.
that I last saw him alive on Oct 22, 1930

and that death occurred, on the date stated above, at 11:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) 3 yrs. mos. ds.
CONTRIBUTORY Inflam. Rheumatism
(Secondary) abdominal 6
(duration) yrs. mos. ds.

18. Where was disease contracted? if not at place of death? ✓

Did an operation precede death? No Date of. ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. G. Anderson, M. D.
June 30, 1931 (Address) H. G. Anderson
Rigby, Idaho.

19. Place of Burial, Cremation, or Removal Rigby, Idaho. Date of Burial 6/27/31 19

20. Undertaker Address Rigby

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 23 1931
DO NOT WRITE IN THIS SPACE
75901
State File No. _____

PLACE OF DEATH

County of Jefferson
City of Rigby

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Augustus Bramwell.

(a) Residence. No. _____ St. _____

(Usual place of abode.)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widow-d, or Divorced (write the word.) Widowed.

5a. If married, widowed, or divorced

~~HUSBAND OF~~
~~XXXXXXXX~~ Margery America Bramwell

6. DATE OF BIRTH (month, day and year) Nov. 6, 1855.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
75 7 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.9. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.10. NAME OF FATHER George W. Bramwell.11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.12. MAIDEN NAME OF MOTHER Mary Ann Stephens.13. BIRTHPLACE OF MOTHER (city or town) (State or County) England.14. Informant (Address) H. M. Bramwell
Rigby, Idaho.15. Filled JUL 1 1931, 19____ C. H. GAVIN, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 10 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 31 to June 10 1931
that I last saw him alive on June 10 1931
and that death occurred on the date stated above, at H.P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage & paralytic ileus.

(duration) yrs. mos. 6 ds.
CONTRIBUTORY Chr. Myocarditis.
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) H. P. West, M. D.
June 10, 1931 (Address) Rigby, Idaho

19. Place of Burial, Cremation, or Removal Rigby, Idaho. Date of Burial 6/13 193120. Undertaker A. B. Eckersall Address Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75902**

PLACE OF DEATH

County of JeromeCity of Jerome

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. _____ Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Henry Bird

(a) Residence No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAgnes Bird6. DATE OF BIRTH (month, day and year) Jan 5 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>63</u>	<u>6</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

"retired"

(c) Name of employer

9. BIRTHPLACE (city or town) Utah
(State or country)

10. NAME OF FATHER

Charles Bird11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Married Clifford13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Idaho

14.

Informant
(Address)Agnes Bird
Jerome Idaho

15.

Filed 8/8 1931Chas F Zeller
Regist.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 3 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 30 1931 to Aug 3 1931
that I last saw him alive on May 31 1931
and that death occurred, on the date stated above, at 5 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Uraemia from infective
Cystitis Ascending
Prostatectomy 3 yrs previous
Contracted bladder (duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) C. F. Zeller M. D.8/4 1931 (Address) Jerome

19. Place of Burial, Cremation, or Removal

Date of Burial

Teton City Idaho 8-6 1931

20. Undertaker

Address

D. A. Kerison Jerome Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75903**

PLACE OF DEATH

County of *Jerome*City of *Jerome*Registration District No. *18*

Primary Registration District No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *John P. Wells*

(a) Residence. No. _____

(Usual place of abode.)

St. _____

Length of residence in city or town where death occurred. _____

yrs.

mos.

ds.

How long in U. S. if of foreign birth? _____

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male*4. COLOR OR RACE *white*5. Single, Married, Widowed, or Divorced (write the word.) *married*

5a. If married, widowed, or divorced

HUSBAND of *Lydia Wells*
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) *Jan. 16, 1870*7. AGE *61*

Years

Months *6*Days *15*

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *farmer*

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) *Id.*
(State or country)10. NAME OF FATHER *Wm Wells*11. BIRTHPLACE OF FATHER (city or town) *Id.*
(State or Country)12. MAIDEN NAME OF MOTHER *Mary Taylor*13. BIRTHPLACE OF MOTHER (city or town) *Id.*
(State or Country)14. Informant *James Wells*
(Address) *Jerome*

15. Filed _____, 19_____

Chas F Zeller
Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Aug. 1, 1931*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

*July 25, 1931, to Aug 1, 1931*that I last saw him alive on *Aug. 9, 1931*and that death occurred, on the date stated above, at *5 P. m.*

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

*Infection tissues of scrotum
& penis of gas bacillus
type.*

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY *Chronic Myocarditis*
(Secondary)(duration) *3* yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) *C. F. Zeller*1931 (Address) *Jerome*19. Place of Burial, Cremation, or Removal *Jerome Cemetery*Date of Burial *Aug. 4, 1931*20. Undertaker *Jerome*Address *Jerome*

RECEIVED AUG 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75904

State File No.

PLACE OF DEATH

County of Jerome
City of Jerome

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 18

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bieri Goldie E.(a) Residence. No. Jerome St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEdward D Bieri6. DATE OF BIRTH (month, day and year) June 3rd. 1899

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
32 1 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Minan, Utah.
(State or country)

10. NAME OF FATHER

Frank Gold11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER

Margaret H. Merrill13. BIRTHPLACE OF MOTHER (city or town) Utah.
(State or Country)14. Informant Edward D. Bieri
(Address) Jerome, Idaho.15. Filed 8/8/ 1931Chas F Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 23 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 9th. 1931 to July 23 / 31 1931that I last saw her alive on July 23 / 31 1931

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Streptococcic Blood StreamInfection

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of.....Was there an autopsy? NoWhat test confirmed diagnosis? Blood Exam.

(Signed) C. F. Zeller M. D.
7/25 1931 (Address) Jerome, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Rexburg, Ida

19

20. Undertaker

Address

D. A. LmerissonJerome

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75905

State File No.

PLACE OF DEATH

County of Adair

CERTIFICATE OF DEATH

City of Pampa 16. Nanton

Registration District No. 30

Primary Registration District No. 1850

Local Registrar's No. 103

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Eric Lind

(a) Residence. No. Spokane St. Spokane

(Usual place of abode.)

Length of residence in city or town where death occurred. 2 yrs. 2 mos. 0 ds.

How long in U. S. if of foreign birth? 20 yrs. 5 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 25, 1900

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

31

0

22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Woodman

(b) General nature of industry, business, or establishment in which employed (or employer)

Horton Lumber Co

(c) Name of employer

9. BIRTHPLACE (city or town). (State or country)

Sweden

10. NAME OF FATHER

Lind Anders Larson

11. BIRTHPLACE OF FATHER (city or town). (State or Country)

Sweden

12. MAIDEN NAME OF MOTHER

Ellen Erickson

13. BIRTHPLACE OF MOTHER (city or town). (State or Country)

Sweden

14.

Informant (Address)

Alfred Lind
Spokane

15.

Filed

7/27, 1931

H.J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July (Month)

17 (Day)

1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at 6 P m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Died suddenly at Pampa 16 Nanton Lumber Co. Possibly / laborer heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY no medical attention

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R.B. Mooney

7-18, 1931 (Address) Spokane

19. Place of Burial, Cremation, or Removal

Date of Burial

Spokane

July 21, 1931

20. Undertaker

Address

R.B. Mooney

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75906
State File No. _____

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 106

CERTIFICATE OF DEATH

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Cecelia Pointhner
(a) Residence. No. 421- Reid St. _____
(If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Widowed
5a. If married, widowed, or divorced HUSBAND of Mathews Pointhner (or) WIFE of
6. DATE OF BIRTH (month, day and year) 1854-11-
7. AGE Years 76 Months _____ Days _____ If LESS than 1 day, hrs. or min. _____
8. OCCUPATION OF DECEASED Retired Housewife
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country) Germany
10. NAME OF FATHER Dont Held
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Dont-Know
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

PARENTS

14. Informant (Address) J. E. Pointhner
15. Filed 7/29 1931 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 12 1931
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from July 12 1931, to July 12 1931, that I last saw her alive on July 12 1931, and that death occurred, on the date stated above, at 8 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:
Auto accident. Probably more shock than severe injury.

(duration) yrs. mos. ds.
CONTRIBUTORY Chronic Valvular Heart (Secondary) disease (duration) many yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? _____
(Signed) E. H. Reed M. D.
7-14- 1931 (Address) Coeur d'Alene Ida

19. Place of Burial, Cremation, or Removal St. Thomas. Co. Alene Date of Burial 7-15 1931
20. Undertaker Cassidy Funeral Home Address Co. Alene

RECEIVED AUG 10 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75907
State File No.

PLACE OF DEATH

County of Hootenau
~~City of~~ Mica Creek

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 104

(No.)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Emmett P Mitchell

(a) Residence. No. St. Spokane

(Usual place of abode.)

(If nonresident give city or town and State.)
of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred. yrs. 2 mos. ds.

How long in U. S.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 25, 1875

7. AGE Years 55 Months 9 Days 22 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work sheep header

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer W. W. Bruehl

9. BIRTHPLACE (city or town) Ohio
(State or country)

10. NAME OF FATHER Bert Mitchell

11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)

12. MAIDEN NAME OF MOTHER Delia J. Smith

13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or Country)

14. Informant (Address) E. B. Mitchell
Albion, N. Y.

15. Filed 7/27, 1931 Registrar N. J. Sturges

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 10, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....
that I last saw him alive on 19.....

and that death occurred, on the date stated above, at m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Gun shot wound in chest, (accidental)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. B. Mooney Albion, N. Y.
7/19, 1931 (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cemetery

7/20 1931

20. Undertaker

Address

R. B. Mooney Albion, N. Y.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

PARENTS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **75908**

PLACE OF DEATH
County of Tosonai
City of Patulo

CERTIFICATE OF DEATH
Registration District No. 30
Primary Registration District No. 1050
(No.)

Local Registrar's No. 109

If death occurred in a hospital or institution, give its name instead of street and number.
2. FULL NAME Charley Jorkkeli
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S. if of foreign birth? 20 yrs. mos. ds.

174

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day and year) unknown
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
about 40
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Logger & Contractor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ireland

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address) Charles J. Hill
Patulo Idaho

15. Filed Aug 2, 1931 N. J. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
July 30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred, on the date stated above, at 7 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Suicide. By
blowing self to pieces
with dynamite
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Robert J. Brown D.
8/1, 1931 (Address) Chesand, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial
Forest Cemetery Aug 1 1931

20. Undertaker
Murray Mortuary Patulo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75909

State File No.

PLACE OF DEATH

County of *Kootenai*
City of *Coeur d'Alene*

CERTIFICATE OF DEATH

Registration District No. *30*
Primary Registration District No. *1050*

Local Registrar's No. *108*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Winona Esther Walston*

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. *2* yrs. *0* mos. *0* ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word.) *married*

5a. If married, widowed, or divorced

~~HUSBAND~~ of
(or) WIFE of*Earl L. Walston*6. DATE OF BIRTH (month, day and year) *1908-9-5*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
22 *10* *26*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Payette Idaho

10. NAME OF FATHER

Lester M. Maccomb

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Bay, Oregon

12. MAIDEN NAME OF MOTHER

Ruth Applegate

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Payette, Idaho

14.

Informant (Address)

E. H. Walston
Payette Idaho

15.

Filed

*Aug 2 1931**N. J. Sturges*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

*August**1**31*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

*July 22**1931**to August 1, 1931*that I last saw her alive on *August 1, 1931*and that death occurred, on the date stated above, at *10 P. M.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Puerperal Septicemia
following incomplete
abortion

(duration)

yrs.

mos.

13 ds.

CONTRIBUTORY (Secondary)

Puerperal pelvic peritonitis

(duration)

yrs.

mos.

13 ds.18. Where was disease contracted *at her home*
if not at place of death?Did an operation precede death? *yes* Date of *July 2 1931*Was there an autopsy? *no* *Mild blood curette*What test confirmed diagnosis? *Examination of breath*

(Signed)

*E. J. Spohn**August 3 1931* (address) *Coeur d'Alene*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Payette Idaho**8-4 1931*

20. Undertaker

Address

*Cassidy Funeral Home**Idaho*

RECEIVED AUG 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75910

State File No.

PLACE OF DEATH

County of

Boolemai

City of

Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 112

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Frank F. Hastings

(a) Residence. No. 1415

Coeur d'Alene Ave St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. Single, Married, Widowed,
or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Della Hastings

6. DATE OF BIRTH (month, day and year)

1856 - 2 - 9

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

75

5

7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Retired farmer.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Idaho.

10. NAME OF FATHER

Geo. L. Hastings

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Don't know

12. MAIDEN NAME OF MOTHER

Larina Caswell

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Don't know.

14.

Informant
(Address)

Geo. Hastings

15.

Filed

7/29 1931

N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July

16

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 15 1931 to July 16 1931

that I last saw him alive on July 12 1931

and that death occurred, on the date stated above, at 4 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pyelo-nephritis

CONTRIBUTORY (Secondary) Chronic interstitial
nephritis?18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) John T. Wood, M. D.

July 17 1931 (Address) Coeur d'Alene

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cem. Coeur d'Alene

7-18 1931

20. Undertaker

Address

Cassidy Funeral Home

Coeur d'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75911**

PLACE OF DEATH

County of *Boole*City of *Coeur d'Alene*

CERTIFICATE OF DEATH

Registration District No. *30*Primary Registration District No. *1050*

(No.)

Local Registrar's No. *111*

2. FULL NAME

Atto Hilmer Olson(a) Residence, No. *2102 2nd*

(Usual place of abode.)

St.

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. Single, Married, Widowed, or Divorced (write the word.)

widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Augusta Olson*

6. DATE OF BIRTH (month, day and year)

1858-7-11

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.*72**0**9*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Woodsman*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)*Sweden*

10. NAME OF FATHER

*Claf Johnson*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)*Sweden*

12. MAIDEN NAME OF MOTHER

*Don't know*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)*Sweden*

14.

Informant
(Address)*Otto Hilmer Olson
701 Walker St., Iron Mountain, Mich.*

15.

Filed

7/29

19.....

H. J. Sturges

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July

(Month)

20

(Day)

31

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

*June 22, 1931, to July 20, 1931*that I last saw him alive on *July 20, 1931*and that death occurred, on the date stated above, at *5:20 P.M.**State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Terminal Bronchopneumonia*(duration) yrs. mos. *2* ds.

CONTRIBUTORY

(Secondary)

Ulcerative Colitis(duration) *2* yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? *no*

Date of

Was there an autopsy? *no*What test confirmed diagnosis? *none*

(Signed)

*Narves T. Anderson M. D.**July 21, 1931*(Address) *Coeur d'Alene*

19. Place of Burial, Cremation, or Removal

Date of Burial

Iron Mountain, Mich. 7-26 1931

20. Undertaker

Address

Cassidy Funeral Home Co. Alene

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75912

State File No. _____

PLACE OF DEATH
 County of Boole
 City of Coeur d'Alene

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 99

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur D. Keller(a) Residence. No. 570 - Cascade Ave ST.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMarrie Keller6. DATE OF BIRTH (month, day and year) 1867-7-177. AGE

Years	Months	Days	If LESS than 1 day. hrs. or min.
<u>63</u>	<u>11</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Money Order Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Passon
(State or country) Minn.10. NAME OF FATHER Darwin Keller11. BIRTHPLACE OF FATHER (city or town) Water town N.Y.
(State or Country)12. MAIDEN NAME OF MOTHER Sophia Chase13. BIRTHPLACE OF MOTHER (city, or town) Albany N.Y.
(State or Country)14. Informant (Address) Ernest B. Keller15. Filed 7/29 1931 M. J. Sturges Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 6 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June 4 1931, to July 6 1931,
that I last saw him alive on July 6 1931,
and that death occurred, on the date stated above, at 8:20 P.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Cardiac DecompensationCONTRIBUTORY (Secondary) Myocardial Degeneration
(duration) 56 yrs. mos. ds.(duration) 2 yrs. mos. ds.18. Where was disease contracted if not at place of death? noDid an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) Harold T. Anderson M. D.July 11 1931 (Address) Coeur d'Alene19. Place of Burial, Cremation, or Removal Forest Cem. COAline Date of Burial 7-9 193120. Undertaker Carsted Funeral Home Address COAline

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75913
State File No.

CERTIFICATE OF DEATH

County of Bookenai
City of Coeur d'Alene Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 100

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME A. J. Gibson

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1858

7. AGE Years 73 Months — Days — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Common Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Dont know
(State or country)

10. NAME OF FATHER Gibson

11. BIRTHPLACE OF FATHER (city or town) Dont know
(State or Country)

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (city or town) "
(State or Country)

14. Informant Eva Zille R.N.
(Address) Lakeside Hospital

15. Filed 7/29, 1931 H. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 10, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from July 5, 1931, to July 10, 1931,
that I last saw him alive on July 9, 1931,
and that death occurred, on the date stated above, at 9 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.
CONTRIBUTORY Demility
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Exam

(Signed) Harold J. Sturges M. D.
July 11, 1931 (Address) Ada Idaho

19. Place of Burial, Cremation, or Removal Rathdrum Ida Date of Burial 7-13, 1931

20. Undertaker Cassidy Funeral Home Address CPAline

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75914

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 101

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melinda Devan(a) Residence. No. 823 Birch St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE P. 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 8-8-12

7. AGE Years Months Days If LESS than 1 day.
73 2 27 _____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Vickiburg
Miss

10. NAME OF FATHER

Melzer Mc Gee

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Born in the south

12. MAIDEN NAME OF MOTHER

Don't know.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Born in the south.

14.

Informant (Address)

Elizabeth Phoenix

15.

Filed

7/29 1931N. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 9
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 30, 1931, to July 9, 1931
that I last saw him alive on July 4, 1931
and that death occurred, on the date stated above, at: 8:30 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myocarditis

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____
Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N. J. Sturges, M. D.
July 11, 1931 (Address) Coeur d'Alene, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cem. Coeur d'Alene7-111931

20. Undertaker

Address

Cassidy Funeral HomeCoeur d'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Rockland
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

75915

State File No.

Local Registrar's No. 107

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Viola McKinnon

(a) Residence. No. 213 - Garden St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter McKinnon

6. DATE OF BIRTH (month, day and year) 1857 - 1 - 22

7. AGE Years 80 Months 5 Days 28 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Canada (State or country)

10. NAME OF FATHER Isaac Younglove

11. BIRTHPLACE OF FATHER (city or town) Canada (State or Country)

12. MAIDEN NAME OF MOTHER Martha Foreman

13. BIRTHPLACE OF MOTHER (city or town) Canada (State or Country)

14. Informant (Address) Mackinnon Coeur d'Alene, Idaho

15. Filed 2/29, 1931 J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 18, 1931, to July 20, 1931
that I last saw him alive on July 20, 1931

and that death occurred, on the date stated above, at 4:40 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Myocarditis
(duration) Not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus (duration) Not known yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) July 22, 1931 (Address) Coeur d'Alene, Idaho

19. Place of Burial, Cremation, or Removal Forest Cem. Coeur d'Alene Date of Burial 7-22 1931

20. Undertaker Carsted Funeral Home Address Coeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

RECEIVED AUG 10 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75916

State File No.

PLACE OF DEATH

County of Booleman
City of Poeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
(No.)

Local Registrar's No. 113

2. FULL NAME

Nells Neilson

(a) Residence. No. Poeur d'Alene Homes St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 2 yrs. mo. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? ys. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 8 1852

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or
.....min.

78

10

26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Denmark

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14.

Informant (Address)

Poeur d'Alene Homes
Poeur d'Alene 249

15.

Filed

8/6, 1931 NJ Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August
(Month)

3
(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 3, 1931, to 19.....
that I last saw him alive on 19.....

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis
Died suddenly

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam

(Signed)

James J. Sturges M. D.
Aug 6, 1931 (Address) Poeur d'Alene

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cemetery

8/7 1931

20. Undertaker

Address

Mooney Mortuary

P.O. 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75917**

PLACE OF DEATH
County of Bozeman
City of Rathdrum

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 110(No. Bozeman County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin D. Poler

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 18 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word)
- 5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day and year) December 16 - 1853
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
75 6 7
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer - Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wright County - Minnesota
10. NAME OF FATHER James D. Poler
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Buffalo New York
12. MAIDEN NAME OF MOTHER Wendy M. Garrett
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) New York

14. Informant Mrs. F. Tolson
(Address) Springston Idaho

15. Filed 9/29, 1931. N. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 22nd 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Octbr, 1928, to July 15, 1931.
that I last saw him alive on July 14, 1931.
and that death occurred, on the date stated above, at 9:00 P. m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

about 4 yrs. mos. ds.
(duration)

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank Henry, M. D.
7/24, 1931. (Address) Rathdrum, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Rathdrum Wash 7-2 1931

20. Undertaker Address
Bassey Funeral Home Rathdrum

RECEIVED AUG 10 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **75918**

PLACE OF DEATH

County of SpokaneCity of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 105

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Lida B. Armstrong

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>widowed</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJames M. Armstrong6. DATE OF BIRTH (month, day and year) Nov 24-2 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>81</u>	<u>7</u>	<u>20</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

Self.

(c) Name of employer

9. BIRTHPLACE (city or town) Philadelphia Pa.
(State or country)

10. NAME OF FATHER

Chas. Murphy11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Pa.

12. MAIDEN NAME OF MOTHER

Margaret Buckman13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Pa.

14.

Informant
(Address)Smith Funeral Home
134 E. 3rd

15.

Filed

7/29 1931H. J. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July141931

17. I HEREBY CERTIFY, That I attended deceased from

did not attend her.

that I last saw her alive on

and that death occurred, on the date stated above, at

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral hemorrhageCONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harold J. Sturgeon, M. D.
July 14 1931 (Address) Lida B. Buckman

19. Place of Burial, Cremation, or Removal

Date of Burial

Spokane Wash7/17 1931

20. Undertaker

Address

Smith & Co.Spokane, Wb.Spokane, Wash.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75919

State File No.

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1050

(No.)

Local Registrar's No. 102

2. FULL NAME

(If death occurred in a hospital or institution, give its name instead of street and number.)

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. Single, Married, Widowed, or Divorced (write the word.)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFannie Pike

6. DATE OF BIRTH (month, day and year)

4-18-97

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

54224

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Mich.

10. NAME OF FATHER

Pike11. BIRTHPLACE OF FATHER (city or town)
(State or Country)N.Y.

12. MAIDEN NAME OF MOTHER

Dunning13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Mich.

14.

Informant
(Address)Mrs Robert O. Lowery
1418 N. H. Ave. Halladay Halladay Wash.

15.

Filed

7/29, 1931N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 14

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 10, 1931, to May 26, 1931that I last saw him alive on May 26, 1931

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma of Intestine(duration) Not known yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of.....Was there an autopsy? NoWhat test confirmed diagnosis? X-ray(Signed) Dr. J. H. Sturges, M.D.July 15, 1931 (Address) Coeur d'Alene

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cem. Coeur d'Alene 7-14 1931

20. Undertaker

Address

Cassidy Funeral Home Coeur d'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75921

PLACE OF DEATH

County of Sato

City of Arvon

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No. _____

(No. _____)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gertrude Howell

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 21 - 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 30 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9. BIRTHPLACE (city or town) Arvon Idaho
(State or country)

10. NAME OF FATHER Alva Howell

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Bertha Clear

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Alva Howell
(Address) Arvon Idaho

15. Filed July 22, 1931 D. M. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 21 - 1931, to July 21 - 1931
that I last saw her alive on July 21, 1931
and that death occurred, on the date stated above, at 11 9 m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY Over exertion of mother
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) F. C. Litton M. D.

July 21 - 1931 (Address) Pottawatomie Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Arvon July 21, 1931

20. Undertaker Address

Alva Howell Arvon Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75922

State File No.

PLACE OF DEATH

County of Latah

City of Avon

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sons Kleer

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) July 2 1931

7 AGE Years Months Days 3 1 If LESS than day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Avon Idaho
(State or country)

10 NAME OF FATHER William Kleer

11 BIRTHPLACE OF FATHER (city or town) Nebraska
(State or country)

12 MAIDEN NAME OF MOTHER Maudie Hawkins

13 BIRTHPLACE OF MOTHER (city or town) Idaho
(State or country)

14 Informant Maudie Hawkins Kleer
(Address) Avon Idaho

15 Filed July 31 1931 Lucy M. Pickard
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 5 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 2 1931 to July 5 1931 that I last saw h. er alive on July 2 1931 and that death occurred, on the date stated above, at 44 m. The CAUSE OF DEATH* was as follows:

Congenital heart disease
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Chas. A. Meyer M.D.

July 5 1931 (Address) Avon Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Avon cemetery Date of Burial July 6 1931

20. Undertaker None Address

WRITE FADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75923**

PLACE OF DEATH

County of **Latah**
City of **Moscow**

CERTIFICATE OF DEATH

Registration District No. **61**Primary Registration District No. **1011**

(No. _____)

Local Registrar's No. **39**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Frances Anvilla Agnew**(a) Residence. No. **St.**

(Usual place of abode.)

Length of residence in city or town where death occurred. **30** yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word.) **Widowed**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of**James D. Agnew**6. DATE OF BIRTH (month, day and year) **July 11, 1843**7. AGE Years **88** Months _____ Days **11** If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **At home**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Greencastle**
(State or country) **Indiana**10. NAME OF FATHER **George W. Call**11. BIRTHPLACE OF FATHER (city or town) **Ky.**
(State or Country)12. MAIDEN NAME OF MOTHER **Elizabeth Johnson**13. BIRTHPLACE OF MOTHER (city or town) **Ky.**
(State or Country)14. Informant **Mrs. R. Hodgins**
(Address) **Moscow, Ida.**15. Filed **Aug. 5**, 19**31**

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 22, 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 21, 19**31** to **July 22**, 19**31**.that I last saw her alive on **July 21**, 19**31**.

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Chronic nephritis**

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY **Injury to back from fall**
(Secondary) **January 1931.**
(duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) **Chas. W. Gritman**, M. D.
7/23/31, 19 _____ (Address) **Moscow, Idaho**19. Place of Burial, Cremation, or Removal
Moscow CemeteryDate of Burial
7/24/31 19 _____

20. Undertaker

Address

H. R. Short**Moscow**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		CERTIFICATE OF DEATH Registration District No. <u>61</u> Primary Registration District No. <u>1011</u> (No. <u>Gritman Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		State File No. <u>75924</u> Local Registrar's No. <u>40</u>	
City of <u>Moscow</u>					
2. FULL NAME <u>Lucy Catherine McQueen</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>40</u> yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 27, 1840</u>					
7. AGE		Years <u>91</u>	Months <u>4</u>	Days <u>29</u>	If LESS than 1 day, _____ hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
MOTHER	11. Total time (years) spent in this occupation _____				
	12. BIRTHPLACE (city or town) (State or country) <u>Coulpepper County Vir.</u>				
	13. NAME <u>Geo. W. McQueen</u>				
FATHER	14. BIRTHPLACE (city or town) (State or country) <u>Vir.</u>				
	15. MAIDEN NAME <u>Mary Turley</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Vir.</u>				
17. INFORMANT <u>Mrs. Geo. Rowland</u> (Address) <u>Moscow, Ida.</u>					
18. BURIAL, CREMATION, OR REINTERMENT Place <u>Moscow</u> Date <u>7/28</u> , 193 <u>1</u>					
19. UNDERTAKER <u>H.R. Short</u> (Address) <u>Moscow, Ida.</u>					
20. FILED <u>Aug. 5</u> , 193 <u>3</u> <u>Danny Emmons</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7/26</u> 19 <u>31</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 23</u> , 19 <u>31</u> , to <u>July 26</u> , 19 <u>31</u>					
I last saw <u>her</u> alive on <u>July 26</u> , 19 <u>31</u> death is said to have occurred on the date stated above, at <u>8:15 A M</u>					
The principal cause of death and related causes of importance were as follows:					
Acute nephritis					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>31</u>					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Chas. L. Gritman</u> , M. D.					
(Address) <u>Moscow, Idaho</u>					

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STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75925

State File No.

PLACE OF DEATH

County of LatahCity of Moscow

CERTIFICATE OF DEATH

Registration District No. 61Primary Registration District No. 1011

(No.)

Local Registrar's No. 37

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Violet Jeanette Warren

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
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5a. If married, widowed, or divorced
HUSBAND of T.R. Warren
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept. 8, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>24</u>	<u>10</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Genesee
(State or country) Idaho

10. NAME OF FATHER

Carl L. Olson11. BIRTHPLACE OF FATHER (city or town) Moscow
(State or Country) Ida.12. MAIDEN NAME OF MOTHER Minnie Eide13. BIRTHPLACE OF MOTHER (city or town) Wis.
(State or Country)14. Informant T.R. Warren
(Address) Moscow, Ida.15. Filed Aug 5, 19 31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 9, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 6 31, to July 9 31
that I last saw him alive on July 7 7:45 a.m.
and that death occurred, on the date stated above, at 7:45 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myocarditis chronic
from toxic going
(duration) 5 yrs. mos. ds.CONTRIBUTORY Auto. Bacteremia
(Secondary) (duration) 3 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) J. R. Einhorn, M. D.7/10 19 31 (Address) Moscow

19. Place of Burial, Cremation, or Removal

Date of Burial

Moscow7/11/31 19

20. Undertaker

Address

J. R. EinhornMoscow

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75926**

PLACE OF DEATH

County of **Latah**
City of **Moscow**

CERTIFICATE OF DEATH

Registration District No. **61**Primary Registration District No. **1011**Local Registrar's No. **2**(No. **County Home**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Mary Elizabeth Schumaker**(a) Residence. No. **St.**

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. **6** mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Widowed
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of **Chas. Schumaker**
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Feb. 1, 1864**

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	5	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **At home**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Mt. Pleasant, Iowa**
(State or country)

10. NAME OF FATHER

Wm. S. Ramsey11. BIRTHPLACE OF FATHER (city or town) **Ky.**
(State or Country)12. MAIDEN NAME OF MOTHER **Mary Loomis**13. BIRTHPLACE OF MOTHER (city or town) **Pa.**
(State or Country)14. Informant **George W. Ramsey**
(Address)15. Filed **Aug. 5, 1931**

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 7, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 15, 1931, to July 5, 1931that I last saw her alive on **July 5, 1931**and that death occurred, on the date stated above, at **8 A. M.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Complete nervous wreck when first seen resulting in insanity and starvation from refusal to eat

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **no** Date ofWas there an autopsy? **no**What test confirmed diagnosis? **Clinical**(Signed) **H. M. Litch, M. D.****7/7/31**, 19 (Address) **Moscow Idaho**

19. Place of Burial, Cremation, or Removal

Date of Burial

Moscow Cemetery**7-9 1931**

20. Undertaker

Address

Moscow

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Latah
 City of Potlatch

Registration District No. 65
 Primary Registration District No. 2145 Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm. T. Poston

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 3 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Anna Poston

6. DATE OF BIRTH (month, day and year) May 21, 1878

7. AGE Years Months Days If LESS than 1 day.
53 1 15 _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Solville
 (State or country) Virginia

10. NAME OF FATHER
Chas. Poston

11. BIRTHPLACE OF FATHER (city or town) _____
 (State or Country) Vir.

12. MAIDEN NAME OF MOTHER Mary Wycma

13. BIRTHPLACE OF MOTHER (city or town) _____
 (State or Country) Vir.

14. Informant James T. Poston
 (Address) Potlatch, Ida.

15. Filed July 10th, 1931

D. W. Thompson
 Registrar.

RECEIVED AUG 1

DO NOT WRITE IN THIS SPACE

75927

State File No. _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 6, 1931
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw h_____ alive on _____ about 3 P.
 and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Found dead on cot.Apoplexy

_____, (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

_____, (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
 if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) H. R. Short
7/6, 1931 (Address) Moore

19. Place of Burial, Cremation, or Removal Date of Burial

Bonnors Ferry, Ida. 7/11 1931

20. Undertaker Address

H. R. Short Moore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		CITY OF <u>Potlatch</u>		State File No. <u>75928</u>	
City of <u>Potlatch</u>		Registration District No. <u>65</u>		Local Registrar's No. <u>74</u>	
		Primary Registration District No. <u>2145</u>			
		(No. <u>Potlatch Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Walter Gross</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>10</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed or divorced HUSBAND of <u>Alice Gross</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 12 1861</u>					
7. AGE <u>69</u>	Years <u>6</u>	Months <u>21</u>	Days <u>1</u>	If LESS than 1 day, _____ hrs. _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Grain Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>					
10. Date deceased last worked at this occupation (month and year) <u>Dec. 1928</u>					
11. Total time (years) spent in this occupation <u>50</u>					
12. BIRTHPLACE (city or town) <u>Kirkville</u> (State or country) <u>Mo.</u>					
13. NAME <u>Jesse Gross</u>					
14. BIRTHPLACE (city or town) <u>Not known</u> (State or country)					
15. MAIDEN NAME <u>Eleanor Gates</u>					
16. BIRTHPLACE (city or town) <u>Not known</u> (State or country)					
17. INFORMANT <u>Rex Gross</u> (Address) <u>Potlatch Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Palouse Wash.</u> Date <u>July 5, 1931</u>					
19. UNDERTAKER <u>D.D. Kimball</u> (Address) <u>Palouse Wash.</u>					
20. FILED <u>July 4th</u> , 1931 <u>J.W. Thompson M.D.</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 3 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 3rd</u> , 1931, to <u>July 3rd</u> , 1931.					
I last saw him alive on <u>July 3rd</u> , 1931; death is said to have occurred on the date stated above, at <u>630 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Cerebral hemorrhage following accidental injury</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>July 3rd 1931</u> Where did injury occur? <u>Potlatch Latah Co Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>on State high-way</u>					
Manner of injury <u>Struck by Automobile</u>					
Nature of injury <u>Injury to skull & brain</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>J.W. Thompson</u> , M.D. (Address) <u>Potlatch</u>					

RECEIVED AUG 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75929

State File No.

PLACE OF DEATH

County of IdahoCity of MOSCOW

CERTIFICATE OF DEATH

Registration District No. 61Primary Registration District No. 1011Local Registrar's No. 35

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vina Deavitt Moore

(a) Residence. No.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFrank Moore6. DATE OF BIRTH (month, day and year) June 27, 1865

7. AGE

66

Years

Months

Days

7If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work. At home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ontario(State or country) Canada

10. NAME OF FATHER

Wm. Deavitt

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Ireland

12. MAIDEN NAME OF MOTHER

Mary Cotton

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Canada

14.

Informant
(Address)Frank L. MooreMOSCOW, Ida.

15.

Filed

8/51931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 27, 1931, to July 4, 1931that I last saw her alive on July 4, 1931and that death occurred, on the date stated above, at 9:30 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma attached to
lower dorsal and upper
lumbar spine(duration) yrs. 6 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

W. A. Adair

M. D.

7/61931(Address) MOSCOW

19. Place of Burial, Cremation, or Removal

Date of Burial

MOSCOW7/8/31

19

20. Undertaker

Address

H. R. ShortMoscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		CERTIFICATE OF DEATH		State File No. <u>75930</u>	
City of <u>Moscow</u>					
Registration District No. <u>61</u>		Primary Registration District No. <u>1011</u>		Local Registrar's No. <u>38</u>	
(No. <u>Gritman Hospital</u> (If death occurred in a hospital or institution, give its name instead of street and number.))					
2. FULL NAME <u>Samuel Joseph Boone</u>					
(a) Residence. No. <u>St. Palouse Wash.</u> (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs <u>1</u> mos <u>19</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Mary Elvada Boone</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 12. 1856</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>75</u>		<u>5</u>	<u>6</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Grain</u>				
	10. Date deceased last worked at this occupation (month and year) <u>1918</u>				
11. Total time (years) spent in this occupation <u>50</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Dallas Oregon</u>					
FATHER	13. NAME <u>William Boone</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>				
MOTHER	15. MAIDEN NAME <u>Mary Mc Reynolds</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Not known</u>				
17. INFORMANT <u>Arch E. Boone</u> (Address) <u>Palouse Wash.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Eden Valley Wash.</u> <u>July 20</u> 193 <u>1</u>					
19. UNDERTAKER <u>D. D. Kimball</u> (Address) <u>Palouse Wash.</u>					
20. FILED <u>Aug. 5, 1933</u> <u>Samuel Boone</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 18, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 29, 1931, 1931</u> , to <u>July 18, 1931</u> . I last saw him alive on <u>July 18, 1931</u> ; death is said to have occurred on the date stated above, at <u>1155 p.m.</u> The principal cause of death and related causes of importance were as follows:					
Carcinoma of prostate gland.					Date of onset
Other contributory causes of importance:					
Name of operation <u>Prostatectomy</u> Date of <u>July 18, 1931</u>					
What test confirmed diagnosis? <u>Biopsy</u> Was there an autopsy? <u>n</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Violence</u> Date of injury <u>July 18, 1931</u> Where did injury occur? <u>Palouse Wash.</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>Home</u> Manner of injury <u>Stroke</u> Nature of injury <u>Stroke</u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>Chas. E. Gritman</u> (Signed) <u>Moscow, Idaho.</u> M. D.					

RECEIVED AUG 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75931

State File No.

PLACE OF DEATH

County of Latah

City of Moscow

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

(No.)

Local Registrar's No. 34

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Cox

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred 3 yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

John F. Cox

6. DATE OF BIRTH (month, day and year) Nov. 30, 1850

7. AGE

Years

Months

Days

If LESS than 1 day,

80

7

3

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At home

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Johnson County
Iowa

10. NAME OF FATHER

Joseph Rowe

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Not known

12. MAIDEN NAME OF MOTHER Peckenbaugh

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Not known

14.

Informant
(Address)

Mrs. Ina Adair

Poplatch, Ia.

15.

Filed

7/5

31

Sam Johnson

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 3, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 21 1931 to July 3 1931
that I last saw her alive on July 3 1931

and that death occurred, on the date stated above, at 1:30 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Gastric Carcinoma.

CONTRIBUTORY
(Secondary)

(duration)

yr.

mos.

ds.

(duration)

yr.

mos.

ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Biopsy.

(Signed) Mary Embury M. D.

7/6 1931 (Address) Moscow

19. Place of Burial, Cremation, or Removal

Date of Burial

Freeze cemetery

7/6/31 19

20. Undertaker

Address

H. R. Short

Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 75932	
County of <u>Lemhi</u>		Registration District No. <u>41</u>		Local Registrar's No. <u>149</u>	
City of <u>Salmon</u>		Primary Registration District No. <u>2116</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Lillian Clark Padgham</u>					
(a) Residence. No. <u>On Front Street, in Salmon City, Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John H. Padgham</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years <u>74</u>	Months <u>6</u>	Days <u>6</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country)					
FATHER	13. NAME <u>Elbridge Clark</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Connecticut, U. S. A.</u>				
MOTHER	15. MAIDEN NAME <u>Berganna Newark</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Exeter, England</u>				
17. INFORMANT (Address) <u>John H. Padgham, Salmon, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salmon, Idaho</u> Date <u>July 22, 1931</u>					
19. UNDERTAKER <u>William C. Daebert, Salmon, Idaho</u>					
20. FILED <u>8-8</u> , 1931 <u>Clie Bellamy</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7/20th, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 20, 1931</u>					
I last saw <u>her</u> live on <u>July 20, 1931</u> ; death is said to have occurred on the date stated above, at <u>4-10 A. M.</u>					
The principal cause of death and related causes of importance					
<u>Obstruction Jaundice</u>					
<u>probably result of</u>					
<u>malnutrition in</u>					
<u>region of pancreas</u>					
<u>and duodenum</u>					
Other contributory causes of importance:					
<u>Spurred by from July 10.</u>					
<u>Major malnutrition</u>					
<u>of digestion tract</u>					
Name of operation <u>None</u> Date of <u>No.</u>					
What test confirmed diagnosis? <u>See file</u> Was there an autopsy? <u>No.</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Clie Bellamy</u> M. A.					
(Address) <u>Salmon, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Lemhi</u>		CERTIFICATE OF DEATH		State File No. <u>75933</u>	
City of <u>Salmon</u>		Registration District No. <u>41</u>		Local Registrar's No. <u>170</u>	
		Primary Registration District No. <u>216</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Andrew Knowlton</u>					
(a) Residence. No. <u>Salmon</u> St. _____					
(Usual place of abode)					
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Pearl Knowlton</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>56</u>	<u>8</u>	<u>1</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Quartz Mines</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) <u>Three years ago</u>				
	11. Total time (years) spent in this occupation <u>Life</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
MOTHER	13. NAME <u>Not known</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Not known</u>				
	15. MAIDEN NAME <u>Not known</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Not known</u>				
17. INFORMANT (Address) <u>Mr. Andrew Knowlton</u> <u>Salmon Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salmon County</u> Date <u>7/15</u> , 1931					
19. UNDERTAKER (Address) <u>Wm. C. Thacker</u> <u>Salmon Idaho</u>					
20. FILED <u>8-8</u> , 1931, <u>Chas. Bellamy</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 13th</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931					
I last saw him alive on _____, 1931: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Self Inflicted, Gun shot, wound in forehead, 32 Cal.</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Suicide</u> Date of injury <u>July 13</u> , 1931 Where did injury occur? <u>Home</u> <u>Salmon</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>In Home</u>					
Manner of injury <u>Gun shot wound in forehead</u>					
Nature of injury <u>32 Cal. Revolver</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>William C. Thacker</u> <u>Examiner</u> (Address) <u>Salmon Idaho</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75935**

PLACE OF DEATH

County of Lewis
City of Winchester

Registration District No. 60
Primary Registration District No. 2179

Local Registrar's No. 11

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Alexander Mc Gillie

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) May 9 1909

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 22 2 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer _____

9. BIRTHPLACE (city or town) Idaho (State or country)

10. NAME OF FATHER Mathew F. Mc Gillie

11. BIRTHPLACE OF FATHER (city or town) Iowa (State or Country)

12. MAIDEN NAME OF MOTHER Isabell Stevens

13. BIRTHPLACE OF MOTHER (city or town) Cal (State or Country)

14. Informant C. F. Mc Gillie (Address) Lepwain, Ida.

15. Filed 7/29 1931 1/6 Duvall Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 26, 1931, to July 26, 1931, that I last saw him alive on July 26, 1931, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) AB Halliday M. D. 7/26, 1931 (Address) Winchester

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal 100 F Cemetery Date of Burial 7-28-31
Craigmont Ida

20. Undertaker Craigmont Idaho Address Craigmont

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JUL 17 1931	
County of <u>Lewis Co</u>		CITY OF <u>Craigmont Idaho</u>		DO NOT WRITE IN THIS SPACE State File No. <u>75936</u>	
Registration District No. <u>47</u>		Primary Registration District No. <u>158</u>		Local Registrar's No. <u>188c</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>William Thompson</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Mary Ann Thompson</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sep 16 - 1904</u>					
7. AGE Years <u>26</u>	Months <u>9</u>	Days <u>18</u>	If LESS than 1 day, hrs. min. <u>One</u>		
8. Trade, profession, or particular kind of work done, as miner, sawyer, bookkeeper, etc. <u>Steam Shovel Man</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Oiler</u>					
10. Date deceased last worked at this occupation (month and year) <u>June 4 1931</u>					
11. Total time (years) spent in this occupation <u>One</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Washington</u>					
13. NAME <u>Olie W. Thompson</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Norway</u>					
15. MAIDEN NAME <u>Mary Ann Weilberg</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Norway</u>					
17. INFORMANT <u>Ivan Thompson</u> (Address) <u>Orofino</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Orofino Idaho</u> Date <u>June 8, 1931</u>					
19. UNDERTAKER <u>V. A. Shaut</u> (Address) <u>Orofino Idaho</u>					
20. FILED <u>June 5, 1931</u> Registrar. <u>Albert Hoff</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 4 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at <u>3.30 P. M.</u>					
The principal cause of death and related causes of importance were as follows: <u>To fast during</u> <u>Car skidded in gravel</u> <u>shock fracture died in</u> <u>2 hours</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury <u>Crane</u>					
Nature of injury <u>Crane</u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Albert Hoff</u> , M. D. (Address) <u>Orofino Idaho</u>					

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

RECEIVED

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Lincoln
City of Myer Park
River

Registration District No. 47

Primary Registration District No. 75937

(No. _____ St.)

File No. _____

Registered No. 129

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Engelbert Johnson

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Married

6. DATE OF BIRTH

September 11
(Month) (Day) (Year)

7. AGE

34 Yrs. 27 ds. 1

IF LESS than 1 day
how many _____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer).....

Farmer

9. BIRTHPLACE

(State or Country) Iowa

10. NAME OF FATHER

W. F. Johnson

11. BIRTHPLACE OF FATHER

(State or Country) Iowa

12. MAIDEN NAME OF MOTHER

Hattie Long

13. BIRTHPLACE OF MOTHER

(State or Country) Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

Dwight E. Johnson

(Address) Myer Park, Idaho

15.

Filed June 15 1931

Albert Huff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____ 191____,

that I last saw h..... alive on _____ 191____,

and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Swindle, shot himself through head with a 32 Colt Automatic.

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory (Secondary)

Chronic

(Duration) _____ Yrs. _____ mos. _____ ds.

(Signed)

Albert Huff

19____ (Address) Myer Park, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Myer Park Public Cetry

June 14 1931

20. UNDERTAKER

ADDRESS

Albert Huff

Myer Park, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75938

PLACE OF DEATH

County of Lewis
City of Craigmont

Registration District No. 60
Primary Registration District No. 2179

Local Registrar's No. 10.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Penelope Harvey

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed or divorced HUSBAND of (or) WIFE of J. P. Harvey		
6. DATE OF BIRTH (month, day and year) April 4 1845		
7. AGE 86	Years 3	Months 21
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
At home
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)
Moberly, Mo

10. NAME OF FATHER
Burnette

11. BIRTHPLACE OF FATHER (city or town) (State or Country)
Unknown

12. MAIDEN NAME OF MOTHER
Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)
Unknown

14. Informant Mrs Thos Huirichy
(Address) Mr Cornell Wash.

15. Filed 7/25 1931 J. G. Duncanson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
July 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1918, to July 25 1931
that I last saw her alive on July 25 1931
and that death occurred, on the date stated above, at 11.09 a.m.
The CAUSE OF DEATH* was as follows:

Uremia

CONTRIBUTORY (Secondary)
Chronic interstitial nephritis
some

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. G. Duncanson M. D.
9/25 1931 (Address) Craigmont

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal
J. O. G. Cemetery
Craigmont Ida 7-27-31

20. Undertaker
Craigmont Adwell Craigmont

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 14 1931
STATE OF IDAHO

PLACE OF DEATH

County of Lincoln
City of Shoshone

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 16
Primary Registration District No. 1016

DO NOT WRITE IN THIS SPACE

75939

State File No.

Local Registrar's No. 19

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Columbus C. Weir

(a) Residence. No. St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dottie Weir

6. DATE OF BIRTH (month, day, and year) March 7 1878

7. AGE Years 59 Months 5 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) Proctor, Smith
(State or country) Ind.

13. NAME

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Maggie Nelson

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Helen Stusser
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Date Aug 10, 1931

19. UNDERTAKER B. D. Hick
(Address)

20. FILED Aug. 10, 1931 J. S. Fuller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 8, 193122. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1931, to Aug 8, 1931.

I last saw alive on Aug 8, 1931; death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Ischaleic carcinoma
with
no autopsy

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1931.

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. S. Fuller, M. D.(Address) Shoshone, Ind.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75940

State File No.

PLACE OF DEATH

County of MadisonCity of Rexburg

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 278

(No.)

Local Registrar's No. 33

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Albert Bigelow(a) Residence. No. Rexburg

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 44	Years	Months 6	Days 28	If LESS than 1 day,hrs. ormin.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work **Farmer**(b) General nature of industry,
business, or establishment in
which employed (or employer) **Try Farm**

(c) Name of employer

Self9. BIRTHPLACE (city or town) **Melville, Utah**
(State or country)

10. NAME OF FATHER

George Albert Bigelow11. BIRTHPLACE OF FATHER (city or town)
(State or Country)**Iowa**

12. MAIDEN NAME OF MOTHER

Annie Spackman13. BIRTHPLACE OF MOTHER (city or town)
(State or County)**England**14. Informant **Mrs Geo. Bigelow**
(Address) **Rexburg**15. Filed Aug 3, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug. 2nd, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceas d from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:Accidental Gun Shot
Wound in Head
12 Gauge Shot Gun

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Aug 3, 1931(Address) Rexburg

19. Place of Burial, Cremation, or Removal

Date of Burial

Sugar City8/4 1931

20. Undertaker

Address

Russel Klamm Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		75942	
BUREAU OF VITAL STATISTICS		State File No.	
PLACE OF DEATH		Registration District No. <u>100</u>	
County of <u>Madison</u>		Primary Registration District No. <u>2178</u>	
City of <u>Sugar City</u>		Local Registrar's No. <u>30</u>	
(No.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Gerald Alfred Clark</u>			
(a) Residence. No. St.			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Mildred Clark</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Sept 16 1902</u>			
7. AGE <u>38</u> Years	<u>10</u> Months	<u>9</u> Days	If LESS than 1 day, hrs. or min.
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Grain Elevator</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Teton Ida</u>			
MOTHER			
13. NAME <u>Alfred Edward Clark</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Logan Utah</u>			
15. MAIDEN NAME <u>Isabelle Henderson</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Teton Ida</u>			
17. INFORMANT <u>Mr A E Clark</u> (Address) <u>Newdale Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Teton Idaho</u> Date <u>July 27, 1931</u>			
19. UNDERTAKER <u>Wm. J. Kelly</u> (Address) <u>Washington St.</u>			
20. FILED <u>7/27</u> , 1931, <u>W. J. Kelly</u> Registrar.			
21. DATE OF DEATH (month, day, and year) <u>7-25</u> 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>7-25</u> , 1931, to <u>7-25</u> , 1931.			
I last saw h. alive on, 1931: death is said to have occurred on the date stated above, at <u>2 A.M.</u>			
The principal cause of death and related causes of importance were as follows: <u>Gun-shot wound through liver</u>			
Other contributory causes of importance:			
Name of operation			
Date of			
What test confirmed diagnosis?			
Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Homicide</u>			
Where did injury occur? <u>New Dale - Fremont</u> (Specify city or town, county, and State) <u>Idaho</u>			
Specify whether injury occurred in industry, in home, or in public place. <u>Public he way</u>			
Manner of injury <u>Gun shot wound</u>			
Nature of injury <u>through liver</u>			
24. Was disease or injury in any way related to occupation of deceased? If so, specify			
(Signed) <u>W. J. Kelly</u> , M. D.			
(Address) <u>Fremont, Idaho</u>			

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Madison
City of ReeburgRegistration District No. 100Primary Registration District No. 278

(No. _____ St.)

State File No. 75943Local Registrar's No. 32

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Carl Lynwood Liddell
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WID-

OWED OR DIVORCED

Single
(Write the word)

6. DATE OF BIRTH

July
(Month)23
(Day)1931
(Year)

7. AGE

Yrs. _____ Mos. 10 ds. _____IF LESS than 1
day how many
_____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

infant.

9. BIRTHPLACE

(State or Country)

Reeburg Idaho

10. NAME OF

Father

Carl Lynwood Liddell

11. BIRTHPLACE OF FATHER

(State or Country)

Wellington Utah

12. MAIDEN NAME OF MOTHER

Minnie Lois Murrie

13. BIRTHPLACE OF MOTHER

(State or Country)

St. Paul Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. L. Liddell

(Address)

St Anthony Idaho

15.

Filed

8/21931W. B. Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August
(Month)1
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 23 1931 to Aug 1 1931that I last saw him alive on Aug 1 1931and that death occurred on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:

Premature Birthnot viable.

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

8/1 1931 James R. Rich M. D.
(Address) Reeburg Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. 9 ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Wilford Idaho.

DATE OF BURIAL

8/2 1931

20. UNDERTAKER

Russell Flamm

ADDRESS

Reeburg.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 10 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **75944**

PLACE OF DEATH

County of Madison
City of Sugar City

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178
(No. _____)
Local Registrar's No. 27

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm. H. Vaughn

(a) Residence No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Martha Vaughn
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 25, 1844

7. AGE 70 Years 9 Months 18 Days if LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) General Laborer

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)

10. NAME OF FATHER Wm. Vaughn

11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)

12. MAIDEN NAME OF MOTHER Phoebe Hazelton

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)

14. Informant Jake Keller
(Address) Sugar City

15. Filed 7/14, 1931 J. W. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 13, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1931, to July 13, 1931, that I last saw him alive on July 13, 1931, and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Resulting from operation for removal of enlarged prostate
(duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? yes Date of 7/5/31

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) W. R. Kuthurland, M.D.
7-13, 1931 (Address) Perburg, Ida

19. Place of Burial, Cremation, or Removal Sugar City Cemetery Date of Burial 7/14 1931

20. Undertaker Russell Klammer Address Perburg

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75945**PLACE OF DEATH
County of **Madison**
City of **Rexburg**Registration District No. **100**
Primary Registration District No. **2178**
(No. _____)
Local Registrar's No. **29**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Asenath Robertson**

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word.) **Married**5a. If married, widowed, or divorced
HUSBAND of **Joseph T Robertson**
(or) WIFE of6. DATE OF BIRTH (month, day and year) **Oct 16th 1863**7. AGE Years Months Days If LESS than 1 day, hrs. or min.
67 **9** **6**8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Housewife**(b) General nature of industry, business, or establishment in which employed (or employer) **at home**

(c) Name of employer

9. BIRTHPLACE (city or town) **England**
(State or country)10. NAME OF FATHER **Hugh Moon**11. BIRTHPLACE OF FATHER (city or town) **England**
(State or Country)12. MAIDEN NAME OF MOTHER **Elizabeth Kemish**13. BIRTHPLACE OF MOTHER (city or town) **England**
(State or Country)14. Informant **Joseph T Robertson**
(Address) **Rexburg, Idaho Route #3**15. Filed **8/27** 19**34** **J. Ryan**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
July **23rd** **1934**
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from **July 20** 19**34**, to **July 23** 19**34**
that I last saw him alive on **July 22** 19**34**

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Angina Pectoris(duration) _____ yrs. **1** mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted **Rexburg, Ida**
if not at place of death?Did an operation precede death? **No** Date of _____Was there an autopsy? **No**What test confirmed diagnosis? **Physical signs**(Signed) **J. Ryan** 19**34** (Address) **Sahnon, Ida**19. Place of Burial, Cremation, or Removal **Plano Idaho** Date of Burial **July 25th 1934**20. Undertaker **Wm. J. Keller** Address **Rexburg Idaho**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO AUG 10 1931

PLACE OF DEATH

County of MadisonCity of RedburgDEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 100Primary Registration District No. 2178

DO NOT WRITE IN THIS

75946

State File No. 1Local Registrar's No. 78(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Gladis Fay Rowberry(a) Residence. No. _____ St. 9

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Mar 8th 19317. AGE Years Months Days If LESS than
1 day, hrs. or min.
4 6

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation
Infant12. BIRTHPLACE (city or town) Redburg
(State or country) Ida.

FATHER

13. NAME Ralph Rowberry14. BIRTHPLACE (city or town) Redburg
(State or country) Ida.

MOTHER

15. MAIDEN NAME Mary Jane Reese16. BIRTHPLACE (city or town) Utah
(State or country)17. INFORMANT Ralph Rowberry
(Address) Redburg, Ida.18. BURIAL, CREMATION, OR REMOVAL
Place Redburg Date July 15, 193119. UNDERTAKER Wm. H. Miller
(Address) Redburg, Ida.20. FILED 7/14, 1931 W. H. Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/13 1931

22. I HEREBY CERTIFY, That I attended deceased from

July 1st, 1931, to July 13, 1931I last saw her alive on July 13, 1931; death is saidto have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

1) Whooping Cough2) Broncho Pneumonia

(Complications)

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify _____(Signed) W. H. Miller, M. D.(Address) Redburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH			County of <u>Minidoka</u>			State File No. <u>75947</u>	
City of <u>Rupert</u>			Registration District No. <u>19</u>			Local Registrar's No. <u>30</u>	
Primary Registration District No. <u>2015</u>							
(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Schwyn P. Palmer</u>							
(a) Residence. No. _____ St. _____							
(Usual place of abode)							
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Child</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____							
6. DATE OF BIRTH (month, day, and year) <u>Mar 20 1921</u>							
7. AGE		Years <u>10</u>		Months <u>3</u>		Days <u>29</u>	
						If LESS than 1 day, _____ hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
		12. BIRTHPLACE (city or town) <u>New York</u> (State or country)					
FATHER		13. NAME <u>Lawrence Palmer</u>					
		14. BIRTHPLACE (city or town) <u>New York</u> (State or country)					
MOTHER		15. MAIDEN NAME <u>Morna Fuller</u>					
		16. BIRTHPLACE (city or town) <u>Vermont</u> (State or country)					
		17. INFORMANT <u>Mrs Morna Palmer</u> (Address)					
		18. BURIAL, CREMATION, OR REMOVAL <u>Ever</u> Place _____ date _____, 193 _____					
		19. UNDERTAKER <u>W. G. Goodman</u> (Address) <u>Rupert Idaho</u>					
		20. FILED <u>7-20</u> , 1931 <u>W. G. Goodman</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>July 19 1931</u>							
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 _____, to _____, 193 _____							
I last saw him alive on _____, 193 _____: death is said to have occurred on the date stated above, at _____ m.							
The principal cause of death and related causes of importance were as follows:							
<u>Drowned by accident, getting into deep water while working. Was removed from camp about 25 minutes after falling into it. Artificial respiration.</u>							
Other contributory causes of importance: <u>Red rubber tubes were used for one hour without results.</u>							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? _____							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>7-19, 1931</u>							
Where did injury occur? <u>In main canal in city of Rupert Idaho</u> (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury <u>Accidental drowning</u>							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>							
If so, specify _____							
(Signed) <u>W. G. Goodman</u> , M. D.							
7-20-31 (Address) <u>Rupert, Idaho</u>							

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 75948 State File No.	
PLACE OF DEATH County of <u>Minidoka</u> City of <u>Rupert</u>		CERTIFICATE OF DEATH Registration District No. <u>19</u> Primary Registration District No. <u>2015</u>	
(If death occurred in a hospital or institution give its name instead of street and number.) 2. FULL NAME <u>Carolene Woolford</u>		Local Registrar's No. <u>30</u>	
(a) Residence. No. St. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		(If nonresident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>April 10 1864</u>			
7. AGE	Years <u>71</u>	Months <u>4</u>	Days <u>3</u>
If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Don't know</u>			
FATHER	13. NAME <u>William Kelso</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Don't know</u>		
MOTHER	15. MAIDEN NAME <u>Don't know</u>		
	16. BIRTHPLACE (city or town) (State or country)		
17. INFORMANT (Address) <u>Ross Woolford</u>			
18. BURIAL, CREMATION, OR REMOVAL (Address) <u>Ares Ill</u>			
19. UNDERTAKER (Address) <u>W. A. Grodzman</u>			
20. FILED <u>7-15</u> , 1931 <u>E. D. Elmore</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>July 13</u> 193 <u>1</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>July 13</u> , 193 <u>1</u> , to <u>July 13</u> , 193 <u>1</u> . Last saw him alive on <u>July 13</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were, as follows: <u>Patient dead when seen by us! Endocarditis & nephritis</u> Date of onset Other contributory causes of importance: <u>Patient came to Rupert 2 days before death from Texas. Was kept for the above for a long period before coming to Rupert. Ill</u> Name of operation Date of What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury 193 <u>1</u> . Where did injury occur? <u>✓</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>✓</u> Manner of injury <u>✓</u> Nature of injury <u>✓</u>			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> . If so, specify (Signed) <u>E. D. Elmore</u> , M. D. (Address) <u>Rupert, Idaho</u>			

88a

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75949

State File No.

PLACE OF DEATH

County of MunichCity of Bozeman

Registration District No.

Primary Registration District No. 2015Local Registrar's No. 32

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Joseph King

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) M

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEdith King6. DATE OF BIRTH (month, day and year) Jan. 12, 18517. AGE Years Months Days If LESS than 1 day, hrs. or min.
80 6 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

England

10. NAME OF FATHER

Charles King

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

England

12. MAIDEN NAME OF MOTHER

Egnes Robinson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Scotland

14.

Informant (Address)

Kenneth F. King
Bozeman Idaho

15.

Filed

7-22 1931E. E. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 16, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 7, 1931, to July 16, 1931that I last saw him alive on July 16, 1931and that death occurred, on the date stated above, at O.A. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Carditis(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Ch. Nephritis(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) Alfred E. Breen, M. D.July 22, 1931 (Address) Bozeman Id

19. Place of Burial, Cremation, or Removal

Date of Burial

Bozeman Ida

19

20. Undertaker

Address

W. E. Johnson Bozeman

RECEIVED AUG 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **75950**

PLACE OF DEATH

County of Blaine
City of Rupert

CERTIFICATE OF DEATH

Registration District No. 19
Primary Registration District No. 2013

Local Registrar's No. 33

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Hale Belliston

(a) Residence. No. _____ St. _____

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 25 - 1930

7. AGE Years 1 Months 3 Days _____ If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Rupert (State or country) Ida

10. NAME OF FATHER Joseph R. Belliston

11. BIRTHPLACE OF FATHER (city or town) Rupert (State or Country) Ida

12. MAIDEN NAME OF MOTHER Matilda Broadhead

13. BIRTHPLACE OF MOTHER (city or town) _____ (State or Country) _____

14. Informant (Address) J. T. Broadhead
Rupert Ida

15. Filed 8-4 1931 E. E. Shumore Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 22 1931, to July 25 1931
that I last saw him alive on July 25 1931
and that death occurred, on the date stated above, at 1:20 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:

Cerebro spinal meningitis of Pneumococci origin.

(duration) _____ yrs. _____ mos. 4 da.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ da.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) E. E. Shumore, M. D.
7-25 1931 (Address) Rupert Ida

19. Place of Burial, Cremation, or Removal Rupert Ida Date of Burial July 26 1931

20. Undertaker R. E. Johnson Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 75951	
PLACE OF DEATH County of <u>Minidoka</u> City of <u>Rupert</u>		Registration District No. <u>19</u> Primary Registration District No. <u>2016</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>29</u>	
2. FULL NAME <u>Kellie M Gull</u>		<u>31</u>	
(a) Residence. No. _____ St. _____ (Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>May 20 1908</u>			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years <u>22</u>	Months <u>10</u>	Days <u>7</u>
	If LESS than 1 day, _____ hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) <u>Idaho</u>			
FATHER	13. NAME <u>John Gull</u>		
	14. BIRTHPLACE (city or town) <u>England</u> (State or country)		
MOTHER	15. MAIDEN NAME <u>Elizabeth Bills</u>		
	16. BIRTHPLACE (city or town) <u>Utah</u> (State or country)		
17. INFORMANT (Address) <u>Grand Whitley</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>Aug 14 1931</u>			
19. UNDERTAKER (Address) <u>W. G. Gooden</u> <u>Rupert Idaho</u>			
20. FILED <u>7-14</u> , 1931 <u>E. W. Elmore</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>July 13 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 20</u> , 193 <u>0</u> , to <u>July 13</u> , 193 <u>1</u> . I last saw him alive on <u>Aug 13</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>2</u> A. M. The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u>			
Other contributory causes of importance:			Date of onset
Name of operation <u>none</u> Date of <u>Aug 13 1931</u> What test confirmed diagnosis? <u>Spinal</u> Was there an autopsy? <u>yes</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury _____, 193____ Where did injury occur? <u>✓</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>✓</u> Manner of injury <u>✓</u> Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>E. W. Elmore</u> , M. D. (Address) <u>Rupert Idaho</u>			

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75953

PLACE OF DEATH

County of Nezperce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 95
Primary Registration District No. 2193
(No. Lewiston Orchards)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty Sherry
Lewiston Orchards

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 16 1931

7. AGE Years Months Days If LESS than 1 day,
0 0 1 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston Orchards
(State or country)

10. NAME OF FATHER

Thomas E. Sherry

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Hally
Idaho

12. MAIDEN NAME OF MOTHER Minnie A. Cox

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Kansas

14. Informant Thomas E. Sherry
(Address) Lewiston Orchards

15. Filed 7-18, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 17, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1931 to July 17, 1931
that I last saw him alive on July 17, 1931
and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Stasis Lymphaticus(duration) _____ yrs. _____ mos. 1 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted ☒
if not at place of death?

Did an operation precede death? ☒ Date of _____Was there an autopsy? ☒What test confirmed diagnosis? Physician's signature(Signed) J. M. Lyle

M. D.

7-18, 1931 (Address) Lewiston

19. Place of Burial, Cremation, or Removal
Normal Hill

Date of Burial
7/19/31 19

20. Undertaker
Vassar Mortuary Inc

Address
Lewiston

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75954

State File No.

PLACE OF DEATH

County of Nez PerceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. St Joseph Hospital)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice L. Crozier(a) Residence. No. 324 Fourth Ave St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 12 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov 25 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>46</u>	<u>46</u>	<u>8</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Teacher(b) General nature of industry,
business, or establishment in
which employed (or employer)(c) Name of employer Webster School9. BIRTHPLACE (city or town) Bradstown Kentucky
(State or country)10. NAME OF FATHER T.O. Crozier11. BIRTHPLACE OF FATHER (city or town) Kentucky
(State or Country)12. MAIDEN NAME OF MOTHER Mary Bowman13. BIRTHPLACE OF MOTHER (city or town) Kentucky
(State or Country)14. Informant Miss Sallie Crozier
(Address) Lewiston Idaho15. Filed 7/7/31

J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July
(Month)3
(Day)31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 22, 1931, to July 3, 1931
that I last saw her alive on July 3, 1931

and that death occurred, on the date stated above, at 2 A.M. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Uterine Fibroids
(Hemorrhage for 30 days)

(duration) 10 yrs. mos. ds.CONTRIBUTORY
(Secondary)

Severe shock
(duration) 1 yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? yes Date of July 2, 1931Was there an autopsy? noWhat test confirmed diagnosis? Microscopic(Signed) J. M. Lyle M. D.July 6, 1931 (Address) Lewiston Id19. Place of Burial, Cremation, or Removal
Normal Hill CemeteryDate of Burial
7/5/31 19

20. Undertaker

VASSAR'S MORTUARY INC.

Address

Lewiston Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75955**

PLACE OF DEATH

County of Nez Perce.
City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No. 129
(No. 1103 11th. Avenue.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Barber Jackson.

(a) Residence. No. 1103 11th. Avenue. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced. (write the word.) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 18th, 1861.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69. 10. 11. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Minn.

10. NAME OF FATHER Joseph Jackson.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.

12. MAIDEN NAME OF MOTHER Mary Barber.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England.

14. Informant (Address) Lewiston, Idaho.

15. Filed 8/4 1. 31

J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 30th, 1931. 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to July 30, 1931,
that I last saw him alive on July 29, 1931,
and that death occurred, on the date stated above, at 4 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

One year (duration) yrs. mos. ds.
CONTRIBUTORY apoplexy
(Secondary) 6 days

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) J. H. Crompton, M. D.
2/1/31. 1931 (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal Date of Burial
Clarkston, Washington. 8/2/31. 1931

20. Undertaker Address
Brower-Wann Company. Lewiston, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75956

State File No.

PLACE OF DEATH

County of Nezperce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.
(No. It Is Not a Hospital Whiter)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thelma E. Appleford

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of Lawrence Appleford
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 10, 18957. AGE Years 36 Months 6 Days 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Chicago, Ill
(State or country)10. NAME OF FATHER Fred Jonson11. BIRTHPLACE OF FATHER (city or town) Denmark
(State or Country)12. MAIDEN NAME OF MOTHER Iga Christina Olson13. BIRTHPLACE OF MOTHER (city or town) Sweden
(State or Country)14. Informant Lawrence Appleford
(Address) Clarkston, Wash15. Filed 7/29 / 1931 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 7 15 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 7-15- 1931, to same 1931
that I last saw her alive on same 1931
and that death occurred, on the date stated above, at 1:40 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cardio-vascular
renal diseaseseveral
(duration) 1 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. M. Mahan M. D.
7-29- 1931 (Address) Lewiston, Ida19. Place of Burial, Cremation, or Removal Clarkston, Wash Date of Burial 7/27 / 31 1920. Undertaker M. R. Merchant Address Clarkston, Wn

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75957

State File No.

PLACE OF DEATH

County of Nez PerceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. St Joseph Hospital)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Algua Elesa Northug(a) Residence. No. 413 3rd Ave Lewiston St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 3 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of Even Northug
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 24 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>53</u>	<u>2</u>	<u>17</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work At Home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Norway
(State or country)10. NAME OF FATHER Olaf Hende11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Norway12. MAIDEN NAME OF MOTHER Not Obtainable13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Norway14. Informant Even Northug
(Address) Lewiston Idaho15. Filed 7/14/1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July
(Month)11
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 10, 1931, to July 11, 1931that I last saw her alive on July 11, 1931and that death occurred, on the date stated above, at 8.10 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cholera Lethalis
(ball stone colic)(duration) 5 yrs. mos. ds.CONTRIBUTORY Cardiac failure
(Secondary)(duration) yrs. mos. 1 ds.18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? no Date of Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) E. J. Brasher M. D.July 12, 1931. (Address) Lewiston Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonner-Ferry Idaho

19

20. Undertaker

Address

Vassar Mortuary Inc.Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75958

State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. St Joseph Hospital.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willard Sheppard Sayre.

(a) Residence. No.

St.

Juliaetta, Idaho.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed,

or Divorced (write the word.)

Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) December 16th, 1916.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

14.7.10.

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHigh school boy.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Caldwell,
Idaho.

10. NAME OF FATHER

Ben Sayre.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Kansas.

12. MAIDEN NAME OF MOTHER

Addie Robins.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Tenn.

14.

Informant
(Address)Ben Sayre
Juliaetta, Idaho.

15.

Filed

7/28 1931

Registral.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 26th, 1931.

(Month)

(Day)

19

(Year)

17. I HEREBY CERTIFY That I attended deceased from

July 27th 1931 to July 26th 1931
that I last saw him alive on July 26th 1931and that death occurred, on the date stated above, at 4:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:General Peritonitis(duration) yrs. mos. 6 da.CONTRIBUTORY
(Secondary)Appendiceal abscess(duration) yrs. 11 mos. da.18. Where was disease contracted Idaho
if not at place of death opening bed roomDid an operation precede death? No Date of operationWas there an autopsy? No Date of autopsyWhat test confirmed diagnosis? Abdominal tap

(Signed)

Dr. Carson M. D.7/26/31. 19(Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Juliaetta, Idaho.7/28/31. 19

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75859

State File No.

PLACE OF DEATH

County of Nezperce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. Whites Hospital)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Ferdinand Spindler

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (Use the word.)

5a. If married, widowed, or divorced

HUSBAND of Margaret Robar
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 17, 1862

7. AGE Years 69 Months 3 Days 20 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Germany
(State or country)10. NAME OF FATHER (?) Spindler11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)12. MAIDEN NAME OF MOTHER Not Known13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)

14. Lina Mc Pherson (Daughter)
Informant Clarkston, Wash.
(Address)

15. Filed 7/10/31 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 7-7-31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-2-31, to 7-7-31, 1931
that I last saw him alive on 7-7-31, 1931
and that death occurred, on the date stated above, at 3 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Varicella Leat disease

CONTRIBUTORY (duration) 2 yrs. mos. ds.
Chronic Interstitial Nephritis
(Secondary) (duration) 6 yrs. mos. ds.

18. Where was disease contracted if not at place of death? NoDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Cardinal Symptoms

(Signed) E. H. White M. D.
7-7-31, 1931 (Address) Lewiston, Ida.

19. Place of Burial, Cremation, or Removal Kooskia, Ida. Date of Burial 7/9/31 1931

20. Undertaker H. R. Merchant Address Clarkston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75860

State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. Whites Hospital.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Carlson.(a) Residence. No. 212 16th, Avenue.

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)
Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Jan. 1st, 1879.

7. AGE

52.

Years

Months

5.

Days

10.

If LESS than 1 day,

..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Norway.

10. NAME OF FATHER

Peter Mork.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Norway.

12. MAIDEN NAME OF MOTHER

Marjet.

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Norway.

14.

Informant
(Address)Olle Carlson.
Lewiston, Idaho.

15.

Filed

8/4/31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 11th, 1931.

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

6-1, 1931, to 6-11, 1931that I last saw her alive on 6-11, 1931and that death occurred, on the date stated above, at 7:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Valvular heart diseaseacute dilatation (myocarditis) 2 hours

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Same

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Cardiac symptoms(Signed) E. L. White, M. D.6/14/31., 19..... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Lewiston, Idaho.

Date of Burial

6/14/31. 19.....

20. Undertaker

Brower-Wann Company.

Address

Lewiston, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 7 1931

DO NOT WRITE IN THIS SPACE

75961

State File No.

PLACE OF DEATH

County of Neperce
City of Elkington

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fizzie Caroline Knight(a) Residence. No. 1325 - 15 St St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S. if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCharles Wallace Knight6. DATE OF BIRTH (month, day and year) March 4 1865

7. AGE 66 Years Months 4 Days 8 If LESS than 1 day,hrs. ormin.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Stockholm Sweden
(State or country)10. NAME OF FATHER Vedestrom11. BIRTHPLACE OF FATHER (city or town) Don't Know
(State or Country)12. MAIDEN NAME OF MOTHER Don't Know13. BIRTHPLACE OF MOTHER (city or town) Don't Know
(State or Country)14. Informant Frank Knight
(Address) Clarkston Wash15. Filed 8/11/31 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 12th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12th 1931 to July 12th 1931
that I last saw her alive on Dec, 19.....

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Angina Pectoris

(duration)yrs.mos.ds.

CONTRIBUTORY Don't know
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted if not at place of death? noDid an operation precede death? no Date of.....Was there an autopsy? noWhat test confirmed diagnosis? History(Signed) O. C. Pearson M. D......, 19..... (Address) Leaverton Id19. Place of Burial, Cremation, or Removal Cleveland Wash Date of Burial 8/15 193120. Undertaker H R Merchant Address Clarkston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

75962

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1009(No. 8th, Street & 7th, Avenue.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marjorie Kalbfleisch.(a) Residence. No. 8th, Street & 7th, Avenue. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 7th, 1913.

7. AGE <u>18.</u>	Years	Months <u>1.</u>	Days <u>6.</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Student.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Tekoa,
Washington.10. NAME OF FATHER
R. S. Kalbfleisch.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Canada.12. MAIDEN NAME OF MOTHER Annie Laurilzen.13. BIRTHPLACE OF MOTHER (city or town)
(State or County) North Dakota.14. Informant R. S. Kalbfleisch.
(Address) Lewiston, Idaho.15. Filed 8/4/31 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 13th, 1931. 19...
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
May 1 1931, to June 13 1931
that I last saw him alive on June 13 1931and that death occurred, on the date stated above, at 2 p. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Malignant EndocarditisCONTRIBUTORY Arthritis
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Physician, M. D.6/15/31. 19... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Lewiston, Idaho.

Date of Burial

6/15/31. 19

20. Undertaker

Brower-Wann Company. Lewiston, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75963**Local Registrar's No. **35**

PLACE OF DEATH
County of **Payson**
City of **Gifford, R.F.D.**
Registration District No.
Primary Registration District No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Widowed**
5a. If married, widowed, or divorced
HUSBAND of **Lafayette Starcher**
(or) WIFE of
6. DATE OF BIRTH (month, day and year) **Nov 2 1850**
7. AGE Years **80** Months **5** Days **9** If LESS than 1 day, min. hrs. or
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer) **At Home**
(c) Name of employer

9. BIRTHPLACE (city or town) **Ohio**
(State or country)10. NAME OF FATHER **John Breckenridge**11. BIRTHPLACE OF FATHER (city or town) **Kentucky**
(State or Country)12. MAIDEN NAME OF MOTHER **Unknown**13. BIRTHPLACE OF MOTHER (city or town) **Unknown**
(State or Country)14. Informant **D. J. Starcher**
(Address) **Gifford Ida**15. Filed **4-10**, 19**31** **E. E. Watts**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **April 11**, 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **5-1**, 19**30**, to **4-11**, 19**31**
that I last saw her alive on **4-8**, 19**31**
and that death occurred, on the date stated above, at **2:15 P.** m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage(duration) yrs. **2** mos. - ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **no** Date of -Was there an autopsy? **no**What test confirmed diagnosis? **E. E. Watts**, M. D.(Signed) **4-11**, 19**31** (Address) **Gifford**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Lookout Ida** Date of Burial **4-13**, 19**31**20. Undertaker **Craigmont Adwells** Address **Craigmont Ida**

WHITE P
N P E

20. Undertaker	Address
Brower-Wann Company.	Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75965**

PLACE OF DEATH
County of Nez Perce Registration District No. 92
City of Gifford R.F.D. Primary Registration District No. 2170

Local Registrar's No. 33

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME, Abraham Jones Marshall

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Elvie May Marshall
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 23 1864

7. AGE 66 Years 11 Months 11 Days 11 min. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Clayton Co., Iowa
(State or country)

10. NAME OF FATHER Michael Marshall

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER Alice Scaggy

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant Delmer Irvin Deffenbaugh
(Address)

15. Filed 7-5, 1931. E.E. Watts
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 4, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1931, to July 4, 1931
that I last saw him alive on July 4, 1931
and that death occurred, on the date stated above, at 6:30 P.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Stomach

(duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) E.E. Watts, M. D.
7-5, 1931 (Address) Gifford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Reubens Ida Date of Burial 7-6 1931

20. Undertaker Craigmont Home Co Address Craigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75966**

PLACE OF DEATH

County of Nez PerceCity of LapwaiRegistration District No. 93Primary Registration District No. 2193Local Registrar's No. X31

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Asa Day(a) Residence. No. Ft Lapwai Sanatorium St.

(Usual place of abode)

Length of residence in city or town where death occurred. — yrs. mos. 8 ds. 4 How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE Indian full Chinook	5. Single, Married, Widowed, or Divorced (write the word) single
-----------------------	--	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug. 14. 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>13</u>	<u>10</u>	<u>18</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School boy(b) General nature of industry, business, or establishment in which employed (or employer) --(c) Name of employer --9. BIRTHPLACE (city or town) Grand Ronde
(State or country) Oregon10. NAME OF FATHER Joe (Unknown) Day11. BIRTHPLACE OF FATHER (city or town) --
(State or Country) Oregon12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)14. Informant Gov't records
(Address) Ft Lapwai, Idaho.15. Filed 7/6/1931 J. M. Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

<u>July</u>	<u>2</u>	<u>1931</u>
(Month)	(Day)	(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 22, 1931, to July 2, 1931that I last saw him alive on July 1st, 1931and that death occurred, on the date stated above, at 6-151931

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary and
peritoneal

(duration) yrs. mos. ds.

CONTRIBUTORY --
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? Grand Ronde Ore.Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? no(Signed) G. H. Kaulz, M. D.July 2, 1931 (Address) Ft Lapwai

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
1920. Undertaker Address
Brower - Wann & Co
Lewiston I

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75967

State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1609(No. 922 11th, Avenue.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rachel Catherine Jordan.(a) Residence. No. 922 11th, Avenue.

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced, (write the word.) Married.
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 9/19/1862.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61.		8.	18.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Marshall,
(State or country) North Carolina.

10. NAME OF FATHER

Wm. R. Trull.11. BIRTHPLACE OF FATHER (city or town) North Carolina.
(State or Country)12. MAIDEN NAME OF MOTHER Mattie Reeves.13. BIRTHPLACE OF MOTHER (city or town) North Carolina.
(State or Country)

14.

Informant
(Address)Lewiston, Idaho.

15.

Filed

8/4 P. 31J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 7th, 1931.

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 1st 1931, to June 7th 1931
that I last saw her alive on June 7th 1931and that death occurred, on the date stated above, at 10 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Toxemia(duration) 1 yrs. 1 mos. 0 ds.CONTRIBUTORY
(Secondary)Pulmonary TB.(duration) 1 yrs. 1 mos. 0 ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis? Spurium Test Physical(Signed) J. M. Lyle, M. D.6/9/31. 1931 (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.6/9/31. 1931

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009.(No. Breier Bldg.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Billie Jean Cronin.(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 11th, 1928.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>3.</u>	<u>0.</u>	<u>17.</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work At home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.10. NAME OF FATHER W. E. Cronin.11. BIRTHPLACE OF FATHER (city or town) Enterprise,
(State or Country) Oregon.12. MAIDEN NAME OF MOTHER Ruth Daniels.13. BIRTHPLACE OF MOTHER (city or town) Raton,
(State or County) New Mexico.14. Informant W. E. Cronin
(Address) Lewiston, Idaho.15. Filed 7/28/1931
J. M. Lyle
Registrar.

RECEIVED AUG 7 1931

DO NOT WRITE IN THIS SPACE

State File No. 75968Local Registrar's No. 8

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 28th, 1931.
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
July 15, 1931, to July 28, 1931
that I last saw him alive on July 28, 1931and that death occurred, on the date stated above, at 10 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Scarlet fever(duration) yrs. mos. 20 ds.CONTRIBUTORY
(Secondary)strangulation from
Peri tonsillar abscess
(duration) yrs. mos. 5 ds.18. Where was disease contracted Washington
if not at place of death?Did an operation precede death? yes Date July 28, 1931Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) J. M. Lyle, M. D.7/28/31., 19 (Address) Lewiston, Idaho.19. Place of Burial, Cremation, or Removal Enterprise, Oregon.
Date of Burial 1920. Undertaker Brower-Wann Company.
Address Lewiston, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75969**

PLACE OF DEATH

County of **Nez Perce.**
City of **Lewiston**

CERTIFICATE OF DEATH

Registration District No. **96**
Primary Registration District No. **1009**
(No. **Hotel De France.**)

Local Registrar's No. **845**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Hattie Ettershank.**

(a) Residence. No. **Hotel De France.**

St.

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female.** 4. COLOR OR RACE **White.** 5. Single, Married, Widowed, or Divorced (write the word.) **Married.**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE **69.** Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **At home.**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Not known.**
(State or country)

10. NAME OF FATHER

Not known.

11. BIRTHPLACE OF FATHER (city or town) **Not known.**
(State or Country)

12. MAIDEN NAME OF MOTHER **Not known.**

13. BIRTHPLACE OF MOTHER (city or town) **Not known.**
(State or Country)

14. Informant **Red Cross.**
(Address) **Lewiston, Idaho.**

15. Filed **8-4-31** 19**31**

J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 27th, 1931. 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 15-31 to June 15-31
that I last saw him alive on **June 15-31**
and that death occurred, on the date stated above, at **127** m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted **L**
if not at place of death?

Did an operation precede death? **26** Date of

Was there an autopsy? **Yes**

What test confirmed diagnosis? **Ray-Blood, Siga**

(Signed) **J. M. Lyle**, M. D.
6/30/31. 19 (Address) **Lewiston, Idaho.**

19. Place of Burial, Cremation, or Removal **Lewiston, Idaho.** Date of Burial **6/30/31.** 19

20. Undertaker **Brower-Wann Company.** Address **Lewiston, Idaho.**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75970

PLACE OF DEATH
County of Quincy
City of Malad

Registration District No. 24
Primary Registration District No. 2069

Local Registrar's No. 35

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donna A. Thomas

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (with the word) Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July - 30 - 31

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Malad
(State or country) Idaho

10. NAME OF FATHER La Mar J. Thomas

11. BIRTHPLACE OF FATHER (city or town) Malad
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Anna Bell Ashton

13. BIRTHPLACE OF MOTHER (city or town) Pamania
(State or Country) Idaho

14. Informant Mrs Daniel R. Thomas
(Address) Malad Idaho

15. Filed 7/3, 1931
J. M. Arns
Registral

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1931, to July 30, 1931,
that I last saw h. er alive on July 30, 1931,
and that death occurred, on the date stated above, at 11:10 A.M.
The CAUSE OF DEATH* was as follows:
Permatub

CONTRIBUTORY
(Secondary)

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. H. Mullen 1931
8/1 (Address) Malad Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Malad Idaho Date of Burial July 30 1931

20. Undertaker J. Guy Benson Address Malad Idaho

WRITE PLAINLY, WITH UNFADEING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75971**

PLACE OF DEATH

County of Bride
City of Malad

Registration District No. 26
Primary Registration District No. 2069

Local Registrar's No. 33

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME 19 Elmer Axel Palmer

(a) Residence. No. 3 St.

Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) 7 Nov. 50 day 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 5 hrs. 30 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Malad (State or country) Idaho

10. NAME OF FATHER Golden Palmer

11. BIRTHPLACE OF FATHER (city or town) Brigham (State or Country) Utah, Box Elder County

12. MAIDEN NAME OF MOTHER Agnes Gibson

13. BIRTHPLACE OF MOTHER (city or town) Richfield (State or Country) Indiana

14. Informant Charmel Thomas (Address) Malad Ida

15. Filed 7/31 1931 J. M. Kenna Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25 1931 to July 25 1931 that I last saw him alive on July 25 1931 and that death occurred, on the date stated above, at 7 P. M.
The CAUSE OF DEATH* was as follows:
Pneumonia - 7 mos.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. M. Kenna M. D. July 25 1931 (Address) Malad Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Malad Ida July 31 1931

20. Undertaker Address

J. Guy Benson Malad Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED AUG 6 1931

DO NOT WRITE IN THIS SPACE

State File No. **75972**

PLACE OF DEATH

County of Oneida
City of Malad

Registration District No. _____
Primary Registration District No. 2064

Local Registrar's No. 22

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Blanche Thomas Jones

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND
(or) WIFE of R. R. Jones

6. DATE OF BIRTH (month, day and year) Feb. 2, 1870

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
61 5 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Malad, Idaho
(State or country)

10. NAME OF FATHER Richard Thomas

11. BIRTHPLACE OF FATHER (city or town) Wales
(State or Country)

12. MAIDEN NAME OF MOTHER Eliza Morgan

13. BIRTHPLACE OF MOTHER (city or town) Wales
(State or Country)

14. Informant R. R. Jones
(Address) Malad, Idaho

15. Filed 7/8/31 1931 J. M. Kerns
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to July 4, 1931,
that I last saw him alive on July 4, 1931,
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Generalized Arterio-
Sclerosis.
with Senile Dementia.
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. mos. ds.

18. Where was disease contracted _____
if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? General Exam

(Signed) J. M. Kerns M. D.

7/6 1931 (Address) Malad, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Malad, Idaho Date of Burial July 8 1931

20. Undertaker J. Guy Benson Address Malad, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED AUG 6 1931

DO NOT WRITE IN THIS SPACE

State File No. **75973**

PLACE OF DEATH

County of Quada
City of Malad

Registration District No. 26
Primary Registration District No. 2069

Local Registrar's No. 32

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John M. Jones

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Winifred Williams
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar. 3-1858

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
73 4 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Pondtown
(State or country) Utah

10. NAME OF FATHER John Davis Jones

11. BIRTHPLACE OF FATHER (city or town) Wales
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Jones

13. BIRTHPLACE OF MOTHER (city or town) Wales
(State or Country)

14. Informant Marion H Jones
(Address) R.F.E. #1, Malad, Ida

15. Filed 7, 31, 1931 J.M. Kerns
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 24, 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 14, 1931 to July 24, 1931
that I last saw him alive on July 24, 1931
and that death occurred, on the date stated above at 4:30 A.M.

The CAUSE OF DEATH* was as follows:
Myocardial infarction & nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Thyroid gland

(Signed) Dr. F. H. Jones, M.D.

July 24, 1931 (Address) Malad, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Cherry creek, Ida July 26, 1931

20. Undertaker Address

J. L. Jones Malad, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75974

State File No.

PLACE OF DEATH
County of Boise
City of Malad

Registration District No. 26
Primary Registration District No. 2069

Local Registrar's No. 31

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John J. Owens

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Deceased (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Mary Jane Thomas</u> (or WIFE of)		
6. DATE OF BIRTH (month, day and year) <u>July 21-1860</u>		
7. AGE Years <u>70</u> Months <u>11</u> Days <u>16</u>	If LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) (State or country) <u>North Ogden Utah</u>
10. NAME OF FATHER <u>John Owens</u>
11. BIRTHPLACE OF FATHER (city or town) (State or Country) <u>Wales</u>
12. MAIDEN NAME OF MOTHER <u>Mary Thomas</u>
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) <u>Wales.</u>

14. Informant <u>Mr J. Q. Chivers</u> (Address) <u>Malad Chd.</u>
15. Filed <u>7/31</u> , 19 <u>30</u> <u>J. M. Kerns</u> Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May, 1931, to July 9, 1931
that I last saw him alive on July 3, 1931
and that death occurred, on the date stated above, at 11230a m.
The CAUSE OF DEATH* was as follows:
Myocarditis
cardiovascular asthma

CONTRIBUTORY
(Secondary)

18. Where was disease contracted if not at place of death? same
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) J. M. Kerns M. D.
July 11, 1931 (Address) Malad Chd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal <u>Malad Idaho</u>	Date of Burial <u>July-12 1931</u>
20. Undertaker <u>J. Guy Benson</u>	Address <u>Malad Chd.</u>

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75975**

PLACE OF DEATH

County of Oneida
City of Malad

Registration District No. 210Primary Registration District No. 2069Local Registrar's No. 38

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Bardell Napier

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 6 1923

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.88118

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Malad Idaho

10. NAME OF FATHER

David J. Napier

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Hens Mt Scotland

12. MAIDEN NAME OF MOTHER

Charlotte R. Jones

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Malad Idaho

14. Informant (Address)

Pamela Jones Malad Ida

15. Filed

7/31/31J. M. Kerna

Registrar

By Carmen Davis

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 241931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on July 24, 1931and that death occurred, on the date stated above, at 10:20 P.M.

The CAUSE OF DEATH* was as follows:

Sarcina of intestine

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

sameDid an operation precede death? yes Date of 7/24/31Was there an autopsy? yesWhat test confirmed diagnosis? Tuberculin(Signed) M. M. Jones M.D.7/29, 1931 (Address) Malad Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Malad IdaJuly 31 1931

20. Undertaker

Address

J. Guy BensonMalad Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Amida
City of Melad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE

State File No. 75976Local Registrar's No. 30

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME C. R. R. Stubbs

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 8, 1880

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
50 8 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England10. NAME OF FATHER Charles R. Stubbs11. BIRTHPLACE OF FATHER (city or town) (State or Country) England12. MAIDEN NAME OF MOTHER Charles Ann Short13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England14. Informant John A. Stubbs
(Address) Melad, Ida15. Filed 7/31, 1931
J. M. Kerus
By Carmen Davis (Registrar)

RECEIVED AUG 6 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 7, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 10, 1931, to July 7, 1931
that I last saw him alive on July 6, 1931

and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows

Cause of intestines

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none

(Signed) Chas. M. Kerus, M. D.
7/8, 1931 (Address) Melad, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Melad, Ida Date of Burial July 10, 1931

20. Undertaker J. Guy Kerus Address Melad, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Cassia State IDAHO Registered No. 75977 80
 Township _____ or Village 2003 or _____
 City Homedale No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Julian Noble Pullen
 (a) Residence, No. Homedale St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Jan 8 - 1903
 7. AGE: Years _____ Months 6 Days 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Homedale (State or country) Idaho

13. NAME James N. Pullen

14. BIRTHPLACE (city or town) Fayetteville (State or country) Arkansas

15. MAIDEN NAME Flora May Harrison

16. BIRTHPLACE (city or town) Walton (State or country) Arkansas

17. INFORMANT J. Noble Pullen (Address) Homedale, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cassia Date July 15, 1931

19. UNDERTAKER C. J. Feckham (Address) Idaho

20. FILED 7-14-1931 John M. Mues Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 14, 1931

22. I HEREBY CERTIFY that I attended deceased from after death July 14 1931

I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance was as follows:

Probable injury from falling from head while alone with his gun old Reata

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. M. Mues M.D.

(Address) Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1931

DO NOT WRITE IN THIS SPACE

State File No.

75978

PLACE OF DEATH

County of OwyheeCity of OreanaRegistration District No. 74Primary Registration District No. 2151Local Registrar's No. 69

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah B. Carothers

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed,
or Divorced, (write the word)
married

5a. If married, widowed, or divorced

~~husband~~
(or) WIFE of

James F. Carothers

6. DATE OF BIRTH (month, day and year) Jan. 22, 1853

7. AGE

Years

Months

Days

If LESS than 1 day,

78

5

22

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

None

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Maine
(State or country)

10. NAME OF FATHER

Johnthan Wooster

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER

Lydia Brown

13. BIRTHPLACE OF MOTHER (city or town) Maine
(State or Country)14. Informant James M. Carothers
(Address) Oreana15. Filed Aug. 1st, 1931W. J. Ekinbeck
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 16th, 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19____, to____, 19____

that I last saw h_____ alive on____, 19____

and that death occurred, on the date stated above, at 10:00P m.

The CAUSE OF DEATH* was as follows:

Old age and weakness

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) no physician called, M. D.

_____, 19____ (Address) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Oreana

Date of Burial

Jul 18 19 31

20. Undertaker

None

Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Owyhee</u>		Registration District No. <u>7</u>		State File No. <u>75979</u>	
City of _____		Primary Registration District No. <u>2006</u>		Local Registrar's No. <u>87</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Phoebe Jane Cox</u>					
(a) Residence. No. <u>Near Wilson</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Aug 15-50</u>					
7. AGE Years <u>80</u>		Months <u>11</u>		Days _____ If LESS than 1 day, hrs. or min. _____	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
FATHER					
13. NAME <u>Hobson</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
MOTHER					
15. MAIDEN NAME <u>Osborne</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT <u>Mrs. Rose Mc Guire</u> (Address) <u>Meloa, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wilson</u> Date <u>7-16</u> , 1931					
19. UNDERTAKER <u>F. H. Robinson</u> (Address) <u>Idaho</u>					
20. FILED <u>7-6</u> , 1931 <u>Idaho</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 13 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>1929</u> , 1931, to <u>July 13, 1931</u>					
I last saw him alive on <u>July 11</u> , 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Heart disease & 2 yrs of gill</u>					
Other contributory causes of importance: <u>terminal pneumonia immediate cause</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>Dr. R. Proctor</u> , M. D.					
(Address) <u>Nampa, Idaho</u>					

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED AUG 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75981

State File No.

PLACE OF DEATH

County of *Payette*City of *New Plymouth*

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Earnest L. Ray, Kummier*

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

St.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

*white*5. Single, Married, Widowed,
or Divorced (write the word.)*single*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec 29 -

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

*21**5**28*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*farmer*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)*Nampa Idaho*

10. NAME OF FATHER

*Ray, Kummier*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)*Redding Calif.*

12. MAIDEN NAME OF MOTHER

*Sarah Smith*13. BIRTHPLACE OF MOTHER (city or town)
(State or County)*Logan Utah*

14.

Informant
(Address)*Mrs John H. Smith
621-1-1824*

15.

Filed

*July 31, 1931**J. C. Woodward
Registrar*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June
(Month)*21*
(Day)*1931*
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19.....

to

19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, atm.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

accident drowning

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)*none*

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Edwin Landon* coroner*June 21, 1931* (Address) *Payette Idaho*

19. Place of Burial, Cremation, or Removal

Date of Burial

New Plymouth June 23, 1931

20. Undertaker

Address

Glenn C Landon Payette Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **75982**

PLACE OF DEATH

County of Payette

City of Paul Plynmouth

CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 2008

Local Registrar's No. 20

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arnold Rawson

(a) Residence No. _____

St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec 21-1930

7. AGE

Years

Months

Days

If LESS than 1 day,
_____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Le grand
Oregon

10. NAME OF FATHER

Arnold Rawson

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Paris
France

12. MAIDEN NAME OF MOTHER

Bealce Messenger

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

Angren
Utah

14.

Informant
(Address)

Arnold Rawson

15.

Filled

July 31 1931

J.C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June
(Month)

28
(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 28 1931, to June 28 1931
that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 3 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Choking in
ingesting milk

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

none

_____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edith Landon Cooper

June 28 1931 (Address) Payette Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Paul Plynmouth Idaho June 30 1931

20. Undertaker Address

Glenn C Landon Payette Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75983
State File No.

PLACE OF DEATH

County of Payette
City of Payette

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008
(No.)

Local Registrar's No. 23

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Lee Sullivan

(a) Residence. No. 917 N. 6th St.

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>none</u>		
6. DATE OF BIRTH (month, day and year) <u>July 20 - 1931</u>		
7. AGE <u>none</u>	Years <u>none</u>	Months <u>none</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>none</u> (c) Name of employer <u>none</u>		

9. BIRTHPLACE (city or town) Payette
(State or country) Idaho

PARENTS	10. NAME OF FATHER <u>J. L. Sullivan</u>
	11. BIRTHPLACE OF FATHER (city or town) <u>McComb</u> (State or Country) <u>Ill.</u>
	12. MAIDEN NAME OF MOTHER <u>Amanda B. Quast</u>
	13. BIRTHPLACE OF MOTHER (city or town) <u>Payette</u> (State or Country) <u>Idaho</u>

14. Informant (Address) J. B. Sullivan
Payette, Idaho

15. Filed July 31 1931 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20 1931, to July 21 1931
that I last saw him alive on July 21 1931
and that death occurred, on the date stated above, at 6 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia heart. 6 1/2 mos.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? no
(Signed) Thomas R. Pay M. D.
July 21 1931 (Address) Payette, Idaho

19. Place of Burial, Cremation, or Removal Payette, Idaho Date of Burial July 22 1931
20. Undertaker Glenn C. Landrum Payette, Idaho

RECEIVED AUG 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75984

State File No.

PLACE OF DEATH

County of PayetteCity of Payette

CERTIFICATE OF DEATH

Registration District No. 4Primary Registration District No. 1008Local Registrar's No. 22

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christy Ann Sullivan(a) Residence. No. 917 N. 6th St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofnone

6. DATE OF BIRTH (month, day and year)

July 20 - 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

12 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Payette
Idaho

10. NAME OF FATHER

J. L. Sullivan11. BIRTHPLACE OF FATHER (city or town)
(State or Country)MC Comb,
Id.

12. MAIDEN NAME OF MOTHER

Amanda B. Gust13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Poundmason
Idaho

14.

Informant
(Address)J. L. Sullivan
Payette Idaho

15.

Filed

July 31, 1931 J. C. Woodward
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 21
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 20, 1931, to July 21, 1931that I last saw him alive on July 21, 1931and that death occurred, on the date stated above, at 9:00 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Spontaneous birth. 6 1/2 mo

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry R. ...July 22, 1931 (Address) Moore R. ...

19. Place of Burial, Cremation, or Removal

Date of Burial

Payette Idaho July 22 1931

20. Undertaker

Address

Henry C. Landon. Payette Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75985

PLACE OF DEATH

County of Payette
City of Payette

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008
(No.)

Local Registrar's No. 21

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nora J. Lathrop(a) Residence. No. 840 N. 6th St. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single. Married. Widowed.
or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMattie C. Lathrop

6. DATE OF BIRTH (month, day and year)

July 26 - 1843

7. AGE Years Months Days If LESS than 1 day,
67 11 15 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cement Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Missouri

10. NAME OF FATHER

Marvin J. Lathrop

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

N. Y.

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Missouri14. Informant (Address) Mattie C. Lathrop
Payette, Idaho15. Filed July 31, 1931. J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 10, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 9, 1931, to July 10, 1931
that I last saw him alive on July 9, 1931
and that death occurred, on the date stated above, at 7 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

myocarditis and renal diseaseindefinite (duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) Marvin J. Lathrop M. D.
July 11, 1931. (Address) Payette, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Payette, Idaho July 13 193120. Undertaker Gene C. Landon Payette, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 1 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75986

State File No.

Local Registrar's No. 16

PLACE OF DEATH

County of Payette

City of Payette

Registration District No. 4

Primary Registration District No. 1008

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 11th St.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W. 5 Single, Married, Widowed, or Divorced (write the word) infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) July 5, 1931

7 AGE Years Months Days If LESS than 1 day, 27 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Payette Ida.
(State or country)

10 NAME OF FATHER Omer C. Amick

11 BIRTHPLACE OF FATHER (city or town) Missouri
(State or country)

12 MAIDEN NAME OF MOTHER Gay Bowers

13 BIRTHPLACE OF MOTHER (city or town) Payette Co. Ida.
(State or country)

14 Informant W. R. Fox
(Address) Payette Ida.

15 Filed July 9, 1931 J. C. Woodward
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 6, 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1931, to July 6, 1931, that I last saw him alive on July 6, 1931, and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia - aspiration
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Wm. R. Fox M. D.

July 7, 1931 (Address) Payette Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Date of Burial

Payette Idaho July 7, 1931

20. Undertaker Address

Wm. C. Sanders Payette Idaho

RECEIVED

AUG 1 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

75987

PLACE OF DEATH

County of PayetteCity of Payette

CERTIFICATE OF DEATH

Registration District No. 4Primary Registration District No. 1008Local Registrar's No. 17

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth C. Clanton(a) Residence. No. Payette, Ida. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofStephen Clanton6. DATE OF BIRTH (month, day and year) April 17. AGE Years Months Days If LESS than 1 day, hrs. or min.
68 2 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife(b) General nature of industry, business, or establishment in which employed (or employer) —(c) Name of employer —9. BIRTHPLACE (city or town) (State or country) Hawa.10. NAME OF FATHER Henderson11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown12. MAIDEN NAME OF MOTHER unknown13. BIRTHPLACE OF MOTHER (city or town) (State or Country) unknown14. Informant (Address) Stephen Clanton
Payette, Ida.15. File July 31, 1931 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 10, 1931, to June 14, 1931that I last saw him alive on June 14, 1931and that death occurred, on the date stated above, at 4 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Cancer of uterus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ☒

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? at Payette, Ida.Did an operation precede death? no Date of —Was there an autopsy? noWhat test confirmed diagnosis? Clinical Examination(Signed) M. D. Weese M. D.June 16, 1931 (Address) Ontario, Ore.

19. Place of Burial, Cremation, or Removal

Date of Burial

Payette, Ida.6/16/31

20. Undertaker

Address

R. L. PetersonOntario

MARGIN RESERVED FOR BINDING

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 75988

PLACE OF DEATH

County of Payette
City of New Plymouth

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 2008

Local Registrar's No. 19

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Coral Matthews

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

6a. If married, widowed, or divorced
HUSBAND of A. T. Matthews
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 22-1863

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
68 — 6 — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Iowa
(State or country)

10. NAME OF FATHER David Sweet

11. BIRTHPLACE OF FATHER (city or town) Canada
(State or Country)

12. MAIDEN NAME OF MOTHER Abigail Jane Connelly

13. BIRTHPLACE OF MOTHER (city or town) Canada
(State or Country)

14. Informant (Address) A. T. Matthews

15. Filed July 31 1931 J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 28 1931, to June 28 1931, that I last saw her alive on June 28 1931

and that death occurred, on the date stated above, at 8 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Many yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? P

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical history

(Signed) E. C. Paxton M. D.

June 30 1931 (Address) Fruitland, Id.

19. Place of Burial, Cremation, or Removal Date of Burial

New Plymouth, Id. June 30 1931

20. Undertaker John C. Landrum Payette, Id.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Power</u>	City of <u>Am. Falls</u>	CERTIFICATE OF DEATH		State File No. <u>75989</u>	
Registration District No. <u>25</u>		Primary Registration District No. <u>2072</u>		Local Registrar's No. <u>21</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Melba Myrl Ringe</u>					
(a) Residence. No. <u>Amelia Falls Id</u>				St. <u>Amelia Falls Id</u>	
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>July 17, 1931</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>American Falls</u> (State or country) <u>Idaho</u>					
13. NAME <u>Rh. Ringe</u>					
14. BIRTHPLACE (city or town) <u>Oregon</u> (State or country)					
15. MAIDEN NAME <u>Melba Schwarz</u>					
16. BIRTHPLACE (city or town) <u>Am. Falls</u> (State or country)					
17. INFORMANT (Address) <u>Mrs. J. M. Schwarz</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>J. O. O'Connell</u> Date <u>July 19, 1931</u>					
19. UNDERTAKER (Address) <u>American Falls, Idaho</u>					
20. FILED <u>7-18</u> , 1931 <u>Quentin K. B.</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 18, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 17</u> , 1931, to <u>July 18</u> , 1931					
I last saw him alive on <u>July 18</u> , 1931; death is said to have occurred on the date stated above, at <u>4 P.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Acute Hydrocephalus</u>					
Date of onset					
Other contributory causes of importance: <u>Premature birth - 34 weeks</u> <u>of intrauterine gestation</u>					
Name of operation					
Date of					
What test confirmed diagnosis? Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>M. C. Markman</u> , M. D.					
(Address) <u>American Falls, Idaho</u>					

1599

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
<div style="text-align: right;"> RECEIVED AUG 7 1931 DO NOT WRITE IN THIS SPACE State File No. 75990 </div>					
CERTIFICATE OF DEATH					
PLACE OF DEATH County of <u>Power</u> City of <u>American Falls, Idaho</u>		Registration District No. <u>25</u> Primary Registration District No. <u>2072</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Rebecca Annie Pilgrim</u>					
(a) Residence. No. <u>Baugh Hotel American Falls, Idaho</u>					
Length of residence in city or town where death occurred <u>14</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S., if of foreign birth? <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Oct 21st 1867</u>					
7. AGE Years <u>63</u>		Months <u>8</u>		Days <u>9</u>	
If LESS than 1 day, _____ hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hotel Business</u>					
10. Date deceased last worked at this occupation (month and year) <u>6/30/31</u>					
11. Total time (years) spent in this occupation <u>Life</u>					
12. BIRTHPLACE (city or town) <u>Smithfield, Utah</u> (State or country)					
13. NAME <u>Thomas Pilgrim</u>					
14. BIRTHPLACE (city or town) <u>England</u> (State or country)					
15. MAIDEN NAME <u>Annie Peacock</u>					
16. BIRTHPLACE (city or town) <u>England</u> (State or country)					
17. INFORMANT <u>Helen P. Toole</u> (Address) <u>Smithfield, Utah</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Smithfield, Utah</u> Place _____ Date _____, 1931					
19. UNDERTAKER <u>J. H. Davis</u> (Address) <u>American Falls, Idaho</u>					
20. FILED <u>7/2</u> , 1931 <u>Genevieve H. H. H.</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>6/30/31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 10</u> , 1931, to <u>June 27</u> , 1931.					
I last saw <u>h</u> alive on <u>June 27</u> , 1931. : death is said to have occurred on the date stated above, at <u>9:00 a.m.</u>					
the principal cause of death and related causes of importance were as follows: <u>Diabetes Insipidus</u>					
Date of onset _____					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>V. J. Logan</u> M. D. (Address) <u>American Falls, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Power</u>		City of <u>American Falls, Idaho</u>		State File No. <u>75991</u>	
		Registration District No. <u>25</u>		Local Registrar's No. <u>22</u>	
		Primary Registration District No. <u>(No. Bethony Hospital)</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Clarr Ralphs</u>					
(a) Residence. No. <u>Rockland, Idaho.</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 28 1875</u>					
7. AGE <u>55</u> Years	<u>6</u> Months	<u>29</u> Days	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House-keeper</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Brigham City</u> (State or country) <u>Utah</u>					
13. NAME <u>Ephraim Ralphs</u>					
14. BIRTHPLACE (city or town) <u>Iowa.</u> (State or country)					
15. MAIDEN NAME <u>Sophia Nelson</u>					
16. BIRTHPLACE (city or town) <u>Copenhagen, Denmark</u> (State or country)					
17. INFORMANT <u>Ephraim Ralphs</u> (Address) <u>Rockland, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Brigham, Utah</u> Date <u>July 29 1931</u>					
19. UNDERTAKER <u>E. Davis</u> (Address) <u>American Falls, Idaho</u>					
20. FILED <u>128</u> , 1931 <u>General Health</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7/26/31</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 26</u> , 1931, to <u>July 26</u> , 1931.					
I last saw him alive on <u>July 26</u> , 1931; death is said to have occurred on the date stated above, at <u>10:15 PM</u> . The principal cause of death and related causes of importance were as follows: <u>Carcinoma</u> Date of onset					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>V. J. Fox</u> , M. D.					
(Address) <u>American Falls</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED AUG 7 1931 DO NOT WRITE IN THIS SPACE 75992	
County of <u>Power</u>		CERTIFICATE OF DEATH		State File No.	
City of <u>American Falls</u>		Registration District No. <u>25</u>		Local Registrar's No. <u>20</u>	
		Primary Registration District, <u>2072</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Frank H. Edgett</u>					
(a) Residence. No. <u>665</u> <u>Sylvie</u> St. <u>Idaho</u> <u>American Falls, Idaho</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Not known</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 26, 1854</u>					
7. AGE	Years <u>76</u>	Months <u>10</u>	Days <u>9</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Not known</u>				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Not known</u>					
MOTHER FATHER	13. NAME <u>Not known</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Not known</u>				
	15. MAIDEN NAME <u>Not known</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Not known</u>				
17. INFORMANT (Address) <u>Aug Davis</u> <u>Carondi</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>American Falls</u> Date <u>July 6, 1931</u>					
19. UNDERTAKER (Address) <u>H. Davis</u> <u>American Falls, Idaho</u>					
20. FILED <u>July 6, 1931</u> <u>Genevieve Roth</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 5</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>6-10</u> , 1931, to <u>7-5</u> , 1931.					
I last saw him alive on <u>7-5</u> , 1931; death is said to have occurred on the date stated above, at <u>11:30 a.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Pulmonary Edema</u> Date of onset					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>V. G. Logan</u> M. D.					
(Address) <u>American Falls Idaho</u>					

RECEIVED AUG 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
PLACE OF DEATH
County of Shoshone
City of Silver King, Kellogg
Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

75993

State File No.

Local Registrar's No. 28(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Garrett W. Spurgeon
(a) Residence. No. Silver King St. Kellogg, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Spurgeon

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 77 Months 4 Days 25 If LESS than 1 day, hrs. or min. 31

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hatchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Smelter
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 6 months

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER 13. NAME Thomas N. Spurgeon
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER 15. MAIDEN NAME Julia Bennett
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Mrs. Ada Langlett
Kellogg, Idaho18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Idaho Date July 16, 193119. UNDERTAKER (Address) M. B. Thorndike
Kellogg, Idaho20. FILED July 30, 1931 Mrs. Helen M. Brice
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 14, 193122. I HEREBY CERTIFY, That I attended deceased from July 1st, 1931, to July 14, 1931.I last saw him alive on July 13, 1931; death is saidto have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

June 25

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Zinsar, M. D.(Address) Kellogg, Idaho

TION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED AUG 4 1931	
County of <u>Shoshone</u>		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
City of <u>Kellogg, Ida</u>		BUREAU OF VITAL STATISTICS		State File No. <u>75994</u>	
		CERTIFICATE OF DEATH			
		Registration District No. <u>123</u>		Local Registrar's No. <u>30</u>	
		Primary Registration District No. <u>2204</u>			
(No. <u>44</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Ella Richardson Mason</u>					
(a) Residence. No. <u>5</u> St. <u> </u> (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. <u>5</u> yrs. <u> </u> mos. <u> </u> ds. How long in U. S., if of foreign birth? <u> </u> yrs. <u> </u> mos. <u> </u> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u> </u>					
6. DATE OF BIRTH (month, day, and year) <u>June 16 - 1853</u>					
7. AGE Years <u>79</u>		Months <u>1</u>		Days <u>10</u> If LESS than 1 day, <u> </u> hrs. <u> </u> min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House wife</u>					
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>			
12. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
13. NAME <u>Richardson</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
15. MAIDEN NAME <u>Ella Richardson</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
17. INFORMANT <u>Dr. P. R. Mason</u> (Address) <u>Kellogg, Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Elkhart</u> Date <u>July 29</u> 1931					
19. UNDERTAKER <u>M. B. Chapman</u> (Address) <u>Kellogg, Ida</u>					
20. FILED <u>July 30</u> , 1931 <u>Mrs. Helen M. B. Mason</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 26</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 7</u> , 1931, to <u>July 26</u> , 1931					
I last saw <u>her</u> alive on <u>July 26</u> , 1931; death is said to have occurred on the date stated above, at <u>8:50</u> A. M.					
The principal cause of death and related causes of importance were as follows: <u>Carcinoma of Lungs</u>					
Date of onset <u> </u>					
Other contributory causes of importance: <u> </u>					
Name of operation <u> </u> Date of <u> </u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 1931. Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u> </u> Manner of injury <u> </u> Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? <u> </u> If so, specify <u> </u> (Signed) <u>T. A. Mason</u> , M. D. (Address) <u>Kellogg, Ida</u>					

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75995

State File No.

PLACE OF DEATH

County of ShoshoneCity of WallaceRegistration District No. 70Primary Registration District No. 1011(No. 60 Hospital)Local Registrar's No. 66

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. Wallace, Ida

(Usual place of abode.)

St. Idaho

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, Divorced (write the word.) <u>Divorced</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofDivorced6. DATE OF BIRTH (month, day and year) Dec 31 - 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>44</u>	<u>7</u>	<u>21</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Ontario.

10. NAME OF FATHER

Henry Ringle11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Germany

12. MAIDEN NAME OF MOTHER

Agnes Langen13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Ireland

14.

Informant
(Address)Mr Wm Ringle
Wallace, Ida

15.

Filed

July 24, 1931F. L. Quigley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July
(Month)22
(Day)31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct30to July 2231that I last saw him alive on July 22and that death occurred, on the date stated above, at 8 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis(duration) 1 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James R. Bran

M. D.

1931 (Address) Wallace

19. Place of Burial, Cremation, or Removal

Wallace, Idaho

Date of Burial

July 24, 1931

20. Undertaker

Ward and Co.

Address

Wallace, Ida

Thos. G. Smith Waller

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of.....

City of.....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 123Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 75997Local Registrar's No. 29

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Liners

(a) Residence. No. _____ St. _____

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) July 26, 1931

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____
(State or country) _____

13. NAME Richard Liners

14. BIRTHPLACE (city or town) Mission, Mont
(State or country) _____

15. MAIDEN NAME Junia Nelegno

16. BIRTHPLACE (city or town) San Francisco, Michigan
(State or country) _____

17. INFORMANT (Address) Richard Liners

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Date July 28, 1931

19. UNDERTAKER (Address) Mrs. Helen M. Bride

20. FILED July 30, 1931 Mrs. Helen M. Bride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1931

22. I HEREBY CERTIFY, That I attended deceased from _____

July 26, 1931, to _____, 1931

I last saw him alive on July 26, 1931; death is said

to have occurred on the date stated above, at 40 m.

The principal cause of death and related causes of importance

were as follows: Prematurity Date of onset _____

Other contributory causes of importance: none

Name of operation Hyster Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. B. Lindsay, M. D.

(Address) Killing, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75998

State File No.

PLACE OF DEATH

County of *Shoshone*City of *Malbae*

CERTIFICATE OF DEATH

Registration District No. *70*Primary Registration District No. *1011*(No. *Proprietary Hospital*)Local Registrar's No. *70*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Thomas Sheridan*(a) Residence. No. *Mullan Ida* St.

(Usual place of abode.)

Length of residence in city or town where death occurred. *16* yrs. — mos. — ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word.) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *aug 1867*7. AGE Years *63* Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *miner*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Ireland*10. NAME OF FATHER *Michael Sheridan*11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Cavan Ireland*12. MAIDEN NAME OF MOTHER *Mary McConvey*13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Ireland*14. Informant (Address) *Philip Sheridan*
*Ernest Wash*15. Filed *July 29*, 19*31* *L. L. Quigley* Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Jul 27* 19*31*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from *Jul 28* 19*31* to *Jul 27* 19*31*that I last saw him alive on *Jul 27* 19*31* and that death occurred, on the date stated above, at *7:00* p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

*Pneumonia, Lobular,*CONTRIBUTORY (Secondary) *Influenza epidemic*
severe

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Microscopic*(Signed) *L. L. Quigley* 19*31*(Address) *Malbae*19. Place of Burial, Cremation, or Removal *Everett Wash* Date of Burial *July 29* 19*31*20. Undertaker *B. L. Norstell* Address *Malbae*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

75999

PLACE OF DEATH

County of ShoshoneCity of WallaceRegistration District No. 70Primary Registration District No. 1011(No. Wallace Hospital)Local Registrar's No. 65

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John M. Ullom(a) Residence No. Wallace, Idaho

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAlpha Ullom

6. DATE OF BIRTH (month, day and year)

Oct 26, 1884

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.46819

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

Lead Mining

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Minn.

10. NAME OF FATHER

Jesse Ullom11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ill.

12. MAIDEN NAME OF MOTHER

Margaret A. Ritchey13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Minn.

14.

Informant
(Address)Mrs Alpha Ullom

15.

Filed

July 16, 1931L. L. Zwingle

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July
(Month)14
(Day)31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 28, 1931, to July 14, 1931that I last saw him alive on July 15, 1931and that death occurred, on the date stated above, at 2:30 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Coronary Thrombosis(duration) yrs. mos. 2 ds.

CONTRIBUTOR (Secondary)

Ac Appendicitis(duration) yrs. mos. 14 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of July 14-31Was there an autopsy? noWhat test confirmed diagnosis? Exam(Signed) Max T. Smith, M. D.7-15-31, 19 (Address) Wallace, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Wallace, IdahoJuly 16, 1931

20. Undertaker

J. H. Brown

Address

Ward Hotel Co.Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>		CERTIFICATE OF DEATH		State File No. <u>76000</u>	
City of <u>Stellings</u>		Registration District No. <u>123</u>		Local Registrar's No. <u>31</u>	
		Primary Registration District No. <u>2201</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Sylvester N. Jarvi</u>					
(a) Residence. No. <u> </u> St. <u> </u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>married</u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan 9 1875</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>56</u>	<u>6</u>	<u>19</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer +</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Logging Contractor</u>				
	10. Date deceased last worked at this occupation (month and year)				
MOTHER FATHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) (State or country) <u>Finland</u>				
	13. NAME <u>John Jarvi</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Finland</u>				
15. MAIDEN NAME <u>No information</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Finland</u>					
17. INFORMANT (Address) <u>Ed Alho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Kingston, Idaho</u> Date <u> </u> , 193 <u>1</u>					
19. UNDERTAKER (Address) <u>M. Thornhill, Stellings, Idaho</u>					
20. FILED <u>July 30</u> , 193 <u>1</u> <u>Mrs. Helen M. Bride</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 28</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u> </u> , 193 <u>1</u> , to <u> </u> , 193 <u>1</u> .					
I last saw him alive on <u>July 28</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u> </u> m.					
The principal cause of death and related causes of importance were as follows: <u>Heart failure, old pulmonary disease, old kidney trouble</u>					
Date of onset <u> </u>					
Other contributory causes of importance: <u>Myocarditis, Alcoholism, Rheumatism, Nephritis</u>					
Name of operation <u> </u> Date of <u> </u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury <u> </u> , 193 <u>1</u> .					
Where did injury occur? <u> </u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u> </u>					
Manner of injury <u> </u>					
Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u> </u>					
(Signed) <u> </u> (Address) <u> </u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76001	
PLACE OF DEATH County of <u>Shoshone</u> City of <u>Wallace</u>		State File No. _____	
CERTIFICATE OF DEATH Registration District No. <u>70</u> Primary Registration District No. <u>1011</u>		Local Registrar's No. <u>69</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Sarah Amette Bowman</u>			
(a) Residence. No. <u>Wardner</u> St. _____ (Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Jan 17, 1858</u>			
7. AGE <u>76</u>	Years <u>6</u>	Months <u>7</u>	Days <u>7</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Teacher</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation <u>40 yrs</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Edgington, Ill</u>			
MOTHER FATHER	13. NAME <u>Edward Hale Bowman</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Franklin, Pa</u>		
	15. MAIDEN NAME <u>Elizabeth Ann Byers</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Bedford, Ohio</u>		
17. INFORMANT (Address) <u>Mrs. H. T. Kellogg, Wallace, Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Kellogg, Idaho</u> Date <u>July 27, 1931</u>			
19. UNDERTAKER (Address) <u>Kellogg, Idaho</u>			
20. FILED <u>July 27, 1931</u> <u>F. L. Dingley</u> Registrar			
MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day, and year) <u>7-27-1931</u> 22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 21, 1930</u> to <u>July 24, 1931</u> . I last saw her alive on <u>July 24, 1931</u> ; death is said to have occurred on the date stated above, at <u>6:15 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Myocarditis</u> <u>Chronic Interstitial</u> <u>or before</u> Other contributory causes of importance: _____ Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>no</u> 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____ 24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>D. W. Laraway</u> M.D. (Address) <u>Kellogg, Idaho</u>			

90

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **76002**

PLACE OF DEATH

County of *Shoshone*
City of *Maltese*
Burke

CERTIFICATE OF DEATH

Registration District No. *70*
Primary Registration District No. *1011*
(No.)
Local Registrar's No. *68*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Elizabeth Genevieve Clark*
(a) Residence. No. *Burke* *Idaho* St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word.) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) *Dec. 25 1887*

7. AGE Years *43* Months *6* Days *29* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *at home*

(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) *Silver Reef* (State or country) *Utah*

10. NAME OF FATHER *James L. Clark*

11. BIRTHPLACE OF FATHER (city or town) *Hamersville* (State or Country) *Indiana*

12. MAIDEN NAME OF MOTHER *Esther M. Clapp*

13. BIRTHPLACE OF MOTHER (city or town) *Brooklyn* (State or Country) *New York*

14. Informant (Address) *John J. Clark* *Burke*

15. Filed *July 27, 1931* Registrar *F. L. Dringley*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *July 23 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19

that I last saw *her* alive on 19 and that death occurred, on the date stated above, at *108* m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

*Strained heart muscle
about
heart failure apparently
myocardial degeneration*

CONTRIBUTORY (Secondary) *alcoholism* (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis? *11* (signed) *W. H. Wallace* (Address) *Idaho*

19. Place of Burial, Cremation, or Removal *Wallace Idaho* Date of Burial *July 27, 1931*

20. Undertaker *B. H. Worstell* Address *Wallace*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76003	
PLACE OF DEATH			
County of <u>Shoshone</u>		State File No.	
City of <u>County Hospital</u>		Local Registrar's No. <u>67</u>	
Registration District No. <u>70</u>			
Primary Registration District No. <u>10.11</u>			
(No.) (If death occurred in a hospital or institution give its name instead of street and number.)			
2. FULL NAME <u>Fred Emil Loeber</u>			
(a) Residence. No. <u>Loeber</u> St. <u>40</u>			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>m.</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>July 16, 1868</u>			
7. AGE	Years <u>63</u>	Months <u>—</u>	Days <u>7</u>
If LESS than 1 day, hrs. or min.			
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>miner</u>			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>South Dakota</u>			
MOTHER FATHER			
13. NAME <u>Justus Loeber</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>			
15. MAIDEN NAME <u>Miss Henty</u> <u>Hulda Riemer</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>			
17. INFORMANT (Address) <u>Ida Hinkley</u>			
18. BURIAL, CREMATION, OR REMOVAL Place Date <u>Idaho</u> <u>July 21, 1931</u>			
19. UNDERTAKER (Address) <u>M. C. Thompson</u>			
20. FILED <u>July 25, 1931</u> Registrar <u>L. L. Lingle</u>			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>July 23, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>July 20, 1931</u> , to <u>July 23, 1931</u>			
I last saw him alive on <u>July 22, 1931</u> ; death is said to have occurred on the date stated above, at <u>6 a.</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Chc. Valvular Heart</u> <u>years</u>			
Other contributory causes of importance:			
Name of operation Date of			
What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify			
(Signed) <u>James R. Dean</u> M. D.			
(Address) <u>Idaho</u>			

RECORD RECEIVED FOR

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED AUG 10 1931

DO NOT WRITE IN THIS SPACE

State File No.

76004

PLACE OF DEATH

County of Shoshone

City of Wallace

CERTIFICATE OF DEATH

Registration District No. 70

Primary Registration District No. 1011

(No. Providence Hospital)

Local Registrar's No. 63

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob Harju

(a) Residence. No. Second St., Mullan, Idaho. St.

(Usual place of abode.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widowed

5a. If married, widowed, or divorced
HUSBAND of Mary Harju, deceased.

6. DATE OF BIRTH (month, day and year) Sept. 22, 1882.

7. AGE Years 48 Months 9 Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work miner

(b) General nature of industry, business, or establishment in which employed (or employer) Silverlead quartz mine

(c) Name of employer Federal Mining & Smelt. Co.

9. BIRTHPLACE (city or town) (State or country) Finland.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Finland

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Finland

14. Informant (Address) Otto Johnson, Mullan, Idaho

15. Filed July 10, 1931 L. R. Quigley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jul 7 31 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended death of from Jul 7 31 31, to Jul 9 31 31, that I last saw him alive on Jul 7 31 31

and that death occurred, on the date stated above, at 12:15 PM
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Severely Burned in house fire

CONTRIBUTOR (Secondary) alcoholism

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signature) W. H. M. M.

(Address) Wallace, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Mullan, Idaho July 10th 1931.

20. Undertaker Address

Worstell Company, Wallace, Id.

by, R. B. Worstell.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76005**

PLACE OF DEATH

County of Shoshone
City of Smelterville

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201
(No. _____)

Local Registrar's No. 27

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nathaniel Lee Billings

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Myrtle Billings
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 5 1892

7. AGE Years 38 Months 8 Days 6 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work mining

(b) General nature of industry, business, or establishment in which employed (or employer) Bunker mine

(c) Name of employer Bunker Hill

9. BIRTHPLACE (city or town) Boston
(State or country) Maine

10. NAME OF FATHER George Billings

11. BIRTHPLACE OF FATHER (city or town) Boston
(State or Country) Maine

12. MAIDEN NAME OF MOTHER Maria Ladd

13. BIRTHPLACE OF MOTHER (city or town) Boston
(State or County) Maine

14. Informant Mrs N L Billings
(Address) Smelterville, Ida

15. Filed July 30, 1931 Mrs. Helen M. Bird
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jul 11 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,
that I last saw him live on _____, 19____,
and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS, AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Round & round
by neck on back
for a (sudden)
fit (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Family trouble
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) W. H. Wallop

(Address) Smelterville, Ida

19. Place of Burial, Cremation, or Removal Stellerg Id Date of Burial July 15, 1931

20. Undertaker M. J. Thornhill Address Stellerg Id

STATE OF IDAHO AUG 3 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76006

PLACE OF DEATH

County of Shoshone
City of Caldes

Registration District No. 127
Primary Registration District No. 2400

Local Registrar's No. 14

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Hibbler(a) Residence. No. Caldes Id St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) Aug - 12 - 1927
7. AGE Years 3 Months 9 Days 15 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho10. NAME OF FATHER Henry Hibbler11. BIRTHPLACE OF FATHER (city or town) neb
(State or Country)12. MAIDEN NAME OF MOTHER Anna Nord13. BIRTHPLACE OF MOTHER (city or town) Missoula
(State or Country)14. Informant Henry Hibbler
(Address) Caldes Idaho15. Filed July 8, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19____, to 19____,

that I last saw him alive on 19____,

and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH was as follows:

Drowned while pushing
boat overboard
found for the
Dusk
(duration) _____

CONTRIBUTORY (Secondary) None

(duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) H. M. W. Corcoran1931 (Address) 2000 Wallace St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

St Maries Idaho July 1 1931

20. Undertaker Address

Storer Mitchell St Maries

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of TetonCity of Victor

CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 2176

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Ellen Johnson

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married
Widow5a. If married, widowed, divorced, husband of Joseph Johnson
(or) WIFE of Johnson6. DATE OF BIRTH (month, day and year) Oct 26-18657. AGE Years Months Days If LESS than 1 day, hrs. or min.
65 9 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer _____

9. BIRTHPLACE (city or town) Ogden
(State or country) Utah10. NAME OF FATHER E. Ann. Hobert Thompson11. BIRTHPLACE OF FATHER (city or town) Pennsylvania
(State or Country)12. MAIDEN NAME OF MOTHER Francis Rachel Welborn13. BIRTHPLACE OF MOTHER (city or town) Pennsylvania
(State or County)14. Informant W. H. Johnson
(Address) Victor Idaho15. Filed 8/3, 1931 W. M. Greene
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. _____

76007Local Registrar's No. 2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 9, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1931, to July 9, 1931
that I last saw her alive on July 7, 1931
and that death occurred, on the date stated above, at 12:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Overdose, due to(duration) 6 yrs. mos. ds.CONTRIBUTORY Impurities
(Secondary) renal
(duration) 6 yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) H. T. Bauer, M. D.
July 9, 1931 (Address) Briggs Idaho19. Place of Burial, Cremation, or Removal Wilford Idaho Date of Burial July 11 193120. Undertaker W. J. Keller Address Briggs Idaho

RECEIVED AUG 7 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76008

State File No.

PLACE OF DEATH

County of TetonCity of Victor

CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 2176Local Registrar's No. 1

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Johnson(a) Residence. No. Victor Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElizabeth Ellen Johnson6. DATE OF BIRTH (month, day and year) Oct 5th-1853

7. AGE

78

Years

Months

3

Days

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Denmark

10. NAME OF FATHER

John P. Johnson

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Denmark12. MAIDEN NAME OF MOTHER Heda S. Jensen

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Denmark

14.

Informant
(Address)W.A. JohnsonVictor Idaho

15.

Filed 8/31931Alvin M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July

(Month)

5

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept. 61931to July 51931that I last saw him alive on July 41931and that death occurred, on the date stated above, at 1 Am.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pulmonary Edema

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(Secondary)Chronic myocarditis

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? NoDate of -Was there an autopsy? NoWhat test confirmed diagnosis? Objection symptoms

(Signed)

July 61931

(Address)

R.P. Green

M. D.

Briggs Idaho

19. Place of Burial, Cremation, or Removal

Victor Idaho

Date of Burial

July 7th

19

20. Undertaker

Alvin Keller

Address

Rexburg Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED AUG 7 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76009

State File No.

PLACE OF DEATH

County of IdahoCity of Driggs, R.W. 2.

CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 2176

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara May Wood(a) Residence. No. Driggs R.W. #2 St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWalter John Wood6. DATE OF BIRTH (month, day and year) Aug. 10, 18827. AGE Years Months Days If LESS than 1 day, hrs. or min.
48 11 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho10. NAME OF FATHER Francis Teritor11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York12. MAIDEN NAME OF MOTHER Caroline Richiens13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England14. Informant (Address) Walter J. Wood
Driggs R.W. 2.15. Filled 8/3, 1931 Chie M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 1, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July 31, 1931, to Aug. 1, 1931, that I last saw her alive on July 31st, 1931and that death occurred, on the date stated above, at 7:30 A.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage(duration) 13 1/2 hrs. mos. ds.CONTRIBUTORY General arteriosclerosis
(Secondary)(duration) 10 yrs. mos. ds.18. Where was disease contracted if not at place of death? —Did an operation precede death? No Date of —Was there an autopsy? NoWhat test confirmed diagnosis? General symptoms(Signed) R. B. Fisher, M. D.8/3, 1931 (Address) Driggs, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Bates Cemetery 8/4 - 1931

20. Undertaker Address

RECEIVED AUG 7 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76010

PLACE OF DEATH

County of Teton

City of Driggs

CERTIFICATE OF DEATH

Registration District No. 77

Primary Registration District No. 2176

(No. Mrs Nettie Hillmans Maternity Home)

Local Registrar's No. #3

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant

(a) Residence, No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Indian 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) July 14 - 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country) Driggs Idaho

10. NAME OF FATHER Alfred Laya

11. BIRTHPLACE OF FATHER (city or town) (State or Country) New Mexico

12. MAIDEN NAME OF MOTHER Petra Serieros

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Old Mexico

14. Informant (Address) Alfred Laya
Driggs Idaho

15. Filed 8/3, 1931 W M Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 14 1931, to July 16 1931,
that I last saw him alive on July 10 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Mal nutrition

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Emaciation

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) W M Greene M. D.

(Address) Driggs Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Pratt Ward Cemetery July 17 1931

20. Undertaker Address _____

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED AUG 11 1931

DO NOT WRITE IN THIS SPACE

State File No. 76013

PLACE OF DEATH

County of *Blaine Falls*City of *Bozeman*

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 127

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Geo. H. Mullison*

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May 10/1883

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

*48**2**6*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

*Rancher*9. BIRTHPLACE (city or town)
(State or country)*W. Yonkers*

10. NAME OF FATHER

*John Mullison*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)*W. Yonkers*

12. MAIDEN NAME OF MOTHER

*Christina Baardorf*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)*Unknown*

14.

Informant
(Address)*Mrs. Mary Mullison*

15.

Filed

July 31

1931

Elizabeth Smith

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 26

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY That I attended deceased from

*July 26, 1931, to July 26, 1931*that I last saw him alive on *July 26, 1931*and that death occurred, on the date stated above, at *7:00 P. M.*

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Car tipped over and fractured base of skull & fracture of left femur & fracture of ribs over heart and puncture of left ventricle artery (duration) yrs. a few minutes

CONTRIBUTORY (Secondary)

Car tipping over in turn (duration) yrs. a few minutes

18. Where was disease contracted if not at place of death?

at place of death

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Physical findings

(Signed)

July 28, 1931

(Address)

Blaine Falls, Id.

19. Place of Burial, Cremation, or Removal

Date of Burial

*Blaine Falls**July 28 1931*

20. Undertaker

Address

W. D. Drake Blaine Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **76014**

PLACE OF DEATH
County of Linn
City of Burn

Registration District No. 39
Primary Registration District No. 2087

Local Registrar's No. 185

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Johnson

(a) Residence. No. 13 St.

Length of residence in city or town where death occurred. 13 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of Rebecca Johnson (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 79 Years 5 Months 27 Days If LESS than 1 day, 0 hrs. or 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Little Rock, Ark (State or country)

10. NAME OF FATHER Deus Knaw

11. BIRTHPLACE OF FATHER (city or town) Deus Knaw (State or Country)

12. MAIDEN NAME OF MOTHER Deus Knaw

13. BIRTHPLACE OF MOTHER (city or town) Deus Knaw (State or Country)

14. Informant Deus Johnson (Address) Buhl

15. Filed 7-28 1931 J. H. W. H. H. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to July 27, 1931 that I last saw him alive on July 27, 1931 and that death occurred, on the date stated above, at 10-00 m.

The CAUSE OF DEATH* was as follows:
Concussion of brain due to fall

(duration) 0 yrs. 0 mos. 6 ds.

CONTRIBUTORY Cardio-vascular-renal disease (Secondary)

(duration) 2 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) A. A. M. M. M., M. D. 7/28, 1931 (Address) Buhl, Ark.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Ark Date of Burial 7/28 1931

20. Undertaker L. Johnson Address Buhl

RECEIVED AUG 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76015

State File No.

PLACE OF DEATH
County of Latah Falls
City of _____Registration District No. 37
Primary Registration District No. 2085Local Registrar's No. 115

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Dean Greeninger(a) Residence. No. Latah Falls Hospital St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) October 24, 1916

7. AGE <u>14</u>	Years	Months <u>7</u>	Days <u>21</u>	If LESS than 1 day, hrs. or min.
---------------------	-------	--------------------	-------------------	-------------------------------------

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. school boy
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Filer Idaho
(State or country)

PARENTS

10. NAME OF FATHER Frances Greeninger11. BIRTHPLACE OF FATHER (city or town) Minum
(State or Country)12. MAIDEN NAME OF MOTHER Dotie Purgyne13. BIRTHPLACE OF MOTHER (city or town) Latah Falls
(State or Country)14. Informant Dotie Purgyne
(Address) Latah Falls15. Filed July 28th, 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 14, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June 13, 1931, to June 14, 1931,
that I last saw him alive on June 14, 1931,
and that death occurred, on the date stated above, at 10 PM.
The CAUSE OF DEATH* was as follows:Wound - Bullet - Accidental
C. perforation of bowelCONTRIBUTORY General Peritonitis
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted if not at place of death? _____
Did an operation precede death? yes Date of July 13, 1931
Was there an autopsy? no
What test confirmed diagnosis? _____(Signed) Ed Russell, M. D.
June 14, 1931 (Address) Latah Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation or Removal Jerome Cemetery Date of Burial 6/16, 193120. Undertaker D. A. Harrison Address Jerome

RECEIVED AUG 2 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76016

State File No.

Wrauer

PLACE OF DEATH *Twinn Falls*
County of *Twinn Falls*
City of *Twinn Falls Co*
Hospital

Registration District No. *39*
Primary Registration District No. *2087*

Local Registrar's No.

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Jan 30 - 1930*

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 5 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at Home*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Parma Ida.*

PARENTS

10. NAME OF FATHER *J. M. Goodson*

11. BIRTHPLACE OF FATHER (city or town) (State or country) *Idaho Virginia*

12. MAIDEN NAME OF MOTHER *Ida Kudager*

13. BIRTHPLACE OF MOTHER (city or town) (State or country) *Idaho - Ida*

14. Informant *J. M. Goodson* (Address) *Twinn Falls, Ida*15. Filed *July 23 1931* *J. H. Wampler* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *July 23 1931*
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *July 22 1931* to *July 22 1931*
that I last saw him alive on *July 22 1931*
and that death occurred, on the date stated above, at *1 a. m.*

The CAUSE OF DEATH was as follows:

accidental poisoning by drinking coal oil.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No.* Date ofWas there an autopsy? *Yes*What test confirmed diagnosis? *History & Clinical*(Signed) *J. H. Wampler* M. D.*July 23 1931* (Address) *Booth, Ida*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Parma, Ida* Date of Burial *7/24 1931*20. Undertaker *J. L. Johnson* Address *Booth, Ida*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76017

State File No.

PLACE OF DEATH

County *Cum Falls*City of *Cum Falls*Registration District No. *37*Primary Registration District No. *2085*Local Registrar's No. *110*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

*Mary S. Hagler**County Subtotal**129*

(a) Residence, No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sept 18 / 1857

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

*73**9**25*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Ill

10. NAME OF FATHER

Geo M. Gunn

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Ill

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Ill

14.

Informant (Address)

Mrs. H. O. Hagler

15.

Filed *July 15th*, 1931.*Elizabeth J. Smith*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 7 10-30

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY That I attended deceased from

*June 17, 1931, to July 7, 1931.*that I last saw him alive on *July 7, 1931.*and that death occurred, on the date stated above, at *10:30 a.m.*

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

*Nephritis, chronic.**Renal*

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Intericarditis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Renal

(duration) yrs. mos. ds.

Did an operation precede death?

No

Was there an autopsy?

No

What test confirmed diagnosis?

Clinical and laboratory

(Signed)

July 9, 1931. (Address) Cum Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

*Cum Falls**July 10 1931*

20. Undertaker

The Wake Cum Falls

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 37

County of Twin Falls

Primary Registration District No. 1285

City of Twin Falls

(No. St.)

File No. 76018

Registered No. 129

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hiram H. Kahle

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Male

White

Single (Write the word.)

6. DATE OF BIRTH.

Feb 4 1891
(Month) (Day) (Year)

7. AGE

40 5 24
Yrs. Mos. ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer)...

Laborer

9. BIRTHPLACE

(State or Country)

Burlington, Iowa

10. NAME OF FATHER

Dent Knaw

11. BIRTHPLACE OF FATHER

(State or Country)

Dent Knaw

12. MAIDEN NAME OF MOTHER

Dent Knaw

13. BIRTHPLACE OF MOTHER

(State or Country)

Dent Knaw

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

Wheeler Johnston

(Address)

Twin Falls

15.

Filed August 3rd 1931

Elizabeth J. Smith
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1931, to July 28, 1931, that I last saw him alive on July 28, 1931, and that death occurred on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Suicide from a gun shot wound of the head

(Duration)

Yrs. mos. ds.

Contributory (Secondary)

Gun shot wound of the head

(Duration)

Yrs. mos. ds.

(Signed)

H. H. Leete, M. D.

(Address)

Twin Falls, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death. 4 yrs. mos. days. State yrs. mos. days.

Where was disease contracted if not at place of death? At place of death

Former or usual residence

Twin Falls, Idaho

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Twin Falls, Idaho July 31, 1931

20. UNDERTAKER

ADDRESS

W. H. Wheeler Twin Falls

RECEIVED AUG 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76019

PLACE OF DEATH
County of *Twin Falls*
City of *Twin Falls Co*
*Hospital*Registration District No. *39*
Primary Registration District No. *2087*Local Registrar's No. *164*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Matthew Sculley*

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred *22* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced, (write the word) *Divorced*5a. If married, widowed, or divorced HUSBAND of *Alora Sculley* (or) WIFE of6. DATE OF BIRTH (month, day and year) *Aug 9th 1845*7. AGE Years *85* Months *11* Days *2* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retired Farmer*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Canada* (State or country)10. NAME OF FATHER *Don't know*11. BIRTHPLACE OF FATHER (city or town) *Ireland* (State or Country)12. MAIDEN NAME OF MOTHER *Nancy Madley*13. BIRTHPLACE OF MOTHER (city or town) *Ireland* (State or Country)14. Informant *J. A. Barker* (Address) *Buffalo*15. Filed *7-12-1931* Registrar *J. H. Murphy*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *July 11 1931* (Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *10 A.M. 11-July-1931* to *9:30 A.M. 11-July-1931* that I last saw him alive on *11-July-1931* and that death occurred, on the date stated above, at *9:30 a.m.*

The CAUSE OF DEATH* was as follows:

Extreme age and exposure(duration) yrs. mos. *2* ds.CONTRIBUTORY *Senility* (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of *2*Was there an autopsy? *no*What test confirmed diagnosis? *Cause history* (Signed) *J. H. Murphy* M. D.*12-July-1931* (Address) *Buffalo, Idaho*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Lewistown Idaho* Date of Burial 1920. Undertaker *L. Schuman* Address *Buffalo, Idaho*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 11 1931

DO NOT WRITE IN THIS SPACE

76020

State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 20835Local Registrar's No. 114(No. Twin Falls County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Florence Gott(a) Residence. No. Twin Falls, Ida St.

(Usual place of abode.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of John H. Gott
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 6-1887

7. AGE Years 44 Months 1 Days 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Grand Rapids Mich
(State or country)10. NAME OF FATHER Louis J. Tenckinck11. BIRTHPLACE OF FATHER (city or town) Holland
(State or Country)12. MAIDEN NAME OF MOTHER Anna Schutter13. BIRTHPLACE OF MOTHER (city or town) Holland
(State or Country)14. Informant (Address) J. H. Gott Twin Falls15. Filed July 15th 1931 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
July 10 1931, to July 13 1931
that I last saw her alive on July 13 1931
and that death occurred, on the date stated above, at 6 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Gangrenous ileum + jejunum
of ruptured ileum in several places
producing obstruction

(duration) yrs. mos. 5 ds.CONTRIBUTORY Adhesions
(Secondary)(duration) 15 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of 2 moWas there an autopsy? noWhat test confirmed diagnosis? Surgery

(Signed) James R. Morgan M. D.
July 14 1931 (Address) Twin Falls, Idaho

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 7-15 193120. Undertaker White Mortuary Inc Address Twin Falls
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76021

PLACE OF DEATH

County of Twin FallsCity of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085 Local Registrar's No. 111

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Miles Ernest Nichols(a) Residence. No. Twin Falls Ida St.

(Usual place of abode.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 7-7. AGE Years 17 Months 6 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Missouri10. NAME OF FATHER Noah Nichols11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mo.12. MAIDEN NAME OF MOTHER Dora Todd13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Mo14. Informant (Address) Noah Nichols
Twin Falls, Ida.15. Filed July 13th, 1931. Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 10, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July 2^d, 1931, to July 10th, 1931
that I last saw him alive on July 10th, 1931
and that death occurred, on the date stated above, at 6:20 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Chronic nephritis with
acid exacerbaton &
Pyemia(duration) 2 yrs. 4 mos. 4 ds.CONTRIBUTORY (Secondary) Pyemia

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? At homeDid an operation precede death? No operation performedWas there an autopsy? No autopsyWhat test confirmed diagnosis? Chemical(Signed) H. E. Lamb, M. D.7-11-31, 1931 (Address) Twin Falls, Ida.19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 7-11 193120. Undertaker White Mortuary Inc Address Twin Falls, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

1. PLACE OF DEATH.

County of *Twin Falls*
City of *Kimberly*

Registration District No. *37*Primary Registration District No. *2081*

(No. _____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Anna Viola Schurger

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. *76022*Registered No. *118*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

*White*5. SINGLE, MARRIED, WID-
OWED OR DIVORCED*Married*
(Write the word.)

6. DATE OF BIRTH.

May 4 *1878*
(Month) (Day) (Year)

7. AGE

Yrs. *53* Mos. *7* ds. *13*

IF LESS than 1 day
how many _____ hrs. or
_____ min. >

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).....

Housewife

9. BIRTHPLACE

(State or Country)

Indiana

10. NAME OF FATHER

Herman Hobson

11. BIRTHPLACE OF FATHER

(State or Country)

Dant Knapp

12. MAIDEN NAME OF MOTHER

Parks

13. BIRTHPLACE OF MOTHER

(State or Country)

Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

Otto Schurger

(Address)

Kimberly

15.

Filed *July 18th* *1931*

Elizabeth J. Smith
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 17 *1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *June 16* *1931* to *June 29* *1931*.

that I last saw her alive on *June 29* *1931*

and that death occurred on the date stated above, at *1408* M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis(Duration) *3* Yrs. _____ mos. _____ ds.

Contributory (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) *H. W. Clouck* M. D.(Address) *Twin Falls, Idaho*

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Teller Ida *7-19-31*

20. UNDERTAKER

ADDRESS

L. H. Shusser *Twin Falls*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

RECEIVED AUG 11 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 37

County of Twin Falls

Primary Registration District No. 2085

City of Twin Falls

(No. Co. Genl Hospital St.)

File No. 76023

Registered No. 132

If death occurs away from
usual residence, give facts
called for under special
information.

2. FULL NAME

John H. Meiser

If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED.Married
(Write the word.)

6. DATE OF BIRTH.

Sep 19 1858
(Month) (Day) (Year)

7. AGE

73 3 23
Yrs. Mos. ds.IF LESS than 1 day
how many hrs. or
min. 2)

8. OCCUPATION

(a) Trade, profession or
particular kind of work...
(b) General nature of in-
dustry, business, or estab-
lishment in which employ-
(or employer).....Rancher &
Carpenter

9. BIRTHPLACE

(State or Country)

Snyder Co. Penna

10. NAME OF
FATHER

Fredrick Meiser

11. BIRTHPLACE
OF FATHER

(State or Country)

Penna

12. MAIDEN NAME
OF MOTHER

Martha Hause

13. BIRTHPLACE
OF MOTHER

(State or Country)

Dunk Knud

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

Frank Staples

(Address)

Twin Falls

15.

Filed August 18 1931

Elizabeth J. Smith
Local Registrar

16. DATE OF DEATH

June 12 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
June 5th 1931 to June 12th 1931
that I last saw him alive on June 12th 1931
and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

acute appendicitis

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

Myocarditis 7

(Duration) Yrs. mos. ds.

(Signed)

8-4 1931 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1)
MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted
if not at place of death?.....Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Twin Falls

June 16 1931

20. UNDERTAKER

ADDRESS

J. J. Gosman Twin Falls

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

76024

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085Local Registrar's No. 123(No. Twin Falls County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fredrick Wakefield Potter(a) Residence. No. Eden Idaho St. 1119

(Usual place of abode.)

Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 14 - 18557. AGE 76 Years 3 Months 10 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bellingham
(State or country) Wash10. NAME OF FATHER Fredrick Potter11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)14. Informant Cliff Potter
(Address) Eden Idaho15. Filed July 30, 1931 Elizabeth Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 24, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July 23, 1931, to July 23, 1931
that I last saw him alive on July 23, 1931
and that death occurred, on the date stated above, at 7 a m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Gastric ulcer(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? NO Date ofWas there an autopsy? NOWhat test confirmed diagnosis? X-ray(Signed) J. Hagelton M. D.1-27, 1931 (Address) Hagelton19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 7-27 193120. Undertaker White Mortuary Inc Address Twin Falls Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 11 1931

DO NOT WRITE IN THIS SPACE

76025

State File No.

PLACE OF DEATH

County of Twin FallsCity of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085Local Registrar's No. 113(No. Twin Falls County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Barga

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 8-19087. AGE Years Months Days If LESS than 1 day,
22 9 4 hrs. or min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farm Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Versailles
(State or country) Ohio10. NAME OF FATHER August Edward Barga11. BIRTHPLACE OF FATHER (city or town) Versailles
(State or country) Ohio12. MAIDEN NAME OF MOTHER Josephine Marshall13. BIRTHPLACE OF MOTHER (city or town) Twin Falls
(State or country) Idaho14. Informant Tom Barga
(Address) R. F. D. 23 Twin Falls Ida15. Filed July 15th, 1931 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 12, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July 6th, 1931, to July 12th, 1931
that I last saw him alive on July 12th, 1931
and that death occurred, on the date stated above, at 9 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Endocarditis & Pericarditis
Acute-Recurrent(duration) yrs. mos. ds. 6CONTRIBUTORY Septicemia (Staphylococcus aureus)
(Secondary) Cocci aureus
(duration) yrs. mos. ds. 618. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? Blood cultures Spinal(Signed) Amos R. Alexander M. D.7-13-31, 19..... (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Twin Falls Cemetery 7-15-1931

20. Undertaker Address

White Mortuary Inc Twin FallsIda.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

76026

PLACE OF DEATH
County Idaho Falls
City of Idaho Falls

Registration District No. 37Primary Registration District No. 1085Local Registrar's No. 128

(No.)
(If death occurred in hospital or institution, give its name instead of street and number.)
2. FULL NAME Frank Maxson
(a) Residence. No. Idaho Falls St. Alexander
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 10 / 1891

7. AGE 39 Years 10 Months 18 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

10. NAME OF FATHER W.A. Maxwell

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Kate Smith

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho

14. Informant (Address) John H. Maxwell

15. Filed August 3rd, 1931

Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 28, 1931

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 21st, 1931, to July 28, 1931
that I last saw him alive on July 21, 1931
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Dementia Precox

(duration) 30 yrs. mos. ds.
CONTRIBUTORY Embolism due to infarct
(Secondary) gums

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Duncan J. Hammond M. D.

1-29731, 1931. (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal Idaho Falls Date of Burial July 31, 1931

20. Undertaker T. E. Kraske Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED AUG 11 1931	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE			
BUREAU OF VITAL STATISTICS		State File No. 76027			
County of <u>Twin Falls</u>		Registration District No. <u>37</u>		Local Registrar's No. <u>122</u>	
City of <u>Twin Falls</u>		Primary Registration District No. <u>1085</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Carrie E. Goodrich</u>					
(a) Residence. No. <u>Twin Falls, Ida</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>June 17-1845</u>					
7. AGE Years <u>86</u>		Months <u>1</u>		Days <u>9</u>	
If LESS than 1 day, _____ hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Southwick mass</u>					
13. NAME <u>Theron Warner</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
15. MAIDEN NAME <u>Myra Hubbard</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
17. INFORMANT (Address) <u>Arthur L. Goodrich</u>					
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____ 193 _____					
19. UNDERTAKER (Address) <u>White Mortuary Inc Twin Falls, Ida.</u>					
20. FILED <u>July 28th</u> , 1931 <u>Elizabeth J. Smith</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 26th</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 7</u> , 1931, to <u>July 26</u> , 1931.					
I last saw her alive on <u>July 25</u> , 1931; death is said to have occurred on the date stated above, at <u>1 a. m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Apoplexy</u>					
Other contributory causes of importance:					
<u>Senility</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 193 _____					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>E. Langenwatter</u> , M. D.					
(Address) <u>Twin Falls, Ida.</u>					

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76028

State File No.

Local Registrar's No.

PLACE OF DEATH

County of Latah

City of Buhl

Registration District No.

Primary Registration District No. 20187

(No. _____)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maggie Laura Miller

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. M. Miller

6. DATE OF BIRTH (month, day and year) Sept 29 1866

7. AGE Years 64 Months 9 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Katertao Iowa. (State or country)

10. NAME OF FATHER Jos. B. White

11. BIRTHPLACE OF FATHER (city or town) New York. (State or Country)

12. MAIDEN NAME OF MOTHER Annice O'Neal

13. BIRTHPLACE OF MOTHER (city or town) Iowa (State or Country)

14. Informant H. M. Miller (Address) Buhl

15. Filed July 6, 1931 J. J. Wampler Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-24, 1931, to July 1, 1931 that I last saw her alive on July 1, 1931 and that death occurred, on the date stated above, at 10 15 p m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) _____ yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E. L. Berry M. D.

7-7-31, 19 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Ida Date of Burial 19

20. Undertaker L. J. Johnson Address Buhl.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH Registration District No. 37
County of Linn Falls Primary Registration District No. 1086
City of Linn Falls (No. _____ St.)

File No. 76029
Registered No. 126

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Luma M. Meiser

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Widowed
(Write the word.)

6. DATE OF BIRTH Jan 7 1861
(Month) (Day) (Year)

7. AGE 70 Yrs. 6 Mos. 11 ds.
IF LESS than 1 day how many hrs. or min.)

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer).....

Housewife

9. BIRTHPLACE

(State or Country)

Linn Falls Luma

10. NAME OF FATHER

Henry Barnes

11. BIRTHPLACE OF FATHER

(State or Country)

Luma

12. MAIDEN NAME OF MOTHER

Weir

13. BIRTHPLACE OF MOTHER

(State or Country)

Luma

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

Luma M. Meiser

(Address)

Linn Falls

15.

Filed July 28th 1931Elizabeth J. Smith
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 18 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 18th 1931 to July 18th 1931

that I last saw her alive on July 18th 1931 and that death occurred on the date stated above, at 4:20 P.M.

The CAUSE OF DEATH was as follows:

Diabetes Mellitus(Duration) 10 Yrs. 0 mos. 0 ds.

Contributory (Secondary)

Chronic nephritis.(Duration) 2 Yrs. 0 mos. 0 ds.

(Signed)

John F. Coughlin M.D.

(Address)

Linn Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Linn Falls Id.7/21 1931

20. UNDERTAKER

ADDRESS

L. J. Chusar Linn Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76030

State File No.

PLACE OF DEATH

County of Twin FallsCity of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085

(No.)

Local Registrar's No. 112

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Linford Watts(a) Residence. No. 326 - 4th Ave W. St. 49

(Usual place of abode.)

Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLucy W. Watts6. DATE OF BIRTH (month, day and year) Oct 12 - 18587. AGE Years Months Days If LESS than 1 day, hrs. or min.
72 8 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Cambridge
(State or country) England10. NAME OF FATHER Richard Watts11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER Susan Linford13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant James Watts
(Address) 326 - 4th Ave W.15. Filed July 15, 1931 Elizabeth J. Smeltz
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 10, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July 9th, 1931, to July 10th, 1931
that I last saw him alive on July 10th, 1931
and that death occurred, on the date stated above, at 5²⁴ p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma Larynx
(duration) yrs. 4 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? Clinical only(Signed) Duncan L. Alexander7-11-31, 1931 (Address) Twin Falls, Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Twin Falls Cemetery 7-13 1931

20. Undertaker Address

White Mortuary Inc Twin Falls
Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76031

State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085Local Registrar's No. 121(No. Twin Falls County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Selma Welch(a) Residence. No. St. West Middlesex, Pa.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced, (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 2-1884

7. AGE 77 Years 4 Months 23 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) West Middlesex
(State or country) Pa.10. NAME OF FATHER John Welch11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)12. MAIDEN NAME OF MOTHER Elizabeth Satterfield13. BIRTHPLACE OF MOTHER (city or town) Pa.
(State or Country)14. Informant Margaret Heasley
(Address) West Middlesex, Pa.15. Filed July 28, 1931, by Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
June 25, 1931, to July 25, 1931.
that I last saw him alive on July 25, 1931.
and that death occurred, on the date stated above, at 7 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia
Cancerous Uteri - Surgery -
Carcinomatous Cells -

(duration) yrs. mos. 90 ds.

CONTRIBUTORY Sepsis + Pneumonia
(Secondary) following Surgery (duration) yrs. mos. 3 ds.

18. Where was disease contracted West Middlesex, Pa.
if not at place of death?Did an operation precede death? yes Date of July 23/31Was there an autopsy? yesWhat test confirmed diagnosis? Laboratory + Smear(Signed) John R. Morgan M. D.7/26, 1931 (Address) Twin Falls, Ida.

19. Place of Burial, Cremation, or Removal Date of Burial

West Middlesex, Pa. 19

20. Undertaker Address

White Mortuary Inc Twin

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76032

State File No.

PLACE OF DEATH

County of Twain Falls
City of Twain Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085Local Registrar's No. 119

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. John Dudley Hollister Idaho St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElsie Dudley

6. DATE OF BIRTH (month, day and year)

July 15 - 18587. AGE Years Months Days If LESS than 1 day, hrs. or min.
73 0 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Lyndon Ill.

10. NAME OF FATHER

William D. Dudley

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Richmond Mass.

12. MAIDEN NAME OF MOTHER

Louise Dudley

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Clarendon New York

14. Informant (Address)

Mrs. Elsie Dudley
Hollister, Idaho

15.

Filed July 28th, 1931.Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 18, 1931
(Month) (Day) (Year)

17. HEREBY CERTIFY, That I attended deceased from

Jan 30, 1931, to July, 1931that I last saw him alive on May 20th, 1931and that death occurred, on the date stated above, at 3:00 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma of rectum(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 1931Was there an autopsy? Not

What test confirmed diagnosis?

(Signed)

John T. Coughlin M. D.7-20, 1931 (Address) Twain Falls, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Twain Falls Cemetery 7-20 1931

20. Undertaker

Address

White Mortuary Inc Twain Falls
Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76033

State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085

(No.)

Local Registrar's No. 124

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Arthur Mingo(a) Residence. No. 530 - 3rd Ave W St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGrace Mingo6. DATE OF BIRTH (month, day and year) Dec. 8 - 1870

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
60 7 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Nova Scotia10. NAME OF FATHER Archibald Mingo11. BIRTHPLACE OF FATHER (city or town) (State or Country) Nova Scotia12. MAIDEN NAME OF MOTHER Mary Murphy13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Nova Scotia14. Informant (Address) Mrs. Grace Mingo
530 - 3rd Ave W15. Filed July 31, 1931. Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 25, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July 20th, 1931, to July 25, 1931, that I last saw him alive on July 25, 1931, and that death occurred, on the date stated above, at 12:00 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cancer of pylorus
end of stomach(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Mitchell's SalDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Pathological(Signed) John H. Smith M. D.1931 (Address) Twin Falls19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 7-28 193120. Undertaker White Mortuary Inc Address Twin Falls, Idaho

1941. T. Martens & G. Z. Z.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 11 1931
DO NOT WRITE IN THIS SPACE
State File No. 76035

PLACE OF DEATH

County of Idaho
City of Filer

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2086Local Registrar's No. 116

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Mary L. Small

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W5. Single, Married, Widowed,
or Divorced (write the word.)W

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofC. C. Small

6. DATE OF BIRTH (month, day and year)

Nov. 27

7. AGE

Years

Months

Days

If LESS than 1 day,
_____ hrs. or
_____ min.67716

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Wife9. BIRTHPLACE (city or town)
(State or country)Idaho

10. NAME OF FATHER

John Williams11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown

14.

Informant
(Address)Mr. C. C. Small

15.

Filed July 28, 1931Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 13

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 24, 1930, to July 13, 1931that I last saw him alive on July 11, 1931and that death occurred, on the date stated above, at 7:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pulmonary Tuberculosis

(duration)

3 yrs. — mos. — ds.CONTRIBUTORY
(Secondary)Arthritis

(duration)

15 yrs. — mos. — ds.18. Where was disease contracted
if not at place of death?Do not know

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Laboratory

(Signed)

H. A. Wright, M. D.
July 13, 1931 (Address) Filer Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

FilerJuly 13, 1931

20. Undertaker

Address

F. E. Drake, Filer Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76037

State File No. _____

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085'

(No. _____)

Local Registrar's No. 117

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert David Lambrel(a) Residence. No. 190 Washington N. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 6-1927

7. AGE Years Months Days
4 1 8
If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Filer
(State or country) Idaho10. NAME OF FATHER Harley Lambrel11. BIRTHPLACE OF FATHER (city or town) North Platte
(State or Country) Nebr.12. MAIDEN NAME OF MOTHER Rose Kalousek13. BIRTHPLACE OF MOTHER (city or town) Fayette
(State or Country) North Dakota14. Informant Harley Lambrel
(Address) 190 Washington N.15. Filed July 18, 1931 Clyde J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 15, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1931, to July 15, 1931.
that I last saw him alive on July 15, 1931.

and that death occurred, on the date stated above, at 11:10 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Spinal puncture.(Signed) J. E. A. Sigurdson, M. D.July 16, 1931 (Address) Twin Falls, Ida.19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 7-16 193120. Undertaker White Mortuary Inc Address 7-16-31Twin Falls, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76038

State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085Local Registrar's No. 126(No. Twin Falls County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lois Jean Oberhansli(a) Residence. No. 20 St. Drummond, Ida.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

~~HUSBAND of~~
(or) WIFE ofGleason Oberhansli6. DATE OF BIRTH (month, day and year) July 27 - 1904

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
26 11 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Chester Idaho
(State or country)

10. NAME OF FATHER

John Godfrey11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)

12. MAIDEN NAME OF MOTHER

Ida Cowles13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)14. Informant Oliver Oberhansli
(Address) Drummond Idaho15. Filed July 31, 1931. Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

Jan - 15, 1931, to July 5, 1931
that I last saw her alive on July 5, 1931

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Sularemia
(Typhoid type)(duration)yrs. 6 mos.ds.CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted Drummond Ida.
if not at place of death?Did an operation precede death? Yes Date of Jan - 10 - 31Was there an autopsy? noWhat test confirmed diagnosis? agglutination(Signed) Dr. Davis, M. D.
July 6, 1931 (Address) Kimberly Ida.19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 7-7 193120. Undertaker White Mortuary Inc Address Twin Falls
Ida.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 4 1931

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Tally*

City of *Cascade*

If death occurs away from usual residence, give facts called for under special information.

Registration District No. *15*

Primary Registration District No. *76040*

(No. _____ St.)

File No. *12*

Registered No. *15*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME *J. H. Beir*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED *Widower*
(Write the word.)

6. DATE OF BIRTH

March 13 1887
(Month) (Day) (Year)

7. AGE

74 Yrs. Mos. ds.

IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer)

Engineer

9. BIRTHPLACE

(State or Country) *Davenport Iowa*

10. NAME OF FATHER

J. A. Beir

11. BIRTHPLACE OF FATHER

(State or Country) *Ger*

12. MAIDEN NAME OF MOTHER

Elizabeth Gustafson

13. BIRTHPLACE OF MOTHER

(State or Country) *Ger*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Dr. J. R. Howell*

(Address) *Boise Idaho*

15.

Filed *July 17 1931*

Local Registrar *Walter Anderson*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 14 1931, to *July 16 1931*
that I last saw him alive on *July 16 1931*,
and that death occurred on the date stated above, at *3 P. M.*

The CAUSE OF DEATH* was as follows:

Heart failure

(Duration) _____ Yrs. _____ mos. *2* ds.

Contributory (Secondary) *Lung congestion & age.*

(Duration) *congestion* _____ yrs. _____ mos. *5* ds.

(Signed) *W. R. Shumaker* M. D.

7/16 1931 (Address) *Cascade, Ida.*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Davenport Iowa

19

20. UNDERTAKER

ADDRESS

M. Prater & Robb

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Washington
City of WesleyRegistration District No. 86Primary Registration District No. 1010

(No. _____ St.)

State File No. 76041

Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Edith Elizabeth Stokes

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCEDW Wht married
(Write the word)

6. DATE OF BIRTH

April 13 1931
(Month) (Day) (Year)

7. AGE

20 Yrs. 3 Mos. 10 ds.
IF LESS than 1 day how many
_____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Idaho

10. NAME OF

Father Arthur Smeltzer

11. BIRTHPLACE OF FATHER

(State or Country) Don't Know

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER

(State or Country) Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. E. Stokes
(Address) Warren Idaho

15.

Filed July 27 1931 W. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 23, 1931. to July 23, 1931.that I last saw h^{er} alive on July 23, 1931.and that death occurred on the date stated above, at 1:30PM.

The CAUSE OF DEATH* was as follows:

Pt. was unconscious when first seen, lived only a few hours after seeing her. Do not know cause of death.

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

7-24-1931 (Address) Weiser, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.Where was disease contracted
if not at place of death?Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Kellogg Idaho

DATE OF BURIAL

19

20. UNDERTAKER

L. C. Northam

ADDRESS

Weiser Ida

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Wenatchee*
City of *Wenatchee*Registration District No. *86*Primary Registration District No. *1010*(No. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

*Baby Newsom*State File No. *76042*Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *single*

(Write the word)

6. DATE OF BIRTH

July 24 1931
(Month) (Day) (Year)

7. AGE

— Yrs. *—* Mos. *12* ds.IF LESS than 1 day how many
hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) *Idaho*

10. NAME OF FATHER

Haskell Newsom

11. BIRTHPLACE OF FATHER

(State or Country) *Ky*

12. MAIDEN NAME OF MOTHER

Lily Mae Newsom

13. BIRTHPLACE OF MOTHER

(State or Country) *Oregon*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address) *Wenatchee Id*

15.

Filed *August 7 1931* *W. R. Hamilton*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 3rd 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *July 24 1931* to *Aug 2 1931*, that I last saw him alive on *Aug 2 1931*, and that death occurred on the date stated above, at *12 M.*

The CAUSE OF DEATH* was as follows:

Inanition(Duration) yrs. mos. *12* ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed)

Aug 3 1931 *Dr. M. H. Halloway* M. D.
(Address) *Wenatchee Idaho*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Hillcrest Cemetery

DATE OF BURIAL

8-3-1931

20. UNDERTAKER

L. B. Northam

ADDRESS

Wenatchee Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Washington
City of WeiserRegistration District No. 86Primary Registration District No. 2112

(No. _____ St.)

State File No. 36043Local Registrar's No. 36943

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Jasper John Taylor

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED married

(Write the word)

6. DATE OF BIRTH

Aug 7 1907
(Month) (Day) (Year)

7. AGE

27 Yrs. 10 Mos. 1 ds.IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Laborer

9. BIRTHPLACE

(State or Country)

Montana10. NAME OF
FatherChas W Taylor11. BIRTHPLACE
OF FATHER

(State or Country)

Wis12. MAIDEN NAME
OF MOTHEREva May Rupper13. BIRTHPLACE
OF MOTHER

(State or Country)

Arkansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Chas W Taylor
Cambridge

(Address)

15.

Filed

July 21931W R Hamilton

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 8 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
June 6 - 1931 to June 8 - 1931,
that I last saw him alive on June 8 - 1931,
and that death occurred on the date stated above, at 5:10 M.

The CAUSE OF DEATH* was as follows:

Automobile, Rich. Car falling
on him & Washington(Duration) yrs. mos. 2 ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) F. Schmidt M. D.6-9-1931 (Address) Weiser Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.Where was disease contracted
if not at place of death?Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Ruthy Cemetery 6-9-1931

20. UNDERTAKER

ADDRESS

L. B. Norstrom Weiser Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Washington*
City of *Weiser*Registration District No. *86*Primary Registration District No. *1010*

(No. _____ St.)

State File No. *76044*

Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Theobald Collins

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED*7**White**Widowed*
(Write the word)

6. DATE OF BIRTH

Sept
(Month)*7*
(Day)*1843*
(Year)

7. AGE

87 Yrs. *10* Mos. *0* ds.IF LESS than 1
day how many
_____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

Housework

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF Father

John Montgomery

11. BIRTHPLACE OF FATHER

(State or Country)

Don't Know

12. MAIDEN NAME OF MOTHER

Evans

13. BIRTHPLACE OF MOTHER

(State or Country)

Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Dana Wheeler

(Address)

Weiser Idaho

15.

Filed

*July 8**1931**W R Hamilton*

Local Registrar

mhm

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July
(Month)*7*
(Day)*1931*
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

*Nov**1930**to July 7**1931*that I last saw him alive on *about Nov* *1931*and that death occurred on the date stated above, at *69* M.

The CAUSE OF DEATH* was as follows:

Smility

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary)

Paralysis(Duration) _____ yrs. *3* mos. _____ ds.

(Signed)

J M Walther M. D.*July 8 1931* (Address) *Kuise Idaho*

State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted

if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Midvale Idaho

DATE OF BURIAL

7-7-1931

20. UNDERTAKER

L. C. Northrup

ADDRESS

Weiser Idaho

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of

City of

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No.

St.)

State File No.

Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-

OWED OR DIVORCED

(Write the word)

6. DATE OF BIRTH

7. AGE

IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

10. NAME OF
Father

11. BIRTHPLACE
OF FATHER

(State or Country)

12. MAIDEN NAME
OF MOTHER

13. BIRTHPLACE
OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from
July 25, 1931 to August 1, 1931,
that I last saw him alive on August 1, 1931,
and that death occurred on the date stated above, at 11:45 A.
The CAUSE OF DEATH* was as follows:

Cardio - spasm due to an intestinal
toxemia.

(Duration) yrs. mos. 2 ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

8/7 1931

(Address)

Weiser, Idaho

M. D.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of

City of

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No.

St.)

State File No.

Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

M

Wife

Single
(Write the word)

6. DATE OF BIRTH

July

1

1931

(Month)

(Day)

(Year)

7. AGE

Yrs.

Mos.

3

ds.

IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF
Father

E. A. Anderson

11. BIRTHPLACE
OF FATHER

(State or Country)

Tenn

12. MAIDEN NAME
OF MOTHER

Jean Bullard

13. BIRTHPLACE
OF MOTHER

(State or Country)

Texas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

E. A. Anderson

(Address)

Weiser Ida

15.

Filed

July 8

19 31

W R Hamilton

Local Registrar

M H M

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July

5

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

7-5-1931 to July 5-1931,

that I last saw him alive on July 5-1931,
and that death occurred on the date stated above, at 10:45 A.M.

The CAUSE OF DEATH* was as follows:

~~Scrub typhus~~
Scrub typhus
due to attack of bile duct.

(Duration) yrs. mos. 3 ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

J. A. Hamilton M. D.

July 6, 1931 (Address) Weiser Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted

If not at place of death?

Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

Weiser Cemetery

DATE OF BURIAL

7-6-1931

20. UNDERTAKER

H. B. Northam

ADDRESS

Weiser Ida

FORM V. S. No. 5-25 M. 1-19.

1. PLACE OF DEATH

County of Washington
City of Weiser

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 86Primary Registration District No. 1010

(No. _____) (St. _____)

State File No. 76047Local Registrar's No. 2

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Phillip A. Morkson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED married

(Write the word)

6. DATE OF BIRTH

June 18
(Month) (Day) (Year)

7. AGE

79 Yrs. 16 Mos. 16 ds.IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Insurance Salesman
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Kansas10. NAME OF
FatherDon't Know11. BIRTHPLACE
OF FATHER(State or Country) Don't Know12. MAIDEN NAME
OF MOTHERDon't Know13. BIRTHPLACE
OF MOTHER(State or Country) Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Fayette Cresy(Address) 701-2 St. Lawrence
Colo.

15.

Filed July 8 1931 W. R. Hamilton
Local Registrar

CERTIFICATE RECEIVED

AUG 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 4 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
June 15th 1931 to July 4 1931,
that I last saw him alive on July 1 1931,
and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Gangrene of foot (left)(Duration) yrs. 6 mos. ds.Contributory (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) W. R. Hamilton M. D.July 8 1931 (Address) Weiser Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Hillcrest Cemetery

DATE OF BURIAL

7-6-1931

20. UNDERTAKER

W. B. Northman

ADDRESS

Weiser Idaho

1. PLACE OF DEATH

County of Washington
City of Wenatchee

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Registration District No. 86Primary Registration District No. 1010

(No. _____ St.)

Anna Julia ApplegateSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSState File No. 76048Local Registrar's No. 2848

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Widowed

(Write the word)

6. DATE OF BIRTH

June 10 1866
(Month) (Day) (Year)

7. AGE

65 Yrs. 10 Mos. 16 ds.IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Housewife

9. BIRTHPLACE

(State or Country)

Iowa10. NAME OF
FatherMathias Swezey11. BIRTHPLACE
OF FATHER

(State or Country)

Penn.12. MAIDEN NAME
OF MOTHERSarah Southard13. BIRTHPLACE
OF MOTHER

(State or Country)

Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Lester Applegate

(Address)

Wenatchee Idg

15.

Filed

July 2,19 31W. R. Hamilton

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 26 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
June 23 1931 to June 26 1931,
that I last saw her alive on June 25 1931,
and that death occurred on the date stated above, at 11 A.M.
The CAUSE OF DEATH* was as follows:Chronic Interstitial Nephritis(Duration) 5 yrs. mos. ds.Contributory
(Secondary)(That I know of)
Doubtless longer

(Duration) yrs. mos. ds.

(Signed)

E. C. Hiatt M.D.

19

(Address) Weiser Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

Thecrest Cemetery

DATE OF BURIAL

6-29 1931

20. UNDERTAKER

L. B. Northman

ADDRESS

Weiser IdgwithMARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V, S. No. 5-25 M. 1-19.

1. PLACE OF DEATH

County of Washington

City of Weiser

If death occurs away from usual residence, give facts called for under special information.

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

(No. _____ St.)

2. FULL NAME

Joseph T Hughes

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 76049

Local Registrar's No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

wht

(Write the word)

6. DATE OF BIRTH

may

7

1881

(Month)

(Day)

(Year)

7. AGE

50

Yrs.

Mos.

ds.

IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

Laborer

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF
Father

Wm J Hughes

11. BIRTHPLACE
OF FATHER

(State or Country)

England

12. MAIDEN NAME
OF MOTHER

Agnes Swanson

13. BIRTHPLACE
OF MOTHER

(State or Country)

England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

F. G. Hughes

(Address)

Weiser Ida

15.

Filed

6-24-31

19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June

18th

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
June 18 1931 to June 18, 1931 19,
that I last saw him alive on June 18, 1931 19,
and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

90

(Duration) _____ yrs. _____ mos. 1 ds.

Contributory Chronic Myocarditis.

(Secondary) Vitral Regurgitation.

(Duration) 4 yrs. _____ mos. _____ ds.

(Signed)

M. D.

June 23 1931 (Address) Cambridge, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
if not at place of death?

Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Theocrat Cemetery

DATE OF BURIAL

6-21-1931

20. UNDERTAKER

L. B. Northman

ADDRESS

Weiser Ida

FORM V. S. No. 5-25 M. 1-19.

1. PLACE OF DEATH

County of Washington
City of Weiser

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Registration District No. 86
Primary Registration District No. 1010
(No. _____ St.)Lorena B. BobbetSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSState File No. 76050
Local Registrar's No. 8

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Married
(Write the word)

6. DATE OF BIRTH

January 23 1970
(Month) (Day) (Year)

7. AGE

61 6 8
Yrs. Mos. ds.IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work House wife + Mother
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Floyd Co. Iowa.

10. NAME OF FATHER

Jesse Wright.

11. BIRTHPLACE OF FATHER

(State or Country) Dont Know

12. MAIDEN NAME OF MOTHER

Dont Know

13. BIRTHPLACE OF MOTHER

(State or Country) Dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. M. Bobbet
(Address) Weiser Idaho

15.

Filed Aug 7 19 31 W. R. Hamilton
Local Registrar

M.H.M.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 31 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June 1929 1929 to July 31 1931,
that I last saw him alive on June 20 1930,
and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris(Duration) 2 yrs. mos. ds.Contributory Huge Heart Disease
(Secondary)

(Duration) yrs. mos. ds.

(Signed) F. Schmidt M. D.8/2 1931 (Address) Weiser Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted

if not at place of death?

Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Hillcrest Cemetery

DATE OF BURIAL

8-2-1931

20. UNDERTAKER

L. B. Northam

ADDRESS

Weiser Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Washington*
City of *Weese*

Registration District No. *86*

Primary Registration District No. *1010*

(No. _____ St.)

State File No. *76051*

Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Anna O. Troset

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

F

Wht

Widowed
(Write the word)

6. DATE OF BIRTH

April
(Month)

1
(Day)

1854
(Year)

7. AGE

77 Yrs. *2* Mos. *14* ds.

IF LESS than 1 day how many
_____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

House work

9. BIRTHPLACE

(State or Country)

Norway

10. NAME OF FATHER

Ole Oleson

11. BIRTHPLACE OF FATHER

(State or Country)

Norway

12. MAIDEN NAME OF MOTHER

Harriett Reesland

13. BIRTHPLACE OF MOTHER

(State or Country)

Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs Gus Treng*

(Address) *Weese Idaho*

15.

Filed *July 2* 19 *31* *W.P. Hamilton*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June
(Month)

15
(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from *June* 19 *29* to *June* 19 *31* 19 *31*
that I last saw *her* alive on *June* 19 *31* 19 *31*,
and that death occurred on the date stated above, at *1 P.* M.
The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) *2* yrs. *0* mos. *0* ds.

Contributory (Secondary)

(Duration) *0* yrs. *0* mos. *0* ds.

(Signed) *M. D.*

19. (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Freest Cemetery

DATE OF BURIAL

6-17-1931

20. UNDERTAKER

L. G. Northam

ADDRESS

Weese Idaho

1. PLACE OF DEATH

County of Washington
City of Wenatchee

Registration District No. _____

Primary Registration District No. 1010

(No. _____ St.)

State File No. 76052

Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Rebecca Jane Reader

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

(Write the word)

6. DATE OF BIRTH

July 21, 1859

(Month)

(Day)

(Year)

7. AGE

72 Yrs. 4 Mos. 10 ds.IF LESS than 1 day how many
hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

Housework

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Illinois

10. NAME OF Father

Gilbert McLaughlin

11. BIRTHPLACE OF FATHER

(State or Country)

Don't Know

12. MAIDEN NAME OF MOTHER

Hannett Martin

13. BIRTHPLACE OF MOTHER

(State or Country)

Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

William Reader

(Address)

Wenatchee, Wash.

15.

Filed July 8, 1931 W. R. Hamilton

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 1, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 19, 1929 to July 1, 1931that I last saw him alive on June 30, 1931and that death occurred on the date stated above, at 7:4 M.

The CAUSE OF DEATH* was as follows:

Pernicious anemia(Duration) 3 yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed)

F. A. ... M. D.

19

(Address) Wenatchee, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Hillcrest Cemetery

DATE OF BURIAL

7-2-1931

20. UNDERTAKER

L. B. Northam

ADDRESS

Wenatchee, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. N. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Washington
City of WeiserRegistration District No. 86Primary Registration District No. 1016

(No. _____ St.)

State File No. 76053Local Registrar's No. 6

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Thomas Morris

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCEDM White Married
(Write the word)

6. DATE OF BIRTH

10 25 1863
(Month) (Day) (Year)

7. AGE

68 Yrs. 8 Mos. 29 ds.IF LESS than 1
day how many
_____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Janitor
P. I. N. Railroad

9. BIRTHPLACE

(State or Country)

Dubuque Iowa10. NAME OF
FatherPeter Morris11. BIRTHPLACE
OF FATHER

(State or Country)

France12. MAIDEN NAME
OF MOTHERAnn Purcell13. BIRTHPLACE
OF MOTHER

(State or Country)

Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Morris
(Address) 891 State St Weiser Ida

15.

Filed August 4 1931 W. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1929 to July 23 1931
that I last saw him alive on about July 15 19
and that death occurred on the date stated above, at 44 M.

The CAUSE OF DEATH* was as follows:

Cancer of bladder(Duration) 2 yrs. _____ mos. _____ ds.Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. M. Walker M. D.7/25 1931 (Address) Weiser Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the
of death _____ yrs. _____ mos. _____ days, State _____ yrs. _____ mos. _____ ds.Where was disease contracted
if not at place of death?Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Heacock Cemetery

DATE OF BURIAL

7-25-1931

20. UNDERTAKER

L. C. Northam

ADDRESS

Weiser Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CITY OF <u>Boise</u>		State File No. <u>786954</u>	
Registration District, No. <u>8</u>		Primary Registration District No. <u>2004</u>		Local Registrar's No. <u>58</u>	
(No. <u>V.A., Boise, Idaho</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>LITTLE, James</u>					
(a) Residence. No. <u>912 No. 10th St.</u> St. <u>Boise, Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>xx</u>					
6. DATE OF BIRTH (month, day, and year) <u>Mar. 23, 1866</u>					
7. AGE Years <u>65</u>		Months <u>4</u>		Days <u>18</u>	
If LESS than 1 day, hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>xx</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Scotland</u> (State or country)					
13. NAME <u>xx</u>					
14. BIRTHPLACE (city or town) <u>xx</u> (State or country)					
15. MAIDEN NAME <u>xx</u>					
16. BIRTHPLACE (city or town) <u>xx</u> (State or country)					
17. INFORMANT <u>L. H. Beaman</u> (Address) <u>V.A., Boise, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem.</u> Date <u>Aug. 14, 1931</u>					
19. UNDERTAKER <u>McBratney Funeral Home</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>8-14</u> , 1931 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug. 11, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 16</u> , 1931, to <u>Aug. 11</u> , 1931.					
I last saw him alive on <u>Aug. 11</u> , 1931. death is said to have occurred on the date stated above, at <u>6.40p.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Carcinoma of the stomach;</u>					
<u>Metastasis to the liver.</u>					
Other contributory causes of importance:					
<u>Hypostatic engorged with the lung.</u>					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis <u>Autopsy</u> Was there an autopsy? <u>yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>F. C. Smith</u> , M. D.					
(Address) <u>V.A., Boise, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 21 1931

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of **Boise**

CERTIFICATE OF DEATH

State File No. **76055**City of **3 Miles from****Beaver Crk. Ranger
Station,**Registration District No. **8**Primary Registration District No. **2004** Local Registrar's No. **60**(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME **Marion McGowan**(a) Residence. No. **409 So. 10th St.** St. _____(Usual place of abode)
Length of residence in city or town where death occurred. **12** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Single**5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) **Apr. 7th 1907**7. AGE Years Months Days If LESS than
24 **4** **3** 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Clerk,**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) **Custer Idaho**
(State or country)13. NAME **Wells J. McGowan**14. BIRTHPLACE (city or town) **Montana**
(State or country)15. MAIDEN NAME **Lena Cearley**16. BIRTHPLACE (city or town) **Grangeville Ida.**
(State or country) **Idaho**17. INFORMANT (Address) **George H. McGowan**
409 So 10th St. Boise Ida.18. BURIAL, CREMATION, OR REMOVAL Place **Morris Hill Cem.** Date **8/16**, 193119. UNDERTAKER **Schreiber & McCann**
(Address) **Boise Ida.**20. FILED **8-17**, 1931 **W. H. Rhodes**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Aug. 10 1931**22. I HEREBY CERTIFY, That I attended deceased from _____
_____, 193____, to _____, 193____.I last saw h_____ alive on _____, 193____; death is said to have occurred on the date stated above, at **11 P.** m.The principal cause of death and related causes of importance were as follows:
Accidental, Crushed in Automobile Accident Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193____.Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) **J. E. Shanahan** _____(Address) _____ **Coroner**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency, 9446.

1. PLACE OF DEATH

County of BonnavilleCity or Town of Idaho FallsBUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration Dist. No. 73 No. _____ St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Emery L. Hall(a) Residence: No. W. 1721 Main Ave. St., _____ Ward, _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mrs. Mary Hall
(or) WIFE of6. DATE OF BIRTH (month, day, and year) April 17, 18787. AGE 53 Years 53 Months 2 Days 25 If LESS than 1 day, _____ hrs., or _____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. News paper
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Arok, Missouri
(State or country)FATHER 13. NAME Jesse Hall14. BIRTHPLACE (city or town) Missouri.
(State or country)MOTHER 15. MAIDEN NAME Mary Baker16. BIRTHPLACE (city or town) not Known
(State or country)17. INFORMANT Mrs. Mary Hall
(Address) W. 1721 Main

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Riverside Date 8/14, 193119. UNDERTAKER Turnbull & Merager Funeral Home
(Address) 615 4th. Ave.20. FILED 7/14, 1931 W. J. J. J. J.
Registrar.RECEIVED AUG 19 1931
State Board of HealthRecord No. 76056Registered No. 1317

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/12/31 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____, death is said to have occurred on the date stated above, at 11:30 Pm. m.

The principal cause of death and related causes of importance in order of onset were as follows: _____ Date of onset _____

Was struck by Auto, on highway

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? Idaho Falls, Idaho.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) B. J. Allen Coroner, Mo.(Address) Idaho Falls, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

<p>RECEIVED AUG 18 1931</p> <p>PLACE OF DEATH</p> <p>County of <u>Bonerville</u></p> <p>City of <u>Idaho Falls</u></p>		<p>STATE OF IDAHO</p> <p>DEPARTMENT OF PUBLIC WELFARE</p> <p>BUREAU OF VITAL STATISTICS</p> <p>CERTIFICATE OF DEATH</p> <p>Registration District No. <u>73</u></p> <p>Primary Registration District No. <u>2150</u></p>		<p>DO NOT WRITE IN THIS SPACE</p> <p>State File No.</p> <p>Local Registrar's No. <u>134</u></p>	
<p>(No.)</p> <p>(If death occurred in a hospital or institution, give its name instead of street and number.)</p>					
<p>2. FULL NAME <u>Unknown. Not known</u></p>					
<p>(a) Residence. No. <u>on Highway 4 miles So. of Idaho Falls</u></p> <p>(Usual place of abode)</p> <p>Length of residence in city or town where death occurred. <u> </u> yrs. <u> </u> mos. <u> </u> ds. How long in U. S., if of foreign birth? <u> </u> yrs. <u> </u> mos. <u> </u> ds.</p>					
PERSONAL AND STATISTICAL PARTICULARS					
<p>3. SEX <u>male</u></p>		<p>4. COLOR OR RACE <u>white</u></p>		<p>5. Single, Married, Widowed, or Divorced (write the word) <u>unknown</u></p>	
<p>5a. If married, widowed, or divorced HUSBAND of (or) WIFE of</p>					
<p>6. DATE OF BIRTH (month, day and year) <u>?</u></p>					
<p>7. AGE <u>about 58</u></p>		<p>Years Months Days</p>		<p>If LESS than 1 day, <u> </u> hrs. or <u> </u> min.</p>	
<p>8. OCCUPATION OF DECEASED</p> <p>(a) Trade, profession, or particular kind of work <u>Unknown.</u></p> <p>(b) General nature of industry, business, or establishment in which employed (or employer) <u>?</u></p> <p>(c) Name of employer</p>					
<p>9. BIRTHPLACE (city or town) (State or country) <u>Unknown.</u></p>					
<p>10. NAME OF FATHER <u>Unknown.</u></p>					
<p>11. BIRTHPLACE OF FATHER (city or town) (State or Country) <u>Unknown</u></p>					
<p>12. MAIDEN NAME OF MOTHER <u>Unknown</u></p>					
<p>13. BIRTHPLACE OF MOTHER (city or town) (State or Country) <u>Unknown</u></p>					
<p>14. Informant <u>Dr. B. J. Allen</u></p> <p>(Address) <u>County Coroner.</u></p>					
<p>15. Filed <u>7/14</u> 19<u>31</u> <u>W. F. M. Hansen</u> Registrar</p>					
MEDICAL CERTIFICATE OF DEATH					
<p>16. DATE OF DEATH <u>July 12</u> 19<u>31</u></p> <p>(Month) (Day) (Year)</p>					
<p>17. I HEREBY CERTIFY, That I attended deceased from <u> </u>, 19<u> </u>, to <u> </u>, 19<u> </u>.</p> <p>that I last saw him alive on <u> </u>, 19<u> </u>.</p> <p>and that death occurred, on the date stated above, at <u>11:30 P.M.</u></p> <p>The CAUSE OF DEATH* was as follows:</p> <p><u>accidental</u></p> <p><u>hit by automobile</u></p> <p><u>fractured skull, Broken</u></p> <p><u>neck</u></p> <p>(duration) <u> </u> yrs. <u> </u> mos. <u> </u> ds.</p>					
<p>CONTRIBUTORY (Secondary)</p> <p>(duration) <u> </u> yrs. <u> </u> mos. <u> </u> ds.</p>					
<p>18. Where was disease contracted if not at place of death? <u> </u></p> <p>Did an operation precede death? <u>no</u> Date of <u> </u></p> <p>Was there an autopsy? <u>no</u></p> <p>What test confirmed diagnosis? <u> </u></p> <p>(Signed) <u>Dr. B. J. Allen Coroner</u></p> <p><u>July 14</u> 19<u>31</u> (Address) <u>Idaho Falls</u></p>					
<p>*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.</p>					
<p>19. Place of Burial, Cremation, or Removal <u>Idaho Falls Ida</u></p>			<p>Date of Burial <u>7/15</u> 19<u>31</u></p>		
<p>20. Undertaker <u>W. F. M. Hansen</u></p>			<p>Address <u>Idaho Falls</u></p>		

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada.
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

76057

Registration District No. 2
Primary Registration District No. 1004

Local Registrar's No. 239(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willis Leon Patterson.(a) Residence. No. Stockton, Calif. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. 20 8 25 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced
HUSBAND of Barbara Patterson.
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 16-1904

7. AGE Years Months Days If LESS than
27 5 5 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Joseph, Mo.
(State or country)

13. NAME John Patterson.

14. BIRTHPLACE (city or town) Unknown.
(State or country)

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Mrs. Barbara Patterson.
(Address) Stockton, Cal.

18. BURIAL, CREMATION, OR REMOVAL Shipped
Place St. Joseph, Mo. Date 8-1-33, 1931

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 8-22, 1931, W. N. Rhoads
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/21/31 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1931, to Aug. 21, 1931.

I last saw him alive on Aug. 21, 1931; death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

Result of
gun shot wounds
into & thru
abdomen

Other contributory causes of importance:

Name of operation exploratory Date of 8/31

What test confirmed diagnosis? Chinisee Was there an autopsy? 8/31

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 8/31, 1931

Where did injury occur? Boise, Ida

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shot

Nature of injury gun shot

24. Was disease or injury in any way related to occupation of deceased?

No so, specify

(Signed) A. J. Coals, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 18 1931

STATE OF IDAHO

76058

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of BannockCity of Idaho FallsRegistration District No. 23Primary Registration District No. 2140State File No. 76058Local Registrar's No. 136

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emile Kohler(a) Residence. No. Idaho Falls, Idaho St. 170

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>61</u>			

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alsace-Lorraine13. NAME Not Known14. BIRTHPLACE (city or town) (State or country) Not Known15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) (State or country) Not Known17. INFORMANT Mr. B. J. Allen (Address) Idaho Falls, Idaho18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls, Idaho Date July 17, 193119. UNDERTAKER Jack A. in port (Address) Idaho Falls, Idaho20. FILED 7/7, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6, 193122. I HEREBY CERTIFY, That I attended deceased from July 6, 1931, to July 6, 1931I last saw h. alive on July 6, 1931; death is saidto have occurred on the date stated above, at 11 m. The principal cause of death and related causes of importance were as follows:suicide caused by gunshot wound in right temple

Date of onset

Other contributory causes of importance:

Name of operation — Date of —What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury July 6, 1931Where did injury occur? Idaho Falls, Idaho (Specify city or town, county and state)Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury gun shot woundNature of injury fracture of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. J. H. Allen Coroner(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH
 County Bonner State IDAHO Registered Hospital 7603357
 Township _____ or Village _____ or _____
 City Cocolalla No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. 1 mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. 15 mos. _____ ds.

2. FULL NAME Glen Bernard Butcher
 (a) Residence: No. _____ St. _____ Ward. Arthur Idaho
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH									
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>			21. DATE OF DEATH (month, day, and year) <u>June 21, 1931</u>									
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at <u>5:30 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Accidental Traumatism</u> <u>Struck by Street Lightning</u>										
6. DATE OF BIRTH (month, day, and year) <u>Apr. 16, 1908</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of Injury <u>June 24, 1931</u> Where did Injury occur? <u>Bonner County Idaho</u> (Specify city or town, county, and State) Specify whether Injury occurred in industry, in home, or in public place. <u>Rushie Place</u>										
7. AGE <table border="1"> <tr> <th>Years</th> <th>Months</th> <th>Days</th> <th>If LESS than 1 day, _____ hrs. or _____ min.</th> </tr> <tr> <td><u>23</u></td> <td><u>2</u></td> <td><u>5</u></td> <td></td> </tr> </table>				Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	<u>23</u>	<u>2</u>	<u>5</u>		Other contributory causes of importance: _____ _____ _____		
Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.											
<u>23</u>	<u>2</u>	<u>5</u>												
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Look Out.</u>				Date of onset _____ _____ _____										
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U. S. Forest Service.</u>														
10. Date deceased last worked at this occupation (month and year) <u>June 21, 1931</u>				11. Total time (years) spent in this occupation <u>1 mo.</u>										
12. BIRTHPLACE (city or town) (State or country) <u>Pittsboro Wash.</u>														
13. NAME <u>Robt. E. Butcher</u>				Name of operation _____ Date of _____										
14. BIRTHPLACE (city or town) (State or country) <u>Ind.</u>				What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>										
15. MAIDEN NAME <u>Pearl Sage</u>				24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u>										
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				If so, specify <u>Look Out Forest Service</u>										
17. INFORMANT <u>Robt. E. Butcher</u> (Address) <u>Arthur Idaho</u>				(Signed) <u>R. E. Moon</u> <u>Crown</u>										
18. BURIAL, CREMATION, OR REMOVAL <u>Arthur Idaho</u> Place _____ Date <u>June 24, 1931</u>				(Address) <u>Sandpoint Idaho</u>										
19. UNDERTAKER <u>R. E. Moon</u> (Address) <u>Sandpoint, Idaho</u>														
20. FILED _____, 19____				Registrar. _____										

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		76060	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE		76060	
BUREAU OF VITAL STATISTICS		State File No.			
County of <u>Shoshone</u>		Registration District No. <u>70</u>		Local Registrar's No. <u>25</u>	
City of <u>Wallace</u>		Primary Registration District No. <u>1011</u>			
(No. <u>Wallace Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Ira Mildred Foster</u>					
(a) Residence. No. <u>Wallace Idaho</u> St.					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Single</u>					
6. DATE OF BIRTH (month, day, and year) <u>Nov 21-1909</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>21</u>	<u>8</u>	<u>24</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Maid</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Providence Hospital</u>					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Jordan Mont.</u>					
13. NAME <u>John F. Foster</u>					
14. BIRTHPLACE (city or town) (State or country) <u>N. Y.</u>					
15. MAIDEN NAME <u>Margaret Elsie Holcomb</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Mo.</u>					
17. INFORMANT <u>Mrs Margaret Holcomb</u> (Address) <u>Carroll Mont.</u>					
18. BUREAU OF REMOVAL <u>Aug 20</u> 1931					
19. UNDERTAKER <u>J. A. Beyer, Wallace, Ida.</u> (Address) <u>Wallace, Ida.</u>					
20. FILED <u>Aug 20</u> , 1931, <u>D. L. Dingley</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 14</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 14</u> , 1931, to <u>Aug 14</u> , 1931.					
I last saw her alive on <u>Aug 13</u> , 1931; death is said to have occurred on the date stated above, at <u>8</u> p.m.					
The principal cause of death and related causes of importance were as follows:					
<u>Severe toxemia resulting from 2nd degree burns involving entire lower extremities.</u>					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>July 14</u> , 1931.					
Where did injury occur? <u>Highway between Wallace & Idaho</u> (Specify city or town, county, and State) <u>Idaho</u>					
Specify whether injury occurred in industry, in home, or in public place. <u>Auto mobile accident</u>					
Manner of injury <u>Burns from explosion</u>					
Nature of injury <u>Burns from explosion</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>None</u>					
(Signed) <u>Paul M. Ellis</u> , M. D.					
(Address) <u>Wallace, Idaho</u>					

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PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. 76062	
County of Bingham	City of Blackfoot	Registration District No. 121	Primary Registration District No. 2194	Local Registrar's No. 147	
(No. Rockford Dist.)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME August Sjostrom Jr.					
(a) Residence. No. Near Rockford St. 153		(Usual place of abode)			
Length of residence in city or town where death occurred 30 yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced, (write the word) Single			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Nov. 27, 1888					
7. AGE 42	Years 9	Months 0	Days 0	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation 25 yrs			
12. BIRTHPLACE (city or town) (State or country) Logan Utah					
13. NAME August Sjostrom					
14. BIRTHPLACE (city or town) (State or country) Sweden					
15. MAIDEN NAME Elsie Peterson					
16. BIRTHPLACE (city or town) (State or country) Sweden					
17. INFORMANT (Address) Thomas - Riverside Cemetery					
18. BURIAL, CREMATION, OR REMOVAL Place Logan Utah Date 8-30-31 193					
19. UNDERTAKER Modern Mortuary (Address) Blackfoot, Ida.					
20. FILED Aug 24 193 1 Mrs. Walter E. Peltie Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 8/27 1931					
22. I HEREBY CERTIFY, That I attended deceased from Aug 27 , 1931, to Aug 27 , 1931.					
I last saw him alive on Aug 27 , 1931; death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
He was dead when I arrived					
Broken neck					
Other contributory causes of importance:					
Fall from horse					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Accident Date of injury 8/27 1931					
Where did injury occur? Rockford Idaho (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. on his farm					
Manner of injury fall from horse					
Nature of injury fractured neck					
24. Was disease or injury in any way related to occupation of deceased? No.					
If so, specify _____ (Signed) W. A. Beck M. D.					
(Address) Blackfoot, Ida.					

RECEIVED SEP 15 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76063

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1204

(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

William Bates Pratt

(a) Residence. No.

622 N. 10th Street.

St.

(Usual place of abode)

Length of residence in city or town where death occurred. 13rs. mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Dorothy Pratt.

6. DATE OF BIRTH (month, day, and year) Sept. 10-1895

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

35

11

8

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Publicity Director

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Chamber of Commerce.

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Elkton, Md.

12. BIRTHPLACE (city or town)
(State or country)

MOTHER FATHER

13. NAME

Frank G. Pratt.

14. BIRTHPLACE (city or town)
(State or country)

Pa.

15. MAIDEN NAME

Florine Bates.

16. BIRTHPLACE (city or town)
(State or country)

Pa.

17. INFORMANT
(Address)Mrs. Dorothy Pratt.
Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL

Place Morris Hill Cem. Date 8/20/31 1931

19. UNDERTAKER
(Address)Wm. McBratney
Boise, Idaho.

20. FILED

8-19, 1931 W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/18/31 1931

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 14

, 1931,

to

Aug. 18

, 1931.

I last saw him alive on Aug. 18, 1931; death is said

to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance
were as follows:

Date of onset

Paralytic Stenosis

Aug. 15

Other contributory causes of importance:

Valvulus - small bowel - Aug. 14.

Name of operation

Laparotomy for relief of valvulus

Date of

Aug. 14

What test confirmed diagnosis? Op. findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. E. Redman

, M. D.

(Address)

Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<u>Twin Falls</u>	BUREAU OF VITAL STATISTICS		State File No. <u>76064</u>	
City of	<u>Twin Falls</u>	Registration District No. <u>37</u>			
		Primary Registration District No. <u>2085</u>		Local Registrar's No. <u>138</u>	
(No. <u>Twin Falls County General Hospital</u> (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Rhoda Pearl Wright</u>					
(a) Residence. No. <u>122 Jackson</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>19</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>R. A. Wright</u>					
6. DATE OF BIRTH (month, day, and year) <u>Sept 11-1891</u>					
7. AGE	Years <u>39</u>	Months <u>10</u>	Days <u>27</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Fillmore Utah</u>					
MOTHER FATHER	13. NAME <u>James Rowley</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Fillmore Utah</u>				
	15. MAIDEN NAME <u>Clara Mitchell</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>				
17. INFORMANT (Address) <u>R. A. Wright 122 Jackson</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Twin Falls</u> Date <u>8-11</u> , 1931					
19. UNDERTAKER (Address) <u>White Mortuary Co. Twin Falls, Ida</u>					
20. FILED <u>8-26</u> , 1931 <u>Elizabeth J. Smith</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8-8</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 27</u> , 1931, to <u>Aug 8</u> , 1931.					
I last saw <u>her</u> alive on <u>Aug 7</u> , 1931; death is said to have occurred on the date stated above, at <u>8:15 am</u> .					
The principal cause of death and related causes of importance were as follows:					
<u>Embolism, pulmonary (Immediate death)</u>					
Other contributory causes of importance: <u>Obstruction, intestinal and gastric.</u>					
Name of operation <u>leptospirosis</u> Date of <u>Aug 11</u> , 1931					
Was test continued <u>no</u> (If so, specify) <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>O. J. Packer</u> , M. D.					
(Address) <u>Twin Falls, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada.City of Boise.STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leo J. Wogatke.(a) Residence. No. 409 1/2 Myrtle. Street. St.Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Divorced.5a. If married, widowed, or divorced
HUSBAND of Belle Wogatke
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Mch. 2nd 18647. AGE Years 67 Months 6 Days 12 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany.
(State or country)13. NAME Unknown.14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME "16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Mrs. Helen McKenna.
(Address) Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cem. Date 9/15/31 19319. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.20. FILED 9-16, 1931 W. H. Rhodes
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 76065Local Registrar's No. 261

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/14/31 19322. I HEREBY CERTIFY, That I attended deceased from March, 1931, to Sept 13, 1931.I last saw him alive on Sept 13 1931; death is said to have occurred on the date stated above, at 1:15 p.m. Sept 14. The principal cause of death and related causes of importance were as follows:Gymphatic
Leukaemia

Date of onset

Other contributory causes of importance:

aplastic anaemia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Wahl, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO RECEIVED SEP 8 1931		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		State File No.		76067	
County of <u>Latah</u>		Registration District No. <u>65</u>		Local Registrar's No. <u>76047</u>			
City of <u>Bovill</u>		Primary Registration District No. <u>2145</u>					
(No. _____)							
(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Sigward Sundby</u>							
(a) Residence. No. <u>Park Ida</u> , St. _____							
(Usual place of abode)							
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX		4. COLOR OR RACE		5. Single, Married, Widowed, or Divorced (write the word)			
<u>Male</u>		<u>White</u>		<u>Married</u>			
5a. If married, widowed, or divorced							
HUSBAND of (or) WIFE of <u>Josephine Sundby</u>							
6. DATE OF BIRTH (month, day, and year) <u>July 20 1881</u>							
7. AGE		Years		Months		Days	
<u>50</u>		<u>1</u>		<u>---</u>		If LESS than 1 day, _____ hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Laborer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Fire Fighter</u>					
10. Date deceased last worked at this occupation (month and year) <u>Aug. 1931</u>		11. Total time (years) spent in this occupation <u>none</u>					
12. BIRTHPLACE (city or town) (State or country)		<u>Hillboro N.D.</u>					
13. NAME		<u>Andrew Sundby</u>					
14. BIRTHPLACE (city or town) (State or country)		<u>Norway</u>					
15. MAIDEN NAME		<u>Mary Onstead.</u>					
16. BIRTHPLACE (city or town) (State or country)		<u>Norway</u>					
17. INFORMANT (Address)		<u>Josephine Sundby Park Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place		<u>Park Ida.</u> Date <u>Aug. 22, 1931</u>					
19. UNDERTAKER (Address)		<u>D.D. Kimball Palouse Wash.</u>					
20. FILED <u>Aug 20</u> , 1931		<u>J. J. Thompson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>Aug. 19 1931</u>							
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.							
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at <u>230 p.m.</u>							
The principal cause of death and related causes of importance were as follows:							
<u>Accidental crushed injury to chest & legs by a falling tree</u>							
Other contributory causes of importance:							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>8/19, 1931</u>							
Where did injury occur? <u>Bovill Latah Idaho</u> (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place. <u>Lumber industry</u>							
Manner of injury <u>By a falling tree</u>							
Nature of injury <u>Crushed chest & internal injuries</u>							
24. Was disease or injury in any way related to occupation of deceased?							
If so, specify <u>No. was fighting forest fires.</u>							
(Signed) <u>J. J. Thompson</u> , M. D.							
(Address) <u>Bozeman - Idaho</u>							

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 21 1931

76068

PLACE OF DEATH

County of AdaCity of Boise
 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Registration District No. 8Primary Registration District No. 2004(No. V.A., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME REUBEN B. HANCOCK(a) Residence. No. St. Altonah, Utah

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of XX6. DATE OF BIRTH (month, day, and year) Aug. 29, 1894
 7. AGE Years 37 Months 0 Days 16 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XX

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Utah (State or country)13. NAME XX M. W.14. BIRTHPLACE (city or town) XX (State or country)15. MAIDEN NAME XX16. BIRTHPLACE (city or town) XX (State or country)17. INFORMANT L. H. Beaman (Address) V.A., Boise, Idaho18. BURIAL, CREMATION, OR REMOVAL Place Roosevelt, Utah Date 9/17/3119. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho20. FILED 9-17, 1931 W. H. Rhodes Registrar

DO NOT WRITE IN THIS SPACE

State File No. 76068Local Registrar's No. 71

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 15 193122. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1931, to Sept. 15, 1931I last saw him live on Sept. 15, 1931; death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance

were as follows:

Valvular heart disease, mitral stenosis; Nephritis chronic, interstitial.

Date of onset

Other contributory causes of importance: Hypostatic engorgement of the lungs.Name of operation none Date ofWhat test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. C. SMITH, Reg. Medical Officer M.D.(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 15 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76069

 PLACE OF DEATH
 County of Ada
 City of Boise

 Registration District No. 2
 Primary Registration District No. 1004 Local Registrar's No. 227

 (No. H. Alphonse Hospital)
 (If death occurred in a hospital or institution, give its name instead of street and number.)

 2. FULL NAME Lola Parrott
 (a) Residence. No. 685 St. Brogan, Ore.
 (Usual place of abode)
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Parrott Jr.
6. DATE OF BIRTH (month, day, and year) Dec. 13-1897
 7. AGE Years 33 Months 8 Days 5 If LESS than 1 day, hrs. or min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

 12. BIRTHPLACE (city or town) Oregon
 (State or country)

 13. NAME L. D. Ryndes

 14. BIRTHPLACE (city or town) N. Y.
 (State or country)

 15. MAIDEN NAME Effie May Beanson

 16. BIRTHPLACE (city or town) Kao
 (State or country)

 17. INFORMANT Charles Parrott Jr.
 (Address) Brogan, Oregon

 18. BURIAL, CREMATION, OR REMOVAL Place Mountain View Date Aug. 19, 1931

 19. UNDERTAKER Schreiber & W. H. Rhoads
 (Address) Boise, Idaho

 20. FILED 8-12, 1931 W. H. Rhoads
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 18, 193122. I HEREBY CERTIFY, That I attended deceased from June 27, 1931, to August 17, 1931I last saw her alive on August 17, 1931; death is saidto have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance

were as follows: Myocardial Infarction Date of onset June 1931

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) Harold W. Rhoads, M. D.(Address) Eastman Bldg., Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 15 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76070

State File No.

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
(No. St Luke's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 349

2. FULL NAME Lorena Mabel Carlson

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 9th 1902

7. AGE Years 29 Months 4 Days 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) M. Pherson
(State or country) Iowa

10. NAME OF FATHER C. F. Carlson

11. BIRTHPLACE OF FATHER (city or town) Sweden
(State or Country)

12. MAIDEN NAME OF MOTHER Hannie Carlson

13. BIRTHPLACE OF MOTHER (city or town) Sweden
(State or Country)

14. Informant Hannie Carlson
(Address) Mendian Ida

15. Filed 8-31, 1931 W. H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 27, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8-20, 1931, to 8-27, 1931
that I last saw her alive on 8-27, 1931
and that death occurred, on the date stated above, at 9 A. M.

THE CAUSE OF DEATH* was as follows:
Following operation
for cyst of gall
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?
Did an operation precede death? yes Date of 8-26-31
Was there an autopsy? yes
What test confirmed diagnosis? N. G. Neal, M. D.
(Signed) N. G. Neal, M. D. (Address) Mendian Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mendian Ida Date of Burial 8-30 1931

20. Undertaker B. W. Johnson Address Mendian Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 15 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH		State File No. <u>76071</u>	
City of <u>Boise.</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>332</u>	
		Primary Registration District No. <u>1004</u>			
		(No. <u>St. Alphonsus Hospital.</u>)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>A. H. Tucker.</u>					
(a) Residence. No. <u>Boise, Idaho R#3.</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>24</u> yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Anna Tucker.</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 28-1855</u>					
7. AGE <u>75</u>	Years <u>9</u>	Months <u>17</u>	Days <u>11</u> LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Winslow, Pa.</u> (State or country)					
13. NAME <u>Charles Tucker.</u>					
14. BIRTHPLACE (city or town) <u>Pa.</u> (State or country)					
15. MAIDEN NAME <u>Margaret Green.</u>					
16. BIRTHPLACE (city or town) <u>Pa.</u> (State or country)					
17. INFORMANT <u>Stanley Tucker.</u> (Address) <u>Boise, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem.</u> Date <u>8/19/31</u> , 1931					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>8-16</u> , 1931 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8/15/31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb</u> , 1930, to <u>Aug 15</u> , 1931.					
I last saw him alive on <u>Aug 15</u> , 1931; death is said to have occurred on the date stated above, at <u>1030 a.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Diabetes Mellitus</u>					
Other contributory causes of importance: <u>Cerebral hemorrhage Aug 12 1931</u> <u>& Corona.</u>					
Name of operation <u>None</u> Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Fall</u> Date of injury <u>Aug 12</u> 1931					
Where did injury occur? <u>His house</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Home</u>					
Manner of injury <u>Fell on floor</u>					
Nature of injury <u>Bruise of forehead</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify					
(Signed) <u>W. H. Rhodes</u> , M. D. (Address) <u>Boise, Idaho.</u>					

RECEIVED SEP 15 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76072

State File No.

PLACE OF DEATH

County of AdaCity of Boise.Registration District No. 2Primary Registration District No. 1004Local Registrar's No. 220(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Harriett D. Gray.(a) Residence. No. 2610 Woodlawn St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 20rs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word)

Widow.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJ. E. Gray6. DATE OF BIRTH (month, day, and year) Oct. 13-1859

7. AGE

Years

Months

Days

LESS THAN
1 day, hrs.
or min.71919

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Pittsfield, Ohio.

MOTHER FATHER

13. NAME

Ara Rawson.14. BIRTHPLACE (city or town)
(State or country)N. Y.

15. MAIDEN NAME

Maria Nichols.16. BIRTHPLACE (city or town)
(State or country)N. Y.17. INFORMANT
(Address)Mrs. Marion McClary.
Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL

Monks Hill Cemetery Date 8/4/31 19319. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.20. FILED 8-3, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/2/31 19322. I HEREBY CERTIFY, That I attended deceased from 7-21-, 1925, to 8-2-31, 193I last saw her alive on 8-2-31, 193; death is said to have occurred on the date stated above, at 2:15 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Shabes Mollitus July 1925

Other contributory causes of importance:

Central Pharyngitis 7-26-31Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Ernest E. Langer(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 15 1931

PLACE OF DEATH
County of Ada.
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 76073

Registration District No. 2
Primary Registration District No. 1004

Local Registrar's No. 241

(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

James Burgess.

(a) Residence. No.

2325 Anderson

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed,
or Divorced (write the word)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Aulda Burgess.

6. DATE OF BIRTH (month, day, and year) June 23-1868

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

63

1

28

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Gardener.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
(State or country)

Illinois.

MOTHER FATHER

13. NAME

Ruben Burgess.

14. BIRTHPLACE (city or town)
(State or country)

N. Y.

15. MAIDEN NAME

Harriett Birch.

16. BIRTHPLACE (city or town)
(State or country)

Unknown.

17. INFORMANT
(Address)

Mrs. Aulda Burgess.
Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place

Morris Hill Cem. Date 8/24/31, 193

19. UNDERTAKER
(Address)

Wm. McBratney.
Boise, Idaho.

20. FILED

8-24, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/21/31 193

22. I HEREBY CERTIFY, That I attended deceased from
May 5th, 1931, to Aug 20th, 1931

I last saw him alive on Aug 20th, 1931; death is said

to have occurred on the date stated above, at 1:30 am.

The principal cause of death and related causes of importance
were as follows:

Diabetic Coma

Date of onset

Diabetes Mellitus

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Boise, Idaho.

M. D.

RECEIVED SEP 15 1931

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		City of <u>Boise</u>		State File No. <u>76074</u>	
Registration District No. <u>8</u>		Primary Registration District No. <u>2004</u>		Local Registrar's No. <u>64</u>	
(No. <u>V.A., Boise, Idaho</u>)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>JOHN C. CHRISTENSEN</u>					
(a) Residence. No. <u>235 S. 2nd East</u> , <u>St. Salt Lake City, Utah</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Mrs. Josephine Christensen</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Mar. 7, 1875</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>56</u>	<u>5</u>	<u>18</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>linen</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>XX</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Denmark</u> (State or country)					
13. NAME <u>XX</u>					
14. BIRTHPLACE (city or town) <u>XX</u> (State or country)					
15. MAIDEN NAME <u>XX</u>					
16. BIRTHPLACE (city or town) <u>XX</u> (State or country)					
17. INFORMANT <u>L.H. Seaman</u> (Address) <u>V.A., Boise, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salt Lake, Utah</u> date <u>8-27, 1931</u>					
19. UNDERTAKER <u>McCratney Funeral Home</u> (Address) <u>V.A., Boise, Idaho</u>					
20. FILED <u>8-26, 1931</u> <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug. 25, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 15</u> , 1931, to <u>Aug. 25</u> , 1931.					
I last saw him alive on <u>Aug. 25</u> , 1931: death is said to have occurred on the date stated above, at <u>4.15 p.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Carcinoma of the pylorus with obstruction.</u>					
Other contributory causes of importance: <u>Gastroenterostomy, surgical shock.</u>					
Name of operation <u>Gastroenterostomy</u> Date of <u>8-24-31</u>					
What test confirmed diagnosis? <u>autopsy</u> Was there an autopsy? <u>yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>P. C. Smith</u> , Reg. Med. Off., M. D.					
(Address) <u>V.A., Boise, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN, should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUR-
TION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76075	
County of <u>Ada</u>		City of <u>Boise</u>		Registration District No. <u>3</u>	
		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>221</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Henry Thomas Gill</u>					
(a) Residence. No. <u>474 North 1st</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>16</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Teresa Gill</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 16, 1869</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>62</u>	<u>5</u>	<u>12</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Auto Livery</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Eagle Harbor Mich</u>					
FATHER	13. NAME <u>J. J. Gill</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Canada</u>				
MOTHER	15. MAIDEN NAME <u>Christy J. Young</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Canada</u>				
17. INFORMANT <u>Margaret Gill Plough</u> (Address) <u>Memillon Ave. Spokane</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Spokane Wash</u> Date <u>Aug 3, 1931</u>					
19. UNDERTAKER <u>Schnee & Mr. Baum</u> (Address) <u>Boise, Ida</u>					
20. FILED <u>8-3</u> , 1931 <u>W. N. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 28, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 5</u> , 1931, to <u>July 26</u> , 1931.					
I last saw him live on <u>July 26</u> , 1931; death is said to have occurred on the date stated above, at <u>11 P. M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Carcinoma of Stomach</u>					Date of onset <u>don't know</u>
Other contributory causes of importance: <u>Secondary anaemia + Metastasis of carcinoma</u>					
Name of operation <u>Jan 17, 1931</u> Date of <u>autopsy</u>					
What test confirmed diagnosis? <u>Section</u> Was there an autopsy? <u>yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>W. H. Gable</u> , M. D.					
(Address) <u>Boise, Idaho</u>					

RECEIVED SEP 15 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76076

State File No.

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1004(No. St. Lukes Hospital.)Local Registrar's No. 231

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry. Elsworth Mitts.(a) Residence. No. 419.S. 3. Street.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 39 yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,

or Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Lillian Mitts.

6. DATE OF BIRTH (month, day and year) Febr. 25. 1876.

7. AGE

Years

Months

Days

If LESS than 1 day,

55

5

17

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Truck Driver.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mine City
(State or country) Kansas.

10. NAME OF FATHER

Jacob C. Mitts.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Wisconsin

12. MAIDEN NAME OF MOTHER

Emiline Love.

13. BIRTHPLACE OF MOTHER (city or town) Cincinnati
(State or County) Ohio.14. Informant Mrs Lillian Mitts.
(Address) 419.S.3.street.Boise Idaho.15. Filed 8-14, 1931W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August

(Month)

12

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 6th, 1931, to Aug 12th, 1931that I last saw him alive on Aug 12th, 1931and that death occurred, on the date stated above, at 11:45 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Case of
Sigmoid flexure of
Colon.
(duration) unknown yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Rhodes M. D.Aug 13th, 1931, (Address) Boise Ida

19. Place of Burial, Cremation, or Removal

Morris Hill Cemetery

Date of Burial

Aug. 15. 1931

20. Undertaker

Summers & Krebs

Address

Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 15 1931

PLACE OF DEATH
County of Ada.
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76077

Registration District No. 3
Primary Registration District No. 1004
(No. St. Lukes Hospital.)

Local Registrar's No. 224

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Allen Drake.(a) Residence. No. Horseshoe Bend, Idaho. St.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 18-1849

7. AGE Years Months Days 16 LESS than
81 7 18 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cincinnati, Ohio.
(State or country)

13. NAME Allen Drake.

14. BIRTHPLACE (city or town) New York.
(State or country)

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMANT Mrs. Henry Hansen.
(Address) Horseshoe Bend, Ida.

18. BURIAL, CREMATION, OR REMOVAL Horseshoe Bend, Idaho. Date 8/8/31, 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 8-7, 193 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/6/31 193

22. I HEREBY CERTIFY That I attended deceased from Mon. 14, 193, to Fri. 7, 193.

I last saw him alive on Aug 6, 193; death is said to have occurred on the date stated above, at 10:20 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma
of Stomach

Other contributory causes of importance:

Senility

Name of operation none Date ofWhat test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injuryWhere did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sutomey, M. D.(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

(Address) 1234 Main St

RECEIVED SEP 13 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76079

PLACE OF DEATH

County of Ada.

City of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1004

(No. St. Lukes Hospital)

Local Registrar's No. 338

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie Cook.

(a) Residence. No. Emperial California.

St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

F. S. Cook.

6. DATE OF BIRTH (month, day and year) March. 22. 1903.

7. AGE

28

Years

Months

4

Days

27

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

at home

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Missouri.

10. NAME OF FATHER

Tom Sextion

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

unknown

14. Informant F. S. Cook.

(Address)

15. Filed 8-20-31

W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August. 18th 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 11, 1931, to Aug 18, 1931.
that I last saw her alive on Aug 18, 1931.
and that death occurred, on the date stated above, at 11:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

California

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

8/20 (Signed) Morris & Krebs

1931 (Address) Boise Ida.

19. Place of Burial, Cremation, or Removal

Morris Hill Cemetery

Date of Burial

Aug. 20. 1931

20. Undertaker

Summers & Krebs.

Address

Boise Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

EXACTLY.

AGE should be

carefully supplied.

AGE should be

carefully supplied.

AGE should be

carefully supplied.

AGE should be

carefully supplied.

AGE should be

carefully supplied.

AGE should be

carefully supplied.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76080

State File No.

PLACE OF DEATH

County of AdaCity of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1004(No. #163)Local Registrar's No. 248

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Earl Risley.(a) Residence. No. 1163, River Street St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 1 yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April. 17. 1929.

7. AGE

2

Years

Months

4

Days

14.If LESS than 1 day,
hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work None.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pocatello Idaho.
(State or country)

10. NAME OF FATHER

Earl Allen Risley11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Kentucky.

12. MAIDEN NAME OF MOTHER

Nelda Humphreys.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Idaho.

14.

Informant
(Address)Earl A Risley.1163, River Street, Boise, Idaho.

15.

Filed

8-2-31 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug311931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

8-30, 1931, to 8-31, 1931that I last saw him alive on 8-31, 1931and that death occurred, on the date stated above, at 8 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:measles(duration) 5 yrs. mos. ds.CONTRIBUTORY
(Secondary)(duration) 1 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Place of DeathDid an operation precede death? no Date of Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

F. W. Almond, M. D.831, 1931 (Address) Boise

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery, Sept. 1, 1931

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

RECEIVED SEP 15 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76081

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. 1004(No. St. Lukes Hospital.)Local Registrar's No. 332

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Will M. Hodge.(a) Residence No. 608 Idaho Street. St. _____(Usual place of abode.)
Length of residence in city or town where death occurred 12 yrs. 0 mo. 0 ds. How long in U. S. if of foreign birth? 12 yrs. 0 mo. 0 ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Hodge6. DATE OF BIRTH (month, day and year) June-19-1881.

7. AGE <u>50</u>	Years	Months <u>1</u>	Days <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
---------------------	-------	--------------------	-------------------	--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Day Labor(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Garfield
(State or country) Utah.10. NAME OF FATHER George Hodge.11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) England12. MAIDEN NAME OF MOTHER Jane Mudge.13. BIRTHPLACE OF MOTHER (city or town) _____
(State or County) England14. Informant George Hodge.
(Address) 608 Idaho St. Boise Idaho.15. Filed 8-19-1931W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August. 18 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 16, 1931, to Aug 18, 1931
that I last saw him alive on Aug 17, 1931
and that death occurred, on the date stated above, at 10 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Nephritis(duration) _____ yrs. _____ mos. 6 ds.CONTRIBUTORY Toxaemia
(Secondary) Anuria(duration) _____ yrs. _____ mos. 2 ds.18. Where was disease contracted Boise Idaho
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Urinalysis(Signed) J. H. Bradford, M. D.Aug. 19th 1931 (Address) Boise Ida.

19. Place of Burial, Cremation, or Removal

Firth. Idaho.

Date of Burial

Aug-21-19

20. Undertaker

Summers & Krebs.

Address

Boise Id

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 15 1931

PLACE OF DEATH

County of AdaCity of Boise.STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. 412 Resseguie Street.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Douglas E. Weston.(a) Residence. No. 412 Resseguie Street.

(Usual place of abode)

Length of residence in city or town where death occurred. 50 yrs. mos.(If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word)Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEmma Weston.6. DATE OF BIRTH (month, day, and year) Nov 15-1860

7. AGE

Years

Months

Days

4-1888-44

1 day, hrs.

or min.

7099

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Carpenter.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Illinois.

MOTHER FATHER

13. NAME

Henry Weston.14. BIRTHPLACE (city or town)
(State or country)Ohio.

15. MAIDEN NAME

Annis Updike.16. BIRTHPLACE (city or town)
(State or country)New York.17. INFORMANT
(Address)La Vern Weston.
Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL
PlaceMorris Hill Cem. Date 8-26 193119. UNDERTAKER
(Address)Wm. McBratney.
Boise, Idaho.

20. FILED

8-24-1931d. W. Rhodes

Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 76082Local Registrar's No. 242

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/24/31 193

22. I HEREBY CERTIFY, That I attended deceased from

, 193, to, 193

I last saw him alive on, 193; death is said

to have occurred on the date stated above, at 4:10 A.M.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Pneumonia
myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Cora, M. D.

(Address)

RECEIVED SEP 15 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76083

PLACE OF DEATH

County of Ada.

City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St. Lukes Hospital;)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alec. Hallett.

(a) Residence. No. Payette. Idaho. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,

or Divorced (write the word)
Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August-1-1895

7. AGE

36

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. National Guard(b) General nature of industry,
business, or establishment in
which employed (or employer) Stable Sargent.

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Somerset

England

10. NAME OF FATHER

J. P. Hallett

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Somerset.

England

12. MAIDEN NAME OF MOTHER Anna Horder

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

England

14. Informant J. P. Hallett

(Address) 1015 E. Jefferson Street Boise Ida.

15. Filed 8-19-31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 19th 1931, 19.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 8 1931, to Aug 19 1931

that I last saw him alive on Aug 19 1931

and that death occurred, on the date stated above, at 6 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY

(Secondary)

Pulmonary Oedema
& Dilatation of R Heart (duration) yrs. mos. 5 hrs.18. Where was disease contracted
if not at place of death? Boise Idaho

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed)

J. H. Brantley, M. D.
Aug 19 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal

Morris Hill Cemetery

Date of Burial

Aug. 21. 1931

20. Undertaker

Sumers & Krebs.

Address

Boise Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 15 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76084

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No.)

Local Registrar's No. 222

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Howard Gilbert Wangsgard.

(a) Residence. No. 107. S. 13 Street. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) January. 15. 1927.

7. AGE Years Months Days If LESS than 1 day,
4 6 26. hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ketchum, Idaho.
(State or country)

10. NAME OF FATHER

John Wangsgard.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country) Afton Wyoming.

12. MAIDEN NAME OF MOTHER

Verna Stone.

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country) Newton Utah.

14. Informant John Wangsgard.
(Address) 107. S. 13 Street, Boise, Idaho.

15. Filed 8-12 31 W.W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19. Aug 11 1931

that I last saw him alive on Aug 11 1931

and that death occurred, on the date stated above, at 7.25 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Embolus of Pulmonary Artery

(duration) yrs. mos. ds. 1 mos.
CONTRIBUTORY Undetermined
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Place of Death

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. M. Drighan M. D.
Aug 12 31 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery. Aug. 12. 31.

20. Undertaker Address

Summers & Krebs, Boise, Idaho.

RECEIVED SEP 15 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76085

PLACE OF DEATH

County of Ada

City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St. Alphonsus Hospital)

Local Registrar's No. 229

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Edgar Diggs.

(a) Residence. No. Kuna Idaho.

St. Kuna Idaho.

(Usual place of abode.)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed,
or Divorced (write the word.)
Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Alice. B. Diggs.

6. DATE OF BIRTH (month, day and year) May. 25. 1875.

7. AGE

Years

Months

Days

If LESS than 1 day,

56

3

15.

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Confectioner.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boonsboro.
(State or country) Maryland.

10. NAME OF FATHER

Thomas Diggs.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Maryland.

12. MAIDEN NAME OF MOTHER

Margaret Carson.

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Maryland.

14.

Informant
(Address)

Mrs. Alice. B. Diggs.

Kuna, Idaho.

15.

Filed

8-12, 1931

W. H. Rhoades
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug. 10

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 5, 1931, to Aug 10, 1931

that I last saw him alive on Aug 10, 1931

and that death occurred, on the date stated above, at 9:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Valvular heart
Disease.CONTRIBUTORY
(Secondary)

Influenza

(duration) 2 yrs. mos. ds.

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Home.

Did an operation precede death?

no

Was there an autopsy?

no

What test confirmed diagnosis?

Physical Exam

(Signed)

A. H. T. Nokes M. D.
Aug 11, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery. Aug. 13. 31. 19

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 15 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76086

State File No.

PLACE OF DEATH

County of Ada.City of Boise.Registration District No. 8Primary Registration District No. 2004(No. Ada County Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Robert Mead Wilson(a) Residence. No. 1215 Washington Street. St. 90

(Usual place of abode)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEmma B. Wilson.6. DATE OF BIRTH (month, day, and year) Jan. 10-1854

7. AGE

Years

Months

Days

IF LESS than

77717

1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Photographer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Belleville, Ont. Canada.

MOTHER

13. NAME Rev. John Fisher Wilson.

14. BIRTHPLACE (city or town) (State or country)

England.15. MAIDEN NAME Elizabeth Ann Mead.

16. BIRTHPLACE (city or town) (State or country)

Canada.

17. INFORMANT (Address)

Mrs. Emma B. Wilson. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place

Morris Hill Cem. Date 8/29/31 1931

19. UNDERTAKER (Address)

Wm. McBratney.Boise, Idaho.

20. FILED

8-31, 1931W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/27/31 193

22. I HEREBY CERTIFY, That I attended deceased from

June 15, 1931, to Aug 27/31, 1931I last saw him alive on Aug 26, 1931; death is saidto have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance

were as follows:

Paralysis agitans

Date of onset

Don't know

Other contributory causes of importance:

Chronic MyocarditisName of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) J. J. Aronson, M.D.(Address) Boise, Idaho.

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 15 1931

PLACE OF DEATH

County of AdaCity of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 8Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE

State File No. 76087

(No. At home of her son Barber)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Beck(a) Residence. No. 411 Smith St.

(Usual place of abode)

Length of residence in city or town where death occurred. 50 yrs. mos.

St. Boise (If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Chas. T. Beck6. DATE OF BIRTH (month, day, and year) Aug 1-1886

7. AGE

Years 75Months —Days 12

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Brauer14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Not obtainable16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT (Address) Frank Beck Barber Idaho18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 8/15, 193119. UNDERTAKER (Address) Schubert & Co. Boise20. FILED 8-21, 1931

W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-13-1931

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 1931, to 8-13-, 1931.
I last saw her alive on Aug 10th, 1931; death is said

to have occurred on the date stated above, at 9:30 am.

The principal cause of death and related causes of importance were as follows:

Date of onset

Distention of heart -
followed by heart failure
or depression -

Other contributory causes of importance:

Name of operation — Date of —What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Beck(Address) Boise

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1931

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76088

Registration District No. 2
Primary Registration District No. 2004

Local Registrar's No. 233

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. W. Yocum(a) Residence. No. Idaho City, Idaho. St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
76

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas.
(State or country)

13. NAME Unknown.

14. BIRTHPLACE (city or town) Unknown.
(State or country)

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Pearl Allen.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place County Cemetery. Date 8/18/31 1931

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 8-17 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/16/31 1931

22. I HEREBY CERTIFY, That I attended deceased from May, 1931, to Death, 1931.

I last saw him live on 8-10, 1931; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance:

1. Arteriosclerosis
2. Senility

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. findings Is there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) L. J. Whit, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 15 1931

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76089

State File No.

Registration District No. 2
Primary Registration District No. 1004

Local Registrar's No. 244

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maria Luisa Letermendi(a) Residence. No. 521 Grove St.

(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE White 5. Single, married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 21-1909

7. AGE Years 22 Months 7 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Ida
(State or country)

13. NAME Antonio Letermendi

14. BIRTHPLACE (city or town) Spain
(State or country)

15. MAIDEN NAME Leandra Ondarra

16. BIRTHPLACE (city or town) Spain
(State or country)

17. INFORMANT Joe Letermendi
(Address)

18. BURIAL, CREMATION, OR REMOVAL Boise, Ida
Place St. Mary's Cemetery Date 8-25 1931

19. UNDERTAKER Schreiber & W. G. Cannon
(Address) Boise, Ida

20. FILED 8-25, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/24 1931

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to Aug 23, 1931.
I last saw him on Aug 22, 1931. death is said

to have occurred on the date stated above, at 1025 A.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Valvular heart

Other contributory causes of importance:

Decompensation

Name of operation _____ Date of _____
What test confirm Recent tuberculosis autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) Fred A. Hurler, M. D.

(Address) Boise, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada.
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76090

Registration District No. 2
Primary Registration District No. 1004

Local Registrar's No. 240

(No. 307½ Washington Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Lizzie J. Stoner.

(a) Residence. No. 307½ Washington St.

(Usual place of abode)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel A. Stoner.

6. DATE OF BIRTH (month, day, and year) Sept. 22-1860

7. AGE Years Months Days 70 10 28
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coal Valley, Ill.
(State or country)

13. NAME John Bailey.

14. BIRTHPLACE (city or town) Ireland.
(State or country)

15. MAIDEN NAME Hersha.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT May Stoner.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
North's Hill Cemetery Date 8/23/31 1931

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 8-22, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/20/31 1931

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to Aug. 20, 1931.

I last saw her alive on Aug. 20, 1931; death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Landry's Palsy

March 1-1931

Other contributory causes of importance:

auto-intoxication

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) M. Callaway-Johnson, M. D.

(Address) Boise, Idaho.

RECEIVED SEP 15 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76091

State File No.

PLACE OF DEATH

County of AdaCity of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1004(No. St Lukes Hospital.)Local Registrar's No. 325

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Emery Rowlett.(a) Residence. No. 1/4 Mile north of Whitney School. St.(Usual place of abode.)
Length of residence in city or town where death occurred. 5 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single. Married. Widowed, or Divorced (write the word.) <u>Single.</u>
------------------------	-----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July. 16. 1918.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>13</u>	<u>0</u>	<u>0</u>	<u>23.</u>	<u>0</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Caldwell.
(State or country) Idaho.

10. NAME OF FATHER

Walter. D. Rowlett.11. BIRTHPLACE OF FATHER (city or town) Chicago.
(State or Country) Ill.12. MAIDEN NAME OF MOTHER Lucille Gritton.13. BIRTHPLACE OF MOTHER (city or town) Indiana.
(State or County)14. Informant Walter. D. Rowlett.
(Address) R.D. # 4. Boise, Idaho.15. Filled 8-10 1931

Registral.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 9 31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Aug 1 31, to Aug 9 31,
that I last saw him alive on Aug 9 31,
and that death occurred, on the date stated above, at 6:30 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Acute Cerebro-Spinal meningitis.CONTRIBUTORY (Secondary) Acute Middle Ear.
(duration) 8 yrs. 0 mos. 0 ds.18. Where was disease contracted Unknown.
if not at place of death?Did an operation precede death? No. Date of —Was there an autopsy? YesWhat test confirmed diagnosis? Spinal Meninges
(Signed) 8/10 31 Summers, M. D.
(Address) Boise19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial Aug. 11. 31. 1920. Undertaker Summers & Krebs. Address Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 15 1931

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Ida	CERTIFICATE OF DEATH		State File No. 76092	
City of	Boise	Registration District No.	8	Local Registrar's No. 62	
		Primary Registration District No.	2004		
		(No. V.A., Boise, Idaho)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME HART, Franklin					
(a) Residence. No.		St.		Raymond, Dayton, Idaho	
(Usual place of abode)				(If nonresident give city or town and state)	
Length of residence in city or town where death occurred.		yrs.	mos.	ds.	How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
male	white	married			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of Mrs. Geneva Hart					
6. DATE OF BIRTH (month, day, and year) July 5, 1887					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	44	1	15		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XX					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) Utah (State or country)					
13. NAME XX M. H.					
14. BIRTHPLACE (city or town) XX (State or country)					
15. MAIDEN NAME XX					
16. BIRTHPLACE (city or town) XX (State or country)					
17. INFORMANT I. H. Beaman (Address) V.A., Boise, Idaho					
18. BURIAL, CREMATION, OR REMOVAL Place Raymond, Idaho Date 8-29 1931					
19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho					
20. FILED 8-20, 1931 W. H. Rhodes Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Aug. 20 1931					
22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1931, to Aug. 20, 1931.					
I last saw him alive on Aug. 20, 1931; death is said to have occurred on the date stated above, at 1:55 a.m.					
The principal cause of death and related causes of importance were as follows:					
Meningitis infective, type undetermined.					
Other contributory causes of importance: Concussion of the brain					
Name of operation none Date of					
What test confirmed diagnosis? clinical Was there an autopsy? no					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Accident Date of injury 8-17 1931					
Where did injury occur? Boise, Idaho (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. in hospital					
Manner of injury Fell out of second story window					
Nature of injury Concussion of the brain.					
24. Was disease or injury in any way related to occupation of deceased? no If so, specify					
(Signed) F. C. SMITH, Reg. Med. Officer, M. D.					
(Address) V.A., Boise, Idaho					

AFFIDAVIT

To: State of Idaho,
Dept. of Public Welfare,
Bureau of Vital Statistics.

Re: Death Certificate of Franklin Hart, Dec'd.

STATE OF CALIFORNIA)
) ss
COUNTY OF LOS ANGELES)

GENEVA HART, first being duly sworn, deposes and says that she resides at 1101 Oak Street in the City of South Pasadena, County of Los Angeles, State of California.

Affiant says that she is the widow of Franklin Hart, Dec'd. who died at Boise, in the County of Ada, on August 20, 1931.

Affiant says that there are certain discrepancies in the Certificate of Death of Franklin Hart, Dec'd.

Affiant says that Franklin Hart was a resident of Raymond, Bear Lake County, Idaho instead of Dayton, Idaho. That the date of burial was as of August 23, 1931 instead of August 21, 1931 at Montpelier, Idaho instead of Boise, Idaho.

Affiant says that the purpose of this Affidavit is to correct the statistical record of Franklin Hart, Dec'd.

Further Affiant saith not.

Geneva Hart
Geneva Hart

Subscribed and Sworn to before me this 9th day of February, 1935.

My Commission Expires
October 15th, 1935.

W. H. Carrwell
Notary Public in and for the County
of Los Angeles, State of California.

Q. H. Harte, N. 2

RECEIVED SEP 15 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76093

PLACE OF DEATH

County of Ada.

City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St. Lukes Hospital.)

Local Registrar's No. 342

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elaine Lore Cole.

(a) Residence No. 1514 Franklin Street.

St.

(Usual place of abode.)
Length of residence in city or town where death occurred 7 yrs. 9 mos. 24 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female4. COLOR OR RACE
White5. Single, Married, Widowed,
or Divorced (write the word)
Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October. 29. 1923.

7. AGE 7 Years 9 Months 24 Days
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Student.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise
(State or country) Idaho

10. NAME OF FATHER

Walter L. Cole.

11. BIRTHPLACE OF FATHER (city or town) New York City
(State or Country) New York.

12. MAIDEN NAME OF MOTHER Blanch Lore

13. BIRTHPLACE OF MOTHER (city or town) Kennesota
(State or Country) South Dakota14. Informant Walter L. Cole.
(Address)

15. Filed 8-25-31, 1931

W. H. Rhoads
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August. 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 22, 1931, to Aug 23, 1931
that I last saw him alive on Aug 23, 1931
and that death occurred, on the date stated above, at 6:00 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Ruptured spleen with
hemorrhage & shock peritonitis(duration) yrs. mos. ds.
CONTRIBUTORY Gun shot wound
(Secondary) thru back (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Rhoads M.D.
Aug 25, 1931 (Address) Boise Ida

19. Place of Burial, Cremation, or Removal

Morris Hill Cemetery

Date of Burial

Aug. 25. 1931

20. Undertaker

Summers & Krebs

Address

Boise Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 15 1931

PLACE OF DEATH

County of AdaCity of BoiseSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76095Registration District No. 8Primary Registration District No. 2004 Local Registrar's No. 614(No. V.A., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME CAMPBELL, Arthur C.(a) Residence. No. Logan, Utah. St. Logan, Utah(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. A. C. Campbell6. DATE OF BIRTH (month, day, and year) June 25, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>44</u>	<u>1</u>	<u>22</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>XX</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)13. NAME XX14. BIRTHPLACE (city or town) XX
(State or country)15. MAIDEN NAME XX16. BIRTHPLACE (city or town) XX
(State or country)17. INFORMANT L.H. BEAMAN
(Address) V.A., Boise, Idaho18. BURIAL, CREMATION, OR REMOVAL Shipped
Place Logan, Utah Date 8/19/31 193119. UNDERTAKER McBainey Funeral Home
(Address) Boise, Idaho20. FILED 8-18, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 17 193122. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1930, to Aug. 17, 1931.I last saw him alive on Aug. 17, 1931; death is saidto have occurred on the date stated above, at 5.55 p.m.The principal cause of death and related causes of importance
were as follows:Tbc. pul. and interic

Date of onset

Other contributory causes of importance:
Perforation intestinal with
acute peritonitis.Name of operation Appendectomy Date of 3-11-31What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1931.Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place. Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) F. O. Smith, Reg. Med. Off., M. D.(Address) V.A., Boise, Idaho

RECEIVED SEP 15 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76096

PLACE OF DEATH

County of Ada

City of

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

(No. Died 2 Miles West of Meridian.)

Local Registrar's No. 56

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charlie Tomas Mowles.

(a) Residence. No. 4 Miles South of Nampa. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word.) Unknown.
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) February. 3. 1886.

7. AGE 45	Years 6	Months 1	Days min.	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Unknown.
(State or country)10. NAME OF FATHER
Unknown.11. BIRTHPLACE OF FATHER (city or town) Unknown.
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (city or town) Unknown.
(State or Country)14. Informant Mrs. Hallie Grow.
(Address) Oklahoma City Okla.15. Filed 8-8-31 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 4, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, that I attended deceased from Aug. 4, 1931, to Aug. 4, 1931, and that death occurred, on the date stated above, at 4 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Killed in Automobile Accident
fracture of skull, and
internal injuries.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Clyde E. Summers Coroner M. D.
Aug 8, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery, Aug. 8. 31. 19

20. Undertaker Address

Summers & Krebs, Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED SEP 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76097

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 65
(No. On Rail Road Speeder enroute to Boise from Idaho C

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mane Drakulich.

(a) Residence No. Idaho City Idaho.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 14 yrs. mo. ds.

How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widow, d. or divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Milica Drakulich.

6. DATE OF BIRTH (month, day and year) April-15-1895

7. AGE 36 Years 4 Months 9 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Loader

(b) General nature of industry, business, or establishment in which employed (or employer) Log Loader

(c) Name of employer Boise Payette Lumber Co.

9. BIRTHPLACE (city or town) Korenca.
(State or country) Jugo Slavia

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (city or town) unknown
(State or Country)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (city or town) unknown
(State or Country)

14. Informant Mary Rockson
(Address) 1219 Grove

15. Filed 8-27-31 U. S. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August. 24. 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....
that I last saw him alive on 19.....

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Crushed Chest caused from falling log. while working for Boise Payette Lumber Co. 5 miles above Idaho City Idaho.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. M. Rhodes Deputy Coroner, M. D.

Aug. 26. 1931 (Address) Boise Ida.

19. Place of Burial, Cremation, or Removal Date of Burial
Morris Hill Cemetery Aug. 28. 31

20. Undertaker Address
Summers & Krebs. Boise Ida

RECEIVED AUG 17 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76098

State File No.

PLACE OF DEATH

County of AdaCity of Grand ViewRegistration District No. 74Primary Registration District No. 2151Local Registrar's No. 70(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME John Howard Hickman

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced HUSBAND OF Minnie Alice Hickman6. DATE OF BIRTH (month, day and year) Aug. 25, 18617. AGE Years 69 Months 11 Days 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Murray, Iowa
(State or country)10. NAME OF FATHER Howard Hickman11. BIRTHPLACE OF FATHER (city or town) Iowa
(State or Country)12. MAIDEN NAME OF MOTHER Mary Lyons13. BIRTHPLACE OF MOTHER (city or town) Iowa
(State or Country)14. Informant Mrs. Wm. Rogers(Address) Mt. Home15. Filed Aug. 12, 1931Registrar W. J. Eckenbush

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 10th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19,

that I last saw him alive on , 19,

and that death occurred, on the date stated above, at about 8 P. m.

The CAUSE OF DEATH* was as follows:

Gunshot wound of the head.Suicidal, no inquest

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. J. Eckenbush, M. D., 19 (Address) Grand View

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Mt. Home Aug. 12 1931

20. Undertaker Address

C. G. Zacher Mt. Home

RECEIVED SEP 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76099

PLACE OF DEATH

County of Ada

City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. Idaho Soldiers Home.)

Local Registrar's No. 222

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Penner.

(a) Residence. No. Idaho Soldiers Home. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word.) Single.
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1854.

7. AGE 77	Years	Months	Days	If LESS than 1 day,hrs. ormin.
--------------	-------	--------	------	--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Indian War Veteran.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ireland.
(State or country)

10. NAME OF FATHER

Unknown.

11. BIRTHPLACE OF FATHER (city or town) Unknown.
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (city or town) Unknown.
(State or Country)

14. Informant E.G. Burned.

(Address) Idaho Soldiers Home Boise, Idaho. Morris Hill Cemetery. Aug. 4, 1931

15. Filed 8-4, 1931

W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 3, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Aug 3, 1931
that I last saw him alive on Aug 2, 1931
and that death occurred, on the date stated above, at 4:10 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Senility
End arteritis causing gangrene
of feet & back.CONTRIBUTORY
(Secondary)Exhaustion from alcohol
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? clinical symptoms

(Signed) Fred A. Fitzgerald M. D.
8/4, 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

20. Undertaker Address

Summers & Krebs, Boise, Idaho.

RECEIVED SEP 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76100

PLACE OF DEATH

County of Ada

City of Boise.

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 1004

(No. Idaho Soldiers Home Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert. S. Butler.

(a) Residence. No. Idaho Soldiers Home.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 5 yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word)

Widower.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sept. 20. 1837.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

93.

10

19.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Veteran of the Civil War.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) New York.
(State or country)

10. NAME OF FATHER

Unknown.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Unknown.

12. MAIDEN NAME OF MOTHER

Julia Trumble.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Michigan.

14.

Informant
(Address)

Frank. B. Thornburg.

Elks Club Boise, Idaho.

15.

Filed

8-12

1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from

1931, to Aug 9, 1931

that I last saw him alive on Aug 8, 1931

and that death occurred, on the date stated above, at 6:15 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

8/10

1931

(Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Meadows, Idaho. August. 11. 31. 19

20. Undertaker

Address

Summers & Krebs Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEPT 15 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada.</u>		CERTIFICATE OF DEATH		State File No. <u>76101</u>	
City of <u>Boise.</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>247</u>	
		Primary Registration District No. <u>204</u>			
		(No. <u>St. Alphonsus Hospital.</u>)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Baby Silver.</u>					
(a) Residence. No. <u>Boise, Idaho.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds.				(If nonresident give city or town and state)	
				How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>August 30 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>0</u>	<u>0</u>	<u>0</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Boise, Idaho.</u> (State or country)					
FATHER					
13. NAME <u>Willard Silver</u>					
14. BIRTHPLACE (city or town) <u>Cincinnati, Ohio.</u> (State or country)					
MOTHER					
15. MAIDEN NAME <u>Eleanor Gullis.</u>					
16. BIRTHPLACE (city or town) <u>Nebr.</u> (State or country)					
17. INFORMANT <u>Willard Silver.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cem.</u> date <u>9/1/31</u> 193 <u>1</u> Place					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>8-31</u> , 193 <u>1</u> <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8/30/31</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>August 30</u> , 193 <u>1</u> , to <u>August 30</u> , 193 <u>1</u> . I last saw <u>him</u> alive on <u>August 30</u> , 193 <u>1</u> . death is said to have occurred on the date stated above, at <u>5:00 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Premature Delivery (was ill)</u> Date of onset _____					
Other contributory causes of importance: <u>Physically weak - Anemic - slight poisoning - 2 wks. prior to delivery</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Physical</u> Was there an autopsy? <u>—</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify <u>no</u> (Signed) <u>W. H. Rhodes</u> , M. D. (Address) <u>Boise, Idaho.</u>					

1619

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 15 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

78102

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Alphonsus Hospital)

Local Registrar's No. 330

2. FULL NAME Ruth Elaine Piersol

(a) Residence. No. Lone Star Road, St. Nampa Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 21st., 1929.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 10 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Nampa,
(State or country) Idaho.

10. NAME OF FATHER

R.L. Piersol

11. BIRTHPLACE OF FATHER (city or town) IOWA
(State or Country)

12. MAIDEN NAME OF MOTHER Josephine Baumann

13. BIRTHPLACE OF MOTHER (city or town) North Dakota.
(State or Country)

14. Informant R.L. Piersol
(Address) Nampa, Idaho.

15. Filed 8-13 1931 W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 10, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to Aug 10, 1931
that I last saw him alive on Aug 8, 1931
and that death occurred, on the date stated above, at 2:10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state: (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Multiple Abscesses of lungs.
(duration) about 30 yrs. 30 mos. 30 ds.

CONTRIBUTORY malnutrition, unresorbed pneumonia (Secondary) (duration) about 3 mos. 3 ds.

18. Where was disease contracted if not at place of death? Nampa, Idaho

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy findings
(Signed) Harmon Baumann, D.
8-11, 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal Mt. Calvary- Nampa. Date of Burial 8/12/31 19

20. Undertaker Mrs. Nina M. Talley Address Nampa, IDA

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 15 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Ada

CERTIFICATE OF DEATH

State File No. 76103City of BoiseRegistration District No. 8Primary Registration District No. 2004Local Registrar's No. 67(No. V.A., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME HAROLD L. BAKER(a) Residence. No. St. Ashton, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced (write the word) divorced
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of **XX**6. DATE OF BIRTH (month, day, and year) June 5, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **XX**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)13. NAME **XX**14. BIRTHPLACE (city or town) **XX**
(State or country)15. MAIDEN NAME **XX**16. BIRTHPLACE (city or town) **XX**
(State or country)17. INFORMANT L. H. Beaman
(Address) V.A., Boise, Idaho18. BURIAL, CREMATION, OR REMOVAL
Place Ashton, Ida Date 8-30, 193119. UNDERTAKER McCBratney Funeral Home
(Address) Boise, Idaho20. FILED 8-31, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 29, 193122. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1931, to Aug. 29, 1931.I last saw him alive on Aug. 29, 1931; death is said to have occurred on the date stated above, at 4.15a.m.

The principal cause of death and related causes of importance were as follows:

Abcess of the brain involving left ventricle.

Date of onset

Other contributory causes of importance:
Probably otitis media or traumatic.Name of operation none Date ofWhat test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Smith, M. D.(Address) V.A., Boise, Idaho

8-31-31

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 15 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of AdaCity of BaileRegistration District No. 2Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

76104

State File No. _____

Local Registrar's No. 245(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Baby Sumner

(a) Residence. No. _____

(Usual place of abode)

St. Payette Ida.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) S5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Aug 24-317. AGE Years Months Days 7 If LESS than
2 yrs., 6 hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. _____9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. _____10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town) Baile
(State or country) Ida13. NAME Wm H Sumner14. BIRTHPLACE (city or town) Kansas
(State or country) Ill15. MAIDEN NAME Maud Hallaway16. BIRTHPLACE (city or town) Kansas
(State or country)17. INFORMANT Wm H Sumner
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Baile, Ida Date 8/25, 193119. UNDERTAKER Schick & Co
(Address) Baile, Ida20. FILED 8-25, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 24, 193122. I HEREBY CERTIFY, That I attended deceased from
Aug. 24, 1931, to Aug 24, 1931I last saw him alive on Aug 24, 1931; death is said
to have occurred on the date stated above, at A. P. M.The principal cause of death and related causes of importance
were as follows: _____ Date of onset _____Malnutrition
Acute
for albumin
& edema
7th & 8thOther contributory causes of importance:
Permativity

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place. _____Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____(Signed) W. H. Rhodes M. D.
(Address) Baile, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 10 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH Registration District No. <u>2</u> Primary Registration District No. <u>1004</u> (No. <u>St. Lukes Hospital.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		State File No. <u>76105</u>	
City of <u>Boise.</u>				Local Registrar's No. <u>346</u>	
2. FULL NAME <u>William Eddy.</u>					
(a) Residence. No. <u>2200 Harrison Blvd.</u> St. _____					
Length of residence in city or town where death occurred. <u>1</u> yrs. <u></u> mos. <u></u> ds. How long in U. S., if of foreign birth? <u></u> yrs. <u></u> mos. <u></u> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Louisa Eddy.</u>					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 15-1860</u>					
7. AGE Years <u>70</u>		Months <u>11</u>		Days <u>12</u>	
If LESS than 1 day, _____ hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer.</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Coal Mine.</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>England.</u>			
12. BIRTHPLACE (city or town) (State or country)					
13. NAME <u>Whitfield Eddy.</u>					
14. BIRTHPLACE (city or town) (State or country) <u>England.</u>					
15. MAIDEN NAME <u>Eleanor-----</u>					
16. BIRTHPLACE (city or town) (State or country) <u>England.</u>					
17. INFORMANT <u>Howard Eddy.</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Dry Creek Cem.</u> Date <u>8/28/31</u> 193					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>8-28</u> , 1931 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8/27/31</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 1/31</u> , 1931, to <u>Aug 27</u> 1931.					
I last saw <u>him</u> alive on <u>Aug 27</u> , 1931; death is said to have occurred on the date stated above, at <u>10:30 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Uræmic Poison</u>					
Other contributory causes of importance: <u>Bright Disease</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Urinary</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) <u>Wm. H. Rhodes</u> M. D.					
(Address) <u>Boise, Idaho.</u>					

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RECEIVED SEP 15 1937

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

76106

PLACE OF DEATH

County of Ada

City of Boise

Registration District No.

Primary Registration District No.

(No. St Lukes Hospital.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James. T. Huff.

(a) Residence. No. Star, Idaho.

St.

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single. Married, Widowed, or Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Jennie Huff.

6. DATE OF BIRTH (month, day and year)

November. 8. 1918.

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

82.

8

23.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Johnson County. (State or country) Missouri.

10. NAME OF FATHER

James Huff.

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Missouri.

12. MAIDEN NAME OF MOTHER

Almire Thistle.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Missouri.

14.

Informant Mrs. James. T. Huff. (Address) Star, Idaho.

15.

Filed 8-3, 1937.

W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 1, 1937 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 24, 1937, to Aug 1, 1937

that I last saw him alive on Aug 1, 1937

and that death occurred, on the date stated above, at 7:30 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Acute Exacerbation of a Chronic Nephritis

(duration) yrs. mos. 8.

CONTRIBUTORY (Secondary)

Hypertrophied Prostate with retention (duration) 2 yrs. mos.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Rhodes, M. D.

8-3, 1937 (Address) Boise

19. Place of Burial, Cremation, or Removal

Date of Burial

Pioneer Cemetery.

Aug. 3. 1937.

20. Undertaker

Address

Summers and Krebs, Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH		State File No. <u>76107</u>	
City of <u>Boise</u>		Registration District No. <u>8</u>		Local Registrar's No. <u>57</u>	
		Primary Registration District No. <u>2004</u>			
		(No. <u>4 Miles West of Boise</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Garrett Boyenger</u>					
(a) Residence. No. <u>4 Miles West of Boise</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>29</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Alice Boyenger</u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan. 22-1856</u>					
7. AGE <u>75</u>	Years <u>6</u>	Months <u>17</u>	Days <u>17</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Holland</u> (State or country)					
13. NAME <u>Gilbert Boyenger</u>					
14. BIRTHPLACE (city or town) <u>Holland</u> (State or country)					
15. MAIDEN NAME <u>Unknown</u>					
16. BIRTHPLACE (city or town) <u>Holland</u> (State or country)					
17. INFORMANT <u>Mrs. Dora Pickerall</u> (Address) <u>Boise, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cemetery</u> Date <u>8/10/31</u> 193					
19. UNDERTAKER <u>Wm. McBratney</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>8-11</u> , 193 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8/9/31</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 10</u> , 193, to <u>Aug 9</u> , 193.					
I last saw him alive on <u>Aug 8</u> , 193; death is said to have occurred on the date stated above, at <u>6:30 A.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Myocarditis and valvular heart lesions.</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>John Smith</u> , M. D. (Address) <u>Boise, Idaho</u>					

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of AdamsCity of Cuprum.

CERTIFICATE OF DEATH

Registration District No. 71

Primary Registration District No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Doile Virgil Germer(a) Residence. No. P.O. Homestead Oregon. Lived in Adams County on Windy Ridge.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred: yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>single</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 17, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>8</u>	<u>5</u>	<u>4</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work schoolboy(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Challis Idaho
(State or country)10. NAME OF FATHER John Henry Germer11. BIRTHPLACE OF FATHER (city or town) Idaho Falls
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Virginia Bordoli13. BIRTHPLACE OF MOTHER (city or town) Italy
(State or Country) provincio de Como.14. Informant John Henry Germer. Father.
(Address) Homestead Oregon.15. Filled Aug 25 31 1931

Registrar

DO NOT WRITE IN THIS SPACE

State File No. 76108Local Registrar's No. 71

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 21, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
first seen dead at 5:30 A.M. 1931and that death occurred, on the date stated above, at 3:35 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Extensive burns, all of body except
upper part of head and neck. Caused
by being caught in fire in home.
approx 7hrs 36 Min.
(duration) yrs. mos. ds.CONTRIBUTORY Toxic absorption of
foreign protein.
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical exam.(Signed) Chas. E. ... M. D.Aug 21, 1931 (Address) Council Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Community grave yard
Bear Post Office Ida.8/22/31 19

20. Undertaker

Address

buried by family no undertaker
available.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 28 1931
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **76109**

PLACE OF DEATH

County of Adams
City of New Meadows

CERTIFICATE OF DEATH

Registration District No. 71
Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Karleskint

(a) Residence. No. New Meadows, 1 1/2 miles out St.
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White, American 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Karleskint

6. DATE OF BIRTH (month, day and year) April, 12, 1854

7. AGE Years 77 Months 3 Days 4 If LESS than 1 day, — hrs. or — min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher & Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Stock-raising, grain & hay
(c) Name of employer Works for self. — Farming.

9. BIRTHPLACE (city or town) Lewis County,
(State or country) New York State.

10. NAME OF FATHER Frederick Karleskint

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country) Alsace Lorraine, France

12. MAIDEN NAME OF MOTHER Mary Ann Readinger

13. BIRTHPLACE OF MOTHER (city or town) Paris, France
(State or Country)

14. Informant Mrs. Peter Karleskint
(Address) New Meadows, Idaho.

15. Filed _____, 19____ Robt Young Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July, 16th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 18th, 1931, to July, 16th, 1931
that I last saw him alive on July, 16th, 1931
and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease,
(Aortic Stenosis)

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY Cerebral Hemorrhage,
(Secondary)

(duration) — yrs. — mos. 12 ds.

18. Where was disease contracted New Meadows, Idaho.
if not at place of death?

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) W. H. Schuyler, M. D.
July 18, 1931 (Address) New Meadows, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Meadows Cemetery Date of Burial July, 18, 1931
20. Undertaker Address New Meadows

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		State File No. <u>76111</u>	
City of <u>Pocatello</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>139</u>	
		Primary Registration District No. <u>2161</u>			
		(No. <u>727 West Whitman St.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Nellie Barry Garrett</u>					
(a) Residence. No. <u>727 West Whitman</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>16</u> yrs. mos. ds. How long in U. S., if of foreign birth? <u>16</u> yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Wife of John Garrett</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>March 9, 1895.</u>					
7. AGE	Yer. s	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>36</u>	<u>5</u>	<u>11</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
					11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u>Belfast, Ireland.</u>					
MOTHER FATHER	13. NAME <u>James Barry</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Belfast, Ire.</u>				
	15. MAIDEN NAME <u>Mary Ann Magill</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Belfast, Ireland.</u>				
17. INFORMANT <u>Mrs. W. H. Allen</u> (Address) <u>Pocatello, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>Aug. 23, 1931.</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>Aug. 22, 1931.</u> <u>J. C. Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug. 20, 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from					
....., 193....., to....., 193.....					
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.					
The principal cause of death and related causes of importance were, as follows:					
<u>Accidentally Electrocuted when Radio Antenna pole came in contact with high tension power line</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury....., 193.....					
Where did injury occur?..... (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify.....					
(Signed) <u>Arthur W. Hall</u> Coroner, M.D.					
(Address) <u>Pocatello, Idaho.</u>					

RECEIVED SEP 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

PLACE OF DEATH

County of BannockCity of Grace

CERTIFICATE OF DEATH

Registration District No. 84Primary Registration District No. 2161

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Widdison Livingston

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. 7 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)
Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eliza Jane6. DATE OF BIRTH (month, day and year) Jan 10 1883

7. AGE

Years

Months

Days

If LESS than 1 day,
_____ hrs. or
_____ min.73615

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.NON(b) General nature of industry,
business, or establishment in
which employed (or employer)retired

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Salt Lake City Utah

10. NAME OF FATHER

James Campbell Livingston11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Scotland12. MAIDEN NAME OF MOTHER Hanna Widdison13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Scotland

14.

Informant
(Address)Salt Lake City Utah

15.

Filed Aug 1 -1931Mrs. G. G. Felt
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July301931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Undetermined -The man was found dead
in his bed.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? 0

What test confirmed diagnosis?

(Signed) Ellen Kaur

M. D.

8/1/311931(Address) Bed Spring Mo

19. Place of Burial, Cremation, or Removal

Date of Burial

Spring City UtahAug 1 31 19

20. Undertaker

Address

M. W. HendricksPreston Idan

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		State File No. 76113	
County of Bannock			
City of Pocatello			
Registration District No. 20			
Primary Registration District No. 2161		Local Registrar's No. 132	
(No. <i>Presidence Bear 936 - West Wyeth</i>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME Lulu Jane Christiansen			
(a) Residence. No. 946 West Wyeth		St. Pocatello	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Married	
5a. If married, widowed, or divorced HUSBAND of William H. Christiansen (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) April 17, 1895			
7. AGE	Years 36	Months 3	Days 20
	If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Preston, Idaho (State or country)			
MOTHER FATHER	13. NAME John Pellum		
	14. BIRTHPLACE (city or town) Illinois (State or country)		
	15. MAIDEN NAME Frances Scarbrough		
	16. BIRTHPLACE (city or town) Illinois (State or country)		
17. INFORMANT (Address)			
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date 8/11/1931			
19. UNDERTAKER Arthur W. Hall (Address) Pocatello			
20. FILED 8-11 , 1931 D C Ray Registrar			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) Aug 7 1931			
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.			
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows:			
Gun shot wound in head at hands of own Christian (homicide)			
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____, 1931.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____			
If so, specify _____			
(Signed) Arthur W. Hall Coroner Pocatello, Idaho			
(Address) _____			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<u>Bannock</u>	CERTIFICATE OF DEATH		State File No. <u>76114</u>	
City of	<u>Pocatello</u>	Registration District No. <u>28</u>			
		Primary Registration District No. <u>2461</u>		Local Registrar's No. <u>140</u>	
		(No. <u>727 West Whitman St.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Leo Franklin Hancock</u>					
(a) Residence. No. <u>415 South Grant Ave.</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>12</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Husband of Mabel Larson</u>					
6. DATE OF BIRTH (month, day, and year) <u>May 12, 1895.</u>					
7. AGE	Years <u>36</u>	Months <u>3</u>	Days <u>8</u>	If LESS than 1 day, hrs. min. <u></u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fireman</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Fargo Apts.</u>				
	10. Date deceased last worked at this occupation (month and year) <u>August 31.</u>				
	11. Total time (years) spent in this occupation <u>10</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Downey, Ida.</u>					
FATHER	13. NAME <u>Wm. Hancock</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Payson, Utah.</u>				
	15. MAIDEN NAME <u>Cloe Rawson</u>				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Indiana</u>				
	17. INFORMANT (Address) <u>Mrs. L. F. Hancock Pocatello, Idaho.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>Aug. 23, 1931</u>					
19. UNDERTAKER (Address) <u>Arthur W. Hall Pocatello, Idaho.</u>					
20. FILED <u>Aug. 22, 1931</u> <u>S. C. Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug. 20, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u></u> , 193 <u></u> , to <u></u> , 193 <u></u> .					
I last saw h. <u></u> alive on <u></u> , 193 <u></u> : death is said to have occurred on the date stated above, at <u></u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Accidentally Electrocuted</u>					
<u>when Radio Antenna pole came in contact with high tension power line</u>					
Other contributory causes of importance:					
Name of operation <u></u> Date of <u></u>					
What test confirmed diagnosis? <u></u> Was there an autopsy? <u></u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 193 <u></u> .					
Where did injury occur? <u></u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u></u>					
Manner of injury <u></u>					
Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u></u>					
(Signed) <u>Arthur W. Hall</u> Coroner, M. D.					
(Address) <u>Pocatello, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		CERTIFICATE OF DEATH	
County of <u>Bannock</u>		State File No. <u>76115</u>	
City of <u>Pocatello</u>		Registration District No. <u>28</u>	
Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>133</u>	
(No. <u>Pocatello General Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>William H. Christiansen</u>			
(a) Residence. No. <u>#58 - W Harrison</u>		St. <u>Pocatello</u>	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Lulu Jane Christiansen</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Aug. 17, 1884</u>			
7. AGE	Years <u>46</u>	Months <u>11</u>	Days <u>21</u>
	If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Grader, city</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Hyrum, Utah</u> (State or country)			
FATHER	13. NAME <u>H. P. Christiansen</u>		
	14. BIRTHPLACE (city or town) <u>Denmark</u> (State or country)		
	15. MAIDEN NAME <u>Rosie L. Black</u>		
MOTHER	16. BIRTHPLACE (city or town) <u>Utah</u> (State or country)		
	17. INFORMANT <u>H. P. Christiansen</u> (Address) <u>Moreland, Ida.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Moreland, Ida.</u> Date <u>8/12, 1931</u>			
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello</u>			
20. FILED <u>8-11</u> , 1931, <u>D. C. Ray</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Aug. 8, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.			
I last saw him alive on _____, 1931: death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows:			
<u>Gun shot wound in head. by own hand. (suicidal)</u>			
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____			
If so, specify _____			
(Signed) <u>Arthur W. Hall</u> <u>Coroner</u> Pocatello, M.D.			
(Address) <u>Pocatello</u>			

RECEIVED SEP 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76116

State File No.

PLACE OF DEATH

County of

City of

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

St.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State)

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant
(Address)

15. Filed

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

1:55 P.M. Aug 6, 1931, to 2:55 P.M. Aug 8, 1931

that I last saw him alive on Aug 6, 1931

and that death occurred, on the date stated above, at 2:55 P.M.

The CAUSE OF DEATH was as follows:

Premature Gestation
5 1/2 months -

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. R. Rich M. D.

8-6-1931 (Address) Lava Hot Spring

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instruction on back of certificate.

PARENTS

Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		State File No. <u>76117</u>	
City of <u>Pocatello</u>		Registration District No. <u>2</u>		Primary Registration District No. <u>2161</u>	Local Registrar's No. <u>130</u>
(No. <u>Pocatello General Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Johnson</u>					
(a) Residence. No. <u>458 So 3rd</u> St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Singel</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>August 6th 31</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or min.	
<u>Stillborn</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Pocatello</u> (State or country) <u>Idaho</u>					
FATHER	13. NAME <u>Henry Johnson</u>				
	14. BIRTHPLACE (city or town) (State or country)				
	15. MAIDEN NAME <u>Laura Bell Magden</u>				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Michigan</u>				
	17. INFORMANT <u>Henry Johnson</u> (Address) <u>Pocatello Idaho</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain View</u> Date <u>8/9/</u> , 19 <u>31</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello</u>					
20. FILED <u>8-8</u> , 19 <u>31</u> <u>D. Chay</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 6</u> , 19 <u>31</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>8/6</u> , 19 <u>31</u> , to <u>8/6</u> , 19 <u>31</u> . I last saw him alive on <u>8/6</u> , 19 <u>31</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Blue baby - Premature 8 1/2 Mo.</u> Other contributory causes of importance: <u>General Contracted Pelvic in Mother</u>					
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury <u>8/6</u> , 19 <u>31</u> Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>M. D.</u> (Address) _____					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76118**

PLACE OF DEATH

County of **Bannock**
City of **Pocatello**

CERTIFICATE OF DEATH

Registration District No. **28**

Primary Registration District No. **2161**

(No. **1420 S. 2nd Ave. Pocatello, Ida.**)

Local Registrar's No. **142**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Marian R. Steele**

(a) Residence No. **So. 2nd Ave** St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. — yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word.) **Single**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Aug. 17-1931**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) **Pocatello Idaho**

10. NAME OF FATHER **Willard C. Steele**

11. BIRTHPLACE OF FATHER (city or town) (State or Country) **Missoula**

12. MAIDEN NAME OF MOTHER **Mabel J. Thompson**

13. BIRTHPLACE OF MOTHER (city or town) (State or County) **North Dakota**

14. Informant (Address) **Willard C. Steele Pocatello, Idaho**

15. Filed **Aug 26 1931** **D C Ray** Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **Aug 26 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **8-17-31** to **8-26-31**
that I last saw him alive on **8-25-31**
and that death occurred, on the date stated above, at **2:40** m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature birth (about 6 1/2 months)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? **no** Date of —

Was there an autopsy? **no**

What test confirmed diagnosis? **Clinical**

(Signed) **Dr. J. H. ...** M.D.

8/27 1931 (Address) **Pocatello, Idaho**

19. Place of Burial, Cremation, or Removal **Pocatello, Idaho** Date of Burial **8/26/31**

20. Undertaker **H. L. McHan** Address **Pocatello, Idaho**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76119 State File No.	
PLACE OF DEATH			
County of <u>Bannock</u>			
City of <u>Pocatello</u>			
Registration District No. <u>28</u>			
Primary Registration District No. <u>2164</u>		Local Registrar's No. <u>137</u>	
(No. <u>St. Athony Hospt.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Everett Harris</u>			
(a) Residence. No. <u>Malad Ida. R.F.D. No 2.</u> St.			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. <u>4</u> <u>4</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced <u>Husband of</u> HUSBAND of <u>Margaret Ann Harris</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Nov. 17 1860</u>			
7. AGE Years <u>70</u>	Months <u>8</u>	Days <u>13</u>	If LESS than 1 day, hrs. or min.
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year) <u>2 yrs.</u>			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Kaysville Utah</u> (State or country)			
MOTHER FATHER			
13. NAME <u>Joseph Harris</u>			
14. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Unknown</u>			
15. MAIDEN NAME <u>Unknown</u>			
16. BIRTHPLACE (city or town) <u>Unknown</u> (State or country)			
17. INFORMANT <u>Lorin Harris</u> (Address) <u>malad Ida.</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Removal</u> Place <u>Malad Ida.</u> Date <u>Aug. 13</u> 193 <u>1</u>			
19. UNDERTAKER (Address) <u>D C Ray</u>			
20. FILED <u>8-13 31</u> 193 <u>1</u>			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Aug. 13</u> 193 <u>1</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 10</u> , 193 <u>1</u> , to <u>Aug. 13</u> , 193 <u>1</u> . I last saw him alive on <u>Aug. 13</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>8:30</u> p. m. The principal cause of death and related causes of importance were as follows: <u>Memic poisoning</u> Date of onset <u>Aug. 10, 1931</u>			
Other contributory causes of importance: <u>Hypertrophic prostate</u> <u>Chronic parenchymatous nephritis</u>			
Name of operation <u>Super pubic drainage</u> Date of <u>Aug. 16, 1931</u>			
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 193 <u>1</u> . Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify (Signed) <u>H. H. H. H. H.</u> , M. D. (Address) <u>Pocatello, Idaho</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of Bannock		City of Pocatello		Registration District No. 28		Primary Registration District No. 2161		State File No. 76120	
				(No. Saint Anthony's Hospital)		Local Registrar's No. 138			
(If death occurred in a hospital or institution, give its name instead of street and number.)									
2. FULL NAME Hershel Reed White		(a) Residence. No. 173 Wayne Ave.		St. 					
(Usual place of abode)									
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.									
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX Male		4. COLOR OR RACE White		5. Single, Married, Widowed, or Divorced (write the word) Married					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of		Katheryen Hayes							
6. DATE OF BIRTH (month, day, and year) July 31, 1902									
7. AGE		Years 29		Months 0		Days 15		If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer							
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
		10. Date deceased last worked at this occupation (month and year) June, 1931		11. Total time (years) spent in this occupation 10					
12. BIRTHPLACE (city or town) (State or country) Willard, Utah.									
MOTHER		13. NAME John M. White							
		14. BIRTHPLACE (city or town) (State or country) Willard, Utah.							
		15. MAIDEN NAME Mary Ann Hubbard							
		16. BIRTHPLACE (city or town) (State or country) Willard, Utah.							
		17. INFORMANT (Address) Mrs. H. R. White Pocatello, Idaho.							
		18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Aug. 17, 1931							
		19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.							
		20. FILED Aug. 17, 1931 D C Ray Registrar.							
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) Aug. 15, 1931									
22. I HEREBY CERTIFY, That I attended deceased from July 20 , 1931, to Aug 15 , 1931.									
I last saw him alive on Aug 15, 1931 ; death is said to have occurred on the date stated above, at 12 P. M.									
The principal cause of death and related causes of importance were as follows:									
<i>Chronic Nephritis</i>									
Other contributory causes of importance:									
Name of operation..... Date of.....									
What test confirmed diagnosis?..... Was there an autopsy? (24)									
23. If death was due to external causes (violence) fill in also the following:									
Accident, suicide, or homicide?..... Date of injury....., 1931.									
Where did injury occur? (Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place.									
Manner of injury.....									
Nature of injury.....									
24. Was disease or injury in any way related to occupation of deceased?									
If so, specify.....									
(Signed) D C Ray , M. D.									
(Address) Pocatello, Idaho.									

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH County of <u>Bannock</u> City of <u>Pocatello</u>		CERTIFICATE OF DEATH Registration District No. <u>28</u> Primary Registration District No. <u>2161</u> Local Registrar's No. <u>136</u> State File No. <u>76121</u>	
(No. <u>T. M. Y. Gardens</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>G. Ishida</u>			
(a) Residence. No. <u>T. M. Y. Gardens, Pocatello, Ida.</u> (Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX Male	4. COLOR OR RACE Japanese	5. Single, Married, Widowed, or Divorced (write the word) Unknown	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown			
6. DATE OF BIRTH (month, day, and year) Unknown			
7. AGE 60	Years	Months	Days
If LESS than 1 day, hrs. min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Garden		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) Japan			
MOTHER FATHER	13. NAME Unknown		
	14. BIRTHPLACE (city or town) (State or country) Japan		
	15. MAIDEN NAME Unknown		
	16. BIRTHPLACE (city or town) (State or country) Japan		
17. INFORMANT <u>A. W. Hall</u> (Address) <u>Pocatello, Ida.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>Aug. 16, 1931.</u>			
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>			
20. FILED <u>Aug. 15, 1931.</u> <u>J. C. Ray</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Aug 12 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.			
I last saw him alive on _____, 1931: death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows:			
<u>terminal bleeding from hemorrhage of stomach</u>			
Other contributory causes of importance: <u>ulcers of stomach</u>			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____, 1931.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____			
If so, specify _____			
(Signed) <u>Arthur W. Hall</u> <u>Coroner</u>			
(Address) <u>Pocatello</u>			

RECEIVED SEP 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSDO NOT WRITE IN THIS SPACE
76122
State File No. _____

PLACE OF DEATH

Bannock

County of _____

City of SwanLake Idaho

CERTIFICATE OF DEATH

Registration District No. 23

Primary Registration District No. 2160

(No. _____)

Local Registrar's No. 18

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Weldon Vary Millard

(a) Residence. No. _____

St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Sept 23 1915

7. AGE 15 Years Months II Days II If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

Child

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country) SwanLake Idaho

10. NAME OF FATHER Wm. H. Millard

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Preston

12. MAIDEN NAME OF MOTHER Clara Jones

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Lewiston

14. Informant Wm. H. Millard Father (Address) SwanLake

15. Filed Aug 28, 1931 Mary C. Coffin Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug - 27 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 1931, to Aug - 27 - 1931

that I last saw him alive on Aug - 20 - 1931

and that death occurred, on the date stated above, at 3:00 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Mitral Insufficiency

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Acute Pneumonic Fever (Secondary) and Cholera.

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) P. J. Hartoghen M. D. Aug 28 - 1931 (Address) Bowney, Idaho

19. Place of Burial, Cremation, or Removal SwanLake Idaho

Date of Burial Aug 30 31, 19

20. Undertaker M. W. Hendricks

Address Preston Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76123**

PLACE OF DEATH

County of **Bannock**City of **Lava Hot Springs**Registration District No. **87**Primary Registration District No. **2161**Local Registrar's No. **230**(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

5a. If married, widowed, or divorced

HUSBAND of

6. DATE OF BIRTH (month, day and year) **Sept 1, 1851**7. AGE Years **80** Months **11** Days **22** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) **Wales**10. NAME OF FATHER **John C. Marley**11. BIRTHPLACE OF FATHER (city or town) (State or Country) **England**12. MAIDEN NAME OF MOTHER **Evelyn Mathews**13. BIRTHPLACE OF MOTHER (city or town) (State or Country) **Wales**14. Informant **Mrs. Mary Marley by C.A.P.**
(Address) **M. C. Common, Lda**15. Filed **Aug 31, 1931** **Mrs. J. G. Fitz**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 23, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from on **Aug 23, 1931** to **Aug 23, 1931**that I last saw him alive on **Aug 23, 1931**and that death occurred, on the date stated above, at **4:45 P. m.**

The CAUSE OF DEATH* was as follows:

Cerebral HemorrhageCONTRIBUTORY **Cirrhosis of liver & Bright's Disease** (duration) **2** yrs. **2** mos. **2** ds.**Secondary** (duration) **4** yrs. **4** mos. **4** ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? **no** Date of _____Was there an autopsy? **no**What test confirmed diagnosis? **Examination**(Signed) **C. A. Rich**, M. D.**8-26, 1931** (Address) **Lava Hot Spgs**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

19

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76124

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 143
(No. No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Katherine D. Williams

(a) Residence, No. 405 South Harrison St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Mr. George Williams
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 11, 1876

7. AGE Years 55 Months 4 Days 21 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9. BIRTHPLACE (city or town) England
(State or country)

10. NAME OF FATHER Emerson Day.

11. BIRTHPLACE OF FATHER (city or town) New York, State
(State or Country)

12. MAIDEN NAME OF MOTHER Rebecca Vorhees

13. BIRTHPLACE OF MOTHER (city or town) New York, State.
(State or Country)

14. Informant Mr. George Williams
(Address) 405 South Harrison

15. Filed August, 29, 1931 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 29, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1931 to Aug 29, 1931
that I last saw her alive on Aug 27, 1931
and that death occurred, on the date stated above, at 6 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Apoplexy

(duration) yrs. 15 mos. ds. Sudden
CONTRIBUTORY High blood pressure
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J. Raaf M.D.
8-31 1931 (Address) Pocatello Idaho

19. Place of Burial, Cremation, or Removal Utica New York Date of Burial 19

20. Undertaker H. L. McHan Address Poca. Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH <u>Bannock</u>		76125	
County of <u>Bannock</u>		State File No.	
City of <u>Pocatello</u>		Local Registrar's No. <u>134</u>	
Registration District No. <u>28</u>			
Primary Registration District No. <u>2161</u>			
(No. <u>Pocatello General Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mrs. Kate Kurtz</u>			
(a) Residence. No. <u>Roy, Idaho</u> St.			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>John Kurtz</u> (or) WIFE of <u>John Kurtz</u>			
6. DATE OF BIRTH (month, day, and year) <u>March 24, 1888</u>			
7. AGE Years <u>43</u>	Months <u>4</u>	Days <u>18</u>	If LESS than 1 day, hrs. or min.
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Romania</u>			
MOTHER FATHER			
13. NAME <u>John Idar</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Hoffnunstal</u>			
15. MAIDEN NAME <u>Kate Schueck</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Hoffnunstal</u>			
17. INFORMANT (Address) <u>John Kurtz</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>American Falls, Idaho</u> Date <u>Aug. 13, 1931</u>			
19. UNDERTAKER (Address) <u>W. D. ...</u>			
20. FILED <u>...</u> , 193 <u>...</u>			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>8/11</u> 193 <u>1</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>8-7</u> , 193 <u>1</u> , to <u>8-11</u> , 193 <u>1</u> . I last saw him alive on <u>8-11</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>1:15 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>8 Pulmonary edema shows</u> <u>renal arteriosclerosis</u>			
Other contributory causes of importance: <u>operation - cholecyst</u> <u>stomach - appendicitis</u>			
Name of operation <u>as above</u> Date of <u>8/10/31</u>			
What test confirmed diagnosis? <u>...</u> Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>...</u> Date of injury <u>...</u> , 193 <u>...</u> Where did injury occur? <u>...</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>...</u> (Signed) <u>W. D. ...</u> M. D. (Address) <u>Pocatello, Idaho</u>			

Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO RECEIVED SEP 8 1931		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. 76126	
County of <u>Bannock</u>		City of <u>Pocatello</u>		Registration District No. <u>20</u>	
Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>129</u>			
(No. <u>Pocatello General Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Laura Bell Johnson</u>					
(a) Residence. No. <u>458 South Third</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>12</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
<u>Female</u>	<u>White</u>	<u>Married</u>			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of <u>Henry Johnson</u>					
6. DATE OF BIRTH (month, day, and year) <u>June 12th 1899</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>33</u>	<u>1</u>	<u>24</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Michigan</u> (State or country)					
MOTHER	13. NAME <u>Frank Magden</u>				
	14. BIRTHPLACE (city or town) <u>Michigan</u> (State or country)				
	15. MAIDEN NAME <u>Minnie Travis</u>				
16. BIRTHPLACE (city or town) <u>Michigan</u> (State or country)					
17. INFORMANT <u>Mr. Henry Johnson</u> (Address) <u>Pocatello Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain View</u> Date <u>8/8/31</u> 1931					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello Idaho</u>					
20. FILED <u>8-8</u> , 1931 <u>S. C. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>August 6</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>8/6</u> , 1931, to <u>8/6</u> , 1931.					
I last saw him alive on <u>8/6</u> , 1931. Death is said to have occurred on the date stated above, at <u>8 P.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Pulmonary Embolus</u>					
Date of onset <u>8/6/31</u>					
Other contributory causes of importance: <u>Confinement</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>J. H. Young</u> , M. D.					
(Address) _____					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76127

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

(No. Pocatello General Hospital)

Local Registrar's No. 141

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Golden

(a) Residence. No. 323 N. 5th St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 4 yrs. 7 mos. 5 ds. How long in U. S. if of foreign birth? 4 yrs. 7 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Mrs. R. W. Golden
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 12, 1870

7. AGE Years 37 Months 1 Days 1 If LESS than 1 day, 1 hrs. or 1 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Sup. C. & L. R. R.

(c) Name of employer C. H. Perice

9. BIRTHPLACE (city or town) (State or country) Mississippi

10. NAME OF FATHER Frank Golden

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mississippi

12. MAIDEN NAME OF MOTHER Harriet Martin

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) West Virginia

14. Informant (Address) Mr. R. P. Golden
brother

15. Filed 8924, 1931 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 21, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8-8, 1931, to 8-21, 1931,
that I last saw him alive on 8-21, 1931,
and that death occurred, on the date stated above, at 2 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenza
(duration) 13 yrs. 13 mos. 13 ds.

CONTRIBUTORY (Secondary) (duration) 13 yrs. 13 mos. 13 ds.

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Dr. J. H. ..., M. D. 23, 1931 (Address) Pocatello

19. Place of Burial, Cremation, or Removal Edgemoor Utah Date of Burial 8/24, 1931

20. Undertaker H. E. McMan Address Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
Bannock		BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		State File No. 76128	
County of		City of		Registration District No.		Local Registrar's No.	
Pocatello		Pocatello		28		131	
Primary Registration District No.		(No. 749 No 12th Ave,		2161			
(If death occurred in a hospital or institution, give its name instead of street and number.)		Clara Jane Marler					
2. FULL NAME		749 No 12th Ave		St.			
(a) Residence. No.		(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs. mos.		ds. How long in U. S., if of foreign birth?		yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX		4. COLOR OR RACE		5. Single, Married, Widowed, or Divorced (write the word)			
Female		White		Single			
5a. If married, widowed, or divorced							
HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) March 14, 1922							
7. AGE		Years		Months		Days	
9		4		22		If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		At Home and School					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country)		Pocatello Idaho					
13. NAME		Lionel A. Marler					
14. BIRTHPLACE (city or town) (State or country)		Clifton Idaho					
15. MAIDEN NAME		Ethel Lish					
16. BIRTHPLACE (city or town) (State or country)		McCammon Idaho					
17. INFORMANT (Address)		Lionel A. Marler Pocatello					
18. BURIAL, CREMATION OR REMOVAL Place		Pocatello					
19. UNDERTAKER (Address)		Hall Mortuary Pocatello					
20. FILED		S-7, 1931					
		D C Ray Registrar					
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) 8-6-1931							
22. I HEREBY CERTIFY, That I attended deceased from 8-1-1931, to 8-6-1931.							
I last saw her alive on 8-6-1931; death is said to have occurred on the date stated above, at 11 P. M.							
The principal cause of death and related causes of importance were as follows:							
Scarlet fever. 8-1-31							
Other contributory causes of importance: Acute nephritis. 8-4-31							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? _____							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? _____ Date of injury _____, 1931.							
Where did injury occur? _____ (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place. _____							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? _____							
If so, specify _____							
(Signed) W. J. Brothers, M.D.							
(Address) Pocatello Idaho							

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

RECEIVED SEP 9 1931

PLACE OF DEATH
County of Bannock
City of Pocatello

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76129

Registration District No. 28
Primary Registration District No. 2161

Local Registrar's No. 127

Residence

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruth L. Marler(a) Residence. No. 749 North 12th. Ave. St. 8

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 7, 1923.

7. AGE Years 8 Months 3 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

13. NAME Lionel A. Marler
14. BIRTHPLACE (city or town) (State or country) Clifton, Idaho.

15. MAIDEN NAME Ethel Lish
16. BIRTHPLACE (city or town) (State or country) McCammon, Idaho.

17. INFORMANT (Address) Lionel A. Marler Pocatello, Idaho.18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Ida. Date Aug. 3, 1931.19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.20. FILED Aug. 3, 1931. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 3, 1931.22. I HEREBY CERTIFY, That I attended deceased from 7-30, 1931, to 8-2, 1931.

I last saw her alive on 8-2, 1931; death is said to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Scarlet fever

Other contributory causes of importance:

Name of operation Clinical Date of July
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 1931.
Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —
(Signed) D. C. Ray M. D.
Pocatello, Idaho.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED SEP 9 1931	
County of <u>Bannock</u>		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
City of <u>Pocatello</u>		BUREAU OF VITAL STATISTICS		State File No. <u>76130</u>	
Registration District No. <u>28</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>128</u>	
(No. <u>Residence</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Raymond Henry Enke</u>					
(a) Residence. No. <u>340 North Arthur Ave.</u> St. <u></u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. <u>2 yrs. 6 mos.</u>		ds. How long in U. S., if of foreign birth? <u></u> yrs. <u></u> mos. <u></u> ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 2, 1905</u>					
7. AGE	Years <u>25</u>	Months <u>8</u>	Days <u>2</u>	If LESS than 1 day, <u></u> hrs. or <u></u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Service Station Attendant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shell Oil Co.</u>				
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 1930</u>				
	11. Total time (years) spent in this occupation <u>2 Yrs.</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Verdi, Minn.</u>					
MOTHER FATHER	13. NAME <u>Albert Julius Enke</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Rochester, Minn.</u>				
	15. MAIDEN NAME <u>Bertha Alice Boring</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Laplace, Ill.</u>				
17. INFORMANT <u>Albert J. Enke</u> (Address) <u>Pocatello, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lake Benton, Minn.</u> Date <u>Aug. 8, 1931</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho</u>					
20. FILED <u>Aug. 4, 1931</u> <u>D. C. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug. 4, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 1</u> , 1931, to <u>Aug 4</u> , 1931.					
I last saw him alive on <u>Aug 4</u> , 1931; death is said to have occurred on the date stated above, at <u>7:30</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Undulant fever</u>					Date of onset <u>2-1-31</u>
Other contributory causes of importance:					
<u>Acute pyrexia, infectious nephritis, & uremia</u>					<u>8-1-31</u>
Name of operation <u></u> Date of <u></u>					
What test confirmed diagnosis? <u>Substantive</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence), fill in also the following:					
Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 1931.					
Where did injury occur? <u></u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u></u>					
Manner of injury <u></u>					
Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>with Brothers</u>					
(Signed) <u>Pocatello, Idaho.</u> M. D.					
(Address) <u></u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 8 1931
DO NOT WRITE IN THIS SPACE

State File No. 76131

PLACE OF DEATH

County of Bonanza
City of Idaho

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No.
(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eugene Lerrault

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE Years 73 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Canada
(State or country)

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) Canada
(State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Canada
(State or country)

14 Informant Sister Bernard of Larma
(Address) Idaho

15 Filed Aug 28, 1931 John Post
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 26 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 26th 1931, to Aug 26th 1931, that I last saw him alive on Aug 26th 10:30 AM 1931, and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH* was as follows:

Dilation of Heart.
"Coronary"

(duration) yrs. 4 mos. ds.

CONTRIBUTORY
(Secondary)

Alu (duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of ✓

Was there an autopsy? No
What test confirmed diagnosis? "Sticiness"

(Signed) J. F. Hemington, M. D.
Thorley, Idaho, 1931 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Idaho Date of Burial Aug 28 1931

20. Undertaker Anasta Gustafson Address Idaho

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County Bennewah. State Idaho Registered No. _____
Township _____ or Village De Smet. or _____
City De Smet, Idaho No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harold Falcon.

(a) Residence. No. De Smet, Idaho. St. _____ Ward. 76132
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male. 4 COLOR OR RACE C.D.A. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby.

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) March 8, 1931

7 AGE Years _____ Months March Days 9 If LESS than 1 day, --- hrs. or --- min.
7th/31.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) De Smet, Idaho.
(State or country)

10 NAME OF FATHER John Falcom.

11 BIRTHPLACE OF FATHER (city or town) Montana.
(State or country)

12 MAIDEN NAME OF MOTHER Cecilia Gourchane

13 BIRTHPLACE OF MOTHER (city or town) Montana.
(State or country)

14 Informant John Falcon
(Address) De Smet, Idaho.

15 Filed Aug 18, 1931 John Post
11-3184 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17th/31, 19

17 I HEREBY CERTIFY, That I attended deceased from
Saw Child 3 P.M. 1931.
_____, 19_____, to _____, 19_____,

that I last saw him _____ alive on _____, 19_____,

and that death occurred, on the date stated above, at 8.30 P.m.

The CAUSE OF DEATH* was as follows:

Sun Stroke.

_____ (duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY Know of none.
(SECONDARY)

_____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Absolute stillness of Heart.
(Signed) J. J. Huntington, M. D.

, 19 (Address) Worley, Idaho.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL De Smet. DATE OF BURIAL 8/18/31

20 UNDERTAKER Joseph Vincent ADDRESS De Smet, Idaho.

MARGIN RESERVED FOR BINDING

9-200 d
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 14 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76133

PLACE OF DEATH

County of Deneviah
City of St. MariesRegistration District No. 32
Primary Registration District No. 2049Local Registrar's No. 26(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Carolyn A. Timmerman(a) Residence. No. Koolmea Inn 11¹² St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If ~~married~~, widowed, or divorced
HUSBAND of Ed W. Timmerman
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 10 18897. AGE Years Months Days If LESS than 1 day, hrs. or min.
41 2 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hotel Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mich

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Ed W. Timmerman
(Address) St. Maries15. Filed Sept 11, 1931 Halter Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 23rd 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on Aug 23rd 1931
and that death occurred, on the date stated above, at 4⁰⁰ p. m.

The CAUSE OF DEATH* was as follows:

Heart Block
(superinduced by overweight
and exercise overexertion)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) C. A. Tobens M. D.9/2, 1931 (Address) St. Maries, Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St. Maries Id. Date of Burial Aug 28 1931
20. Undertaker W. A. Mitchell Address St. Maries

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 14 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 76134

PLACE OF DEATH

County of Benewah
City of St. Maries

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 25

(No. Platts Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

87

2. FULL NAME

(a) Residence. No. St. Maries Ida St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) April 27 - 1891

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 40 3 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmers

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Redcliffe (State or country) Idaho

10. NAME OF FATHER Sam Brown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway

12. MAIDEN NAME OF MOTHER Julia Selgestad

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Norway

14. Informant Adolph Brown (Address) St Maries Ida

15. Filed Sept 11, 1931 Walter Coberg Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1931, to Aug 21, 1931, that I last saw him alive on Aug 21, 1931, and that death occurred, on the date stated above, at 10:30 a.m.
The CAUSE OF DEATH* was as follows:

Pericarditis of Heart

CONTRIBUTORY (duration) yrs. mos. ds. 2 21 ds.
(Secondary) Evolutionally some infection
(duration) yrs. mos. ds. 2 21 ds.

18. Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? gross with for cancer of heart
(Signed) James D. Platt M.D.
8/24, 1931 (Address) St Maries Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St Maries Ida Date of Burial Aug 25 1931
20. Undertaker Brook Mitchell Address St Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76135

PLACE OF DEATH

County of Benewah
City of St. Maries

Registration District No. 22Primary Registration District No. 2049(No. St. Maries Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 24

44

2. FULL NAME Peter Colwell(a) Residence. No. St Maries St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
66

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work RR Conductor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C.M. St P and Pacific9. BIRTHPLACE (city or town) Greenleaf (State or country) Wis10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant M H Donovan (Address) St Maries15. Filed Sept 11, 1931 Halter Pokerg Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1931, to Aug 12, 1931, that I last saw him alive on Aug 11, 1931

and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? GreenleafDid an operation precede death? Yes for bone biopsyWas there an autopsy? No

What test confirmed diagnosis?

(Signed) C. E. Robin M. D.8/12, 1931 (Address) St Maries, Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Greenleaf Date of Burial 19

20. Undertaker Geo. E. Mitchell Address St Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1931

STATE OF IDAHO

1931

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of **BINGHAM**

CERTIFICATE OF DEATH

State File No. **76136**City of **BLACKFOOT**Registration District No. **121**Primary Registration District No. **2194**Local Registrar's No. **164**(No. **STATE HOSPITAL SOUTH**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

JAMES JENSEN(a) Residence. No. _____ St. **Pocatello**

(Usual place of abode)

Length of residence in city or town where death occurred **2** yrs. **5** mos. **6** ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE	4. COLOR OR RACE WHITE	5. Single, Married, Widowed, or Divorced (write the word) SINGLE
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) **July 6, 1857**

7. AGE 74	Years	Months 6	Days 9	If LESS than 1 day, _____ hrs. or _____ min.
---------------------	-------	--------------------	------------------	--

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) **Do** spent in this occupation **not know**12. BIRTHPLACE (city or town) **Denmark**
(State or country) **Denmark**13. NAME **James C Jensen**14. BIRTHPLACE (city or town) **Denmark**
(State or country)15. MAIDEN NAME **Christiana**16. BIRTHPLACE (city or town) **Denmark**
(State or country)17. INFORMANT **Records of State Hosp So.**
(Address) **Blackfoot, Ida.**18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date _____, 193119. UNDERTAKER
(Address)20. FILED **Aug 15**, 1931 **Mrs. Walter E. Vahr**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Aug 15**, 193122. I HEREBY CERTIFY, That I attended deceased from **Apr. 15th, 1931**, to **Aug. 15th, 1931**I last saw him alive on **Aug. 15, 1931**; death is said to have occurred on the date stated above, at **8:35 PM**

The principal cause of death and related causes of importance were as follows:

SENILE DEMENTIA

Date of onset

March 9th 1929

Other contributory causes of importance:

Name of operation **None performed**
What test confirmed diagnosis? **Clinical symptoms**
Was there an autopsy?23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? **No** Date of injury _____, 1931Where did injury occur? **---**
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. **---**Manner of injury **---**Nature of injury **---**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Chas. R. Lewis**
Blackfoot, Ida. M. D.
(Address)

RECEIVED SEP 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76137**

PLACE OF DEATH

County of BinghamCity of ShelleyRegistration District No. 121Primary Registration District No. 2194Local Registrar's No. 11-0(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Lorraine Barrows

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofInfant

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
1 7 19 — hrs. or
— min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workInfant(b) General nature of industry,
business, or establishment in
which employed (or employer)at home

(c) Name of employer

9. BIRTHPLACE (city or town) Shelley Idaho
(State or country)10. NAME OF FATHER Francis Leo Barrows11. BIRTHPLACE OF FATHER (city or town) Charleston
(State or Country) Utah12. MAIDEN NAME OF MOTHER Cassie Viola Landon13. BIRTHPLACE OF MOTHER (city or town) Mendon
(State or Country) Utah14. Informant Francis L. Barrows (father)
(Address) Shelley Idaho15. Filed Aug 15 1931 Mrs Walter E. Patrie
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 15th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

August 15, 1931 to August 15, 1931that I last saw him alive on August 15, 1931and that death occurred, on the date stated above, at 11:45 P. M.The CAUSE OF DEATH was as follows: Malnutrition(duration) — yrs. — mos. — ds.
CONTRIBUTORY Chr Intestinal Intoxication
(Secondary)

(duration) — yrs. — mos. — ds.

18. Where was disease contracted
if not at place of death? —Did an operation precede death? no Date of noneWas there an autopsy? no

What test confirmed diagnosis?

(Signed) F. E. Roberts M. D.Aug 17, 1931 (Address) Shelley IdahoState the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Shelley Dist Cemetery Aug 17, 1931

20. Undertaker Address

None

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
<div style="text-align: center;"> PLACE OF DEATH County of <u>Bingham</u> City of <u>Springfield</u> Registration District No. <u>116</u> Primary Registration District No. <u>2185</u> </div>					
<div style="text-align: center;"> CERTIFICATE OF DEATH (No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.) </div>					
2. FULL NAME <u>Eugene H. Hodges</u> (a) Residence. No. <u>Springfield</u> <u>Idaho</u> (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. <u>28</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
<div style="text-align: center;"> PERSONAL AND STATISTICAL PARTICULARS </div>					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>July 30, 1931</u>					
7. AGE Years		Months	Days	If LESS than 1 day, hrs. min.	
			<u>28</u>		
<div style="text-align: center;"> OCCUPATION </div>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Springfield, Idaho</u>					
<div style="text-align: center;"> FATHER </div>					
13. NAME <u>L. E. Hodges</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Garfield, Utah</u>					
<div style="text-align: center;"> MOTHER </div>					
15. MAIDEN NAME <u>May Peterson</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Lehi, Utah</u>					
17. INFORMANT <u>L. E. Hodges</u> (Address) <u>Springfield, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Logan, Utah</u> Date <u>8/30, 1931</u>					
19. UNDERTAKER <u>E. J. Pugh</u> (Address) <u>Bluff, Idaho</u>					
20. FILED <u>8/28, 1931</u> <u>M. C. Markum</u> Registrar.					
<div style="text-align: center;"> MEDICAL CERTIFICATE OF DEATH </div>					
21. DATE OF DEATH (month, day, and year) <u>Aug 27, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 27, 1931</u> , to <u>Aug 27, 1931</u> . I last saw him alive on <u>Aug 27, 1931</u> ; death is said to have occurred on the date stated above, at <u>3 P</u> m. The principal cause of death and related causes of importance were as follows: <u>Sub acute Haemorrhagic Jaundice of the newborn</u> Date of onset <u>July 5, 1931</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> . If so, specify _____ (Signed) <u>M. C. Markum</u> , M. D. (Address) <u>Alderden, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>	City of <u>Shelley</u>	Registration District No. <u>121</u> Primary Registration District No. <u>2194</u>		State File No. <u>76140</u>	
				Local Registrar's No. <u>146</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mary Hansen</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred. <u>10 hrs.</u> How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>None</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day 10 hrs. or min.	
<u>0</u>		<u>0</u>	<u>0</u>	<u>10 hrs.</u>	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation <u>✓</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Shelley, Ida</u>					
MOTHER FATHER					
13. NAME <u>Geo. T. Hansen</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Fredericia, Denmark</u>					
15. MAIDEN NAME <u>Hela M. Bayce</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Shelley, Idaho</u>					
17. INFORMANT (Address) <u>Father - Geo. T. Hansen, Shelley, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Shelley, Ida</u> Date <u>Aug 25 1931</u>					
19. UNDERTAKER (Address) <u>None</u>					
20. FILED <u>Aug 27 1931</u> <u>Mrs. Walter E. Patis</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 25 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 24</u> , 1931, to <u>Aug 25</u> , 1931. I last saw her alive on <u>Aug 24</u> , 1931; death is said to have occurred on the date stated above, at <u>2-4</u> m. The principal cause of death and related causes of importance were as follows: <u>Premature</u> <u>6 1/2 mos.</u>					
Date of onset <u>Aug 24 1931</u>					
Other contributory causes of importance: <u>Normal delivery</u>					
Name of operation <u>None</u> Date of <u>Aug 25 1931</u>					
What test confirmed diagnosis? <u>Physician's signs</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>H. C. Gierck</u> M. D. (Address) <u>Shelley, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		CERTIFICATE OF DEATH Registration District No. <u>121</u> Primary Registration District No. <u>2194</u>		State File No. <u>76141</u>	
City of <u>Blackfoot.</u>				Local Registrar's No. <u>144</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Ida Browning,</u>					
(a) Residence. No. <u>No. Groveland</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>10</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ray Browning</u>					
6. DATE OF BIRTH (month, day, and year) <u>16-Sep-1901.</u>					
7. AGE	Years <u>29</u>	Months <u>11</u>	Days <u>0</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation <u>Idaho</u>				
12. BIRTHPLACE (city or town) (State or country)					
MOTHER FATHER	13. NAME <u>A. Ed. Matson</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Sweden.</u>				
	15. MAIDEN NAME <u>Clara Jane Crapp</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Utah.</u>				
17. INFORMANT (Address) <u>Ray Browning</u> <u>Blackfoot. Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lorenzo, Ida.</u> Date <u>19-Aug-1931</u>					
19. UNDERTAKER (Address) <u>Modern Mortuary</u> <u>Blackfoot. Ida.</u>					
20. FILED <u>Aug 18</u> , 1931. <u>Wm Walter E. Baker</u> (Signed) <u>W W Beck</u> , M. D. Registrar. (Address) <u>Blackfoot, Idaho</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug, 16, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>5/10</u> , 1930, to <u>8/16</u> , 1931					
I last saw her alive on <u>8/16</u> , 1931; death is said to have occurred on the date stated above, at <u>11 a.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Chronic Asthma</u> <u>1928</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of					
What test confirmed diagnosis? <u>Was there an autopsy?</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Where did injury occur?</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>W W Beck</u> , M. D. (Address) <u>Blackfoot, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH Blackfoot
County of Blaine
City of Blackfoot Registration District No. 12
Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE
State File No. 76142

Local Registrar's No. 138

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dustin Kinley Scharles
(a) Residence. No. East of City Limits St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Nov 30 1852

7. AGE Years 78 Months 8 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Blackfoot (State or country) Idaho

13. NAME Kinley Scharles

14. BIRTHPLACE (city or town) Blackfoot (State or country) Idaho

15. MAIDEN NAME Mc Culcheon

16. BIRTHPLACE (city or town) Blackfoot (State or country) Idaho

17. INFORMANT Walter E. Beck (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot Date Aug 11, 1931

19. UNDERTAKER E. T. Beck (Address) _____

20. FILE Aug 11, 1931 Walter E. Beck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1931, to Aug 8, 1931.

I last saw him alive on Aug 8, 1931; death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Aug 1, 1931

Other contributory causes of importance:

Arterio Sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. E. Beck, M. D.

(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		CERTIFICATE OF DEATH		State File No. <u>76143</u>	
City of <u>Blackfoot</u>		Registration District No. <u>21</u>		Local Registrar's No. <u>135</u>	
		Primary Registration District No. <u>2194</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mertin J. Hordcastle</u>					
(a) Residence. No. <u>Moulton</u>		St. _____			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>July 31 31</u>					
7. AGE	Years <u>11</u>	Months <u>11</u>	Days <u>14</u>	If LESS than 1 day, hrs. min. <u>11:30</u>	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Moulton Ida</u> (State or country)					
MOTHER FATHER					
13. NAME <u>Joseph B. Hordcastle</u>					
14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
15. MAIDEN NAME <u>Furn Bingham</u>					
16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
17. INFORMANT <u>Joseph B. Hordcastle</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Moulton</u> Date <u>8-2-</u> , 193 <u>1</u>					
19. UNDERTAKER <u>Modern Mortuary</u> (Address) <u>Blackfoot Idaho</u>					
20. FILED <u>Aug 1</u> , 193 <u>1</u> <u>Mrs. Walter E. Patis</u> Registrar. (Address) <u>Blackfoot Ida</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8/1</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>7/31</u> , 193 <u>1</u> , to <u>8/1</u> , 193 <u>1</u> . I last saw him alive on <u>8/1</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>10:30 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Cardiac Insufficiency</u> <u>Patent Foramen Ovale</u> Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>W. W. Beck</u> , M.D. (Address) <u>Blackfoot Ida</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		Registration District No. <u>121</u>		State File No. <u>76144</u>	
City of <u>Blackfoot</u>		Primary Registration District No. <u>2194</u>		Local Registrar's No. <u>145</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Caroline Hansen</u>					
(a) Residence. No. <u>Upper Preston</u> St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Enoch Hansen</u>					
6. DATE OF BIRTH (month, day, and year) <u>May 27, 1869</u>					
7. AGE Years <u>62</u>		Months <u>2</u>		Days <u>24</u>	
If LESS than 1 day, _____ hrs. or min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Morgan Utah</u>					
FATHER	13. NAME <u>David Robinson</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Penn.</u>				
MOTHER	15. MAIDEN NAME <u>Mary E. Grover</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Cullman Ohio</u>				
17. INFORMANT <u>E. W. Hansen</u> (Address) <u>Goshan, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Grove City Cem.</u> Date <u>Aug 24, 1931</u>					
19. UNDERTAKER <u>E. W. Hansen</u> (Address) <u>Blackfoot, Idaho</u>					
20. FILED <u>Aug 23, 1931</u> <u>Wm. Walter E. Latimer</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8/21, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>8/21, 1931</u> , to <u>8/21, 1931</u> , 1931.					
I last saw <u>her</u> alive on <u>8/21, 1931</u> ; death is said to have occurred on the date stated above, at <u>9:00 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Cardiac Insufficiency</u>					Date of onset <u>8/1/31</u>
Other contributory causes of importance:					
<u>Mitral Insufficiency</u>					<u>about 3 yrs</u>
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>W. W. Beck</u> M. D.					
(Address) <u>Blackfoot, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH			COUNTY OF <u>Bingham</u>			State File No. <u>76145</u>	
City of <u>Blackfoot</u>			Registration District No. <u>121</u>			Local Registrar's No. <u>147</u>	
Primary Registration District No. <u>1007</u>			(No. <u>Page Street</u>)				
(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Peggy Jane Striker</u>							
(a) Residence. No. _____ St. _____							
(Usual place of abode) (If nonresident give city or town and state)							
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____							
6. DATE OF BIRTH (month, day, and year) <u>Nov 24 1866</u>							
7. AGE		Years <u>69</u>		Months <u>9</u>		Days <u>1</u>	
						If LESS than 1 day, _____ hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>					
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
		10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) (State or country) <u>Adams Co. Idaho</u>							
FATHER		13. NAME <u>Robert M. Brant</u>					
		14. BIRTHPLACE (city or town) (State or country) <u>Don't Know</u>					
MOTHER		15. MAIDEN NAME <u>Don't Know</u>					
		16. BIRTHPLACE (city or town) (State or country) <u>Don't Know</u>					
17. INFORMANT <u>Gimmie Striker</u> (Address) <u>Blackfoot Idaho</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Blackfoot Idaho</u> Date <u>Aug 28 1933</u>							
19. UNDERTAKER <u>G. J. Park</u> (Address) <u>Blackfoot Idaho</u>							
20. FILED <u>Aug 29 1933</u> 1. <u>Wm. Walter E. Harris</u> Registrar.							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>8-27 1931</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>8-1 1931</u> , to <u>8-27 1931</u> .							
I last saw him alive on <u>8-27 1931</u> ; death is said to have occurred on the date stated above, at <u>11:40 p.m.</u>							
The principal cause of death and related causes of importance were as follows: <u>Chronic myocarditis</u> Date of onset <u>1924</u>							
Other contributory causes of importance: <u>Chronic Nephritis</u> <u>1928</u>							
Name of operation _____ Date of _____							
What test confirmed diagnosis? <u>physical & x-rays</u> Was there an autopsy? <u>no</u>							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 1931.							
Where did injury occur? <u>✓</u> (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>							
Manner of injury <u>✓</u>							
Nature of injury <u>✓</u>							
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____							
(Signed) <u>J. D. Humphreys, M.D.</u> (Address) <u>Blackfoot Idaho</u>							

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>	City of <u>Blackfoot</u>	Registration District No. <u>121</u>		State File No. <u>76146</u>	
		Primary Registration District No. <u>2144</u>		Local Registrar's No. <u>149</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Emma Louise Nelson</u>					
(a) Residence. No. <u>Blackfoot</u> St. <u>Route 1</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>3</u> yrs. <u>8</u> mos. <u>13</u> ds. How long in U. S., if of foreign birth? <u>52</u> yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John Nelson</u>					
6. DATE OF BIRTH (month, day, and year) <u>March 15, 1860</u>					
7. AGE <u>71</u> Years	Months <u>5</u>	Days <u>14</u>	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year) <u>May 11, 1931</u>					
11. Total time (years) spent in this occupation <u>48 yrs</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Petersgotland, Sweden</u>					
13. NAME <u>Sutham</u> <u>Don't know</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>					
15. MAIDEN NAME <u>"</u>					
16. BIRTHPLACE (city or town) (State or country) <u>"</u>					
17. INFORMANT <u>Mrs. Eva Nelson</u> (Address) <u>Blackfoot, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>West Park</u> Date _____, 1931					
19. UNDERTAKER <u>G. T. Pack</u> (Address) <u>Blackfoot, Idaho</u>					
20. FILED <u>Sept 1</u> , 1931 <u>Mrs. Walter E. Davis</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8-28</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>1-5</u> , 1931, to <u>8-28</u> , 1931.					
I last saw her alive on <u>8-27</u> , 1931; death is said to have occurred on the date stated above, at <u>9:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Chronic myocarditis</u> 1928					
<u>Chronic nephritis</u> 1928					
Other contributory causes of importance:					
<u>Cirrhosis of Liver</u> 1930					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there a autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 1931.					
Where did injury occur? <u>✓</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____					
(Signed) <u>J. D. Humphreys</u> , M. D.					
(Address) <u>Blackfoot, Idaho</u>					

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH BINGHAM		State File No. 76147	
County of BINGHAM City of BLACKFOOT		Registration District No. 121 Primary Registration District No. 2194 Local Registrar's No. 1034	
CERTIFICATE OF DEATH (No. STATE HOSPITAL SOUTH) (If death occurred in a hospital or institution, give its name instead of street and number.)		76	
2. FULL NAME GEORGE W PARIS		St. Utah (If nonresident give city or town and state)	
(a) Residence. No. _____ (Usual place of abode)		Length of residence in city or town where death occurred. yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX MALE	4. COLOR OR RACE WHITE	5. Single, Married, Widowed, or Divorced (write the word) MARRIED	
5a. If married, widowed, or divorced HUSBAND of Dolly Paris (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) June 25, 1885			
7. AGE 46	Years 1	Months 6	Days 6 If LESS than 1 day, _____ hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) do spent in this occupation not know			
12. BIRTHPLACE (city or town) (State or country) Carydon Indiana			
FATHER	13. NAME Do not know		
	14. BIRTHPLACE (city or town) (State or country) Do not know Indiana		
	15. MAIDEN NAME Do not know		
MOTHER	16. BIRTHPLACE (city or town) (State or country) Do not know Indiana		
	17. INFORMANT (Address) Records of State Hosp. South Blackfoot, Idaho.		
	18. BURIAL, CREMATION, OR REMOVAL Place Doyle Date Aug 1, 1931		
19. UNDERTAKER (Address) E. J. Taylor Blackfoot			
20. FILED Aug 1, 1931 Dr. H. L. E. Catline Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) Aug 1, 1931			
22. I HEREBY CERTIFY, That I attended deceased from June 17th, 1931 , to Aug. 1st, 1931 . I last saw him alive on Aug. 1st, 1931 ; death is said to have occurred on the date stated above, at 9:40 AM . The principal cause of death and related causes of importance were as follows:			
General Paralysis of the Insane. (Duration at least as long as confined here)			Date of onset Do not know
Other contributory causes of importance:			
Name of operation None Date of _____			
What test confirmed diagnosis? Wassermann Was there an autopsy? No			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____			
(Signed) Chas. R. Sawyer , M.D. Blackfoot, Idaho.			

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(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Ida.

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH County of <u>BINGHAM</u> City of <u>BLACKFOOT</u> Registration District No. <u>121</u> Primary Registration District No. <u>2194</u> STATE HOSPITAL SOUTH (No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)		State File No. <u>76149</u> Local Registrar's No. <u>136</u>	
2. FULL NAME <u>May Mayes</u>			
(a) Residence. No. _____		St. <u>Parma Idaho</u>	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. <u>2</u> yrs. <u>1</u> mos. <u>2</u> ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>WIDOW</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Mar. 15 1877</u>			
7. AGE <u>53</u>	Years <u>4</u>	Months <u>20</u>	Days <u>1</u> day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
	10. Date deceased last worked at this occupation (month and year) _____		
FATHER	11. Total time (years) spent in this occupation _____		
	12. BIRTHPLACE (city or town) (State or country) <u>Dougllass Illinois</u>		
	13. NAME <u>I. H. Watkins</u>		
MOTHER	14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>		
	15. MAIDEN NAME <u>Margaret Martin</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Illinois</u>		
17. INFORMANT (Address) <u>Records of State Hosp. So. Blackfoot, Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Caldwell, Ida</u> Date <u>8-8-31</u> , 193 _____			
19. UNDERTAKER (Address) <u>Modern Mortuary Blackfoot, Ida.</u>			
20. FILED <u>Aug 6</u> , 193 <u>Mr. Walter C. Davis</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Aug. 5, 1931</u> 193 _____			
22. I HEREBY CERTIFY, That I attended deceased from <u>Apr. 15th 1931</u> , 193 _____, to <u>Aug. 5th, 1931</u> , 193 _____			
I last saw her alive on <u>Aug. 5th, 1931</u> ; death is said to have occurred on the date stated above, at <u>6 PM</u> m.			
The principal cause of death and related causes of importance were as follows:			
CEREBRAL HEMORRHAGE			
Other contributory causes of importance: _____			
Name of operation <u>None</u> Date of _____			
What test confirmed diagnosis? <u>Clinical symptoms</u> Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 _____			
Where did injury occur? (Specify city or town, county, and State) _____			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____			
If so, specify _____ (Signed) <u>Chas. B. Law</u> , M. D.			
(Address) <u>Blackfoot, Idaho.</u>			

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PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
County of <u>Ft. Hall Res- ervation</u>		BUREAU OF VITAL STATISTICS		State File No. <u>76150</u>	
City of _____		Registration District No. <u>121</u>		Local Registrar's No. <u>157</u>	
		Primary Registration District No. <u>2194- R</u>			
		(No. <u>At Ranch</u> <u>No Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Quassevah -----</u>					
(a) Residence. No. <u>6666</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Willie Wenee</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>1882</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>49</u>	<u>---</u>	<u>---</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) <u>July 8, 1931</u>				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Ft. Hall Reservation</u>					
FATHER	13. NAME <u>Taquannah Pahcena</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Ft. Hall Reservation</u>				
	15. MAIDEN NAME <u>Tas-sab-bah</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Ft. Hall Reservation</u>				
MOTHER	17. INFORMANT <u>Lillie Quassevah</u> (Address) <u>Ft. Hall, Idaho</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Ft. Hall Res.</u> Date <u>7-11</u> , 193 <u>1</u>				
	19. UNDERTAKER <u>Brown & Eldredge</u> (Address) <u>Blackfoot, Idaho</u>				
	20. FILED <u>Aug. 31</u> , 193 <u>1</u>				
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>1931</u>					
22. I HEREBY CERTIFY That I attended deceased from <u>No Doctor attending</u> _____, 193____, to _____, 193____					
I last saw h. _____ alive on _____, 193____; death is said to have occurred on the date stated above, at <u>7: A.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Apoplexy- Cerebral</u> <u>7-8-31</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Henry P. Thaler</u> , M.D.					
(Address) <u>Ft. Hall Idaho</u>					

Registrar.

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED SEP 11 1931 DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		CERTIFICATE OF DEATH		State File No. <u>76151</u>	
City of <u>Sterling</u>		Registration District No. <u>116</u>		Local Registrar's No. <u>10</u>	
(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>William Albert Blair</u>					
(a) Residence. No. <u>Sterling 2240 St.</u>					
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. <u>20</u> yrs. <u>1</u> mos. <u>0</u> ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Uva Blair</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Apr 21 1892</u>					
7. AGE	Years <u>39</u>	Months <u>3</u>	Days <u>19</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation		12. BIRTHPLACE (city or town) (State or country) <u>Fairview Utah</u>			
MOTHER FATHER	13. NAME <u>Henry Blair</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>New York</u>				
	15. MAIDEN NAME <u>Anna Norstrand</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Minnesota</u>				
17. INFORMANT (Address) <u>Uva Blair</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Springfield, Ida</u> Date <u>Aug 12 1931</u>					
19. UNDERTAKER (Address) <u>Blackfoot, Idaho</u>					
20. FILED <u>g.c.</u> , 1931 <u>M. C. Martin</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 9 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at <u>6 P.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Acute Alcohol Poisoning</u> <u>(Home brewed beer)</u>					
Other contributory causes of importance: <u>Chronic my. cardiac</u>					
Date of onset <u>Aug 9 1931</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>M. C. Martin</u> , M. D.					
(Address) <u>Sterling, Ida</u>					

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH County of <u>Ft. Hall Reservation</u>		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. <u>76152</u>	
City of _____		Registration District No. <u>121</u>		Local Registrar's No. <u>150</u>	
Primary Registration District No. <u>2194-R</u>		(No. <u>At Ranch</u> <u>No Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Herbert Papse</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. <u>1</u> yrs <u>5</u> mos. <u>22</u> ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Shoshone</u> <u>Ind. 4/4</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Jan 23, 1930</u>					
7. AGE	Years <u>1</u>	Months <u>5</u>	Days <u>W 22</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
	12. BIRTHPLACE (city or town) <u>Ft. Hall, Idaho</u> (State or country)				
FATHER	13. NAME <u>James Papse</u>				
	14. BIRTHPLACE (city or town) <u>Ft. Hall Reservation</u> (State or country)				
MOTHER	15. MAIDEN NAME <u>Josie Dan.</u>				
	16. BIRTHPLACE (city or town) <u>Nevada</u> (State or country)				
17. INFORMANT <u>James Papse</u> (Address) <u>Ft. Hall, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Portneuf Cem.</u> Place <u>Ft. Hall Res</u> Date <u>7-18-31</u> 1931					
19. UNDERTAKER <u>Brown-Eddredge</u> (Address) <u>Blackfoot, Idaho</u>					
20. FILED <u>Aug. 31, 1931</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 18, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 23</u> , 193 <u>1</u> , to <u>July 15, 31</u> , 193 <u>1</u>					
I last saw him alive on <u>July 14</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>9: A</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Tuberculosis of the Lungs</u> <u>I-23-31</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Henry R. [Signature]</u> M. D. (Address) <u>Ft. Hall, Idaho</u>					

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		76153	
PLACE OF DEATH		COUNTY OF <i>Bingham</i>		State File No.	
CITY OF <i>Blackfoot</i>		Registration District No. <i>121</i>		Local Registrar's No. <i>139</i>	
Primary Registration District No. <i>1007</i>		(No. <i>West Francis St. no number</i>)		(If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <i>Oleo Arline Price</i>		(a) Residence. No. <i>Morland</i> St.		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. <i>3</i> mos. <i>5</i> ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Infant</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>James Leroy Price</i>					
6. DATE OF BIRTH (month, day, and year) <i>May 8, 1931</i>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<i>3</i>	<i>5</i>	<i>5</i>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <i>Morland Idaho</i>					
13. NAME <i>James Leroy Price</i>					
14. BIRTHPLACE (city or town) (State or country) <i>Utah</i>					
15. MAIDEN NAME <i>Martha Good</i>					
16. BIRTHPLACE (city or town) (State or country) <i>Idaho</i>					
17. INFORMANT <i>James Leroy Price</i> (Address)					
18. BURIAL, CREMATION OR REMOVAL Place <i>Morland Idaho</i> Date <i>Aug 15</i> 1931					
19. UNDERTAKER <i>none</i> (Address)					
20. FILED <i>Aug 15</i> 1931 <i>Wm. M. Patton</i> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>Aug 13</i> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <i>Aug 12</i> 1931, to <i>Aug 13</i> 1931.					
I last saw him alive on <i>Aug 12</i> 1931; death is said to have occurred on the date stated above, at <i>11:30</i> a.m.					
The principal cause of death and related causes of importance were as follows: <i>Influenza</i>					
Other contributory causes of importance: <i>1 wk.</i>					
Name of operation <i>none</i> Date of					
What test confirmed diagnosis? <i>Physician</i> Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <i>W. E. Patton</i> (Signed), M.D.					
(Address)					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		State File No. <u>76154</u>	
PLACE OF DEATH		COUNTY OF <u>Bingham</u>		CITY OF <u>Blackfoot</u>	
Registration District No. <u>121</u>		Primary Registration District No. <u>1007</u>		Local Registrar's No. <u>143</u>	
(No. <u>1</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Eleota Kerma Loe</u>					
(a) Residence. No. <u> </u> St. <u> </u> (Usual place of abode)					
Length of residence in city or town where death occurred. yrs <u>3</u> mos. <u>8</u> ds. How long in U. S., if of foreign birth? yrs. <u> </u> mos. <u> </u> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of <u> </u> (or) WIFE of <u> </u>					
6. DATE OF BIRTH (month, day, and year) <u>May 8 1931</u>					
7. AGE	Years <u>3</u>	Months <u> </u>	Days <u>8</u>	If LESS than 1 day, hrs. <u> </u> or min. <u> </u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u> </u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>				
	10. Date deceased last worked at this occupation (month and year) <u> </u>				
11. Total time (years) spent in this occupation <u> </u>					
12. BIRTHPLACE (city or town) <u>Bingham Co Idaho</u> (State or country)					
FATHER	13. NAME <u>Garred Leroy Eric</u>				
	14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)				
MOTHER	15. MAIDEN NAME <u>Martha Loe</u>				
	16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)				
17. INFORMANT (Address) <u>Garred Leroy Eric</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Mountain View</u> Date <u>Aug 17 1931</u>					
19. UNDERTAKER (Address) <u>Garred Leroy Eric</u>					
20. FILED <u>Aug 17 1931</u> Registrar <u>Mr. Walter E. Parice</u> (Address) <u>Blackfoot Idaho</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 16 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 13</u> , 1931, to <u>Aug 16</u> , 1931. I last saw <u>alive</u> on <u>Aug 16</u> , 1931; death is said to have occurred on the date stated above, at <u>7: P</u> m. The principal cause of death and related causes of importance were as follows: <u>Influenza - Antitoxin type</u>					
Other contributory causes of importance: <u> </u>					
Name of operation <u>None</u> Date of <u>7/20</u>					
What test confirmed diagnosis? <u>Phys exam</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 1931. Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u> </u> Manner of injury <u> </u> Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? <u> </u> If so, specify <u> </u> (Signed) <u>W E Parice</u> M. D. <u>Blackfoot Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Blaine</u>	City of <u>Hailey</u>	Registration District No. <u>57</u>	Primary Registration District No. <u>2022</u>	State File No. <u>76155</u>	Local Registrar's No. <u>17</u>
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Elizabeth Bell Hartung</u>					
(a) Residence. No. <u>105</u> St. <u>Hailey, Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced. (write the word) <u>Married</u>			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of <u>Carl Hartung</u>					
6. DATE OF BIRTH (month, day, and year) <u>June 5, 1854</u>					
7. AGE	Years <u>77</u>	Months <u>2</u>	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Mt. Carbon</u> (State or country) <u>Penn.</u>					
13. NAME <u>Sam Smith</u>					
14. BIRTHPLACE (city or town) <u>Hailey</u> (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>X</u>					
16. BIRTHPLACE (city or town) <u>Hailey</u> (State or country) <u>Idaho</u>					
17. INFORMANT <u>Wida Thier</u> (Address) <u>Hailey, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Aug 7, 1931</u>					
19. UNDERTAKER <u>Harris & Sons</u> (Address) <u>Hailey - Idaho</u>					
20. FILED <u>9-1</u> , 1931 <u>W. F. Smith</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 5</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 4</u> , 1931, to <u>Aug 5</u> , 1931					
Last saw him alive on <u>Aug 4</u> , 1931; death is said to have occurred on the date stated above, at <u>5 a.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Chronic bronchial asthma</u>					
Date of onset <u>7-1-31</u>					
Other contributory causes of importance: <u>Pulmonary edema</u>					
Name of operation <u>clinical</u> Date of <u>✓</u>					
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>✓</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>clinical</u> Date of injury <u>1931</u>					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Robert H. Wright</u> , M.D. (Address) <u>Hailey, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

76156

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 76

Township _____ or Village _____

City Sandpoint No. _____ St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? 30 yrs. _____ mos. _____ ds.

2. FULL NAME

Carl V. Olsen(a) Residence: No. 907 N. 5th St. St. _____ Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed, or divorced HUSBAND of Irene Olsen (or) WIFE of6. DATE OF BIRTH (month, day, and year) June 29, 18777. AGE Years 54 Months 1 Days 24 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor Green Chain9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill10. Date deceased last worked at this occupation (month and year) Aug. 1931 11. Total time (years) spent in this occupation 1412. BIRTHPLACE (city or town) Smeland (State or country) Sweden13. NAME Unknown14. BIRTHPLACE (city or town) Sweden (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Sweden (State or country)17. INFORMANT Mrs. Carl Olsen (Address) 907 N. 5th St. Sandpoint, Idaho18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Idaho Date Aug. 26, 193119. UNDERTAKER L. S. Moon (Address) Sandpoint, Idaho20. FILED Aug 26, 1931 Viola Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____; death is said

to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Natural Causes.
History Angina Pectoris.Date of onset
About
1 Day.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) L. S. Moon Coroner(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 701576
 Township _____ or Village _____
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Joseph Burdett

(a) Residence: No. _____ St. _____ Ward. Trout Creek, Montana.
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR Married

5a. If married, widowed, or divorced, HUSBAND of Mary Burdett (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 19, 1864

7. AGE Years 64 Months 5 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
 10. Date deceased last worked at this occupation (month and year) Aug. 1931. 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Storm Lake (State or country) Iowa

13. NAME Frank Burdett

14. BIRTHPLACE (city or town) Paris (State or country) France

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Paris (State or country) France

17. INFORMANT Mrs. Mary Burdett (Address) Trout Creek, Montana.

18. BURIAL, CREMATION, OR REMOVAL Place White Pine, Mont. Date Aug. 23, 1931

19. UNDERTAKER L. G. MOON (Address) Sandpoint, Idaho.

20. FILED Aug 22, 1931 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1931, to Aug 21, 1931
 I last saw him alive on Aug 21, 1931; death is said to have occurred on the date stated above, at 11:30 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Aug 19, 1931

Other contributory causes of importance:

Arterio Sclerosis

Name of operation no Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Wm. F. Tyler M. D.

(Address) Sandpoint, Idaho.

RECEIVED SEP 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76158

PLACE OF DEATH

County of CannerCity of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 76Primary Registration District No. 2155(No. 414 Alder st.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 682. FULL NAME Mrs. Lillie Elmer Hutchinson(a) Residence No. 414 Alder st. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEdward Hutchinson6. DATE OF BIRTH (month, day and year) aug 23 1882

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.481118

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)WYoming

10. NAME OF FATHER

John Swanson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Sweden

12. MAIDEN NAME OF MOTHER

Marie Brown13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Germany

14.

Informant
(Address)Edward Hutchinson
Saratoga Wyo.

15.

Filed Aug 6, 1931Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

aug
(Month)5
(Day)1931
(Year)17. I HEREBY CERTIFY, That I attended decedent from
July 29, 1931, to Aug 5, 1931What I last saw him alive on Aug 5, 1931and that death occurred, on the date stated above, at 9 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Bronchitis Chronic - several yearsAsthma - 9 mosMitral regurgitation - chronic

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) B. P. Staechel, M. D.Aug 6, 1931. (Address) Sandpoint, Id.

19. Place of Burial, Cremation, or Removal

Date of Burial

Saratoga Wyo

19

20. Undertaker

Address

Turner Cosandpoint

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 78
 Township _____ or Village _____
 City Colburn No. _____ St. _____ Ward _____

(If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charlotte Ann Elli.

(a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 24, 1930

7. AGE Years 1 Months 3 Days 9 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wilton
 (State or country) N. Dak.

13. NAME Emil Elli.

14. BIRTHPLACE (city or town) Austria
 (State or country)

15. MAIDEN NAME Esther Eld.

16. BIRTHPLACE (city or town) Sweden
 (State or country)

17. INFORMANT Emil Elli
 (Address) Colburn Ida

18. BURIAL, CREMATION, OR REMOVAL Pincrest Cemetery
 Place Sandpoint Date Aug. 5, 1931

19. UNDERTAKER L. S. Moon
 (Address) Sandpoint, Idaho

20. FILED Aug 5, 1931 L. S. Moon
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. ____ alive on _____, 19____; death is said to have occurred on the date stated above, at 11: A. m.

The principal cause of death and related causes of importance were as follows:

Accidental Traumatism
Crushed by Railway
train.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 8/3, 1931

Where did injury occur? Colburn, Idaho
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of Injury Crushed by railway train.

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) L. S. Moon Cornwall

(Address) Sandpoint, Idaho

MARGIN RESERVED FOR BINDING

8-2091
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 8 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 76160
 Township _____ or Village _____
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME WILLIAM NELSON BROCKWAY

(a) Residence: No. _____ St. _____ Ward. BONNERS FERRY, IDAHO.
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) SINGLE

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) DEC. 3, 1915.

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
15 7 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TRUCK DRIVER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AUTO FREIGHT

10. Date deceased last worked at this occupation (month and year) Aug 1931. 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) ESPANOLA
(State or country) WASHINGTON.

13. NAME WILLIAM O. BROCKWAY

14. BIRTHPLACE (city or town) MISSOURI
(State or country)

15. MAIDEN NAME CLERCY E. BRAY

16. BIRTHPLACE (city or town) ARKANSAS
(State or country)

17. INFORMANT W. O. BROCKWAY
(Address) BONNERS FERRY, IDAHO.

18. BURIAL, CREMATION OR REMOVAL
Place BONNERS FERRY IDA. Date Aug. 7, 1931

19. UNDERTAKER L. G. MOON
(Address) SANDPOINT, IDAHO.

20. FILED Aug 5, 1931 Vigla Alder
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) AUG. 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

ACCIDENTAL DROWNING

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ACCIDENT Date of Injury _____, 19____

Where did Injury occur? Sandpoint, Idaho.

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place.

public place

Manner of Injury Drowning

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) L. G. Moon CORONER

(Address) SANDPOINT IDAHO.

MARGIN RESERVED FOR BINDING

8-2091
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76161

PLACE OF DEATH

County of Bonner
City of Morton

CERTIFICATE OF DEATH

Registration District No. 85
Primary Registration District No. 2185
(No. _____)

Local Registrar's No. 19

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eugene David Clark

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 1 yrs. 4 mos. 11 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of Alzoe A. Clark
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov. 7, 1866

7. AGE	Years	Months	Days	If LESS than 1 day. _____ hrs. or _____ min.
	<u>64</u>	<u>9</u>	<u>4</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pardeville
(State or country) Wis.10. NAME OF FATHER
David S. Clark11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country) Ohio12. MAIDEN NAME OF MOTHER Maryett Barker13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County) Ohio14. Informant Millard Clark
(Address) Morton, Idaho15. Filed Aug. 13, 1931 P. E. Wessa
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug. 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug. 5, 1931, to Aug. 11, 1931that I last saw him alive on Aug. 8, 1931and that death occurred, on the date stated above, at 4:30 A. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Angina Pectoris(duration) _____ yrs. _____ mos. 26 ds.
CONTRIBUTORY Chronic Myocarditis
(Secondary)(duration) 5 yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? None(Signed) A. D. Schlegelbauer M. D.
Aug. 11, 1931 (Address) Newport, Wash.19. Place of Burial, Cremation, or Removal Sawyer, Idaho Date of Burial Aug. 13, 193120. Undertaker L. G. Moon, Sandpoint, Idaho
Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

76162

PLACE OF DEATH

County of BonnerCity of Priest River

CERTIFICATE OF DEATH

Registration District No. 85Primary Registration District No. 2185

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Benton

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

St.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widowed</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Mary J. Benton
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 26, 1843

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
	<u>88</u>	<u>5</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer(b) General nature of industry, business, or establishment in which employed (or employer) Retired five years

(c) Name of employer

9. BIRTHPLACE (city or town) Posey County
(State or country) Indiana

10. NAME OF FATHER

John Benton11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)12. MAIDEN NAME OF MOTHER Mary Bowles13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)14. Informant James Prater
(Address) Priest River, Idaho15. Filed Aug 19, 1931 R. E. Wess
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 18, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Aug 2, 1931, to Aug 19, 1931
that I last saw him alive on Aug 18, 1931and that death occurred, on the date stated above, at 11:20 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Senility - myocardial degeneration

.....(duration)yrs.mos.ds.
CONTRIBUTORY (Secondary) Jaundice suggesting carcinoma of liver
.....(duration)yrs.mos. 14 ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none
(Signed) L. J. Stauffer, M. D.Aug 19, 1931 (Address) Priest River, Idaho19. Place of Burial, Cremation, or Removal
Colfax, Wash.Date of Burial
8/20 193120. Undertaker
Moon Mortuary, Priest River, Ida

Address

RECEIVED SEP 2 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76163

PLACE OF DEATH

County of Donner

City of Blanchard

CERTIFICATE OF DEATH

Registration District No. 45

Primary Registration District No. _____

(No. _____)

Local Registrar's No. 7

46

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank B. Clin

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wable Clin

6. DATE OF BIRTH (month, day and year) May 4, 1873

7. AGE 58 Years 2 Months 5 Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Broadhead (State or country) Wisconsin

10. NAME OF FATHER Philo Clin

11. BIRTHPLACE OF FATHER (city or town) New York (State or Country)

12. MAIDEN NAME OF MOTHER Lucy Atwood

13. BIRTHPLACE OF MOTHER (city or town) Linn (State or Country)

14. Informant Gussie Dixon (Address) Spur 2, 1st Blk

15. Filed 7-11 19 31 Ac Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 9th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from July 9th 1931 to July 9, 1931
that I last saw him alive on July 1, 1931

and that death occurred, on the date stated above, at 4:30 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma of Prostate
(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Hypertrophy of Prostate
(duration) 10 yrs. _____ mos. _____ ds.

18. Where was disease contracted Home if not at place of death?

Did an operation precede death? No Date of 7-10-1930

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. P. Baker M. D.

7-11 19 31 (Address) 606 2nd

19. Place of Burial, Cremation, or Removal Donner Cemetery Rathdrum Date of Burial 7-12 1931

20. Undertaker Concedy Funeral Home Address Rathdrum

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 2 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76164

PLACE OF DEATH

County of Donner

City of Bayview

CERTIFICATE OF DEATH

Registration District No. 45

Primary Registration District No. _____

(No. _____)

Local Registrar's No. 5

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Bayview, Ida.

(Usual place of abode.)

St. _____

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

Yrs.

Mos.

Ds.

How long in U. S. if of foreign birth?

Yrs.

Mos.

Ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Wh

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Levi H. Anderson

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Wiscousin

10. NAME OF FATHER

Lewis Mapham

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

New York

12. MAIDEN NAME OF MOTHER

Barrett Crockett

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

New York

PARENTS

14. Informant
(Address)

Nina E. Shaffer
Bayview, Idaho

15.

Filed

June 29 1931

A. Spooner

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June

28

1931

17. I HEREBY CERTIFY, That I attended deceased from

June 27, 1931, to June 28, 1931

that I last saw him alive on June 27, 1931

and that death occurred, on the date stated above, at 1:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
(Stroke of a poplary)

(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY
(Secondary)

Old age

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) Frank M. Hough, M.D.
6/29, 1931 (Address) Rathdrum, Pa.

19. Place of Burial, Cremation, or Removal

Spokane

Date of Burial

1931

20. Undertaker

C. H. Padgett

Address

Spokane

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bonanza
City of Idaho FallsRegistration District No. 73Primary Registration District No. 2147(No. none)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oscar Edmund Beckman(a) Residence. No. 5 miles West of Idaho Falls.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 24 18677. AGE Years Months Days If LESS than 1 day, hrs. or min.
63 7 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work F armer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sweden
(State or country)10. NAME OF FATHER Johann Anderson11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Sweden12. MAIDEN NAME OF MOTHER Johanna Anderson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Sweden14. Informant Milo Beckman
(Address) Idaho Falls Ida.15. Filed A/1, 1931 Life Insurance
Registrar

DO NOT WRITE IN THIS SPACE

State File No. 76166Local Registrar's No. 10

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19 that I last saw him alive on 19 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Was dead when I
was called
(duration) yrs. mos. ds.CONTRIBUTORY Isolated death
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis? C M Chm(Signed) C M Chm, M. D., 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Disposition New Sweden Cemetery Date of Burial 8/3 193120. Undertaker V. F. M of Idaho Falls Address Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 18 1931

PLACE OF DEATH

County of BonnevilleCity of Idaho Falls

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 2190(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 76167Local Registrar's No. 1302. FULL NAME Ruel I. Norton(a) Residence. No. St. Pocatello, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Rose Norton
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Jan. 10, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>24</u>	<u>5</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho13. NAME David L. Norton14. BIRTHPLACE (city or town) Lehi
(State or country) Utah15. MAIDEN NAME Martha E. Cooper16. BIRTHPLACE (city or town) American Fork
(State or country) Utah17. INFORMANT Mrs. Rose Norton
(Address) Pocatello, Idaho18. BURIAL, CREMATION, OR REMOVAL
Place Iona, Idaho Date July 9, 193119. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho20. FILED 7/7, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6, 193122. I HEREBY CERTIFY, That I attended deceased from June 30, 1931 to July 6, 1931I last saw him alive on July 5, 1931; death is saidto have occurred on the date stated above, at 8-43a

The principal cause of death and related causes of importance

were as follows:

Date of onset

ConcussionComp. Fracture of Head

Other contributory causes of importance:

Hemorrhage from noseUnconsciousness, no responseName of operation None Date ofWhat test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 6, 1931Where did injury occur? Idaho Falls (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. In homeManner of injury Derisk fall on headNature of injury Comp. Fracture of Head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [Signature] M. D.(Address) Idaho Falls

LEGALLY RESERVED FOR BINDING

RECEIVED SEP 12 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76168

PLACE OF DEATH

County of Bonanza
City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2150

Local Registrar's No. 146

(No. L.O.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margarette J. Gagon

(a) Residence. No. 1444 E. 1st St.

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Gagon

6. DATE OF BIRTH (month, day and year) Feb. 14 1860

7. AGE Years 71 Months 6 Days 17 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Boone Pike Co. Illinois

10. NAME OF FATHER Jackson Davidson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio

12. MAIDEN NAME OF MOTHER Margarette Colvin

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ohio

14. Informant Geo. Gagon (Address) Idaho Falls Ida.

15. Filed 8/4 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 3. 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from July 28, 1931, to Aug 3, 1931 that I last saw her alive on

and that death occurred, on the date stated above, at 7:15 A. M. The CAUSE OF DEATH* was as follows:

Fracture left femur
Surgical neck
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 6 ds.

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cultures (Signed) M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Blackfoot Idaho 8/6 1931

20. Undertaker J. F. McMan Idaho Falls Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		76169	
PLACE OF DEATH		BUREAU OF VITAL STATISTICS		State File No.	
County of <u>Bonneville</u>		City of <u>Idaho Falls</u>		Registration District No. <u>73</u>	
Primary Registration District No. <u>214</u>		Local Registrar's No. <u>154</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Clifford Brown</u>					
(a) Residence. No. _____ St. _____					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Alta Brown</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Nov 13-1907</u>					
7. AGE <u>28</u>	Years <u>8</u>	Months <u>21</u>	Days <u>1</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Music Salesman</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Music Teacher</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Milo Idaho</u>					
13. NAME <u>M. E. Brown</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Wood's Cross Utah</u>					
15. MAIDEN NAME <u>Clara E. Morris</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					
17. INFORMANT (Address) <u>Jessy Brown</u> <u>Highway #2</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho Falls</u> Date <u>Aug 7</u> 1931					
19. UNDERTAKER (Address) <u>Wm. S. S. S.</u> <u>Idaho Falls</u>					
20. FILED <u>A11</u> , 1931 <u>Aug 7</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 4</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 4</u> , 1931, to <u>Aug 4</u> , 1931					
I last saw him alive on <u>Aug 4</u> , 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
Date of onset <u>Aug 4</u>					
Other contributory causes of importance: <u>Shock</u>					
Name of operation <u>Amputation Arm</u> Date of <u>Aug 4</u>					
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>Aug 4</u> , 1931					
Where did injury occur? <u>Milo Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Threshing machine</u>					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u>					
If so, specify _____					
(Signed) <u>Wm. S. S. S.</u> , M. D.					
(Address) <u>Idaho Falls</u>					

Dr. Cline

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Bonner</u>		Registration District No. <u>73</u>		State File No. <u>76170</u>	
City of <u>Idaho Falls</u>		Primary Registration District No. <u>214-0</u>		Local Registrar's No. <u>12-9</u> <u>188e</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Egra Lavar Moore</u>					
(a) Residence. No. <u>Shelton Ida.</u> St. <u>Shelton Ida.</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 24, 1917</u>					
7. AGE	Years <u>13</u>	Months <u>10</u>	Days <u>16</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Shelton Ida.</u>					
13. NAME <u>Egra Moore</u>					
14. BIRTHPLACE (city or town) (State or country) <u>American Falls Ida.</u>					
15. MAIDEN NAME <u>Vollet Smith</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Eden City Utah</u>					
17. INFORMANT <u>William Moore</u> (Address) <u>Shelton Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Shelton Ida.</u> Date <u>Aug 13, 1931</u>					
19. UNDERTAKER <u>Jack A. Wood</u> (Address) <u>Idaho Falls, Ida.</u>					
20. FILED <u>Aug 13, 1931</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug. 10 1931</u>					
22. I HEREBY CERTIFY, That I attended/deceased from....., 1931, to....., 1931.					
I last saw h..... alive on....., 1931: death is said to have occurred on the date stated above, at <u>8:30 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Accident - automobile</u>					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, <u>suicide</u> , or <u>homicide</u> ? Date of injury <u>7/10, 1931</u>					
Where did injury occur? <u>near Boise</u> city or town, county or state <u>Bonner</u>					
Specify whether injury occurred in industry, in home, or in public place. <u>on highway</u>					
Manner of injury <u>Car to Accident</u>					
Nature of injury <u>Crushed Skull</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Dr. J. H. Haller</u> <u>Corona</u>					
(Address) <u>Idaho Falls Ida.</u>					

RECEIVED AUG 18 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76171

State File No.

PLACE OF DEATH
Bonnevillle.County of
City of Coltman.

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 2140Local Registrar's No. 132

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Cora Arline Brown.

(a) Residence. No.

St.

Garfield, Ida.,

(Usual place of abode.)

Length of residence in city or town where death occurred

yrs.

mos. 1 ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M. 4. COLOR OR RACE White 5. Single, Married, Widowed,
or Divorced (write the word.) Babe.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 7, 19307. AGE Years Months Days If LESS than 1 day,
1 3 27 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Babe(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Garfield, Idaho.
(State or country)10. NAME OF FATHER
Charles Samuel Brown.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Utah.12. MAIDEN NAME OF MOTHER Ibra Lisle Fox.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Idaho.14. Informant C. J. Brown.
(Address) Rigby, Idaho. R. #115. Filed July 7, 1931 W. J. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 4 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I saw deceased on
July 4 1931, to 19
she was dead at the time
that I last saw her alive on 19and that death occurred, on the date stated above, at 6 P m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Accidental Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. A. Anderson M. D.
Rigby Idaho, 19 (Address)19. Place of Burial, Cremation, or Removal
Idaho Falls, Idaho.Date of Burial
7/6/31 19

20. Undertaker

Address

W. J. Brown
Rigby

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V-25 NO. 1-A-25M-1-19

AUG 18 1934 CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Bonneville Registration District No. 73
City of Idaho Falls Primary Registration District No. 2117
(No. _____ St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Dorabee Smith

State File No. 76172
Local Registrar's No. 176
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the word)
6. DATE OF BIRTH July 21 1931
(Month) (Day) (Year)
7. AGE 3 IF LESS than 1 day how many
9 hrs. or min?
0 Yrs. 0 Mos. 0 ds.

8. OCCUPATION
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE (State or Country) Idaho Falls, Ida

10. NAME OF FATHER E. Leon Smith

11. BIRTHPLACE OF FATHER (State or Country) Hyrum, Utah

12. MAIDEN NAME OF MOTHER Pauline Elizabeth Tealton

13. BIRTHPLACE OF MOTHER (State or Country) Hyrum, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. Leon Smith
(Address) 711th Idaho

15. Filed 7/21 1931 E. J. J. J.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 21 1931 to July 22 1931,
that I last saw her alive on July 22 1931,
and that death occurred on the date stated above, at 7:40 M.

The CAUSE OF DEATH* was as follows:
Premature delivery
7 1/2 months

(Duration) 2 yrs. 0 mos. 16 ds.
Contributory (Secondary) Gravid Toxemia
(Duration) 0 yrs. 0 mos. 12 ds.
(Signed) H. E. G. G. G. M. D.
19 (Address) Shelley, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 0 yrs. 0 mos. 16 days. In the State 0 yrs. 0 mos. 16 ds.
Where was disease contracted if not at place of death? at place of death
Former or usual residence none

19. PLACE OF BURIAL OR REMOVAL Ruby Dicks DATE OF BURIAL July 23 1931
20. UNDERTAKER ADDRESS

RECEIVED AUG 18 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76173

PLACE OF DEATH

County of *Bonneville*City of *Idaho Falls*Registration District No. *73*Primary Registration District No. *2140*Local Registrar's No. *147*(No. *He. R. S. Hospital.*)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Cora Lee Smith*(a) Residence. No. *Firth Idaho* St.

(Usual place of abode)

Length of residence in city or town where death occurred. *0* yrs. *0* mos. *1* ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*4. COLOR OR RACE *white*5. Single, Married, Widowed,
or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *July 21-1931*

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work *None*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Idaho Falls*
(State or country) *Ida.*10. NAME OF FATHER *Leon Smith*11. BIRTHPLACE OF FATHER (city or town)
(State or Country) *Kyrum Utah*12. MAIDEN NAME OF MOTHER *Jane E Leatham*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) *Pippary Idaho*14. Informant *Leon Smith*(Address) *Firth Idaho*15. Filed *7/23* 19 *31*by *C. J. Smith*

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) *July*(Day) *22*(Year) *1931*

17. I HEREBY CERTIFY, That I attended deceased from

*July 21, 1931, to July 22, 1931*that I last saw her alive on *July 22, 1931*and that death occurred, on the date stated above, at *3:15 P.M.*

The CAUSE OF DEATH* was as follows:

Premature 7 1/2 mos.(duration) *0* yrs. *0* mos. *1* ds.CONTRIBUTORY
(Secondary) *Proin delivery*(duration) *0* yrs. *0* mos. *1* ds.18. Where was disease contracted
if not at place of death? *at place of death*Did an operation precede death? *no* Date of *7/22*Was there an autopsy? *no*What test confirmed diagnosis? *Glycerin Regis*(Signed) *H. B. Gusselt* M. D.*July 23, 1931* (Address) *Shelley, Id.**State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Arnie's Idaho. 7/23 1931

20. Undertaker

Address

*V. F. M. Han Idaho Falls**Ida.*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bonneville Registration District No. 23
 County of Idaho Falls, Idaho Primary Registration District No. 2110
 City of Idaho Falls, Idaho (No. _____ St.)
 If death occurs away from usual residence, give facts called for under special information.
 2. FULL NAME Beverly Jean Hunter

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

State File No. 76174
 Local Registrar's No. 120

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Baby
 (Write the word)
 6. DATE OF BIRTH 7-15-1931
 (Month) (Day) (Year)
 7. AGE _____ IF LESS than 1 day how many _____
 _____ Yrs. _____ Mos. _____ ds. _____ hrs. or _____ min.?

8. OCCUPATION
 (a) Trade, profession or particular kind of work Infant
 (b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Bonneville, Idaho

10. NAME OF FATHER Gilbert Walker Hunter

11. BIRTHPLACE OF FATHER (State or Country) Lewisville, Idaho

12. MAIDEN NAME OF MOTHER Vande Maynard

13. BIRTHPLACE OF MOTHER (State or Country) Bonanza, Tenn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) G. W. Hyster
 (Address) Lewisville, Idaho

15. Filed 7/16 1931 G. W. Hyster
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 7-16-1931
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9:07:27-7:15 1931 to 6:15 am 7-16 1931,
 that I last saw her alive on July 15 1931,
 and that death occurred on the date stated above, at 6:15 a.m.
 The CAUSE OF DEATH* was as follows:

6 month baby
Casper 7 pneumonia took
unknown (Duration) _____ yrs. _____ mos. _____ ds.
 Contributory (Secondary) _____
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) Bill Oliver M. D.
 19 _____ (Address) _____

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
 At place _____ In the _____
 of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted _____
 If not at place of death? _____
 Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL Lewisville, Idaho DATE OF BURIAL July 16 1931

20. UNDERTAKER Jack G. Wood ADDRESS Idaho Falls

RECEIVED SEP 12 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76175

State File No.

County of *Townsend*City of *Idaho Falls*Registration District No. *73*Primary Registration District No. *2190*(No. *L. H. S. Hoop*)
(If death occurred in a hospital or institution, give its name instead of street and number.)Local Registrar's No. *163*2. FULL NAME *Bessie Crane*(a) Residence. No. *Buch Creek* St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos.

(If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *—*

5a. If married, widowed, or divorced

HUSBAND of *Lebbe Buch*
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *Feb 24 1899*7. AGE Years *32* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *North*
(State or country) *Carolina*13. NAME *Rowan Crane*14. BIRTHPLACE (city or town) *North*
(State or country) *Carolina*15. MAIDEN NAME *Bessie Crane*16. BIRTHPLACE (city or town) *North*
(State or country) *Carolina*17. INFORMANT (Address) *Buch Creek Ida*18. BURIAL, CREMATION, OR REMOVAL Place *Idaho Falls* Date *Aug 17*, 193119. UNDERTAKER (Address) *Idaho Falls*20. FILED *A/17*, 1931 *Justman* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *Aug 17*, 193122. I HEREBY CERTIFY, That I attended deceased from *Aug 9*, 1931, to *Aug 17*, 1931I last saw him alive on *Aug 17*, 1931; death is saidto have occurred on the date stated above, at *—* m.

The principal cause of death and related causes of importance

were as follows:

Abortion Date of onset *Aug 5-31**Septicemia* *Aug 7-31**Curettage* *Aug 17*Name of operation *Curettage* Date of *Aug 17*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Septicemia*(Signed) *Idaho Falls*, M. D.(Address) *Idaho Falls*

143-9

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 18 1931

STATE OF IDAHO

PLACE OF DEATH

County of *Bonneville*City of *Idaho Falls*
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Registration District No. *13*Primary Registration District No. *21070*(No. *L. O. S. Hospital*)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Christina Olsen Wold*(a) Residence. No. *Idaho Falls Rt #3*

(Usual place of abode)

St. *Idaho Falls*

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds.

yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Conne Nelson Wold*
6. DATE OF BIRTH (month, day, and year) *August 23, 1858*
 7. AGE Years *72* Months *10* Days *21* If LESS than 1 day, hrs. or min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Christiansburg, Norway*13. NAME *Mathias Olsen*14. BIRTHPLACE (city or town) (State or country) *Christiansburg, Norway*15. MAIDEN NAME *Nickolina Amundsen*16. BIRTHPLACE (city or town) (State or country) *Norway*17. INFORMANT (Address) *Peterson, Utah*18. BURIAL, CREMATION, OR REMOVAL (Address) *Idaho Falls, Idaho* Date *July 15, 1931*19. UNDERTAKER (Address) *Idaho Falls, Idaho*20. FILED *7/15/31* Registrar.

DO NOT WRITE IN THIS SPACE

76176

State File No.

Local Registrar's No. *137*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *July 13, 1931*
 22. I HEREBY CERTIFY, That I attended deceased from *June 1, 1931* to *July 13, 1931*

 I last saw him alive on *July 13, 1931*; death is said to have occurred on the date stated above, at *8:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Prostatectomy for Hyperplasia of Prostate

Other contributory causes of importance:

Name of operation *Prostatectomy* Date of *6/23/31*What test confirmed diagnosis? *ap* Was there an autopsy? *ay*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *no*(Signed) *W. Ray Hatch*, M.D.(Address) *Idaho Falls*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76177

County of Bonnerville
City of Idaho Falls

Registration District No. 13
Primary Registration District No. 2170

Local Registrar's No. 16A

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Patrick Battle

(a) Residence No. Royal Rooms St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Mary McVella Battle
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 20 1853

7. AGE Years 79 Months 9 Days 0
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hotel Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) St. Catharines
(State or country) Ontario Canada

10. NAME OF FATHER Martin Battle

11. BIRTHPLACE OF FATHER (city or town) Mayo Co.
(State or Country) Ireland

12. MAIDEN NAME OF MOTHER Jane Blakey

13. BIRTHPLACE OF MOTHER (city or town) Quebec
(State or Country) Canada

14. Informant Wm. Banks
(Address) Idaho Falls Ida

15. File C 126-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1931, to Aug 20, 1931
that I last saw him alive on 19
and that death occurred, on the date stated above, at 4:20 P.M.
The CAUSE OF DEATH* was as follows:

Chronic Poisoning

CONTRIBUTORY Myocarditis
(Secondary) unknown
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Harry L. Wilson, M. D.
Aug. 24, 1931 (Address) Idaho Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida 8/23 1931
Date of Burial

20. Undertaker J. F. McHan Idaho Falls, Idaho
Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		BUREAU OF VITAL STATISTICS		State File No. 76178	
County of <u>Bonneville</u>		City of <u>Idaho Falls</u>		Registration District No. <u>13</u>	
		Primary Registration District No. <u>13-1</u>		Local Registrar's No. <u>155</u>	
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Lucie Crumley</u>					
(a) Residence. No. <u>3 miles S. Idaho Falls</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Oct 19-1856</u>					
7. AGE <u>75</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
13. NAME <u>Wilson Crumley</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
15. MAIDEN NAME <u>Sarah Stree</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
17. INFORMANT <u>Harry Crumley</u> (Address) <u>Idaho Falls</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Idaho Falls</u> Place Date <u>Aug 6, 1931</u>					
19. UNDERTAKER <u>Edwin Fisher</u> (Address) <u>Idaho Falls</u>					
20. FILED <u>1-1-31</u> , 1931 <u>Wm. J. ...</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 4</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 15</u> , 193 <u>1</u> , to <u>June 15</u> , 193 <u>1</u>					
I last saw him alive on <u>June 15</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>49</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Chronic Valvular Heart</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis? <u>Was there an autopsy?</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Eda Falt. Ida</u> M.D.					
(Address) <u>Idaho Falls, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
PLACE OF DEATH
County of Bonneville
City of Irwin Ida
Registration District No. 73
Primary Registration District No. 214-2

DO NOT WRITE IN THIS SPACE

State File No. 76179Local Registrar's No. 120

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Agnes Fleming(a) Residence. No. Irwin Ida St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of William Fleming (or) WIFE of William Fleming Apr. 29-1853.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 78 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peoria13. NAME James Broadwick14. BIRTHPLACE (city or town) (State or country) Peoria15. MAIDEN NAME Don't know16. BIRTHPLACE (city or town) (State or country) New York17. INFORMANT (Address) James McKay
Irwin Ida18. BURIAL, CREMATION, OR REMOVAL Place Irwin Ida Date 8/27, 193119. UNDERTAKER (Address) Idaho Falls Ida20. FILED 8/24, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 25, 193122. I HEREBY CERTIFY, That I attended deceased from July 23, 1930, to Aug 25, 1931.Last saw her alive on May 15, 1931: death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance

were as follows:

Chronic Myocarditis 5 yrs
Chronic Nephritis 2 yrs
Interstitial

Other contributory causes of importance:

Arterio Sclerosis longerName of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) James McKay, M.D.(Address) Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED
PLACE OF DEATH

AUG 18 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76180

State File No.

County of Bonanza

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2170

Local Registrar's No. 137

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Lee Kellar

(a) Residence No. 211 So Water Ave. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mrs. Nancy E. Kellar

6. DATE OF BIRTH (month, day and year)

Aug 27, 1874

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

56 9 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Cigar Store

(b) General nature of industry, business, or establishment in which employed (or employer)

Proprietor

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Louisville
Ky.

10. NAME OF FATHER

Joseph L. Kellar

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Georgia

12. MAIDEN NAME OF MOTHER

Mary Hedrick

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Indiana

14. Informant

(Address)

Fred Kellar
Idaho Falls

15. Filed

7/15, 19 31

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 25, 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended, deceased from

June 24, 19 31, to June 25, 19 31

that I last saw him alive on June 25, 19 31

and that death occurred, on the date stated above, at 9 45 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

Arteriosclerosis

unknown
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Harry L. Hillson, M. D.

June 26, 19 31 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls Ida 6/28, 19 31

20. Undertaker

Address

V. F. M. Han Idaho Falls
Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76181

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 2117

Local Registrar's No. 173

(No. Re. H. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adrien A. Squire

(a) Residence No. 799. 2d St.

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Mrs Pearl Squire (or) WIFE of

6. DATE OF BIRTH (month, day and year) June 27-1904

7. AGE Years 28 Months 1 Days no. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter & Paper

(b) General nature of industry, business, or establishment in which employed (or employer) Hanger

(c) Name of employer Owner

9. BIRTHPLACE (city or town) Marble Utah (State or country)

10. NAME OF FATHER John P. Squire

11. BIRTHPLACE OF FATHER (city or town) Marble Utah (State or Country)

12. MAIDEN NAME OF MOTHER Canny E. Kennedy

13. BIRTHPLACE OF MOTHER (city or town) Spring City Utah (State or Country)

14. Informant Mrs Pearl Squire (Address) Idaho Falls Ida

15. Filed 8/29, 1931 W. F. McKan Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 27 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1931, to Aug 27, 1931 that I last saw him alive on Aug 27, 1931 and that death occurred, on the date stated above, at 2 P. m. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 has

CONTRIBUTORY Convulsions (Secondary)

(duration) yrs. mos. 1 has

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Refused

What test confirmed diagnosis? Squid puncture

(Signed) W. F. McKan, M. D.

(Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida Date of Burial 8/30 1931

20. Undertaker W. F. McKan Address Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 18 1931

PLACE OF DEATH

County of BonnevilleCity of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2147(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Smith Armstrong(a) Residence. No. Norton Apts.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos.

St. _____ (If nonresident give city or town and state)

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofSusie Armstrong6. DATE OF BIRTH (month, day, and year) August 15, 1867

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.63114

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.policeman9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Adamsville, Utah
(State or country)

MOTHER FATHER

13. NAME Joseph H. Armstrong14. BIRTHPLACE (city or town)
(State or country)England15. MAIDEN NAME Mary Smith16. BIRTHPLACE (city or town)
(State or country)England17. INFORMANT Joseph D. Armstrong
(Address) Idaho Falls, Idaho18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls, Idaho July 22 193119. UNDERTAKER Jack Wood
(Address) Idaho Falls, Idaho20. FILED 7/22, 1931

Registrar

DO NOT WRITE IN THIS SPACE

State File No. 76182Local Registrar's No. 143

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from

July 12, 1931, to July 19, 1931last seen alive on July 19, 1931; death is saidto have occurred on the date stated above, at 6-30 m.

The principal cause of death and related causes of importance

were as follows:

Acute gangrenous cholecystitis

Date of onset

7/10/31

Other contributory causes of importance:

Name of operation Cholecystectomy Date of July 22/31What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) H. Ray Hatch, M. D.(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED SEP 12 1931	
County of <u>Connyville</u>		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
City of <u>Idaho Falls</u>		BUREAU OF VITAL STATISTICS		State File No. <u>76183</u>	
		CERTIFICATE OF DEATH		Local Registrar's No. <u>4</u>	
Registration District No. <u>3</u>		Primary Registration District No. <u>8152</u>			
(No. <u>604</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Clarence Weeks</u>					
(a) Residence. No. <u> </u> St. <u>Archer Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. <u>6</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u> </u>					
6. DATE OF BIRTH (month, day, and year) <u>July 10 1899</u>					
7. AGE	Years <u>32</u>	Months <u>1</u>	Days <u>6</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>					
10. Date deceased last worked at this occupation (month and year) <u> </u>					
11. Total time (years) spent in this occupation <u> </u>					
12. BIRTHPLACE (city or town) (State or country) <u>Lynn, Idaho</u>					
13. NAME <u>Sidney Weeks</u>					
14. BIRTHPLACE (city or town) (State or country) <u>England</u>					
15. MAIDEN NAME <u>Annie Bennett</u>					
16. BIRTHPLACE (city or town) (State or country) <u>England</u>					
17. INFORMANT <u>L. H. Weeks</u> (Address) <u>Idaho Falls, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Archer, Idaho</u> Date <u>August 19 1931</u>					
19. UNDERTAKER <u>Jack G. Wood</u> (Address) <u>Idaho Falls, Idaho</u>					
20. FILED <u>8/19</u> , 1931 <u>Idaho Falls</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>August 16 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 9, 1931</u> to <u>Aug 16, 1931</u>					
I last saw him alive on <u>Aug 16, 1931</u> ; death is said to have occurred on the date stated above, at <u>11:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Toxic goiter</u>					
Other contributory causes of importance:					
Name of operation <u>Thyroidectomy</u> Date of <u>Aug 15</u>					
What test confirmed diagnosis? <u>DMR</u> Was there an autopsy? <u>2</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u> </u>					
Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u> </u>					
(Signed) <u>William</u> M. D.					
(Address) <u>Idaho Falls, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		RECEIVED SEP 12 1931	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		State File No. <u>76184</u>	
PLACE OF DEATH County of <u>Bonneville</u> City of <u>Idaho Falls</u>		CERTIFICATE OF DEATH Registration District No. <u>73</u> Primary Registration District No. <u>7-15-9</u> Local Registrar's No. <u>11-2</u> (No. <u>201 Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <u>James A. Kabashi</u> (a) Residence No. <u>Idaho Falls, Idaho</u> St. <u></u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		3. SEX <u>Male</u> 4. COLOR OR RACE <u>Yellow</u> 5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u> 5a. If married, widowed, or divorced HUSBAND (or) WIFE of <u>Sanage Kabashi</u> 6. DATE OF BIRTH (month, day, and year) <u>Not Known</u> 7. AGE Years <u>54</u> Months <u></u> Days <u></u> If LESS than 1 day, hrs. <u></u> or min. <u></u> 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u> 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u> 10. Date deceased last worked at this occupation (month and year) <u></u> 11. Total time (years) spent in this occupation <u></u> 12. BIRTHPLACE (city or town) (State or country) <u>Japan</u> 13. NAME <u>Not Known</u> 14. BIRTHPLACE (city or town) (State or country) <u>Japan</u> 15. MAIDEN NAME <u>Not Known</u> 16. BIRTHPLACE (city or town) (State or country) <u>Japan</u> 17. INFORMANT <u>Frank Kamejima</u> (Address) <u>Idaho Falls</u> 18. BURIAL, CREMATION, OR BEMOAL <u>Idaho Falls</u> Date <u>July 2, 1931</u> 19. UNDERTAKER <u>Idaho Falls, Idaho</u> (Address) <u></u> 20. FILED <u>11-2</u> , 1931 <u>Idaho Falls, Idaho</u> Registrar.	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day, and year) <u>July 31, 1931</u> 22. I HEREBY CERTIFY, That I attended deceased from <u>July 30, 1931, to July 31, 1931</u> I last saw him alive on <u>July 31, 1931</u> ; death is said to have occurred on the date stated above, at <u>2 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma Lung</u> Other contributory causes of importance: <u>Antitoxin</u> Name of operation <u>Not</u> Date of <u></u> What test confirmed diagnosis? <u>Not</u> Was there an autopsy? <u>Yes</u> 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 1931. Where did injury occur? <u></u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u></u> Manner of injury <u></u> Nature of injury <u></u> 24. Was disease or injury in any way related to occupation of deceased? <u></u> If so, specify <u></u> (Signed) <u>Idaho Falls, Idaho</u> M. D. (Address) <u>Idaho Falls, Idaho</u>	

MARGIN RESERVED FOR BLINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 76185

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 73

Local Registrar's No. 169

Primary Registration District No. 2142
(No. L. H. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Celia Robbins
(a) Residence. No. Alpine Wyo. St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) widowed
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) ?
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
72 9 16 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Provo, Utah

PARENTS

10. NAME OF FATHER Joseph Hudby
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kentucky
12. MAIDEN NAME OF MOTHER Caroline Petty
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Tennessee

14. Informant Joseph Robbins
(Address) Idaho

15. Filed 8/26, 1931 G. J. Gunn Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 24 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1931, to Aug 24, 1931
that I last saw him alive on Aug 24, 1931
and that death occurred, on the date stated above, at 11:30 P. m.
The CAUSE OF DEATH* was as follows:
Laryngeal Carcinoma

acute (duration) 1 yrs. mos. ds.
CONTRIBUTORY Chronic myocardial
(Secondary) Indefinite (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? No Date ?
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) John O. Mellor M. D.
Aug. 25, 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Freedonia Wyo Date of Burial 8/27 1931
20. Undertaker V. F. M. Han Address Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 12 1931

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76186

Registration District No. 73
Primary Registration District No. 2, 1, 10

Local Registrar's No. 113

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Burke

(a) Residence. No. _____ St. _____
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 9, 1886

7. AGE Years 44 Months 7 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranch

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) Ann Arbor
(State or country) Michigan

13. NAME Fred J. Burke

14. BIRTHPLACE (city or town) unknown
(State or country)

15. MAIDEN NAME Carrie Cogswell

16. BIRTHPLACE (city or town) Ann Arbor
(State or country) Michigan

17. INFORMANT Mrs. Carrie Stuart
(Address) 2024 Cooper St. Jackson

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date Aug. 7, 1931

19. UNDERTAKER John A. Wright
(Address) Idaho Falls, Idaho

20. FILE 7-1, 1931 Registrar W. J. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1931 to Aug. 3, 1931

Last saw him alive on Aug. 3, 1931; death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma liver & mesenteric glands

Other contributory causes of importance: Indef.

Name of operation Laparotomy Date of Aug. 3, 1931

What test confirmed diagnosis Laparotomy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury Aug. 3, 1931

Where did injury occur? (Specify city or town, county, and State) No

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. O. McDermott, M.D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 18 1931
PLACE OF DEATH 8 1931

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 21.1.2

(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ethel Harriett Harrop Kearney

(a) Residence, No.

(Usual place of abode)

St. Iona, Idaho

Length of residence in city or town where death occurred. yrs. mos. ds.

yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

Local Registrar's No. 134

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

John Kearney

6. DATE OF BIRTH (month, day, and year) April 15, 1887

7. AGE

Years

Months

Days

If LESS than

44

2

23

1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Menan, Idaho

MOTHER FATHER

13. NAME Edward Harrop

14. BIRTHPLACE (city or town) (State or country)

Spanish Fork Utah

15. MAIDEN NAME Harriett Thomas

16. BIRTHPLACE (city or town) (State or country)

Ogden, Utah

17. INFORMANT (Address)

Mr. John Kearney Iona, Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place Annis, Idaho

Date July 11, 1931

19. UNDERTAKER (Address)

Jack A. Wood Idaho Falls, Idaho

20. FILED 11

, 1931

Edmund
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 76187

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1930, to July 8, 1931.

I last saw her alive on July 8, 1931; death is said to have occurred on the date stated above, at 9-55 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic non-infectious emphysema, left Date of onset 1930

Other contributory causes of importance:

Acute Pneumonia?

Name of operation Thoracoplasty Date of Jan 1931

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. Pay Hatch, M. D.

(Address)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 18 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76188

PLACE OF DEATH

County of Bonneville.

City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 13

Primary Registration District No. 2140

(No. Idaho Falls L. D. S. Hosp.)

Local Registrar's No. 133

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty (Hill) ~~Idaho~~

(a) Residence. No.

St.

Lorenzo, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M.	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Babe
-----------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Babe

6. DATE OF BIRTH (month, day and year) April 21 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Babe

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lorenzo, Idaho.
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Idaho.

12. MAIDEN NAME OF MOTHER Beatrice Hill.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Utah.14. Informant George Hill
(Address) Lorenzo, Idaho. R. #115. Filed July 7 1931 Wm. J. Anderson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 26 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
June 19 1931 to June 26 1931

that I last saw her alive on June 26 1931

and that death occurred, on the date stated above, at 6:35 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Epidemic Cerebro Meningitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY Oleo Colitis
(Secondary)

(duration) yrs. mos. 3 ds.

18. Where was disease contracted Rigby
if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis Cisterna puncture(Signed) Wm. J. Anderson, M. D.
1931 (Address) Idaho Falls19. Place of Burial, Cremation, or Removal
Annis, Idaho.Date of Burial
6/27/31 1920. Undertaker Wm. J. Anderson
Rigby

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

SEP 12 1931

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

County *Bonneville*City of *Idaho Falls*

CERTIFICATE OF DEATH

Registration District No. *73*Primary Registration District No. *2-14-0*(No. *210 S Herp*)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Harold Christensen*

(a) Residence No. _____

St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and state)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) *May 26 -*

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*2**3*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Idaho Falls*

MOTHER FATHER

13. NAME *Ellie Christensen*14. BIRTHPLACE (city or town) (State or country) *Idaho*15. MAIDEN NAME *Alice Hochstetler*16. BIRTHPLACE (city or town) (State or country) *Idaho*17. INFORMANT (Address) *Ellie Christensen*
*Idaho Falls*18. BURIAL, CREMATION, OR REMOVAL Place *Idaho Falls* Date *Aug 12*, 193119. UNDERTAKER (Address) *Edwin S. Allen*
*Idaho Falls*20. FILED *8/14*, 1931 *Edmund S. Allen*
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. *76189*Local Registrar's No. *160*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *Aug 12* 193122. I HEREBY CERTIFY, That I attended deceased from *July 3*, 1931, to *Aug 12*, 1931.I last saw him alive on *Aug 12*, 1931; death is said to have occurred on the date stated above, at *10:15* a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Epidemic Cerebral - Spinal Meningitis *July 1*

Other contributory causes of importance:

Left Ventricle obstruction of pus *July 21*Name of operation *Spinal puncture* date of *Aug 12*What test confirmed diagnosis? *puncture* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1931

Where did injury occur? *Idaho Falls* (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify *No*(Signed) *Edmund S. Allen*, M.D.(Address) *Idaho Falls*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. _____

76190

RECEIVED AUG 18 1931

PLACE OF DEATH

County of Bonneville.City of Idaho Falls, Idaho.Registration District No. 21.10

Primary Registration District No. _____

(No. Idaho Falls L. D. S. Hosp.)Local Registrar's No. 141

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jaires Albert Call.

(a) Residence. No. _____

(Usual place of abode.)

St. Rigby, Idaho.

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widow, d. or Divorced (write the word.) Married.
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5a. If married, widowed, or divorced

HUSBAND of

~~XXXXXXXX~~Minnie Call.6. DATE OF BIRTH (month, day and year) Nov. 29, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>66</u>	<u>6</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Self.

9. BIRTHPLACE (city or town)

(State or country)

Utah.

10. NAME OF FATHER

Omer Call.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Ohio.

12. MAIDEN NAME OF MOTHER

Sarah Ferrin.

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

?

14.

Informant
(Address)Ben Call
Rigby, Idaho.

15.

Filed

7/17, 1931

J.

W. E. Eckersall
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 22 1931

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 18 1931, to June 22 1931
that I last saw him alive on June 22 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Rocky Mountain
Spotted (Tick) fever.(duration) _____ yrs. _____ mos. 10 ds.CONTRIBUTORY
(Secondary)Arterio sclerosis
P P
(duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death? _____Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Clinical

(Signed)

W. E. Eckersall, M. D.
June 23 1931 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal

Rigby, Idaho.

Date of Burial

6/26 1931

20. Undertaker

Address

W. E. Eckersall Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 12 1931

DO NOT WRITE IN THIS SPACE
State File No. **76191**

PLACE OF DEATH

CERTIFICATE OF DEATH

County of **Bonanza**
City of **Idaho Falls**
Registration District No. **3**
Primary Registration District No. **214-0**

Local Registrar's No. **147**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **John J. Hayball**
(a) Residence No. **Capital Ave.** St. _____
Length of residence in city or town where death occurred **32** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

124

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. Single, Married, Widowed, or Divorced (write the word) **married**
5a. If married, widowed, or divorced HUSBAND of **Julia Washy Hayball** (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) **Nov 8 1863**
7. AGE Years **67** Months **8** Days **5** If LESS than 1 day, hrs. or min. _____
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Harness Maker**
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) **Council Bluffs Iowa** (State or country)

10. NAME OF FATHER **John Jacob Hayball**
11. BIRTHPLACE OF FATHER (city or town) **Ireland** (State or Country)

12. MAIDEN NAME OF MOTHER **Elizabeth Evans**

13. BIRTHPLACE OF MOTHER (city or town) **Wales** (State or Country)

14. Informant **Mrs Julia Washy Hayball** (Address) **Idaho Falls**

15. Filed **8/4**, 19**31** **W. J. M. Han** Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **August 3** 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at **545 R. m.**
The CAUSE OF DEATH* was as follows:

Bright disease chronic cause unknown
Spinal cord case of
Christians Science (duration) yrs. mos. ds.

CONTRIBUTORY **Arteriosclerosis - Hypertension** (duration) ? yrs. mos. ds.
(Secondary)

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____
Was there an autopsy? **no**

What test confirmed diagnosis?
(Signed) **Dr. J. F. Allen, Coroner**
Aug 4, 1931 (Address) **Idaho Falls**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Idaho Falls Ida.** Date of Burial **8/7** 19**31**

20. Undertaker **W. J. M. Han** Address **Idaho Falls**

RECORDS RESERVED FOR DIVISION

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76192

PLACE OF DEATH

County of Bonner
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 21-1-0

Local Registrar's No. 174

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leaburn M. Lake
(a) Residence. No. 730 Park Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married
5a. If married, widowed, or divorced HUSBAND of Jennie Lake (or) WIFE of
6. DATE OF BIRTH (month, day and year) March 7 1857
7. AGE Years 74 Months 5 Days 16 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Contractor
(c) Name of employer

9. BIRTHPLACE (city or town) Palls Co. Missouri
(State or country)

10. NAME OF FATHER Leaburn Lake

11. BIRTHPLACE OF FATHER (city or town) North Carolina
(State or Country)

12. MAIDEN NAME OF MOTHER Sarah Yarbrough

13. BIRTHPLACE OF MOTHER (city or town) Marion Co. Mo.
(State or Country)

14. Informant Mrs Jennie Lake
(Address) Idaho Falls, Ida.

15. Filed 8/29, 1931 W. J. M. Han Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 23, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Aug 23, 1931
that I last saw him live on Aug, 1931
and that death occurred, on the date stated above, at 5:15 A.M.
The CAUSE OF DEATH* was as follows:

Ch. Blomeritar hyperten & Edema

(duration) 6 yrs. mos. ds.
CONTRIBUTORY Ch. myocarditis
(Secondary)
(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W. J. M. Han M. D.

(Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida Date of Burial 8/27 1931

20. Undertaker W. J. M. Han Address Idaho Falls

Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated **EXACTLY**, **PHYSICIANS** should state **CAUSE OF DEATH** in plain terms, so that it may be properly classified. **Exact statement of OCCUPATION** is very important. See instruction on back of certificate.

CERTIFICATE OF DEATH

State File No. 76193

County of Bonneville
City of Idaho Falls,

Registration District No. 13

Primary Registration District No. 210-0

Local Registrar's No. 65

(No. Idaho Falls L. D. S. Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jedediah Grant Clifford.

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. **5** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Rigby, Idaho.

(If nonresident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Married.
----------------	---------------------------	--

16. DATE OF DEATH August 14, 1931

(Month) (Day) (Year)

5a. If married, widowed, or divorced

HUSBAND of

Viola Clifford.

6. DATE OF BIRTH (month, day and year) August 22, 18 82

7. AGE	Years	Months	Days	If LESS than 1 day,
	48	11	23	hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... **Farmer.**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9. BIRTHPLACE (city or town) Utah.
(State or country)

10. NAME OF FATHER Leonard C. Clifford

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth Campbell.

13. BIRTHPLACE OF MOTHER (city or town).....
(State or Country) Utah

14. Informant Viola Clifford
(Address) Rigby, Idaho. R. 2

15. Filed 8/20, 1931 Lehman Registrar

17. I HEREBY CERTIFY, That I attended deceased from

17. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1914, to Aug 14, 1931
that I last saw him alive on Aug 14, 1931

and that death occurred, on the date stated above, at.....m.
The CAUSE OF DEATH* was as follows:

Il cuto Supparatri Appendiat

CONTRIBUTORY (Secondary) *General Britton* (duration) *yr* *5* mos. *5* ds.

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? Rocky Mts.

Did an operation precede death? Yes Date of Aug 9
Was there an autopsy? No

What test confirmed diagnosis? _____
(Signed) Carl Olson, M. D.
_____, 19____ (Address) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Grant, Idaho.	8/17/31 ¹⁹

20. Undertaker	Address
W.B. Burdell	Rigby

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 18 1931

PLACE OF DEATH

County of BonnevilleCity of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 214-0(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Jane Anderson(a) Residence. No. Idaho Falls RT. #7

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos.

St. (If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofOscar B. Anderson6. DATE OF BIRTH (month, day, and year) Nov. 12, 1881

7. AGE

Years

49

Months

8

Days

6If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Lehi, Utah
(State or country)

MOTHER FATHER

13. NAME Wilford Woodhouse14. BIRTHPLACE (city or town) Beaver
(State or country) Utah15. MAIDEN NAME Mary Jane Molen16. BIRTHPLACE (city or town) Lehi, Utah
(State or country)17. INFORMANT Mr. Wilford Woodhouse
(Address) Idaho Falls, Idaho18. BURIAL, CREMATION, OR REMOVAL
Place New Sewden, Idaho Date July 23 193119. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho20. FILED 7/22, 1931 Registrar

DO NOT WRITE IN THIS SPACE

State File No. 76194Local Registrar's No. 144

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18, 193122. I HEREBY CERTIFY, That I attended deceased from
June 27, 1931, to July 18, 1931.I last saw her alive on July 18, 1931; death is said
to have occurred on the date stated above, at 9-30 a.m.The principal cause of death and related causes of importance
were as follows:Chronic Pancreatitis
Fat necrosis

Date of onset

Other contributory causes of importance:

Cholecystitis and cholelithiasis
Cholelithiasis → 1923

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify(Signed) Harry J. Willson, M.D.(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 18 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76195

PLACE OF DEATH
County of Bonneville
City of Idaho FallsRegistration District No. 73Primary Registration District No. 2140Local Registrar's No. 185

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lourse Judy(a) Residence. No. 185

(Usual place of abode)

St. Hoover, Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. W. Judy6. DATE OF BIRTH (month, day, and year) Oct 15, 18707. AGE Years 60 Months 9 Days 13 8. If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indianapolis (State or country) Indiana13. NAME Milton Earl Christ14. BIRTHPLACE (city or town) Indiana (State or country)15. MAIDEN NAME May Virginia Wood16. BIRTHPLACE (city or town) Indiana (State or country)17. INFORMANT Mrs. G. E. Mays (Address) Hoover, Idaho18. BURIAL, CREMATION, OR REMOVAL Place Crem. Date July 30, 193119. UNDERTAKER John A. Wright (Address) Idaho Falls, Idaho20. FILED 7/29, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28, 193122. I HEREBY CERTIFY, That I attended deceased from July 27, 1931 to Aug 28, 1931I last saw him alive on July 28, 1931; death is saidto have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset July 27Intestinal Obstruction

Other contributory causes of importance:

Name of operation a. about Date of July 27What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury July 28, 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Mays M. D.(Address) Idaho Falls, Idaho

RECEIVED AUG 18 1931
PLACE OF DEATHSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76197

County of Bonanza

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 21020

(No. Le N. S. Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 138

2. FULL NAME Goldie Rayola Stuli.

(a) Residence. No. Fifth Idaho. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Nov. 1 - 1928

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

2

8

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Idaho Falls.
Idaho

10. NAME OF FATHER

Carl Stuli.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Sweden

12. MAIDEN NAME OF MOTHER

Leola Carter

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Curepa Utah.

14. Informant
(Address)Carl Stuli.
Fifth Idaho

15. Filed

7/10, 1931

Informant

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July

12

1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 11, 1931, to July 12, 1931
that I last saw him alive on July 12, 1931

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

acute suppurative, gangrenous
appendicitis

CONTRIBUTORY (Secondary) Peritonitis (General)

(duration) yrs. mos. 3 ds.

(duration) yrs. mos. 2 ds.

18. Where was disease contracted
if not at place of death?

at home

Did an operation precede death? yes Date of July 11, 1931

Was there an autopsy? no

What test confirmed diagnosis? Clinical & pathological

(Signed) Harry L. Millson M. D.
July 14, 1931 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls, Ida. 7/15 1931

20. Undertaker

Address

V. F. M. Han Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76198

State File No.

PLACE OF DEATH

County of

Bonneville

City of

Idaho Falls

Registration District No.

73

Primary Registration District No.

31410

(No.

497. 2 St

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Elizabeth Allen

(a) Residence. No.

497. 2 St

St.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

April 10, 1923

7. AGE

7

Years

Months

Days

If LESS than 1 day,

hrs. or min.

3 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Salmon City, Idaho

10. NAME OF FATHER

Jesse Allen

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Woodbine Iowa

12. MAIDEN NAME OF MOTHER

Pearl Mc Bride

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Joliet, Ill.

14. Informant

Jesse Allen

(Address)

Idaho Falls, Ida.

15. Filed

8/10

1931

C. J. Anderson

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 7

19

31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 5, 1931, to Aug 7, 1931

that I last saw him alive on Aug 7, 1931

and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Transient

(duration)

yrs.

mos.

ds.

CONTRIBUTORY (Secondary)

Acute Appendicitis

(duration)

yrs.

mos.

ds.

18. Where was disease contracted if not at place of death?

Yes Date of Aug 5

Did an operation precede death?

No

Was there an autopsy?

No

What test confirmed diagnosis?

Labatory

(Signed)

C. J. Anderson

M. D.

19

(Address)

Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Rose Hill, Idaho Falls Aug 9 1931

20. Undertaker

Address

U. H. Mc Han Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 18 1931

PLACE OF DEATH

County of BonnevilleCity of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 2147(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lynn R. Rockwood(a) Residence. No. St. Iona, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) June 9, 1913

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.181108. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.at home on farm9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Iona, Idaho
(State or country)

13. NAME

Amos Rockwood

14. BIRTHPLACE (city or town)

Centerville

(State or country)

Utah

15. MAIDEN NAME

Mellisa Rushton

16. BIRTHPLACE (city or town)

Iona, Idaho

(State or country)

17. INFORMANT

Amos Rockwood

(Address)

Iona, Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place

Iona, Idaho

Date

July 21 1931

19. UNDERTAKER

Jack A. Wood

(Address)

Idaho Falls, Idaho

20. FILED

7/21, 1931

Registrar

DO NOT WRITE IN THIS SPACE

76199

State File No.

Local Registrar's No. 144

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19 1931

22. I HEREBY CERTIFY, That I attended deceased from

July 15, 1931, to July 19, 1931I last saw him alive on July 19, 1931; death is saidto have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance

were as follows:

Lobar pneumonia July 13/31

Date of onset

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John C. Melliss M.D.(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 18 1931		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		76200	
County of <u>Bonner</u>		City of <u>Idaho Falls</u>		Registration District No. <u>73</u>		State File No.	
		Primary Registration District No. <u>14-0</u>		Local Registrar's No. <u>142</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Herbert B. Coburn</u>							
(a) Residence. No. <u>11751 Ada St.</u> St.							
(Usual place of abode)							
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) <u>Jan 30-31</u>							
7. AGE Years		Months		Days		If LESS than 1 day, hrs. or min.	
<u>5</u>		<u>5</u>		<u>15</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>no.</u>							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation			
<u>Idaho Falls</u>				<u>Idaho Falls</u>			
12. BIRTHPLACE (city or town) (State or country)							
13. NAME <u>Herbert B. Coburn</u>							
14. BIRTHPLACE (city or town) (State or country) <u>Blackfoot Idaho</u>							
15. MAIDEN NAME <u>Golden Hoover</u>							
16. BIRTHPLACE (city or town) (State or country) <u>Blackfoot Idaho</u>							
17. INFORMANT (Address)							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho Falls Ida</u> Date <u>July</u> , 1931							
19. UNDERTAKER (Address) <u>C. H. Hayes Idaho Falls Ida</u>							
20. FILED <u>7/14</u> , 1931, <u>Idaho Falls</u> Registrar.							
21. DATE OF DEATH (month, day, and year) 1931							
22. I HEREBY CERTIFY, That I attended deceased from <u>July 13</u> , 1931, to <u>July 13</u> , 1931.							
I last saw him alive on <u>July 13</u> , 1931; death is said to have occurred on the date stated above, at <u>2 p.m.</u>							
The principal cause of death and related causes of importance were as follows:							
<u>Broncho-pneumonia</u>							
Other contributory causes of importance:							
<u>Inflamed leg.</u>							
Name of operation..... Date of.....							
What test confirmed diagnosis?..... Was there an autopsy?.....							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide?..... Date of injury....., 1931.							
Where did injury occur? (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury.....							
Nature of injury.....							
24. Was disease or injury in any way related to occupation of deceased?							
If so, specify							
(Signed) <u>E. A. Apperle</u> D.D.							
(Address) <u>Idaho Falls Ida</u>							

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76201

1009

PLACE OF DEATH
County of Bonnerville
City of Idaho Falls

Registration District No. 3
Primary Registration District No. 2150

Local Registrar's No. 172

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Allen Gustafson Hansen

(a) Residence. No. 284 F.H. St. St.

Length of residence in city or town where death occurred. yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) July 21, 1931

7. AGE Years _____ Months 1 Days 6 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho

10. NAME OF FATHER Hugh John Hansen

11. BIRTHPLACE OF FATHER (city or town) Idaho (State or Country)

12. MAIDEN NAME OF MOTHER Helen Goss

13. BIRTHPLACE OF MOTHER (city or town) Passaic (State or Country) New Jersey

14. Informant Mrs Helen Goss Hansen (Address) Idaho Falls, Ida.

15. Filed 8/28, 1931 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows: Broncho Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Whooping cough

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) [Signature] M. D. 8/28/31 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida. Date of Burial 8/28 1931

20. Undertaker T. F. M. Hansen Address Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH County of <u>Bonanza</u> City of <u>Idaho Falls</u> Registration District No. <u>73</u> Primary Registration District No. <u>21 V-0</u> Local Registrar's No. <u>131</u> (No. <u>L. D. S. Hospital</u>) (If death occurred in a hospital or institution give its name instead of street and number.)		State File No. <u>76202</u>	
2. FULL NAME <u>Harold Hampton White</u> (a) Residence. No. <u>Idaho Falls, Idaho</u> Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	21. DATE OF DEATH (month, day, and year) <u>June 26, 1931</u>	
5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>June 18, 1931</u> , to <u>June 26, 1931</u> . I last saw him alive on <u>June 26, 1931</u> ; death is said to have occurred on the date stated above, at <u>3:30 p. m.</u> The principal cause of death and related causes of importance were as follows: <u>Pneumo. Pneumonia</u> Date of onset <u>6/18/31</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		Other contributory causes of importance: <u>acute Nephritis</u> <u>June 1, 1931</u>	
6. DATE OF BIRTH (month, day, and year) <u>May 8, 1907</u>		Name of operation _____ Date of _____	
7. AGE Years <u>24</u> Months <u>1</u> Days <u>18</u> If LESS than 1 day, ____ hrs. or min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>	What test confirmed diagnosis <u>Autopsy</u> Was there an autopsy? <u>No</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
10. Date deceased last worked at this occupation (month and year)		Manner of injury _____	
11. Total time (years) spent in this occupation		Nature of injury _____	
12. BIRTHPLACE (city or town) (State or country) <u>Paradox Colo.</u>		24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Garry L. Willson</u> , M. D. (Address) <u>Idaho Falls, Ida.</u>	
13. NAME <u>Joseph Harmon Grey White</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Tennessee</u>			
15. MAIDEN NAME <u>Beth Davis</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Texas</u>			
17. INFORMANT (Address)			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho Falls</u> Date <u>June 28, 1931</u>			
19. UNDERTAKER (Address) <u>Jack A. W. Co.</u>			
20. FILED <u>6/29</u> , 1931, <u>Idaho Falls</u> Registrar.			

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76203

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73Primary Registration District No. 2150Local Registrar's No. 161(No. St. R. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hou Gan Choy

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

Female Chinese Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 3 1930

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
no 8 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls, Ida
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

PARENTS

14. Informant Hu Choy

(Address)

15. Filed 8/11, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 12, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Aug 5, 1931, to Aug 12, 1931
that I last saw him alive on Aug 12, 1931
and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos. 10 ds.CONTRIBUTORY
(Secondary)(duration) yrs. mos. 2 ds.18. Where was disease contracted Home
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) J. J. J., M. D.8/11, 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls, Ida. 8/14, 1931

20. Undertaker

Address

J. F. M. Han Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76204

State File No.

Registration District No. 23
Primary Registration District No. 21

Local Registrar's No. 14

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Leo Harris(a) Residence. No. 589 N. Water St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos.

St. Idaho (If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 30, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. min.
1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)

13. NAME George Harris

14. BIRTHPLACE (city or town) Arizona
(State or country)

15. MAIDEN NAME Mae Williams

16. BIRTHPLACE (city or town) Montpelier
(State or country) Idaho

17. INFORMANT Mr. Geo. Harris
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls, Idaho Aug 12 1931

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED A/12, 1931, Certified
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 10 1931

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1931, to Aug 10, 1931.
Last saw him alive on Aug 9, 1931; death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

Bronchitis Chronic July 20
Malnutrition July 15

Other contributory causes of importance:

Premature Birth 7 1/2 months

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____, M. D.

(Address) Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Bonerville, **CERTIFICATE OF DEATH**City of Idaho Falls, Registration District No. 73Primary Registration District No. 214-0

DO NOT WRITE IN THIS SPACE

State File No. 76205Local Registrar's No. 167(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Tom Humphrey O'Leary

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Unknown

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

67

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workSheep Herder(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Cork Ireland

10. NAME OF FATHER

Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown

14. Informant

(Address)

Pat Slovic
Idaho Falls, Ida.

15. Filed

A/20

1931

Edmund Crowley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 20

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19____, to

19____

that I last saw him alive on

19____

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

cardiac failure due
to hemorrhage about vagus
nerves.

(duration)

yrs.

mos.

7 hours

CONTRIBUTORY

(Secondary)

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed)

Edmund Crowley

M. D.

8/24

1931

(Address)

Idaho Falls*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls, Ida. 8/25 1931

20. Undertaker

Address

V. F. M. Han Idaho Falls
Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		CERTIFICATE OF DEATH	
County of <u>Bonneville</u>		State File No. <u>76206</u>	
City of <u>Idaho Falls,</u>		Registration District No. <u>73</u>	
Primary Registration District No. <u>2140</u>		Local Registrar's No. <u>166</u>	
(No. <u>L.D.S. Hospital.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Charles Denials,</u>			
(a) Residence. No. <u>286 Hill</u>		St. _____	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Mrs. Oscar Elge.</u>			
6. DATE OF BIRTH (month, day, and year) <u>April 8, 1861</u>			
7. AGE Years <u>70</u>	Months <u>4</u>	Days <u>10</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter & paper hanger,</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Sterling, Ill.</u> (State or country)			
13. NAME <u>Not Known</u>			
14. BIRTHPLACE (city or town) <u>Germany.</u> (State or country)			
15. MAIDEN NAME <u>Not Known.</u>			
16. BIRTHPLACE (city or town) <u>?</u> (State or country)			
17. INFORMANT <u>Mrs. Oscar Elge.</u> (Address) <u>Idaho Falls,</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho Falls,</u> Date <u>Aug. 20, 1931</u>			
19. UNDERTAKER <u>Jack A. Wood</u> (Address) <u>Idaho Falls, Id.</u>			
20. FILED <u>8/20</u> , 1931 <u>Idaho Falls</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Aug. 17, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>July 10</u> , 1931, to <u>Aug 17</u> , 1931. Last saw him alive on <u>Aug 17</u> , 1931; death is said to have occurred on the date stated above, at <u>4 P.M.</u> The principal cause of death and related causes of importance were as follows:			
Coronary Thrombosis 7 hepat			Date of onset <u>?</u>
Other contributory causes of importance: <u>Cirrhosis of Liver</u>			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Edmund Crowley</u> M. D. (Address) <u>Idaho Falls Idaho</u>			

90

RECEIVED SEP 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 76207

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2-14-0

Local Registrar's No. 162

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Charles Houston Shattuck
(a) Residence. No. 347- 7th St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If married, widowed, or divorced HUSBAND of Mrs Maude Shattuck (or) WIFE of
6. DATE OF BIRTH (month, day and year) Nov 21 - 1867
7. AGE Years 64 Months 8 Days 21 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mgrt Mt States Bldg
(b) General nature of industry, business, or establishment in which employed (or employer) Loan
(c) Name of employer Postman of letters and Secret H. of Rep.

9. BIRTHPLACE (city or town) (State or country) Vandalia Mo.
10. NAME OF FATHER W. E. Shattuck
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York City N.Y.
12. MAIDEN NAME OF MOTHER Malinda C. Houston
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ashby Missouri

14. Informant W. E. Shattuck
(Address) Idaho Falls Idaho
15. Filed 9/15 - 1931
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 13 1931
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1931, to Aug 13, 1931, that I last saw deceased Aug 13, 1931 and that death occurred, on the date stated above at 220 ft. m. The CAUSE OF DEATH* was as follows:
Heart Disease
likely Acute Dilatation
(duration) yrs. mos. 10 min
CONTRIBUTORY Arterio Sclerosis
(Secondary) a Hypertension
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) J. J. J., M. D.
Aug 14, 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Idaho Falls Idaho 8/16 1931
20. Undertaker Address
V. F. M. Han Idaho Falls
Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76208

State File No.

County of Butte
City of HaileyRegistration District No. 59Primary Registration District No. 2129

(No.)

Local Registrar's No. 180

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Peter Larson

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Ana Larson
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov 30-18927. AGE Years Months Days If LESS than 1 day, hrs. or min.
38 11 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work General(b) General nature of industry, business, or establishment in which employed (or employer) Robert, Ida

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho10. NAME OF FATHER Hans Larson11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark12. MAIDEN NAME OF MOTHER Katherine Johnson13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Denmark14. Informant (Address) Wm Larson15. Filed July 30, 1931 T. B. Sult Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 28, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to July 27, 1931that I last saw him alive on July 27, 1931
and that death occurred, on the date stated above, at 12:20 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Fracture at base of skull
accidental fall from horse
(duration) yrs. mos. 3 ds.CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical exam(Signed) Ed. Egbert, M. D.July 29, 1931 (Address) Arco Ida.

19. Place of Burial, Cremation, or Removal Date of Burial

Arco Idaho July 29 1931

20. Undertaker Address

W. C. Bach Arco Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO

RECEIVED SEP 14 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76209

PLACE OF DEATH

County of Butte

City of Moore

CERTIFICATE OF DEATH

Registration District No. 59

Primary Registration District No. 2129

Local Registrar's No. 49

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Charles A. McGuire

St.

(Usual place of abode.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 16, 1866

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Denver, Colo.
(State or country)

10. NAME OF FATHER Thomas J. McGuire

11. BIRTHPLACE OF FATHER (city or town) New York
(State or Country)

12. MAIDEN NAME OF MOTHER Maria M. Mearns

13. BIRTHPLACE OF MOTHER (city or town) New York
(State or Country)

14.

Informant
(Address)

15.

Filed Aug. 24, 1931.

T. B. Salt-
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug.

20

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug. 20

1931

to Aug. 20

1931

that I last saw him alive on Aug. 19, 1931

and that death occurred, on the date stated above, at 8 A. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Angina Pectoris

(duration)

1 yrs.

mos.

ds.

CONTRIBUTORY
(Secondary)

Myocarditis

(duration)

2 yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam

(Signed)

Aug. 24

1931

(Address)

Arco, Ida.

M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

Moore, Idaho Aug. 22, 1931

20. Undertaker

Address

Arco, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76210

PLACE OF DEATH

County of CanyonCity of Melba

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1036(No. "1/2 mile East Melba")Local Registrar's No. 98

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter G. Neil(a) Residence. No. "1/2 mile east melba" St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMarie Neil6. DATE OF BIRTH (month, day and year) August 1, 18927. AGE Years 59 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

Self

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Missouri

10. NAME OF FATHER

Walter Neil

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Virginia

12. MAIDEN NAME OF MOTHER

Mary Highland

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Mrs Marie Neil
Melba, Ida15. Filed 8-31-31 Death nurse
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19, that I last saw h. alive on, 19,

and that death occurred, on the date stated above, at, m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Broken neck, caused by being run over by bundle wagon driven away from

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of.

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

C. V. Beckham
Aug 29 1931 (Address) Calder

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlawn-Nampa8-31-1931

20. Undertaker

Address

Wm D. TalleyNampa, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 76211
Township _____ or Village 2005
City Caldwell No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Harold Dand Whipple
(a) Residence: No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 1916 Feb 21

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
15 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell Ida.
(State or country)

13. NAME Samuel Dand Whipple

14. BIRTHPLACE (city or town) Caldwell Ida.
(State or country)

15. MAIDEN NAME Luella Ann Trotter

16. BIRTHPLACE (city or town) Ballsville
(State or country) Nebraska

17. INFORMANT Samuel Dand Whipple
(Address) Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 8-13, 1931

19. UNDERTAKER C. V. Pashpan
(Address) Caldwell Ida.

20. FILED 8-15, 1931 John H. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Drowning in
Horse river

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. V. Pashpan Garmon M.D.

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon Co. State 3 IDAHO Registered No. 76212-95
Township _____ or Village 2005 or _____
City Caldwell No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 1913 July 26

7. AGE Years 18 Months 1 Days 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

13. NAME Orlando Morton Trotter

14. BIRTHPLACE (city or town) Missouri
(State or country)

15. MAIDEN NAME Henry Adella Palmer

16. BIRTHPLACE (city or town) Oakland
(State or country) Calif.

17. INFORMANT Leroy Adella Trotter
(Address) Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell Date Aug 13 1931

19. UNDERTAKER C. V. Beckham
(Address) Caldwell

20. FILED 8-15 1931 John M. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 9 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at 40 m.

The principal cause of death and related causes of importance were as follows:

Drowning in Boise river

Other contributory causes of importance:

Swimming

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. V. Beckham Coroner

(Address) Caldwell Idaho

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 11 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State IDAHO Registered No. 103
 Township _____ or Village 2005 76213 or
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Robert Ernest Johnson 170
 (a) Residence: No. Eagle St. Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced
 HUSBAND of Pearl Johnson
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) May 20 1883

7. AGE Years 48 Months 3 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Richard Johnson

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Mary Webster

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Dr. J. H. Johnson
 (Address) Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL
 Place Canyon Hill Date 8-24-31

19. UNDERTAKER C. J. Jackson
 (Address) Caldwell, Idaho

20. FILED 8-24-, 1931, John H. Meyer
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____; death is said

to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

suicide - gun shot wound
thru right temple
inflicted with .22 calibre rifle

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. J. Jackson

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 108
 Township _____ or Village 2005 76214 or
 City Nampa No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Hilbreth Louise Daniels 170
 (a) Residence: No. Nampa Rd St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6a. If married, widowed, or divorced HUSBAND of
 (or) WIFE of V. E. Daniels
 6. DATE OF BIRTH (month, day, and year) April 18-1913
 7. AGE Years 18 Months 4 Days 11 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Wallawa
 (State or country) Idaho

13. NAME R. L. Thompson

14. BIRTHPLACE (city or town) West Virginia
 (State or country) _____

15. MAIDEN NAME Nora Bonfeller

16. BIRTHPLACE (city or town) West Virginia
 (State or country) _____

17. INFORMANT R. L. Thompson
 (Address) Highway One

18. BURIAL, CREMATION, OR REMOVAL
 Place Nampa Date _____ 19____

19. UNDERTAKER V. Beckham
 (Address) Caldwell, Idaho

20. FILED 8-31-1931 John H. Meyer
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____ death is said

to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Suicide - Gun shot.
wound with 30-30 calibre
rifle entering body thru
left breast striking
heart

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. V. Beckham Caldwell

(Address) Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 11 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 113
 Township _____ or Village 1005
 City Roswell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Frank L. Almstead
 (a) Residence: No. 900 Cleve Caldwell St. Ward. _____
 (Usual place of abode) Idaho (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Sept. 6 - 1841</u>		
7. AGE <u>90</u> Years	<u>11</u> Months	<u>26</u> Days If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (city or town) <u>Abolakin</u> (State or country) <u>New York</u>		
FATHER	13. NAME <u>Benjamin Almstead</u>	
	14. BIRTHPLACE (city or town) <u>Not known</u> (State or country)	
MOTHER	15. MAIDEN NAME <u>Mary Fugg</u>	
	16. BIRTHPLACE (city or town) <u>Not known</u> (State or country)	
17. INFORMANT <u>Wm. C. Cronick</u> (Address) <u>Roswell, Idaho</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Canyon Hill</u> Date <u>Sept 4, 1931</u>		
19. UNDERTAKER <u>C. V. Seckham</u> (Address) <u>Caldwell Idaho</u>		
20. FILED <u>9-9-</u> 19 <u>31</u> <u>John S. Meyer</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) <u>Sept 2, 1931</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>8-27</u> , 19 <u>31</u> , to <u>9-2</u> , 19 <u>31</u> . I last saw him alive on <u>8-27</u> , 19 <u>31</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance, were as follows: <u>Smile Pneumonia</u> Other contributory causes of importance: <u>Chr. Myocarditis & Arteritis</u>
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of Injury _____	
Nature of Injury _____	
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>C. V. Seckham</u> (Address) <u>Caldwell Idaho</u>	

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76216

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006
(No. 819-11 Ave No)

Local Registrar's No. 97

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 819-11 Ave No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)
yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR, OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>single</u>
-------------------------	-----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Aug 24 - 1931

7. AGE

Years

Months

Days

24 LESS than 1 day.
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Nampa, Idaho

10. NAME OF FATHER

Geo. Kenfield11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho

12. MAIDEN NAME OF MOTHER

Lela Richardson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Idaho

14.

Informant
(Address)Geo Kenfield
Nampa, Idaho

15.

Filed

8/26, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug. 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 24, 1931, to Aug 25, 1931
that I last saw him alive on Aug 25, 1931
and that death occurred, on the date stated above, at 2:30 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Brain Abscess
Measles30 hours (duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) V C Bell M. D.
8-26, 1931 (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlawn-Nampa 8-26 1931

20. Undertaker

Address

Mrs Nina M. Talley Nampa

MARGIN RESERVED FOR BINDING

8-2091
V. B. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 11 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 109
Township _____ or Village 2005 76217 or _____
City Caldwell No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Barbara
Baby Warrityes
(a) Residence: No. Barma St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Aug 30 1931
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Caldwell (State or country) Idaho

13. NAME James H. Warrityes 14. BIRTHPLACE (city or town) Maurens (State or country) Iowa

15. MAIDEN NAME Lucinda M. Ferguson 16. BIRTHPLACE (city or town) Paysonville (State or country) Idaho

17. INFORMANT James H. Warrityes (Address) Barma

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Date 8-31, 1931

19. UNDERTAKER V. Beckham (Address) Barma

20. FILED 9-2-, 1931 John B. Meyers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 30, 1931
22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1931 to Aug 30 1931
I last saw him alive on Aug 30, 1931; death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows: Pressure on chest during birth

Other contributory causes of importance: Dyspnea

Name of operation _____ Date of _____
What test confirmed diagnosis? X Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____
accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) J. M. Buckley M. D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1931

PLACE OF DEATH
County of Canyon
City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76218

Registration District No. 7
Primary Registration District No. 2006

Local Registrar's No. 92

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Moulton

(a) Residence. No. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 9. 1931.

7. AGE Years Months Days If LESS than 1 day, 1 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

13. NAME E. W. Moulton

14. BIRTHPLACE (city or town) S. Dak
(State or country)

15. MAIDEN NAME Josephine Hill

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT S. J. Moulton
(Address) Nampa, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date _____, 193__

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho.

20. FILED 8-10, 1931 Death
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 9 193 1

22. I HEREBY CERTIFY, That I attended deceased from _____, 193__, to _____, 193__

I last saw h_____ alive on _____, 193__: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Hydrocephalus, ?
Bill form 8/9/31

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

_____ If so, specify _____

(Signed) Sho. E. Mangum

(Address) _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8-21
R.
RECEIVED SEP 11 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 76216
Township _____ or Village 2005 or _____
City Caldwell No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Daniel Allebaugh
(a) Residence: No. Caldwell Idaho St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 17-1836

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
95 - 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1931 to Aug 29, 1931

I last saw him alive on Aug 21, 1931; death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature] M. D.

(Address) Caldwell Idaho

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Canyon
City of NampaRegistration District No. 2006
Primary Registration District No. State School (No. State School St.)File No. 76220
Registered No. 97

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Mary Katherine McAllister

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the word.)6. DATE OF BIRTH Dec 30 1903
(Month) (Day) (Year)7. AGE 27 Yrs. 9 Mos. 9 ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Iowa

10. NAME OF FATHER

Edgar McAllister

11. BIRTHPLACE OF FATHER

(State or Country) Ontario

12. MAIDEN NAME OF MOTHER

Margaret McBurnett

13. BIRTHPLACE OF MOTHER

(State or Country) Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edgar McAllister
(Address) Nampa Idaho15. Filled 8/10 1931 L. H. Thomas
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

8 9 31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 8-7-1931 to 8-9-1931that I last saw him alive on 8-8-1931and that death occurred on the date stated above, at 4 AM

The CAUSE OF DEATH* was as follows:

Acute PeritonitisRegimental Appendix
(Duration) Yrs. mos. ds.Contributory
(Secondary)

(Duration) Yrs. mos. ds.

(Signed) Tom Regan

M. D.

8-9-1931 (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 0 yrs. 0 mos. 0 days. In the State 11 yrs. 0 mos. 0 days

Where was disease contracted if not at place of death?

Former or usual residence Leaverton, Idaho

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Kahlerdawn Nampa

19

20. UNDERTAKER

ADDRESS

W. O. TallyNampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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RECEIVED SEP 11 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 102
Township _____ or Village 2005 76221 or
City Caldwell No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Walter Wade Nichols

(a) Residence: No. Thysa RD St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) April 21-1884

7. AGE Years 47 Months 3 Days 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Jayette Valley
(State or country) Idaho

13. NAME C. M. Nichols

14. BIRTHPLACE (city or town) Mich.
(State or country)

15. MAIDEN NAME Ellen Eivers

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hugh Nichols
(Address) Nampa, Ida

18. BURIAL, CREMATION, OR REMOVAL Place New Thompson Date Aug 21, 1931

19. UNDERTAKER C. V. Beckham
(Address) Caldwell Idaho

20. FILED 8-20-, 1931 - John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 19, 1931

22. I HEREBY CERTIFY That I attended deceased from Aug 11, 1931 to Aug 19, 1931

I last saw him alive on Aug 9, 1931; death is said to have occurred on the date stated above, at 3:35 a.m.

The principal cause of death and related causes of importance were as follows:

Verminous caused by food from hog slacks

Date of onset

Other contributory causes of importance:
Fraction neck femur and pelvis

Name of operation Drainage abd Date of 8/18/31

What test confirmed diagnosis? Photo Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 8/11, 1931

Where did injury occur? Near Pomer

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on farm

Manner of injury Fall of log slacks

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify work on farm

(Signed) John S. Meyer M. D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 11 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 111
 Township _____ or Village 2005 16222 or _____
 City Nampa No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Ray R. Vern Merrill
 (a) Residence: No. Nampa R. #2 St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Jan 13 - 1912</u>		
7. AGE Years <u>19</u> Months <u>7</u> Days <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) <u>Caldwell</u> (State or country) <u>Idaho</u>		
13. NAME <u>James Merrill</u>		
14. BIRTHPLACE (city or town) <u>Utah</u> (State or country)		
15. MAIDEN NAME <u>Pearl Latelle</u>		
16. BIRTHPLACE (city or town) <u>Davis county</u> (State or country) <u>Nebr.</u>		
17. INFORMANT <u>Mrs. Pearl Kingman</u> (Address) <u>Caldwell, Idaho</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Canyon Hill</u> Date <u>9-3-1931</u>		
19. UNDERTAKER <u>C. V. Dickham</u> (Address) <u>Caldwell, Idaho</u>		
20. FILED <u>9-4-</u> , 19 <u>31</u> <u>John S. Mayes</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) <u>Sept 1 - 1931</u>	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 25</u> , 19 <u>31</u> , to <u>Aug 31</u> , 19 <u>31</u>	
I last saw him alive on <u>Aug 31</u> , 19 <u>31</u> ; death is said to have occurred on the date stated above, at <u>4 a</u> .m.	
The principal cause of death and related causes of importance were as follows: <u>Myocardial infarction</u>	
Other contributory causes of importance:	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19____ Where did Injury occur? _____ (Specify city or town, county, and State) Specify whether Injury occurred in industry, in home, or in public place.	
Manner of Injury _____	
Nature of Injury _____	
24. Was disease or Injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>W. E. Hoffman</u> , M. D. (Address) <u>Nampa, Ida</u>	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

RECEIVED SEP 11 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 106
 Township _____ or Village 2005 76223 or
 City Huston No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Dora Lee Hopkins
 (a) Residence: No. Huston #2 St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Sept 3-1930

7. AGE Years _____ Months 11 Days 24 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Huston
 (State or country) Idaho

13. NAME D. L. Hopkins

14. BIRTHPLACE (city or town) Peru
 (State or country) Idaho

15. MAIDEN NAME Helen McKenney

16. BIRTHPLACE (city or town) Oregon
 (State or country) Missouri

17. INFORMANT D. L. Hopkins
 (Address) Huston #2

18. BURIAL, CREMATION, OR REMOVAL Bural
 Place Canyon Bell Date 8-30-31

19. UNDERTAKER C. V. Peckham
 (Address) Calderwell, Idaho

20. FILED 9-2- 1931 John S. Meyer
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____; death is said

to have occurred on the date stated above, at 2:30 a m.

The principal cause of death and related causes of importance were as follows:

Cholera Infantum
The Baby was dead before I reached the home.

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county, and State)
 Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) B. R. A. Hattenberg, D. O.

(Address) Calderwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH		State File No. 76224	
PLACE OF DEATH County of <u>Canyon</u> City of <u>Rural</u>		Registration District No. <u>7</u> Primary Registration District No. <u>2006</u>	
		Local Registrar's No. <u>89</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Andrean Rivett</u>			
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Sep 26-63</u>			
7. AGE <u>67</u>	Years	Months	Days
If LESS than 1 day, _____ hrs. or _____ min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Canada</u>			
13. NAME <u>Rivett</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Canada</u>			
15. MAIDEN NAME <u>Unknown</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Canada</u>			
17. INFORMANT (Address) <u>Addalene Rivett</u> <u>R 5 Nampa Ida.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 1931			
19. UNDERTAKER (Address) <u>Frank Robinson</u> <u>Nampa, Ida.</u>			
20. FILED <u>8-1</u> , 1931 <u>Letha Conway</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>7-30</u> , 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>7-30</u> , 1931, to <u>7-30</u> , 1931.			
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows:			
<u>Ventricular Fibrillation</u>			
Other contributory causes of importance: <u>Myocarditis</u>			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____			
(Signed) <u>Samuel A. Swayms</u> (M. D.)			
(Address) <u>Nampa, Ida.</u>			

RECEIVED SEP 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76225

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. 707-7th ave. So.)Local Registrar's No. 93

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrtle Sherk(a) Residence. No. 707-7th ave. So. St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofR. J. Sherk6. DATE OF BIRTH (month, day and year) July 20th, 18897. AGE Years 42 Months 1 Days - If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Spencerville
(State or country) Ohio10. NAME OF FATHER David Diltz11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER unknown13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country)14. Informant Mr. R. J. Sherk
(Address) Nampa, Idaho15. Filed 8-23, 1931 Bethanna
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug. 20, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from

_____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____

and that death occurred, on the date stated above, at 4:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:acute dilatation of heart.CONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Chemical(Signed) R. J. Sherk M. D.Aug 22, 1931 (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal

Kohlerlawn-Nampa Date of Burial 8-23 1931

20. Undertaker

Mrs. Nina M. Talley Nampa, Idaho Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 11 1931 STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 762265
 Township _____ or Village 2005 or
 City M Caldwell R#2 No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Silas Pinky Corn
 (a) Residence: No. Caldwell Ida R#2 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Miss P. Cope</u>		
6. DATE OF BIRTH (month, day, and year) <u>Sept 21-1857</u>		
7. AGE <u>73</u>	Years <u>11</u>	Months <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ashville
 (State or country) No. Carolina

13. NAME Francis M Corn

14. BIRTHPLACE (city or town) Not known
 (State or country)

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (city or town) Not known
 (State or country)

17. INFORMANT E. C. Low
 (Address) Middleton Idaho

18. BURIAL, CREMATION, OR REMOVAL
 Place Middleton Date 8-27, 1931

19. UNDERTAKER C. V. Peckham
 (Address) Caldwell Idaho

20. FILED 8-28, 1931 John S. Meyer
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 24, 1931

22. I HEREBY CERTIFY That I attended deceased from Aug 24, 1931, to Aug 24, 1931

I last saw him alive on _____, 19____; death is said

to have occurred on the date stated above, at 8:45 P m

The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Heart was dead before
I arrived but had
treated him for Angina
& had worried him
 Other contributory causes of importance:
Myocarditis

Date of onset
8-24

Name of operation _____ Date of _____

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature] M. D.
 (Address) [Address]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
County of <u>Canyon</u>		DEPARTMENT OF PUBLIC WELFARE		State File No. <u>76227</u>	
City of <u>Nampa</u>		BUREAU OF VITAL STATISTICS			
		CERTIFICATE OF DEATH			
		Registration District No. <u>7</u>		Local Registrar's No. <u>90</u>	
		Primary Registration District No. <u>1046</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Hattie Sanders</u>					
(a) Residence. No. <u>924 - 1st N</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>28</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>George Sanders</u>					
6. DATE OF BIRTH (month, day, and year) <u>1870</u>					
7. AGE <u>61</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					
MOTHER FATHER	13. NAME <u>William Hardy</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Scotland</u>				
	15. MAIDEN NAME <u>Harriett Wood</u>				
16. BIRTHPLACE (city or town) (State or country) <u>England</u>					
17. INFORMANT (Address) <u>George Sanders Nampa, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Colliston, Utah.</u> Date <u>Aug. 11</u> 193 <u>1</u>					
19. UNDERTAKER (Address) <u>F. K. Robinson Nampa, Idaho.</u>					
20. FILED <u>8-11</u> , 193 <u>1</u> <u>Death</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug. 9, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>April 4</u> , 193 <u>0</u> , to <u>Aug 9</u> , 193 <u>1</u> .					
I last saw him alive on <u>Aug 7</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>7 A.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Myocarditis</u>					
Other contributory causes of importance:					
<u>Endocarditis</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> .					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Samuel W. Swanson</u> M. D.					
(Address) <u>Nampa, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Rural

Registration District No. 7
Primary Registration District No. 1066

DO NOT WRITE IN THIS SPACE

State File No. 76228Local Registrar's No. 94

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Haynes Templeton

(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Elizabeth Templeton
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 29 1862

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Penn.13. NAME John Templeton

14. BIRTHPLACE (city or town) (State or country)

Unknown15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country)

"

17. INFORMANT Elizabeth Templeton
(Address) Nampa Ida.

18. BURIAL, CREMATION, OR REMOVAL

Place Nampa Date Aug 21, 1931

19. UNDERTAKER J. R. Johnson
(Address) Nampa, Ida.

20. FILED 8/21, 1931 Seetha Conroy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/21/31 1931

22. I HEREBY CERTIFY, That I attended deceased from

Aug 10, 1931, to Aug 21, 1931.

I last saw him alive on Aug 20, 1931; death is said

to have occurred on the date stated above, at 2 9 m.

The principal cause of death and related causes of importance

were as follows:

Acute Exacerbation of Chronic Myocarditis occurring eleven days after operation for strangulated hernia

Other contributory causes of importance:

Name of operation Herniotomy Date of onset Aug 10/31

What test confirmed diagnosis? Phys. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) J. R. Johnson, M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 11 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Lanyon State 3 IDAHO Registered No. 100
 Township _____ or Village 2005 76229 or
 City Caldwell No. #3 St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME E. Elva Siler

(a) Residence: No. Greenleaf St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5a. If married, widowed, or divorced WIDOWED of (or) WIFE of V. H. Siler
 6. DATE OF BIRTH (month, day, and year) Dec 10 - 1884
 7. AGE Years 46 Months 8 Days 5 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Amq.
 (State or country) Ind.

13. NAME Benjamin Hockett
 14. BIRTHPLACE (city or town) not known
 (State or country)

15. MAIDEN NAME _____
 16. BIRTHPLACE (city or town) _____
 (State or country)

17. INFORMANT V. H. Siler
 (Address) Caldwell, Ida R #3

18. BURIAL, CREMATION, OR REMOVAL
 Place Greenleaf Date 8-18 1931

19. UNDERTAKER C. V. Dickham
 (Address) Caldwell, Idaho

20. FILED 8-17-1931 John B. Meyer
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 15, 1931
 22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1931, to Aug. 16, 1931
 I last saw him alive on Aug. 14, 1931; death is said to have occurred on the date stated above, at 4-2 a.m.

The principal cause of death and related causes of importance were as follows:

Neurosis (Chlorotic)
Pelvic Operation
aggravated neurosis and starvation

Date of onset

4-20-31

Other contributory causes of importance:

Name of operation Salpingotomy & Fixation Date of 4-20-31
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) David E. Baird M. D.(Address) Caldwell, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Canyon</u>		Registration District No. <u>7</u>		State File No. <u>76230</u>	
City of <u>Arak</u>		Primary Registration District No. <u>2006</u>		Local Registrar's No. <u>95</u>	
(If death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>William John Robinson</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>April-1851</u>					
7. AGE Years <u>80</u>		Months <u>4</u>		Days <u>4</u>	
If LESS than 1 day, _____ hrs. or _____ min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) <u>Ontario</u> (State or country) <u>Canada</u>					
13. NAME <u>John Robinson</u>					
14. BIRTHPLACE (city or town) <u>Scotland</u> (State or country) _____					
15. MAIDEN NAME <u>✓</u>					
16. BIRTHPLACE (city or town) <u>✓</u> (State or country) _____					
17. INFORMANT (Address) <u>J. W. Robinson</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Nampa</u> Date <u>8/26</u> , 193 <u>1</u>					
19. UNDERTAKER (Address) <u>J. W. Robinson</u>					
20. FILED <u>8-25</u> , 193 <u>1</u> <u>Beth Conway</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8-22-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>8-22</u> , 193 <u>1</u> , to <u>8-22</u> , 193 <u>1</u> .					
I last saw him alive on <u>8-22</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>9 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Acute Haemorrhage in Brain.</u>					
Other contributory causes of importance: <u>Stomach ulcer</u> <u>High Blood pressure</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>No</u> Date of injury _____ 193 <u>1</u>					
Where did injury occur? <u>Canyon Co. Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>None</u>					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>Harold Belknap</u> , M.D.					
(Address) <u>Nampa</u>					

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 76231

PLACE OF DEATH

County of Canyon
City ofampa

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006
(No. 12 8 1/2 no. 13th ave.)

Local Registrar's No. 96

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jens Nicolaysen

(a) Residence. No. 12 8 1/2 - 13th Ave. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Julia Nicolaysen

6. DATE OF BIRTH (month, day and year) Oct. 15th 1859

7. AGE Years 71 Months 10 Days 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work real estate

(b) General nature of industry, business, or establishment in which employed (or employer)

self

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Germany

10. NAME OF FATHER

Andrew Nicolaysen

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Germany

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Germany

14.

Informant (Address)

Mrs. Laurence Smith
Nampa, Idaho

15.

Filed 7-25, 1931

Arthur Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 20th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

8/14/31, 19 to 8/20/31, 1931
that I last saw him alive on 8/24/31, 1931

and that death occurred, on the date stated above, at 4:40 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Resurgence of cerebral hemorrhage, apoplexy, and dehydration.

(duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary)

Apoplexy.

(duration) 0 yrs. 0 mos. 12 ds.

18. Where was disease contracted if not at place of death? Lodging, Idaho.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Analysis.

(Signed) Geo. H. Kellogg, M. D.

8/20/31, 1931 (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

St. Lawrence

8-25 1931

20. Undertaker

Address

Wm. D. Kelley Nampa, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76232

State File No.

PLACE OF DEATH

County of CanyonCity of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005Local Registrar's No. 17

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frederick Chas. Kolmorgan.(a) Residence. No. Odd Fellows Home.

St.

(If nonresident give city or town and State.)

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 21, 1850

7. AGE

81

Years

Months

6

Days

22

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work. Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Germany
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Germany

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Germany

14.

Informant
(Address)Violet Price
Caldwell, Idaho

15.

Filed

8-13-1931John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 12
(Month)12
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 12, 1931, to Aug 12, 1931
that I last saw him alive on Aug 12, 1931and that death occurred, on the date stated above, at 6:10 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Epilepsy(duration) yrs. mos. 1 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? noDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Symptoms

(Signed)

Aug 13, 1931 (Address) Caldwell, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Normal Idaho

19

20. Undertaker

Address

Paul L. CaseCaldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 11 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 110
Township _____ or Village 2005 16233 or _____
City Caldwell No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

William Laus Cookson
(a) Residence: No. Elgin St. Caldwell St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) June 30-1858

7. AGE Years 73 Months 2 Days 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Ill

13. NAME Laus Cookson

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Maiden

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Geo. Garner (Address) Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon, Idaho Date Sept. 2, 1931

19. UNDERTAKER C. V. Peckham (Address) Caldwell, Idaho

20. FILED 9-2, 1931 John L. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 31, 1931

22. I HEREBY CERTIFY That I attended deceased from Aug 31, 1931, to August 31, 1931
I last saw him alive on Sept 3, 1931; death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows: Apoplexy

Other contributory causes of importance: respiratory

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Edw. Queller M. D.

(Address) Caldwell, Idaho

RECEIVED SEP 11 1931

76234

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Canyon State 3 IDAHO Registered No. 94
 Township Caldwell or Village 1005 76234 or
 City Caldwell No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Mary E Hall
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Char. W. Hall

6. DATE OF BIRTH (month, day, and year) Nov 15-1846

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>84</u>		<u>8</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Perryville

FATHER 13. NAME Alfred Bennett

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER 15. MAIDEN NAME Caroline Bennett

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Char. E. Hall (Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Aug 10, 1931

19. UNDERTAKER C. V. Beckham (Address) Caldwell Idaho

20. FILED 8-15-1931 John B. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 1930 to Aug 8, 1931. I last saw h. as alive on August 8, 1931; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: diabetes

Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Y Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of Injury _____
 Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Dr. C. E. Hall M. D.
 (Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

9-2007
U. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7 over

MARGIN RESERVED FOR BINDING

8-3001
V. B. No. 96

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 11 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 98
Township _____ or Village 2005 16235 or _____
City Caldwell No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Edith Mae Milliner 49
(a) Residence: No. 1111 State St. Boise Idaho Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>J. E. Milliner</u>		
6. DATE OF BIRTH (month, day, and year) <u>May 14-1898</u>		
7. AGE Years <u>38</u> Months <u>2</u> Days <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) (State or country) <u>Poea Utah</u>		
FATHER	13. NAME <u>James Wardell</u>	
MOTHER	14. BIRTHPLACE (city or town) (State or country) <u>Not known</u>	
15. MAIDEN NAME <u>Nettie M Ramsdell</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>		
17. INFORMANT <u>J. E. Milliner</u> (Address) _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Canyon Id</u> Date <u>8-16</u> 19 <u>31</u>		
19. UNDERTAKER <u>C. V. Beckham</u> (Address) <u>Caldwell Idaho</u>		
20. FILED <u>8-17-1931</u> <u>John B. Meyer</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) <u>Aug 13th 1931</u>	Date of onset
22. I HEREBY CERTIFY That I attended deceased from <u>Aug 8</u> 19 <u>31</u> to <u>Aug 13th</u> 19 <u>31</u> I last saw him alive on <u>Aug 13</u> 19 <u>31</u> ; death is said to have occurred on the date stated above, at <u>4:45 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma of Uterus</u>	
Other contributory causes of importance: <u>None</u>	
Name of operation <u>None</u> Date of _____ What test confirmed diagnosis? <u>Chemical</u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____	
Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. D. Farner</u> M. D. (Address) <u>Caldwell Ida</u>	

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76236

PLACE OF DEATH

County of Canyon
City of Caladwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1005

(No. _____)

Local Registrar's No. 99

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Mollie Spurgeon Kimble(a) Residence. No. 824 Denver

St. _____

(If nonresident give city or town and State.)
yrs. mos. ds.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofErwin Kimble

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
71 7 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) New Albany
(State or country) Clark Co. Indiana

10. NAME OF FATHER

James S. Spurgeon11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Indiana12. MAIDEN NAME OF MOTHER Elyza J. Wayman13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Indiana14. Informant Mrs. C. E. Pennington
(Address) 824 Denver Caladwell Ida15. Filed Aug 15, 1931 John H. Meyers
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 26, 1931, to Aug 12, 1931that I last saw him alive on Aug 12, 1931and that death occurred, on the date stated above, at 9 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma of
Uterus(duration) 7 yrs. mos. ds.CONTRIBUTORY Do not know
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Do not know
if not at place of death?Did an operation precede death? No Date of 7/10Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. H. Meyers M. D.Aug 13, 1931 (Address) Caladwell Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Canyon Hill Aug 14 1931

20. Undertaker Address

Paul L. Case Caladwell

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76237

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005Local Registrar's No. 112

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Addie Ruth Russell(a) Residence. No. 713 S. Carson St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGeo. H. Russell6. DATE OF BIRTH (month, day and year) Aug 8 - 18567. AGE Years Months Days 75 1 0 11 LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Tarsing
(State or country) Minnesota10. NAME OF FATHER P. D. Vaughan11. BIRTHPLACE OF FATHER (city or town) Not known
(State or Country)12. MAIDEN NAME OF MOTHER Elizabeth Fiske13. BIRTHPLACE OF MOTHER (city or town) Not known
(State or Country)14. Informant Mrs. J. K. Mullin
(Address) Caldwell Idaho R# 315. Filed 9-9, 1931 John S. Meyers
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 8, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from April 17, 1931, to Sept 8, 1931,
that I last saw her alive on Sept 7, 1931,
and that death occurred, on the date stated above, at 9:30 a m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma EsophagusCONTRIBUTORY
(Secondary)(duration) 1 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) J. K. Mullin, M. D.9-9, 1931 (Address) Caldwell Idaho19. Place of Burial, Cremation, or Removal Joseph Oregon Date of Burial 9-10, 193120. Undertaker C. V. Beckham Address Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 11 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State ID IDAHO
Township _____ or Village 1005
City Caldwell No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

Registered No. 114
76238

2. FULL NAME Rhoda Malissa O'Donnell

(a) Residence: No. 4 St. Grant Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 1-1854

7. AGE Years 76 Months 10 Days 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa County
(State or country) Iowa

13. NAME Wm Tail

14. BIRTHPLACE (city or town) Canada
(State or country)

15. MAIDEN NAME Phoebe Wallace

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Mrs. E. Caffelt
(Address) Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Valley Date 9-9-1931

19. UNDERTAKER C. V. Eckham
(Address) Caldwell, Idaho

20. FILED 9-9-1931 Gotlieb Meyers
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1930, to Sept 7, 1931

I last saw her alive on Sept 6, 1931; death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Canine or Duodenal

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis Dr. Montgomery Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. H. M. Mahoney D.C. M. D.

(Address) 1314 - 1st So.ampa

RECEIVED SEP 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76240

State File No.

PHYSICIAN

PLACE OF DEATH

County of EmeryCity of Ida Springs

CERTIFICATE OF DEATH

Registration District No. 82Primary Registration District No. 2159

(No.)

Local Registrar's No. 54

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilford William Mauro

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 29 - 1919

7. AGE

Years 11Months 11Days 17

If LESS than 1 day, hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER Ervin Mauro11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Jamett Skinner13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14.

Informant (Address) Orren Mauro, Ida Springs Ida

15.

Filed 6-16-1931

1931

Dr. Russell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 6 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 3, 1931, to June 16, 1931that I last saw him alive on June 3, 1931and that death occurred, on the date stated above, at 5a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Intestinal Necrosis(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? 0 Date of ✓Was there an autopsy? 0What test confirmed diagnosis? Eg. Urine(Signed) Ervin Mauro, M. D.717, 1931 (Address) Ida Springs

19. Place of Burial, Cremation, or Removal

Date of Burial

Right side Idaho6-17-1931

20. Undertaker

Address

W. WhitmanIda SpringsIda

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR DRUGS

RECEIVED SEP 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76241

State File No.

PLACE OF DEATH

County of CaribouCity of Sage SpringsRegistration District No. 82Primary Registration District No. 2159(No. Caribou Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 552. FULL NAME Selma Hutchinson(a) Residence. No. Cokeville, Wyo St. Cokeville, Wyo

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Hutchinson

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Smithfield Utah (State or country)10. NAME OF FATHER August Pearson

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Robert Hutchinson (Address)15. Filed 7/23, 1931, Dr. Russell Tigert Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

7/23/31

(Month)

(Day)

19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

7/8/31, 1931, to 7/23/31, 1931that I last saw him alive on 7/23/31, 1931and that death occurred, on the date stated above, at 5:25 PM m.

The CAUSE OF DEATH* was as follows:

Pneumonia(duration) yrs. mos. 15 ds.CONTRIBUTORY Influenza (Secondary)(duration) yrs. mos. 30 ds.18. Where was disease contracted if not at place of death? ✓Did an operation precede death? yes Date of 7/8/31Was there an autopsy? 0What test confirmed diagnosis? ✓(Signed) Wm. K. Cook, M. D.7/23/31, 1931 (Address) Sage Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Cokeville Wyo

19

20. Undertaker

Address

Joe HellerCokeville

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		76242	
PLACE OF DEATH		BUREAU OF VITAL STATISTICS		State File No.	
County of <u>Canyon</u>	City of <u>Loca Sping</u>	CERTIFICATE OF DEATH			
Registration District No. <u>82</u>		Primary Registration District No. <u>2159</u>		Local Registrar's No. <u>56</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Walter J. Woods</u>					
(a) Residence. No. <u>188</u>		St. <u>Providence, R. I.</u>			
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. <u>2</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Unknown</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Impact State Unknown</u>					
6. DATE OF BIRTH (month, day, and year) <u>Unknown</u>					
7. AGE <u>22</u> Years	Months	Days	If LESS than 1 day, hrs. min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unknown</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
13. NAME <u>" "</u>					
14. BIRTHPLACE (city or town) (State or country) <u>" "</u>					
15. MAIDEN NAME					
16. BIRTHPLACE (city or town) (State or country)					
17. INFORMANT (Address) <u>Personal Effects</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Providence R.I. Removal</u> Date <u>Aug 5, 1931</u>					
19. UNDERTAKER (Address) <u>Chunachow Wesley</u>					
20. FILED <u>Aug 5, 1931</u> <u>Dr. Russell</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 5, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 4, 1931</u> , to <u>Aug 5, 1931</u>					
I last saw him alive on <u>Aug 5, 1931</u> ; death is said to have occurred on the date stated above at <u>11 A. M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Fracture Skull</u>					
<u>Automobile accident</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of					
What test confirmed diagnosis? <u>Was there an autopsy?</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>8/4, 1931</u>					
Where did injury occur? <u>near Alexander Rd</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Public on road</u>					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>Ellis J. Murphy</u>					
(Address) <u>Loca Sping, R.I.</u>					

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-31-31

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

76243

1. PLACE OF DEATH
County of Caribou Registration District No.
City of Boa Springs Primary Registration District No.
(No.) (St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Kenneth V. Clinger

State File No.
Local Registrar's No.
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(Write the word)

6. DATE OF BIRTH March 1 1897
(Month) (Day) (Year)

7. AGE 34 Yrs. 5 Mos. 25 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION Rancher
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE Provo, Utah
(State or Country)

10. NAME OF FATHER John William Clinger

11. BIRTHPLACE OF FATHER Provo, Utah
(State or Country)

12. MAIDEN NAME OF MOTHER Josephine Zibell

13. BIRTHPLACE OF MOTHER Provo, Utah
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Kenneth V. Clinger
(Address) Boa Springs, Wyo.

15. Filed Aug 26 1931 Dr. Russell L. Lippert
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 23 1931 to Aug 26 1931, that I last saw him alive on Aug 26 1931, and that death occurred on the date stated above, at 7:28 A.M.

The CAUSE OF DEATH* was as follows:
Burnt to death caused by car accident

(Duration) yrs. mos. 3 ds.

Contributory (Secondary) (Duration) yrs. mos. 3 ds.

(Signed) Ellis J. Spencer M. D.
(Address) Boa Springs, Wyo.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place In the
of death yrs. mos. days, State yrs. mos. 3 ds.
Where was disease contracted if not at place of death? Elmer, Wyo
Former or usual residence Elmer, Wyo.

19. PLACE OF BURIAL OR REMOVAL Boa Springs, Wyo. DATE OF BURIAL Aug. 27 1931

20. UNDERTAKER Edith M. Mithun ADDRESS Boa Springs, Wyo.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76246**

PLACE OF DEATH
County of **Clark**
City of **Small**

Registration District No. **125**
Primary Registration District No. **2203**

Local Registrar's No. **90**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Samuel Kiburz**

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

5a. If married, widowed, or divorced
HUSBAND of **Hattie a Kiburz**
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Feb. 26. 1860**

7. AGE Years Months Days If LESS than 1 day,
71 **5** **6** _____ hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Monticello Iowa**
(State or country)10. NAME OF FATHER **Samuel Kiburz**11. BIRTHPLACE OF FATHER (city or town)
(State or Country) **Fort Smith Ohio**12. MAIDEN NAME OF MOTHER **Hannah Hubbard**13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) **Fort Smith Ohio**14. Informant **Hattie Allen Kiburz**
(Address) **Small Idaho**15. Filed **Aug 4, 1931** **C. E. Jones**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug **2** **1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at **3 a** m.

The CAUSE OF DEATH* was as follows:

Heart failure
Sudden death

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? **no**

What test confirmed diagnosis? _____

(Signed) **C. E. Jones** M. D.**Aug 4**, 19**31** (Address) **Dubois Idaho**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Small Idaho **Aug 4 1931**

20. Undertaker

Address

Jack Wood **Idaho Falls**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clark
City of Pueblo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76247

Registration District No. 125
Primary Registration District No. 2203

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)
(No. 125)

2. FULL NAME William J. Sloan

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced, (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of Iida Sloan
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 6 1865

7. AGE Years 67 Months 10 Days 6 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tennessee
(State or country)

13. NAME M. J. Sloan

14. BIRTHPLACE (city or town) Tennessee
(State or country)

15. MAIDEN NAME Nett Sloan

16. BIRTHPLACE (city or town) Tennessee
(State or country)

17. INFORMANT Edna Sloan
(Address) Pueblo, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date _____, 1931

19. UNDERTAKER Jack A. Wood
(Address) Edna Sloan

20. FILED Aug 14, 1931 CE Jones MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 13 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.

I last saw him alive on about 1931; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Date of onset

Heart failure
sudden death

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) CE Jones M. D.(Address) Pueblo, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH County of <u>Clearwater</u> City of <u>Orofino</u>		State File No. <u>76248</u>	
Registration District No. <u>96</u> Primary Registration District No. <u>2157</u> (No. <u>State Hospital North</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>52</u>	
2. FULL NAME <u>Antonio LARESE</u>			
(a) Residence. No. <u>St. Wallace, Idaho</u> (Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. <u>24</u> yrs. <u>4</u> mos. <u>11</u> ds. How long in U. S., if of foreign birth? <u>?</u> yrs. <u>?</u> mos. <u>?</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Unascertained</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Unascertained</u>			
7. AGE	Years <u>70</u>	Months <u>?</u>	Days <u>?</u>
If LESS than 1 day, hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		11. Total time (years) spent in this occupation <u>Train</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)			
13. NAME <u>Unascertained</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Unascertained</u>			
15. MAIDEN NAME <u>Unascertained</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Unascertained</u>			
17. INFORMANT (Address) <u>Records: State Hospital No. Orofino - Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Hosp. No. Cemetery</u> Date <u>Sept. 1, 1931</u>			
19. UNDERTAKER (Address) <u>J. A. Bielberg Hosp. attat. Orofino - Idaho</u>			
20. FILED <u>Aug 31, 1931</u> <u>W. A. Shan</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Aug. 29, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>May 1, 1931</u> to <u>August 29, 1931</u>			
I last saw him alive on <u>August 29, 1931</u> ; death is said to have occurred on the date stated above, at <u>?</u> m.			
The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u>			
Date of onset <u>Unasc.</u>			
Other contributory causes of importance: <u>Paraneid Condition</u>			
Date of onset <u>25 yrs.</u>			
Name of operation <u>None</u> Date of <u>?</u>			
What test confirmed diagnosis? <u>Phys. Signs</u> Was there an autopsy? <u>No</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>?</u> Date of injury <u>?</u> , 1931			
Where did injury occur? <u>?</u> (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. <u>?</u>			
Manner of injury <u>?</u>			
Nature of injury <u>?</u>			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>?</u>			
(Signed) <u>John S. Sinner M.D.</u> M.P. <u>Orofino - Idaho</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		BUREAU OF VITAL STATISTICS		State File No. 76249	
County of <u>Clearwater</u>		City of <u>Weippe</u>		Registration District No. <u>90</u>	
		Primary Registration District No. <u>2187</u>		Local Registrar's No. <u>50</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Walter M. McIntosh</u>					
(a) Residence. No. <u> </u> St. <u> </u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u> </u>					
6. DATE OF BIRTH (month, day, and year) <u>May 5 1931</u>					
7. AGE Years <u> </u>		Months <u>3</u>		Days <u> </u>	
				If LESS than 1 day, hrs. or min. <u> </u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u> </u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>					
10. Date deceased last worked at this occupation (month and year) <u> </u>			11. Total time (years) spent in this occupation <u> </u>		
12. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
13. NAME <u>King Mc Intosh</u>					
14. BIRTHPLACE (city or town) <u>Wash</u> (State or country)					
15. MAIDEN NAME <u>M. Briley</u>					
16. BIRTHPLACE (city or town) <u>Wash</u> (State or country)					
17. INFORMANT <u>King Mc Intosh</u> (Address) <u>Weippe Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Weippe Idaho</u> Date <u>Aug 30</u> , 193 <u>1</u>					
19. UNDERTAKER <u>W.A. Shaw</u> (Address) <u>Crofino</u>					
20. FILED <u>Aug 30 1931</u> <u>W.A. Shaw</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 29</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 28</u> , 193 <u>1</u> , to <u>Aug 29</u> , 193 <u>1</u>					
I last saw <u>her</u> alive on <u>Aug 28</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>5.30 A</u>					
The principal cause of death and related causes of importance were as follows: <u>Infectious Gastro-Enteritis</u>					
Date of onset <u>unknown</u>					
Other contributory causes of importance: <u> </u>					
Name of operation <u> </u> Date of <u> </u>					
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 193 <u>1</u>					
Where did injury occur? <u> </u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u> </u>					
Manner of injury <u> </u>					
Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? <u> </u>					
If so, specify <u> </u>					
(Signed) <u>A.B. Pappenberg</u> , M.D.					
(Address) <u>Crofino Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76250
PLACE OF DEATH County of <u>Clearwater</u> City of <u>Orofino</u>		
Registration District No. Primary Registration District No. (No. <u>State Hospital North</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. 51
2. FULL NAME <u>Mary Stevens</u> (a) Residence. No. <u>Pennesse, Idaho.</u> (Usual place of abode) Length of residence in city or town where death occurred. <u>5</u> yrs. <u>10</u> mos. <u>13</u> ds. How long in U. S., if of foreign birth? <u>✓</u> yrs. <u>✓</u> mos. <u>✓</u> ds.		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of <u>✓</u> (or) WIFE of <u>✓</u>		
6. DATE OF BIRTH (month, day, and year) <u>July 20, 1889</u>		
7. AGE	Years <u>42</u>	Months <u>1</u>
	Days <u>9</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) <u>Palouse City,</u> (State or country) <u>Washington</u>		
13. NAME <u>George Stevens</u>		
14. BIRTHPLACE (city or town) <u>Unascertained</u> (State or country)		
15. MAIDEN NAME <u>Carrie English</u>		
16. BIRTHPLACE (city or town) <u>Unascertained</u> (State or country)		
17. INFORMANT <u>Records, State Hospital North</u> (Address) <u>Orofino - Idaho.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>State Hospital North</u> Date <u>8/30</u> , 1931		
19. UNDERTAKER <u>Orofino Mortuary</u> (Address) <u>Orofino</u>		
20. FILED <u>Aug 31</u> , 1931 <u>W. A. Shaw</u> Registrar.		
MEDICAL CERTIFICATE OF DEATH		
21. DATE OF DEATH (month, day, and year) <u>Aug. 29</u> , 1931		
22. I HEREBY CERTIFY, That I attended deceased from <u>May 1</u> , 1931, to <u>August 29</u> , 1931.		
I last saw her alive on <u>August 28</u> , 1931; death is said to have occurred on the date stated above, at <u>5:30 A.M.</u>		
The principal cause of death and related causes of importance were as follows: <u>accidental suffocation in bed.</u>		
Other contributory causes of importance: <u>Psychosis with mental deficiency</u>		
Name of operation <u>None</u>		Date of
What test confirmed diagnosis? <u>✓</u>		Was there an autopsy? <u>✓</u>
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>8/29</u> , 1931		
Where did injury occur? <u>Orofino - Idaho.</u> (Specify city or town, county, and State)		
Specify whether injury occurred in industry, in home, or in public place. <u>State Hospital North</u>		
Manner of injury <u>Suffocation in bed while</u>		
Nature of injury <u>asleep - accidental -</u>		
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify		
(Signed) <u>W. D. Benson</u> Coroner		
(Address)		

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Clearwater</u>		Registration District No. <u>90</u>		State File No. <u>76251</u>	
City of <u>Orofino</u>		Primary Registration District No. <u>2187</u>		Local Registrar's No. <u>49</u>	
		Nelson Hospital			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Patrick Deegan</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>About 63</u>					
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
		<u>Michigan</u>			
12. BIRTHPLACE (city or town) (State or country)					
MOTHER		13. NAME <u>?</u>			
FATHER		14. BIRTHPLACE (city or town) (State or country) <u>?</u>			
		15. MAIDEN NAME <u>?</u>			
		16. BIRTHPLACE (city or town) (State or country) <u>?</u>			
17. INFORMANT		<u>Nelson Hospital</u>			
(Address)		<u>Orofino</u>			
18. BURIAL, CREMATION, OR REMOVAL		<u>Orofino</u>			
Place		Date <u>Aug 26</u> , 193 <u>1931</u>			
19. UNDERTAKER		<u>W.A. Shaw</u>			
(Address)		<u>Orofino</u>			
20. FILED		<u>Aug 26</u> , 193 <u>1931</u>			
		<u>W.A. Shaw</u>			
		Registrar.			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 25</u> , 193 <u>1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>8-30</u> , 193 <u>1</u> , to <u>8-25</u> , 193 <u>1</u> .					
I last saw him live on <u>8/25</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>11:30 P</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Nephritis - Valvular heart</u>					
Other contributory causes of importance: <u>Arterio sclerosis</u>					
<u>Flu in Spring 1927</u>					
Name of operation <u>none</u> Date of <u>none</u>					
What test confirmed diagnosis? <u>Symptoms</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u>					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u>					
If so, specify <u>Probably exposure</u>					
(Signed) <u>W.A. Shaw</u> , M.D.					
(Address) <u>Orofino Idaho</u>					

RECEIVED SEP 8 1921

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76252

PLACE OF DEATH

CERTIFICATE OF DEATH

County of GlenwaterCity of IdahoRegistration District No. 90Primary Registration District No. 2Local Registrar's No. 48

(No. _____)

If death occurred in a hospital or institution, give its name (instead of street and number.)

2. FULL NAME J. H. Hume(a) Residence, No. De France Hotel Lewiston, Ida.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 43 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

Fish. Fishing

(c) Name of employer

U. S. F. S.

9. BIRTHPLACE (city or town)

(State or country)

Uncertain

10. NAME OF FATHER

Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)W. D. Pinson

15.

Filed

8/25

19

W. D. Pinson

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 21st 1921
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Truck in which he was riding overturned crushing him
(duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) W. D. Pinson Coroner M. D.
_____, 19____ (Address) Orlando

19. Place of Burial, Cremation, or Removal

Date of Burial

Orlando, Idaho8/25 1921

20. Undertaker

Address

Orlando Mortuary Orlando, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

EXACTLY.

RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of *Clearwater*City of *Heppner*Registration District No. *90*Primary Registration District No. *2187*

DO NOT WRITE IN THIS SPACE

76253

State File No.

Local Registrar's No. *47*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Andrew Hendrickson*

(a) Residence. No. St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *Oct 10 1858*7. AGE Years *79* Months *10* Days *6* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Sweden*
(State or country)13. NAME *Peter Hendrickson*14. BIRTHPLACE (city or town) *Sweden*
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) *Sweden*
(State or country)17. INFORMANT *Edna Hendrickson*
(Address) *Heppner Ida*18. BURIAL, CREMATION, OR REMOVAL
Place *Heppner Ida* Date *Aug 17 1931*19. UNDERTAKER *H. A. Shatt*
(Address) *Idaho*20. FILED *717*, 1931 *H. A. Shatt*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *Aug 16 1931*

22. I HEREBY CERTIFY, That I attended deceased from

....., 1931, to, 1931

I last saw him alive on, 1931; death is said

to have occurred on the date stated above, at *10:20 a.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Cancer**Had no L.R.*

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1931

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) *H. A. Shatt* *Aug* *H. M. D.*(Address) *Idaho*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1931

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76254

Registration District No. 90
Primary Registration District No. 2187

Local Registrar's No. 46

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Kenneth Cudney

(a) Residence. No.

St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,

Single (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) May 7 1924

7. AGE

Years

Months

Days

If LESS than

73a1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.School Boy9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationWash12. BIRTHPLACE (city or town)
(State or country)

MOTHER / FATHER

13. NAME

Edger Cudley14. BIRTHPLACE (city or town)
(State or country)Mont

15. MAIDEN NAME

H. Thomson16. BIRTHPLACE (city or town)
(State or country)Mont17. INFORMANT
(Address)Mrs E. ThomsonOrofino

18. BURIAL, CREMATION, OR REMOVAL

Place OrofinoDate Aug 18, 193119. UNDERTAKER
(Address)W.A. ShawOrofino20. FILED Aug 17, 1931W.A. Shaw

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 16 1931

22. I HEREBY CERTIFY, That I attended deceased from

Aug 15, 1931 to Aug 16, 1931I last saw him alive on Aug 16, 1931; death is saidto have occurred on the date stated above, at 3:20 A m.The principal cause of death and related causes of importance
were as follows:

Date of onset

Infectious Gastro - Aug 14
Enteritis - Florida 1931

Other contributory causes of importance:

Name of operation Cure Date of -What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) P. J. Hopkins, M.D.(Address) Orofino, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED SEP 8 1931

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Clearwater
City of Elk RiverRegistration District No. 91Primary Registration District No. 2168

(No. _____ St.)

State File No. 76255Local Registrar's No. 5

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Fred Cresswell

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCEDMale White Divorced
(Write the word)

6. DATE OF BIRTH

Dec 24 1865
(Month) (Day) (Year)

7. AGE

IF LESS than 1
day how many
_____ hrs. or
_____ min.?

_____ Yrs. _____ Mos. _____ ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Farmer

9. BIRTHPLACE

(State or Country)

Marion Co. Oregon

10. NAME OF

Father

David C Cresswell11. BIRTHPLACE
OF FATHER

(State or Country)

Illinois12. MAIDEN NAME
OF MOTHER?13. BIRTHPLACE
OF MOTHER

(State or Country)

?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Anabel Jeffries

(Address)

Elk River Idaho

15.

Filed

Sept. 31931Mildred Hamby

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19 to 19,that I last saw him alive on 19,and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Auto accident on
Hera Hill, Clearwater Co Idaho

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

W. D. Pinson, Coroner D.8-13-31

(Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the
of death _____ yrs. _____ mos. _____ days, State _____ yrs. _____ mos. _____ ds.

Where was disease contracted

if not at place of death?

Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Moscow8-14 1931

20. UNDERTAKER

Short - Idaho

ADDRESS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of CusterCity of Stanley

CERTIFICATE OF DEATH

Registration District No. 108Primary Registration District No. 2186

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Lee Vanover(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X6. DATE OF BIRTH (month, day and year) April 23 - 19077. AGE Years Months Days If LESS than 1 day.
24 3 29 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ashton County
(State or country) N. Carolina

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ill12. MAIDEN NAME OF MOTHER Ruth E. Roark13. BIRTHPLACE OF MOTHER (city or town)
(State or County) N. Carolina14. Informant Edith W. Wagner
(Address)15. Filed Aug 22, 1931 Phila M. Kenney
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 76256Local Registrar's No. 126

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug, 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____
that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Violent - accidental car plane crash and gasoline explosion death resulted immediately from shock and gasoline fumes

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY
(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? noWhat test confirmed diagnosis? E. W. Fox, M. D.8/24, 1931, (Address) Hailey, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Bellvue Cemetery, Aug 25, 1931

20. Undertaker

Address

Harris & Amos, Hailey, Ida.

RECEIVED SEP 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76257

State File No.

PLACE OF DEATH

County of Custer

City of Chellie

Registration District No. 108

Primary Registration District No. 2186

Local Registrar's No. 122

(No.)
(If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME J. H. O'Brien

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
700

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Cook - Helper for

(b) General nature of industry, business, or establishment in which employed (or employer). Fire-fighters on

(c) Name of employer Charles Forest Kenealy

9. BIRTHPLACE (city or town) (State or country) Ireland

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address)

15. Filed Aug 4, 1931 Edna McKenny Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 3 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....
that I last saw him alive on Aug 3 1931
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Found dead of heart trouble
This man died of exposure and acute alcohol poisoning

CONTRIBUTORY (Secondary) C. E. Kirtley, M.D.
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. L. Collette Coroner
Aug 4, 1931 (Address) Chellie, Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Chellie, Idaho Aug 4, 1931

Undertaker Edna McKenny Address Chellie, Ida

66

PARENTS

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED SEP 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76258

PLACE OF DEATH

County of CusterCity of Challis

CERTIFICATE OF DEATH

Registration District No. 108Primary Registration District No. 2186Local Registrar's No. 123

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Malel Shelly

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If non-resident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)FemaleWhite

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Nov 5 1919

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.12913

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Halfway

10. NAME OF FATHER

Sherman Shelly11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Hartsville

12. MAIDEN NAME OF MOTHER

Otie Todd13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Joplin

14.

Informant
(Address)Arthur Shelly

15.

Filed

Aug 18, 1931Elmer M. Kenney

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug
(Month)18
(Day)1931
(Year)

17. I HEREBY CERTIFY That I attended deceased from

Saw her once Aug 15, 1931
that I last saw her on
17th & 18th
and that death occurred, on the date stated above, atm.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:General peritonitis
ruptured
Appendix
(duration)yrs.mos.ds.CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of 8/17Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. E. Hartley

M. D.

8/291931(Address) Challis, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Challis, IdahoAug 19 1931

20. Undertaker

Address

Mr. GammesArco, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

RECEIVED SEP 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
76259
State File No. _____

PLACE OF DEATH

County of Guster
City of Stanley

CERTIFICATE OF DEATH

Registration District No. 108
Primary Registration District No. 2186
(No. _____)

Local Registrar's No. 124

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. 407 Reseigne - Boise - Ida St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 20 yrs. 5 mos. 6 ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 16, 1911

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
20 5 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student and Aviator
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Boise - Idaho.

10. NAME OF FATHER Lewis C. Workman

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kansas

12. MAIDEN NAME OF MOTHER Grace E. Johnese

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Iowa

14. Informant (Address) Frank Johnese - Boise

15. Filed Aug 22, 1931 Edna M. Kearney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 6:10 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Violent - Accidental
over plane crash and gasoline explosion. Death resulted immediately from shock and gasoline burns.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis? E. W. Test M. D.

8/24, 1931 (Address) Stanley, Idaho

19. Place of Burial, Cremation, or Removal Boise Date of Burial Aug 25, 1931

20. Undertaker James & Amos Address Stanley, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76260

PLACE OF DEATH

County of Butte

City of Stanley

Registration District No. 108

Primary Registration District No. 2186

Local Registrar's No. 125

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

X

6. DATE OF BIRTH (month, day and year) May 10 - 1909

7. AGE Years 22 Months 3 Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bellvue Ida (State or country)

10. NAME OF FATHER Thomas Roark

11. BIRTHPLACE OF FATHER (city or town) Idaho (State or Country)

12. MAIDEN NAME OF MOTHER Cecilia Burger

13. BIRTHPLACE OF MOTHER (city or town) Idaho (State or Country)

14. Informant Mrs. John Brown (Address) Bellvue - Ida

15. Filed Aug 22, 1931 Edna De-Kenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 22, 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at 6:00 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Violent - accidental and plane crash and gasoline explosion from shock and gasoline

CONTRIBUTORY

(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

8/24 (Signed) E. W. Fox M. D. (Address) Stanley, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Bellvue Cemetery

Aug 25 1931

20. Undertaker

Address

Harriett Brown

Stanley Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED SEP 14 1931

DO NOT WRITE IN THIS SPACE
State File No. 76261

PLACE OF DEATH
County of Elmore
City of Mtn. Home
Registration District No. 34
Primary Registration District No. 2020

Local Registrar's No. 11

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary R. Beelis
(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Lewis Beelis
6. DATE OF BIRTH (month, day, and year) 9-18-1849
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 81 9 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

FATHER

13. NAME Marshall
14. BIRTHPLACE (city or town) (State or country) Mich.
15. MAIDEN NAME Malheur
16. BIRTHPLACE (city or town) (State or country) N.Y.
17. INFORMANT (Address) John Beelis
18. BURIAL, CREMATION, OR REMOVAL Place. Mountain Home Date. 6-22-1931
19. UNDERTAKER (Address) G. S. Zacher, Mtn. Home
20. FILED Aug 31, 1931. W. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-21-1931
22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931, to June 21, 1931.
I last saw h. alive on _____, 1931; death is said to have occurred on the date stated above, at 5 P. M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage 5-2-30
fracture of hip 1-17-31
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury Feb 17, 1931
Where did injury occur Mtn. Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury a fall
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. E. Evans M.D. (Address) Mountain Home

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Elmore</u>		City of <u>Smiths Prairie</u>		Registration District No. <u>34</u>		Primary Registration District No. <u>2020</u>		State File No. <u>76262</u>	
Precinct		(No. <u>Smith Prairie, Idaho.</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>12</u>			
2. FULL NAME <u>Ray E. Bates.</u>		(a) Residence. No. <u>Smith Prairie, Idaho.</u> St. _____		(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. <u>30</u> yrs. mos.		ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced. (Write the word) <u>Married.</u>							
5a. If married, widowed, or divorced HUSBAND of <u>Hazel Bates.</u> (or) WIFE of									
6. DATE OF BIRTH (month, day, and year) <u>July 22-1891</u>									
7. AGE <u>40</u>	Years	Months <u>1</u>	Days <u>13</u>	If LESS than 1 day, less than 1 min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>									
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
10. Date deceased last worked at this occupation (month and year)									
11. Total time (years) spent in this occupation									
12. BIRTHPLACE (city or town) <u>Okla.</u> (State or country)									
13. NAME <u>H. C. Bates.</u>									
14. BIRTHPLACE (city or town) <u>Ky.</u> (State or country)									
15. MAIDEN NAME <u>Lou T. Blackwell.</u>									
16. BIRTHPLACE (city or town) <u>Ind.</u> (State or country)									
17. INFORMANT <u>Mrs. R. E. Bates.</u> (Address) <u>Prairie, Idaho.</u>									
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill-Boise, Ida.</u> Date <u>9/8/31</u> 193									
19. UNDERTAKER <u>F. S. Parker.</u> (Address) <u>217 W. 10th St. Boise, Ida.</u>									
20. FILED <u>Sept 7</u> , 1931 <u>W. J. Anderson</u> Registrar.									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) <u>9/5/31</u> 193									
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931									
I last saw h. _____ alive on _____, 1931; death is said to have occurred on the date stated above, at _____ m.									
The principal cause of death and related causes of importance were as follows:									
Gun shot wound inflicted by unknown parties on farm of George Bates, near Prairie, Idaho									
Other contributory causes of importance:									
Name of operation _____ Date of _____									
What test confirmed diagnosis? _____ Was there an autopsy? _____									
23. If death was due to external causes (violence) fill in also the following:									
Accident, suicide, or homicide? <input checked="" type="checkbox"/> Date of injury _____, 1931									
Where did injury occur? _____ (Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place.									
Manner of injury _____									
Nature of injury _____									
24. Was disease or injury in any way related to occupation of deceased?									
If so, specify _____									
(Signed) <u>F. S. Parker, M.D.</u>									
(Address) <u>217 W. 10th St. Boise, Ida.</u>									

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of ElmoreCity of HammettRegistration District No. 35Primary Registration District No. 2021

DO NOT WRITE IN THIS SPACE

State File No. 76263Local Registrar's No. 44

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. John Lountain Vincent

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFlora Vincent6. DATE OF BIRTH (month, day, and year) 3-9-18597. AGE Years 72 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March 193111. Total time (years) spent in this occupation most of life

12. BIRTHPLACE (city or town) (State or country)

Iowa

13. NAME

Jonathan Vincent

14. BIRTHPLACE (city or town) (State or country)

Pennsylvania

15. MAIDEN NAME

Cardine Morehead

16. BIRTHPLACE (city or town) (State or country)

Pennsylvania

17. INFORMANT (Address)

Harold Vincent
Hammett Ida18. BURIAL, CREMATION, OR REMOVAL Place Glenn's Ferry Date 8-9, 1931

19. UNDERTAKER (Address)

W. C. Zacher
Idaho20. FILED Aug 9, 1931 W. C. Zacher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 8, 193122. I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to Aug 8, 1931I last saw him alive on Aug 6, 1931; death is said to have occurred on the date stated above, at 9 1/2 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma stomach and liver

Other contributory causes of importance:

Name of operation none Date of What test confirmed diagnosis Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) Dr. J. W. Davis, M.D.(Address) Glenn's Ferry, Ida

RECEIVED SEP 8 1931
STATE OF IDAHODEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76264

State File No.

PLACE OF DEATH

County of Glenn
City of Glenns Ferry

CERTIFICATE OF DEATH

Registration District No. 35Primary Registration District No. 2021

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Franklin Buffington(a) Residence. No. Glenns Ferry Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 20 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEllen Buffington

6. DATE OF BIRTH (month, day and year)

March 11 1863

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.681129

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workRetired Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Lynch, Tenn.

10. NAME OF FATHER

Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown

14.

Informant
(Address)Geo. J. Robertson

15.

Filed

8-121931Mrs Mary L. Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August10

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March1930

to

August 101931that I last saw him alive on August 10, 1931and that death occurred, on the date stated above, at 5.45pm*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Arterio-Sclerotic HypertensiveHeart Disease with myocardialenlargement(duration) 10 yrs. mos. ds.CONTRIBUTORY Cerebral hemorrhage
(Secondary)(duration) yrs. mos. ds. 8 ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical

(Signed)

8/11/31(Address) Glenns Ferry Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Glenns Ferry Idaho8-121931

20. Undertaker

Address

SC Zacher111 Home St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76265	
PLACE OF DEATH		CERTIFICATE OF DEATH	
County of <u>Elmore</u>		State File No. _____	
City of <u>Mt. Home</u>		Registration District No. <u>34</u>	
Primary Registration District No. <u>2020</u>		Local Registrar's No. <u>13</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Reubin Ora Waters</u>			
(a) Residence. No. <u>Mt. Home, Idaho</u> St. _____			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) _____	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) _____			
7. AGE	Years	Months	Days
			If LESS than 1 day, 2 hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
	10. Date deceased last worked at this occupation (month and year) _____		
	11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) <u>Mt. Home</u> (State or country) <u>Idaho</u>			
MOTHER FATHER	13. NAME <u>Reubin Ora Waters</u>		
	14. BIRTHPLACE (city or town) <u>Salina</u> (State or country) <u>Utah</u>		
	15. MAIDEN NAME <u>Mary Ellen Statten</u>		
	16. BIRTHPLACE (city or town) <u>Grant</u> (State or country) <u>Idaho</u>		
17. INFORMANT <u>Reubin Ora Waters</u> (Address) <u>Mt. Home, Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mt. Home</u> Date <u>8/23, 1931</u>			
19. UNDERTAKER <u>G. E. Zachary</u> (Address) <u>Mt. Home, Idaho</u>			
20. FILED <u>Sept 12, 1931</u> <u>Atkins</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>8/22, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>8-22</u> , 1931, to <u>8-22</u> , 1931.			
I last saw him/her on <u>8-22</u> , 1931; death is said to have occurred on the date stated above, at <u>2 P.</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Premature Birth</u> <u>About seven and one half</u> <u>month gestation</u>			
Other contributory causes of importance: _____			
Date of onset _____			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____, 1931.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			
If so, specify _____			
(Signed) <u>J. E. Evans</u> M. D.			
(Address) <u>Mt. Home, Idaho</u>			

1619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
76268
State File No.

PLACE OF DEATH

County of Franklin
City of Preston

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119
(No.)

Local Registrar's No. 7

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucretia Evans Hansen

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of LaVill Hansen
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 21 1910

7. AGE Years Months Days If LESS than 1 day.
20 7 20 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cashier in Store
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Minkercreek Idaho

10. NAME OF FATHER I.M. Evans

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Riverdale Idaho

12. MAIDEN NAME OF MOTHER Velenia Larsen

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Minkercreek Idaho

14. Informant I.M. Evans
(Address) Riverdale

15. Filed Sept 8, 1931 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 12 1931, to Aug 13 1931,
that I last saw her alive on Aug 13 1931,
and that death occurred, on the date stated above, at 3:30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

pulmonary embolus

(duration) yrs.
CONTRIBUTORY Operation for removal of ovaries Sept 8 appendicitis
(Secondary) (duration) yrs. mos. 13 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Cutler, M. D.
, 19..... (Address)

19. Place of Burial, Cremation, or Removal Preston Idaho Date of Burial Aug 16 31 19

20. Undertaker M. W. Hendricks Address Preston

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 10 1931

DO NOT WRITE IN THIS SPACE

76269

State File No.

PLACE OF DEATH

County of Franklin
City of Preston

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119
(No.)

Local Registrar's No. 2

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Thackery Stokes

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Robert P Stokes6. DATE OF BIRTH (month, day and year) Feb 21 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>75</u>	<u>5</u>	<u>14</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah10. NAME OF FATHER Geo. Thackery11. BIRTHPLACE OF FATHER (city or town) (State or Country) England12. MAIDEN NAME OF MOTHER Helen Condie13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Scotland14. Informant Thomas Stokes
(Address) Preston Idaho15. Filed Sept 8, 1931 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 18 1931, to Aug 5 1931
that I last saw her alive on Aug 4 1931and that death occurred, on the date stated above, at 4:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral SarcomaCONTRIBUTORY (Secondary) General debility as far as known (duration) 1 yrs. 5 mos. 6 ds.as known (duration) yrs. mos. ds.18. Where was disease contracted if not at place of death? ✓Did an operation precede death? NO Date of ✓Was there an autopsy? ✓What test confirmed diagnosis? Clinical & Microscopic(Signed) G. W. States M. D.Aug 6 1931 (Address) Preston Idaho19. Place of Burial, Cremation, or Removal Preston Idaho Date of Burial Aug 9 31 1920. Undertaker M. W. Hendricks Address Preston Idaho

RECEIVED SEP 10 1931

FORM V. S. No. 5-A-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. **76270**
Registered No. **5**

1. PLACE OF DEATH

County of Franklin
City of Wiston

Registration District No. 27
Primary Registration District No. 2119
(No. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME George Nelson

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
(Write the word.)

6. DATE OF BIRTH March 27 1876
(Month) (Day) (Year)

7. AGE 55 yrs. 4 mos. 14 ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE Slesmølle
(State or Country) Denmark

10. NAME OF FATHER George Nelson

11. BIRTHPLACE OF FATHER Denmark
(State or Country)

12. MAIDEN NAME OF MOTHER Christina Jensen

13. BIRTHPLACE OF MOTHER Denmark
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Kenneth Kellogg
(Address) Wiston, Idaho

15. Filed Sept 8 1931 G. W. States
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 8 1931, to August 6 1931, that I last saw him alive on August 5 1931, and that death occurred on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
Metastases to Liver & Brain

(Duration) Yrs. 19 mos. ds.
Contributory (Secondary) Apoptotic Pneumonia

(Duration) yrs. mos. 2 ds.
(Signed) Orson Haines M. D.

Aug 8 1931 (Address) Preston Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Wiston, Idaho DATE OF BURIAL 1931

20. UNDERTAKER John M. Kuhardt ADDRESS Logan, Utah

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		RECEIVED SEP 8 1931 DO NOT WRITE IN THIS SPACE State File No. 76271	
County of <i>Tremont</i>	City of <i>St. Anthony</i>	Registration District No. <i>29</i>	Primary Registration District No. <i>2177</i>	Local Registrar's No. <i>385</i>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <i>Mark S. Bigler</i>					
(a) Residence. No. <i>St. Anthony Idaho</i> St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>			
5a. If married, widowed, or divorced HUSBAND OF (or) WIFE OF <i>Mary Bigler</i>					
6. DATE OF BIRTH (month, day, and year) <i>June 4 - 1865</i>					
7. AGE	Years <i>66</i>	Months <i>1</i>	Days <i>3</i>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Framming</i>				
	10. Date deceased last worked at this occupation (month and year)				
FATHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) (State or country) <i>Framming Idaho</i>				
	13. NAME <i>Mark S. Bigler</i>				
MOTHER	14. BIRTHPLACE (city or town) (State or country) <i>Virginia</i>				
	15. MAIDEN NAME <i>Asenith Patten</i>				
	16. BIRTHPLACE (city or town) (State or country) <i>England</i>				
17. INFORMANT (Address) <i>Mrs Mark S. Bigler</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>Welford</i> Date <i>July 9, 1931</i>					
19. UNDERTAKER (Address) <i>St. Anthony Idaho</i>					
20. FILED <i>July 9, 1931</i> <i>W. M. Hansen</i> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>July 8 - 1931</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>July 2nd</i> , 1931, to <i>July 8</i> , 1931.					
I last saw him alive on <i>July 7</i> , 1931; death is said to have occurred on the date stated above, at <i>1:25</i> pm.					
The principal cause of death and related causes of importance were as follows:					
<i>Acute Apatitis</i>					Date of onset <i>July 2nd</i>
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <i>urine & clinical</i> Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) <i>P. M. Kelly</i> , M. D.					
(Address) <i>St. Anthony Idaho</i>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED SEP 8 1931	
County of <u>Fremont</u>		CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
City of <u>Wilford</u>		Registration District No. <u>77</u>		State File No. <u>76272</u>	
		Primary Registration District No.		Local Registrar's No. <u>386</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Quincy Leis</u>					
(a) Residence. No. St. (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 21-1907</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>23</u>		<u>10</u>	<u>22</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>School</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Washington</u>					
FATHER					
13. NAME <u>Henry Leis</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Russia</u>					
MOTHER					
15. MAIDEN NAME <u>Molly Thiel</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Russia</u>					
17. INFORMANT (Address) <u>Henry Leis, Suggs City, #1</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wilford, Ida.</u> Date <u>July 15 1931</u>					
19. UNDERTAKER (Address) <u>Wm. A. Haller, Suggs City, Ida.</u>					
20. FILED <u>July 13</u> , 1931, <u>Wm. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 12 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 2</u> , 1930, to <u>July 12</u> , 1931.					
I last saw him alive on <u>May 28</u> , 1931; death is said to have occurred on the date stated above, at <u>8</u> p.m.					
The principal cause of death and related causes of importance were as follows: <u>Chronic myocarditis and embolism</u>					
Other contributory causes of importance: <u>Cerebral hemorrhage</u>					
Date of onset <u>11/5/30</u>					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis? Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> . If so, specify					
(Signed) <u>J. A. Haller</u> M. D.					
(Address) <u>St. Anthony Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Brennand</u>	City of <u>St. Anthony</u>	Registration District No. <u>99</u>		State File No. <u>76273</u>	
		Primary Registration District No. <u>3177</u>		Local Registrar's No. <u>388</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>James Powell</u>					
(a) Residence. No. <u>St. Anthony Idaho</u> St. _____					
(Usual place of abode) _____					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced (HUSBAND of <u>Ida Powell</u>)					
6. DATE OF BIRTH (month, day, and year) <u>Jan 1-1870</u>					
7. AGE	Years <u>61</u>	Months <u>6</u>	Days <u>19</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) <u>July 18-1931</u>				
	11. Total time (years) spent in this occupation <u>33</u>				
12. BIRTHPLACE (city or town) <u>Coalville</u> (State or country) <u>Idaho</u>					
MOTHER FATHER	13. NAME <u>John Powell</u>				
	14. BIRTHPLACE (city or town) <u>England</u> (State or country)				
	15. MAIDEN NAME <u>Jane Rawson</u>				
	16. BIRTHPLACE (city or town) <u>England</u> (State or country)				
17. INFORMANT <u>Mrs. Ida Powell</u> (Address) <u>St. Anthony Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>July 22, 1931</u>					
19. UNDERTAKER <u>Wm. W. Hansen</u> (Address) <u>St. Anthony Idaho</u>					
20. FILED <u>7/20</u> , 1931 <u>Wm. W. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 19, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 18</u> , 1931, to <u>July 19</u> , 1931.					
I last saw him alive on <u>July 19, 1931</u> ; death is said to have occurred on the date stated above, at <u>8:30</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
<u>Acute Cardiac Dilatation July 18</u>					
Other contributory causes of importance: <u>Acute gastritis</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>P. M. Kelly</u> , M. D.					
(Address) <u>St. Anthony Ida</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Freemont</u>		CERTIFICATE OF DEATH		State File No. <u>76274</u>	
City of <u>St. Anthony</u>		Registration District No. <u>99</u>		Local Registrar's No. <u>387</u>	
		Primary Registration District No. <u>2177</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Emma Abbott Bell</u>					
(a) Residence. No. <u>St. Anthony Idaho</u> St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Hyrum Bell</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 1 - 1877</u>					
7. AGE	Years <u>51</u>	Months <u>7</u>	Days <u>16</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Not Known</u>					
MOTHER FATHER	13. NAME <u>John F. Abbott</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Granville Idaho</u>				
	15. MAIDEN NAME <u>Loretta Davis</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
17. INFORMANT (Address) <u>Alvin Bell</u> <u>St. Anthony Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Refused</u> Date <u>July 18, 1931</u>					
19. UNDERTAKER (Address) <u>W. M. Hoansa</u> <u>St. Anthony</u>					
20. FILED <u>July 18, 1931</u> <u>W. M. Hoansa</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7-17-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 12</u> , 1931, to <u>July 17</u> , 1931. I last saw <u>her</u> alive on <u>July 17</u> , 1931. death is said to have occurred on the date stated above, at <u>8:30</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Lobar Pneumonia</u> <u>July 12-31</u>					
Other contributory causes of importance: <u>Chr. Endocarditis</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>B. M. Kelly</u> M. D. (Address) <u>St. Anthony Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Fremont	CERTIFICATE OF DEATH		State File No.	76275
City of	St. Anthony	Registration District No.	99	Local Registrar's No.	390
		Primary Registration District No.	2177		89
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>George Levi Moore</u>					
(a) Residence. No. <u>St. Anthony, Idaho.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
Male	White	Married			
5a. If married, widowed, or divorced					
HUSBAND of <u>Lula M. Moore</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 5-1864</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	66	8	28		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
None					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Sherman</u>					
(State or country) <u>Texas</u>					
13. NAME <u>Harlin Moore</u>					
14. BIRTHPLACE (city or town) <u>Georgia</u>					
(State or country)					
15. MAIDEN NAME <u>Matilda Webb</u>					
16. BIRTHPLACE (city or town) <u>Ky.</u>					
(State or country)					
17. INFORMANT <u>Bryce S. Moore</u>					
(Address) <u>St. Anthony, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Riverview Cemetery</u> Date <u>9-6</u> , 193 <u>1</u>					
19. UNDERTAKER <u>W. M. Hansen</u>					
(Address) <u>St. Anthony, Idaho.</u>					
20. FILED <u>9/4</u> , 193 <u>1</u> <u>W. M. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 3- 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____					
I last saw him alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
Doctor's best judgement					
"Angina Pectoris"					
Was dead when the Doctor arrived at home.					
(Death was very sudden)					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>W. M. Hansen</u> , M. D.					
(Address) _____ County Coroner					
St. Anthony Idaho.					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Fremont</u>		CERTIFICATE OF DEATH		State File No. <u>76276</u>	
City of <u>St. Anthony</u>		Registration District No. <u>99</u>		Local Registrar's No. <u>389</u>	
		Primary Registration District No. <u>99</u>			
(No. <u>99</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Catherine Orgill</u>					
(a) Residence. No. <u>St.</u> (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Nephi Orgill</u>					
6. DATE OF BIRTH (month, day, and year) <u>May 14 - 1861</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>70</u>	<u>3</u>	<u>18</u>			
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>South Ogden Utah</u>					
FATHER					
13. NAME <u>William Bills</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
MOTHER					
15. MAIDEN NAME <u>Emilia Beckstead</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT <u>Alvin Orgill</u> (Address) <u>St. Anthony #3</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Garfield</u> Date <u>Sept 4</u> , 1931					
19. UNDERTAKER <u>Wm. J. Kellum</u> (Address) <u>Bozeman, Idaho</u>					
20. FILED <u>9/7</u> , 1931 <u>W. M. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9-2</u> , 1931					
22. HEREBY CERTIFY, That I attended deceased from <u>9-10</u> , 1931, to <u>9-2</u> , 1931.					
I last saw her alive on <u>9-2</u> , 1931; death is said to have occurred on the date stated above, at <u>m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Cancer of Gall Bladder</u>					
Other contributory causes of importance: <u>Chronic nephritis</u>					
Name of operation <u>—</u> Date of <u>—</u>					
What test confirmed diagnosis? <u>no</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>—</u>					
Nature of injury <u>—</u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>—</u>					
(Signed) <u>W. M. Hansen</u> , M. D. (Address) <u>Bozeman, Idaho</u>					

RECEIVED SEP 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76277

PLACE OF DEATH

County Bear Registration District No. 6
City of Emmett Primary Registration District No. _____ Local Registrar's No. _____
(No. _____)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Justin Moss Burlingham 18²
(a) Residence No. 81
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced, (write the word.) <u>single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year) <u>Aug 13 - 1855</u>		
7. AGE <u>76</u>	Years <u>11</u>	Months <u>4</u>
If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Day Laborer.</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (city or town) <u>Otsego</u> (State or country) <u>Michigan</u>		

PARENTS	10. NAME OF FATHER <u>Philip Burlingham</u>
	11. BIRTHPLACE OF FATHER (city or town) <u>New York</u> (State or Country)
	12. MAIDEN NAME OF MOTHER <u>Charity Phelps</u>
	13. BIRTHPLACE OF MOTHER (city or town) <u>New York</u> (State or County)
14. Informant (Address) <u>Mrs. Mabel Evans</u> <u>Emmett Idaho</u>	
15. Filed <u>Aug 11, 1931</u> <u>J. A. Reynolds</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Accidental drowning in
Payette River, at Letha
Idaho.

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) C. C. Atkins "Coroner" M.D.
8/11 1931 (Address) _____

19. Place of Burial, Cremation, or Removal <u>Emmett Idaho</u>	Date of Burial <u>Aug 12</u> 19 <u>31</u>
20. Undertaker <u>C. W. Beckman</u>	Address <u>Emmett Idaho</u>

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED SEP 10 1931

DO NOT WRITE IN THIS SPACE

76278

State File No.

PLACE OF DEATH

County of *Gen*

Registration District No.

City of *Emmett*

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME *Edna Pauline Morley*

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Infant</i>
----------------------	-------------------------------	---

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *Nov 20 - 1929*

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Emmett Idaho*
(State or country)10. NAME OF FATHER *Joseph B. Morley*11. BIRTHPLACE OF FATHER (city or town) *Idaho City*
(State or Country)12. MAIDEN NAME OF MOTHER *Edna Brayman*13. BIRTHPLACE OF MOTHER (city or town) *Sterling Colo*
(State or Country)

14.

Informant
(Address) *Joe Morley*

15.

Filed *8/25*19 *31*Registrar. *J. L. Reynolds*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Aug 23*

(Month)

(Day)

(Year) *1931*

17. I HEREBY CERTIFY, that I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at *1:30 a* m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
accidental drowning

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Ben Cunningham M.D.**8/25*19 *31*(Address) *Emmett Idaho*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Emmett Idaho**8/25 1931*

20. Undertaker

C. D. Buckner

Address

Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

RECEIVED SEP 11 1931

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 12County of IdahoPrimary Registration District No. 2005City of Emmett, Idaho (No. _____, St.)Registered No. 93

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Baby Inc Cluskey

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Infant
(Write the word.)

6. DATE OF BIRTH

August 7
(Month) (Day)1931
(Year)

7. AGE

_____ yrs. _____ mos. _____ ds.

IF LESS than 1 day
how many _____ hrs. or
_____ min.?

8. OCCUPATION

- (a) Trade, profession, or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Emmett Idaho

10. NAME OF FATHER

Lawrence M M Cluskey

11. BIRTHPLACE OF FATHER

(State or Country)

Grand Falls New Brunswick

12. MAIDEN NAME OF MOTHER

Madeline Mueller

13. BIRTHPLACE OF MOTHER

(State or Country)

Buffalo N.Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

L M M Cluskey

(Address)

Emmett Ida

15.

Filed

8-12-1931John H. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 7
(Month) (Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

August 7 1931, to 8-7- 1931
that I last saw him alive on 8-7- 1931

and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Premature infant.

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) L M M Cluskey M. D.8-8-1931 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL,

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

Where was Disease contracted,

If not at place of death?

Former or

usual residence.

19. PLACE OF BURIAL OR REMOVAL

Canyon Hill

DATE OF BURIAL

8-10-1931

20. UNDERTAKER

John H. Ross & Kathy
Calder
Idaho

ADDRESS

RECEIVED SEP 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76281

PLACE OF DEATH

County of Gooding
City of Wendell

CERTIFICATE OF DEATH

Registration District No. 22-
Primary Registration District No. 2018
(No.) Local Registrar's No. 2

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary M. Blinkhorn

(a) Residence. No. St.

(Usual place of abode.) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) June 14, 1837

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 94 2 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (city or town) Isle of Wight (State or country) England

10. NAME OF FATHER

John Parmiter

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Anne Wohman

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Mrs. J. W. McClelland (Address) Wendell, Idaho

15. Filed Sep 1, 1931 Registrar. B. L. Simonson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 17, 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Aug 17, 1931 that I last saw her alive on Aug 17, 1931 and that death occurred, on the date stated above, at 11 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic basis of liver

Three (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. L. Simonson M. D. (Address)

19. Place of Burial, Cremation, or Removal Date of Burial

Wendell Cemetery Aug 19 1931

20. Undertaker Address

B. L. Simonson

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76282**

PLACE OF DEATH

County of **Gooding**
City of **Wendell**

CERTIFICATE OF DEATH

Registration District No. **22**
Primary Registration District No. **2018**

Local Registrar's No. _____

(No. _____)
If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Charles Edwin Modlin**

(a) Residence. No. **Wendell Ida** St.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Male**
4 COLOR OR RACE **White**
5 Single, Married, Widowed, or Divorced (write the word) **Married**

16 DATE OF DEATH **Aug 20 1931**
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of **Loy Winslow**
(or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from **Aug 20 1931** to **Aug 20 1931**
that I last saw him **in** on **Aug 20 1931**
and that death occurred, on the date stated above, at **8:00 A. M.**

6 DATE OF BIRTH (month, day and year) **Dec 14 - 1869**
7 AGE **61** Years Months **8** Days **6**
If LESS than 1 day, hrs. or min.

THE CAUSE OF DEATH* was as follows:
Sudden death - Cause unknown -

8 OCCUPATION OF DECEASED **Farmer**
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) **None known**
(duration) yrs. mos. ds.

9 BIRTHPLACE (city or town) **Iowa**
(State or country)

18 Where was disease contracted
If not at place of death?

10 NAME OF FATHER **Newton Modlin**

Did an operation precede death? _____ Date of _____

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Was there an autopsy? **No**

12 MAIDEN NAME OF MOTHER **Elizabeth Jane McCall**

What test confirmed diagnosis? _____

13 BIRTHPLACE OF MOTHER (city or town) (State or country) **Iowa**

(Signed) **E. L. Dimont** M. D.

14 Informant **V. C. Modlin**
(Address) **Lucerna Wn**

Aug 20 1931 (Address) **Wendell Ida**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

15 Filed **Aug 22 1931** **E. L. Dimont** Registrar

19 Place of Burial, Cremation, or Removal **Lucerna Falls Ida** Date of Burial **Aug 23 1931**

20. Undertaken **Grabe** Address **Twin Falls**

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 76283
Registered No. 162

1. PLACE OF DEATH

County of Gooding
City of Gooding

Registration District No.
Primary Registration District No. 24
(No. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

William W Walton

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Married
(Write the word.)

6. DATE OF BIRTH

July 5 1904
(Month) (Day) (Year)

7. AGE

27 Yrs. 1 Mos. 24 ds.

IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

Laborer

9. BIRTHPLACE

(State or Country)

Richman Utah

10. NAME OF FATHER

S. H. Walton

11. BIRTHPLACE OF FATHER

(State or Country)

Richman Utah

12. MAIDEN NAME OF MOTHER

Ellen Hendrick

13. BIRTHPLACE OF MOTHER

(State or Country)

Richman Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

S. Walton

(Address)

Brule Idaho

15.

Filed 8-30 31 1931

J. H. Cornwall
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 29 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 21 1931, to Aug 29 1931
that I last saw him alive on Aug 29 1931
and that death occurred on the date stated above, at 8:29 A.M.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) Yrs. mos. 4 ds.

Contributory
(Secondary)

bowel (Duration) yrs. mos. 7 ds.

(Signed)

Houston E Snyder M. D.
8-29-1931 (Address) Gooding Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Turn Falls Idaho 8-30 1931

20. UNDERTAKER

ADDRESS

A. J. Houpsman Gooding Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76284

PLACE OF DEATH

County of Idaho

City of Pocatello

Registration District No. 49

Primary Registration District No. 2127

Local Registrar's No. 90

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter S. Brown

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 25, 1856

7. AGE 73

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

one

17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

Farming

(c) Name of employer

9. BIRTHPLACE (city or town) Laramie Co. Mich.
(State or country)

10. NAME OF FATHER

Maris S. Brown

11. BIRTHPLACE OF FATHER (city or town) Orleans Co.
(State or Country) New York

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant Ray Brown

(Address)

Pocatello Idaho

15. Filed 6/13, 1931

W. Robertson

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

6

12

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Heart Failure

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) Dr. R. H. Hanyach County Coroner M. D.

6/13, 1931 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Pocatello

6-12 1931

20. Undertaker

Hammish Funeral Home

Address

722 Gallatin Home

Pocatello Idaho

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH

SEP 4 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Idaho
City of CottonwoodRegistration District No. 105
Primary Registration District No. 2183
(No. _____ St. _____)File No. 76285Registered No. 17

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Andrew Michal Duman

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

married
(Write the word.)

6. DATE OF BIRTH.

8Feb291860
(Month) (Day) (Year)

7. AGE

71527 ds.
Yrs. Mos. ds.IF LESS than 1 day
how many hrs. or
..... min. 2

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).retired Carpenter

9. BIRTHPLACE

(State or Country)

St. Maries Pa

10. NAME OF FATHER

George Duman

11. BIRTHPLACE OF FATHER

(State or Country)

Germany

12. MAIDEN NAME OF MOTHER

Caroline Knorr

13. BIRTHPLACE OF MOTHER

(State or Country)

Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

W. Duman

(Address)

Cottonwood, Idaho

15.

Filed Aug 28 1931A. H. Hau
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug27

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27 1931, to Aug 26 1931, that I last saw him alive on Aug 27 1931, and that death occurred on the date stated above, at 8:30 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration)

Yrs.

mos.

ds.

Contributory
(Secondary)Arteriosclerosis

(Duration)

Yrs.

mos.

ds.

(Signed)

B. Chipman

M. D.

5-28-1931 (Address)

Franklin, Pa.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cottonwood, Idaho.8-29-1931

20. UNDERTAKER

ADDRESS

A. H. Hau Cottonwood, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

RECEIVED SEP 4 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Idaho
City of Cattawood

Registration District No. 105
Primary Registration District No. 2183
(No. _____ St.)

File No. 76286
Registered No. 16

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Clarence John Remacle

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Single
(Write the word.)

6. DATE OF BIRTH.

May 17 1909
(Month) (Day) (Year)

7. AGE

22 Yrs. 3 Mos. _____ ds.

IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE

(State or Country) Idaho

10. NAME OF FATHER

Joseph Remacle

11. BIRTHPLACE OF FATHER

(State or Country) Luxembourg

12. MAIDEN NAME OF MOTHER

Katie Masner

13. BIRTHPLACE OF MOTHER

(State or Country) Luxembourg

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Remacle

(Address) Cattawood, Id.

15.

Filed Aug. 21 1931

H. F. Owens
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

8-12-1931 to 8-17-1931
that I last saw him alive on 8-17-1931
and that death occurred on the date stated above, at 6:45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary + lymphatic tuberculosis

(Duration) 1 Yrs. ✓ mos. ✓ ds.

Contributory (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) E. A. Woodruff M.D.

8-18-1931 (Address) Cattawood, Id.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Cattawood, Id.

DATE OF BURIAL

8-20 1931

20. UNDERTAKER

W. F. Owens

ADDRESS

Cattawood

RECEIVED SEP 9 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76288

PLACE OF DEATH

County of Idaho

City of Whitebird

CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 2181

(No. At Home)

Local Registrar's No. 30

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Griffitt

(a) Residence. No. Whitebird, Idaho St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 21, 1849

7. AGE 82	Years	Months 1	Days 11	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Gardner(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Ohio10. NAME OF FATHER
Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ohio12. MAIDEN NAME OF MOTHER
Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or County) ..14. Informant Lee Griffitt
(Address) Whitebird, Ida.

15. Filed 9-3-1931

B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
July 2, 1921
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....
that I last saw him alive on 19.....

and that death occurred on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

No attending Physician

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

....., 19..... (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Whitebird

July 3 19

20. Undertaker

Address

Ailor Mortuary

Grangeville

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76289**PLACE OF DEATH
Jefferson

County of

City of **Rigby**

Registration District No.

Primary Registration District No. **2176**Local Registrar's No. **9**

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Frank Strupp**

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. **4** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Married.
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
~~XXXXXXXXXX~~**Etta Strupp.**6. DATE OF BIRTH (month, day and year) **Nov. 15, 1872**

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
	58	9	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Self.9. BIRTHPLACE (city or town) **Denver Colo.**
(State or country)10. NAME OF FATHER **Charles Strupp.**11. BIRTHPLACE OF FATHER (city or town) **Germany**
(State or Country)12. MAIDEN NAME OF MOTHER **Annie Olson.**13. BIRTHPLACE OF MOTHER (city or town) **Sweden.**
(State or Country)14. Informant **Etta Strupp**
(Address) **Lorenzo, Idaho. R. #1**15. Filed **Aug 19, 1931** **W B Eckersell**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **August 17 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at **3:50 A. m.**

The CAUSE OF DEATH* was as follows:

Suicide by poison.
Potassium
Cyanide.
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **X** Date of **X**Was there an autopsy? **No**

What test confirmed diagnosis?

(Signed) **W B Eckersell**
Aug 19, 1931 (Address) **Rigby**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Annis, Ida. **8/21 1931**

20. Undertaker

W B Eckersell **Rigby****165**

RECEIVED SEP 14 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76290**

PLACE OF DEATH

County of *Jefferson*
City of *Ririe*

CERTIFICATE OF DEATH

Registration District No. *98*
Primary Registration District No. *2176*
(No.)

Local Registrar's No. *13*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Ronald Keith Owen*

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. *1* mos. *2* ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word.) *Single*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *Aug 8, 1931*

7. AGE Years *0* Months *1* Days *2* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *None*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Ririe Idaho*
(State or country)

10. NAME OF FATHER *Vincent Edgar Owen*

11. BIRTHPLACE OF FATHER (city or town) *Rigby Ida.*
(State or Country)

12. MAIDEN NAME OF MOTHER *Lucile Mae Neilson*

13. BIRTHPLACE OF MOTHER (city or town) *Tona Ida.*
(State or County)

14. Informant *Vincent Edgar Owen*
(Address) *Ririe Idaho*

15. Filed *Sept 12 1931* *A B Eckersell*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Sept 10 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Aug 8*, 19*31*, to *Sept 10*, 19*31*
that I last saw him alive on *Sept 8*, 19*31*
and that death occurred, on the date stated above, at *about 3:00 p.m.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Accidental aspiration of vomitus with resulting asphyxia

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) *Pylorospasm*
(duration) yrs. mos. *7* ds.

18. Where was disease contracted if not at place of death? *No*
Did an operation precede death? *No* Date of.
Was there an autopsy? *No*
What test confirmed diagnosis? *Clinical*
(Signed) *H. R. Abbott* M. D.
Sept 10, 19*31* (Address) *Ririe Ida.*

19. Place of Burial, Cremation, or Removal *Rigby Idaho* Date of Burial *9/12 1931*

20. Undertaker *A B Eckersell* Address *Rigby*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 14 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **76291**

PLACE OF DEATH

County of Jefferson
City of Roberts

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John William Ayres

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Sarah Louise Adams</u>		
6. DATE OF BIRTH (month, day and year) <u>Oct 7-1862</u>		
7. AGE <u>68</u>	Years <u>11</u>	Months <u>2</u>
If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Printer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>Self</u>		

9. BIRTHPLACE (city or town) Ky.
(State or country)

PARENTS

10. NAME OF FATHER <u>John William Ayres</u>
11. BIRTHPLACE OF FATHER (city or town) (State or Country) <u>unknown</u>
12. MAIDEN NAME OF MOTHER <u>✓</u>
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Fred J. Ayres
(Address) Roberts, Idaho.

15. Filed 9/11, 1931 Chas. E. Russell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19
that I last saw him Dead on Sept 10 1931
and that death occurred, on the date stated above, at about 11 P. m.
The CAUSE OF DEATH* was as follows:

Probably Myocarditis

(duration) yrs. mos. ds.
CONTRIBUTORY Senility
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No

What test confirmed diagnosis? Symptoms
(Signed) Chas. E. Russell MD
Sept 11, 1931 (Address) Roberts, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Roberts, Idaho. Date of Burial 9/13 1931

20. Undertaker Chas. E. Russell Address Roberts, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76292

PLACE OF DEATH

County of Jefferson

City of Rigby

Registration District No. 78

Primary Registration District No. 2176

Local Registrar's No. 10

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin W Stacy

(a) Residence. No. R St. Ririe, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Widowed

6. DATE OF BIRTH (month, day and year) Feb. 13, 1870

7. AGE Years 61 Months 7 Days 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9. BIRTHPLACE (city or town) England
(State or country)

10. NAME OF FATHER

John Stacy

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

England

12. MAIDEN NAME OF MOTHER

Susanna Worrall

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

England

14. Informant John Stacy

(Address) Thornton, Idaho.

15. Filed 8/26, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 23, 1931, to Aug 23, 1931
that I last saw him alive on Aug 23, 1931

and that death occurred, on the date stated above, at 6:35 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Senility

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) H. R. Abbott M. D.

Aug 24, 1931 (Address) Ririe, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Archer

8/26 1931

20. Undertaker

Address

Russell R. Flamm

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO SEP 14 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76293

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 11

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lorraine Goff.

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Babe.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 7, 1931.

7. AGE Years Months Days If LESS than 1 day,
0 0 6 42 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Babe

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho.
(State or country)

10. NAME OF FATHER Wilburn Ray Goff.

11. BIRTHPLACE OF FATHER (city or town) Utah.
(State or Country)

12. MAIDEN NAME OF MOTHER Isabell Campbell.

13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or Country)

14. Informant Wilburn Ray Goff
(Address) Rigby, Idaho. R. #1

15. Filed Sept 8, 1931 AB Beckersell.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
September 7 1931

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept. 7, 1931, to Sept. 7, 1931that I last saw her alive on Sept. 7, 1931and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (7 months)
(died 3 hours)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) M. R. Thet, M. D.9/8, 1931 (Address) Rigby, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Rigby, Idaho. 9/8/31 19

20. Undertaker Address

AB Beckersell. Rigby

1619

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 11 1931

DO NOT WRITE IN THIS SPACE

State File No. 76295

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 115

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
About 65 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14.

Informant (Address)

15.

Filed 8/31, 1931

N. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Found dead Aug 30, 1931
Been dead at least 3 mo
Natural causes

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. J. Poney M. D.Aug 31, 1931 (Address) Coeur d'Alene

19. Place of Burial, Cremation, or Removal

Date of Burial

Pine Grove Cem. Rathdrum8-31 1931

20. Undertaker

Address

Cassidy Funeral HomeCD Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76296

State File No.

PLACE OF DEATH

County of Boonville

CERTIFICATE OF DEATH

City of

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 122

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Moss

(a) Residence No. Carlin Bay St.

(Usual place of abode.)

Length of residence in city or town where death occurred 25 yrs.

mos.

ds.

How long in U. S. if of foreign birth? 30 yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) unknown

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or

..... min.

About 64

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

Fire Fighter
Coastal Police

(c) Name of employer

National Forest

9. BIRTHPLACE (city or town)

(State or country)

Norway

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

unknown

14.

Informant
(Address)

Peter Bang
Carlin Bay, Idaho

15.

Filed

8/29, 1931

31

H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug
(Month)

20
(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at 1 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

accidental hit by falling
tree, fire fighter
(chest crushed)

..... (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. J. Sturges, M. D.
8/23, 1931 (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cemetery

Aug 24 1931

20. Undertaker

Address

Mooney Mortuary

Boonville

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of BooleCity of Rathdrum

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Larry Wesley Cady

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred 23 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of See6. DATE OF BIRTH (month, day and year) February 27 - 19037. AGE Years 28 Months 6 Days 16 (If LESS than 1 day, hrs. or min.)

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mechanic(b) General nature of industry, business, or establishment in which employed (or employer) Working in logging camp at time of death(c) Name of employer because of work as mechanic9. BIRTHPLACE (city or town) Bozeman
(State or country) Wisconsin10. NAME OF FATHER Edgar W. Cady11. BIRTHPLACE OF FATHER (city or town) Porter
(State or Country) Iowa12. MAIDEN NAME OF MOTHER Mary Jane Shell13. BIRTHPLACE OF MOTHER (city or town) Maiden Rock
(State or Country) Wisconsin

14.

Informant (Address) E. W. Cady
Rathdrum, Idaho

15.

Filed 8/29, 1931W. J. Sturges
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 76297Local Registrar's No. 125

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug. 15, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

8-15, 1931, to 8-15, 1931
did not see alive
that I last saw him alive onand that death occurred, on the date stated above, at 8:15 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:1. Crushed Skull - Cause -
Loading log on truck - log ground
4 logs slipped off truck & fell
on him (duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary?) _____

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) John W. Schaefer, M.D.
8-15, 1931 (Address) Spirit Lake, Ia.

19. Place of Burial, Cremation, or Removal

Date of Burial

Cross Green Forest Cemetery 8-19, 1931

20. Undertaker

Address

Cassidy Funeral Home Rathdrum

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

76298

PLACE OF DEATH

County of BooleCity of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No.)

Local Registrar's No. 116

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Royal L. Hazelton(a) Residence No. 1011 Indiana St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widower5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept 15, 18507. AGE Years 80 Months 9 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stationary Engineer(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9. BIRTHPLACE (city or town) Michigan
(State or country)10. NAME OF FATHER William J. Hazelton11. BIRTHPLACE OF FATHER (city or town) Canada
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)14. Informant Edwin Hazelton
(Address) Gibbs St15. Filed 8/29, 1931 N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 8, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 25, 1931, to Aug 5, 1931
that I last saw him alive on Aug 5, 1931and that death occurred, on the date stated above, at 8 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Senility
Symptoms of degenerative
lesion of spinal cord
(duration) yrs. 3 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Examination(Signed) Harold J. Sturges, M. D.Aug 10, 1931 (Address) Coeur d'Alene

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cemetery Aug 10 1931

20. Undertaker

Address

Mooney Mortuary Prda St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76299

State File No.

PLACE OF DEATH

County of KootenaiCity of Spirit Lake

CERTIFICATE OF DEATH

Registration District No. 45

Primary Registration District No.

(No. Spirit Lake Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 82. FULL NAME Juanita Marie Butterworth

(a) Residence No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

12 hours

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

212 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

0

(b) General nature of industry, business, or establishment in which employed (or employer)

0

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Spirit Lake, Ida.

10. NAME OF FATHER

Clifford Butterworth11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Virginia

12. MAIDEN NAME OF MOTHER

Elna Troyer13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Idaho

14.

Informant
(Address)Mrs. Wm. Troyer
Spirit Lake, Ida.

15.

Filed

Aug 3 1931ac Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July281931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 28 1931, to July 28 1931that I last saw h. or alive on July 28 1931and that death occurred, on the date stated above, at 6 P.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

1) Premature Birth (7 mos.);
2) Failure of Foramen Ovale to close (Blue Baby)

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

John M. Richer, M. D.Aug 3 1931 (Address) Spirit Lake, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Greenwood Cemetery, Spirit Lake, Ida. 7-29 1931

20. Undertaker

Address

None - Parents buried.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76300

PLACE OF DEATH
County of *Bolemai*
City of *Coeur d'Alene*

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 123

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Gustaf M. Brandt*

(a) Residence. No. *77. 90th Way* St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word.) *Widowed*

5a. If married, widowed, or divorced
HUSBAND of *Luzzio Brandt*
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *1869 - 3 - 24*

7. AGE Years Months Days If LESS than 1 day.
62 4 27 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Farmer.*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Sweden*
(State or country)

10. NAME OF FATHER *John Brandt*

11. BIRTHPLACE OF FATHER (city or town) *Sweden*
(State or Country)

12. MAIDEN NAME OF MOTHER *Austavia Lidholm*

13. BIRTHPLACE OF MOTHER (city or town) *Sweden*
(State or Country)

14. Informant *Harry M Brandt*
(Address)

15. Filed *8/29*, 19*31* *H. J. Sturges*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Aug 23*, 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *July*, 19*30*, to *Aug*, 19*31*.
that I last saw him alive on *Aug 1st*, 19*31*.

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis & Aortic Aneurysm

(duration) *2* yrs. mos. ds.
CONTRIBUTORY *Bronchial Asthma*
(Secondary)

(duration) *2* yrs. *6* mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *Examination*

(Signed) *Harold J. Sturges*, M. D.
8-26, 19*31* (Address) *Ada Idaho*

19. Place of Burial, Cremation, or Removal *Greenwood Cem. Boise* Date of Burial *8-27*, 19*31*

20. Undertaker *Cassidy Funeral Home* Address *Idaho*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76301

State File No. _____

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. _____

Primary Registration District No. 1050Local Registrar's No. 121

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day.
_____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant
(Address)

15. Filed

8/29 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

23

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw her alive on _____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chr. myocarditis

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Arterial Hypertension
(Secondary)

(duration) 2 yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Stomach

(Signed)

August 24, 1931

(Address)

Place of Burial, Cremation, or Removal

Date of Burial

Palouse, Wash.

8-25-1931

20. Undertaker

Address

Cassidy Funeral Home

Coeur d'Alene,

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 11 1931

DO NOT WRITE IN THIS SPACE

76302

State File No.

PLACE OF DEATH

County of Kootenai
City of Poeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
(No.)

Local Registrar's No. 120

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maitland D Barstow

(a) Residence No. 802 Fifth St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of Ida Barstow (or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 23 / 1854

7. AGE Years 76 Months 10 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Court Reporter (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (city or town) New York (State or country)

10. NAME OF FATHER Chas Barstow

11. BIRTHPLACE OF FATHER (city or town) New York (State or Country)

12. MAIDEN NAME OF MOTHER Johanna Bulker

13. BIRTHPLACE OF MOTHER (city or town) New York (State or County)

14. Informant Mrs Ida Barstow (Address) Poeur d'Alene Ida

15. Filed 8/29, 1931 N.D. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 19, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceas d from Aug. 15, 1931, to Aug. 19, 1931. that I last saw h. im alive on Aug. 19, 1931 and that death occurred, on the date stated above, at 7:15 A.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic myocardial degeneration

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microsc. (Signed) John D. ... M. D.

Aug. 19, 1931 (Address) Poeur d'Alene

19. Place of Burial, Cremation, or Removal Forest Date of Burial 8/23 1931

20. Undertaker W.B. Mooney Address Poeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

76303

PLACE OF DEATH

County of Boalerai

City of

Registration District No. 30

Primary Registration District No. 1050

(No.)

Local Registrar's No. 119

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bert Bowman

(a) Residence. No. McGuire St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S. if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Bowman

6. DATE OF BIRTH (month, day and year) Aug 15, 1871

7. AGE Years 59 Months 11 Days 21 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

10. NAME OF FATHER Chas Bowman

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Wm

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden

14. Informant (Address) Miss Minnie Bowman
Post Falls, Ida.

15. Filed 8/29, 1931 NJ Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 6, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1931 to Aug 6, 1931
that I last saw him alive on Aug 1, 1931
and that death occurred, on the date stated above, at 1 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Electrocardiogram

(Signed) Aug 1, 1931 M. D.

(Address) Post Falls, Ida.

19. Place of Burial, Cremation, or Removal Post View Date of Burial Aug 10 1931

20. Undertaker Mooney Mort. Address Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76304**

PLACE OF DEATH

County of Roulemab
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 117

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Grosvener(a) Residence. No. 520 - W. Harrison St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed or divorced

HUSBAND of
(or) WIFE ofJos. M. Grosvener6. DATE OF BIRTH (month, day and year) 1842-12-1

7. AGE Years Months Days If LESS than 1 day.
88 8 6 _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kennedy
(State or country)10. NAME OF FATHER Norman Jones11. BIRTHPLACE OF FATHER (city or town) N. Y.
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant Sora Mangold
(Address) C.D. Alene15. Filed 8/29, 1931 N. J. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 7, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1931 to Aug 7, 1931.
that I last saw him alive on Aug 6, 1931.and that death occurred, on the date stated above, at 2:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Exam(Signed) Harold J. Sturges, M. D.Aug 7, 1931 (Address) C.D. Alene19. Place of Burial, Cremation, or Removal Forest Cem. C.D. Alene Date of Burial 8-10 193120. Undertaker Cooper Funeral Home Address C.D. Alene

RECEIVED SEP 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76305

PLACE OF DEATH

County of Kaglenat
City of Rachdruum

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 118

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Proctor

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCarrie Proctor6. DATE OF BIRTH (month, day and year) 1886 - 11 - 30

7. AGE Years 74 Months 8 Days 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Canada

10. NAME OF FATHER

Proctor

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Dartford England

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

England14. Informant (Address) Carrie L. Proctor15. Filed 8/29, 1931N. J. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1929, to Aug. 2, 1931
that I last saw him alive on Aug. 1, 1931

and that death occurred, on the date stated above, at 7:00 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) about 3 yrs. mos. ds.
CONTRIBUTORY Old Age
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank Henry, M.D.
8/3, 1931 (Address) Rachdruum

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cem. Coalinga 8-5 1931

20. Undertaker

Address

Carried Funeral Home Coalinga

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED SEP 2 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76306

PLACE OF DEATH

County of *Kootenai*
City of *Spirit Lake*

CERTIFICATE OF DEATH

Registration District No. 45

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Mrs. Emma Larson*

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 20 yrs. - mos. - ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word.) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Louis M. Larson*

6. DATE OF BIRTH (month, day and year) *Oct. 3, 1880*

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *50 8 0*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Housewife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Sweden* (State or country)

10. NAME OF FATHER *John Johnson*

11. BIRTHPLACE OF FATHER (city or town) *Sweden* (State or Country)

12. MAIDEN NAME OF MOTHER *Inga Joh?*

13. BIRTHPLACE OF MOTHER (city or town) *Sweden* (State or Country)

14. Informant (Address) *Louis M. Larson Spirit Lake, Idaho*

15. Filed *July 6, 1931* *CC Spooner* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *July 3, 1931* (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *May 2, 1931* to *July 3, 1931*

that I last saw him alive on *July 2, 1931*

and that death occurred, on the date stated above, at *2 P.* m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

1. Recurrent Carcinoma of Breast (Post-operative) & Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *Yes* Date of *Dec. 1929*

Was there an autopsy? *No*

What test confirmed diagnosis? *Sp.*

(Signed) *John W. Schori* M. D.

July 6, 1931 (Address) *Spirit Lake, Idaho*

19. Place of Burial, Cremation, or Removal *Spokane-Panoramic Park* Date of Burial *7/7 1931*

20. Undertaker *Curry Funeral Home* Address *Nathaniel*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

47

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76307

PLACE OF DEATH

County of *Kootenai*
City of *Coeur d'Alene*Registration District No. *30*Primary Registration District No. *1250*(No. *Coeur d'Alene Hospital*)Local Registrar's No. *114*2. FULL NAME *W. Grismer*(a) Residence No. *801 - Bancroft -*

(Usual place of abode.)

St.

Length of residence in city or town where death occurred *5* yrs. *0* mos. *0* ds.How long in U. S. if of foreign birth? *0* yrs. *0* mos. *0* ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.*4. COLOR OR RACE *W.*5. Single, Married, Widowed, or Divorced (write the word.) *married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of *Theresa Grismer*6. DATE OF BIRTH (month, day and year) *1879-10-4*

7. AGE

Years *57*Months *9*Days *16*If LESS than 1 day,
_____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Carpenter*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Minnesota*10. NAME OF FATHER *Peter Grismer*11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Ohio*12. MAIDEN NAME OF MOTHER *Veronica Carson*13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Germany*

14.

Informant (Address) *Mrs. Theresa Grismer*

15.

Filed *Aug 25 1931**N. J. Sturges*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *August 20 1931*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from *June 20 1931* to *August 20 1931*that I last saw him alive on *August 20 1931*

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis.(duration) _____ yrs. *9* mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *Yes* Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Wanda Fairley*

M. D.

8-25-31 (Address) *Coeur d'Alene*19. Place of Burial, Cremation, or Removal *St. Thomas Cem. Coeur d'Alene*Date of Burial *8-24 1931*20. Undertaker *Cassedy Funeral Home*Address *Coeur d'Alene*

RECEIVED SEP 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76308

PLACE OF DEATH

County of Salatah Registration District No. 63City of Julietta Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rah Crutehfield

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jim Crutehfield6. DATE OF BIRTH (month, day and year) Jan 24 18707. AGE Years Months Days If LESS than 1 day, hrs. or min.
61 6 28. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lagunville, Va. (State or country)10. NAME OF FATHER Art Bennett11. BIRTHPLACE OF FATHER (city or town) Va. (State or Country)12. MAIDEN NAME OF MOTHER Mina Pettit13. BIRTHPLACE OF MOTHER (city or town) Va. (State or Country)14. Informant Mrs. Joe Prosser (Address) Julietta15. Filed Aug 27, 1931 B.F. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 1 26 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Aug 1 31 to Aug 21 1931that I last saw her alive on Aug. 21 1931 and that death occurred, on the date stated above, at 6:00 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Undulant fever(duration) 1 yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) 0 yrs. 0 mos. 0 ds.18. Where was disease contracted if not at place of death? NoDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? State Laboratory(Signed) Oliver J. Woodward, M.D.Aug. 27, 1931 (Address) Rendrick, Id.19. Place of Burial, Cremation, or Removal Julietta Date of Burial Aug 28 193120. Undertaker John J. Pickard Address Wyo. Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1931

PLACE OF DEATH

County of LatahCity of JuliaettaSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 68

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 76309

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Nora Pearl Taylor

(a) Residence. No.

St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bert Taylor

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 46 Months 2 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oregon
(State or country)13. NAME Dick Myers14. BIRTHPLACE (city or town) Iowa
(State or country)15. MAIDEN NAME Hamilton16. BIRTHPLACE (city or town) Iowa
(State or country)17. INFORMANT Bert Taylor
(Address) Juliaetta, Ida.18. BURIAL, CREMATION, OR REMOVAL
Place Juliaetta Date 8/20/193119. UNDERTAKER W. H. Short
(Address) Idaho20. FILED Aug 19, 1931 B. F. Meek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 17 193122. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1931, to Aug. 17, 1931.I last saw him alive on Aug. 17, 1931; death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:Myocarditis
with length of several
months duration.

Date of onset

Other contributory causes of importance:

Name of operation none Date of noWhat test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Oliver L. Hargreaves M. D.(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH			COUNTY OF <u>Latah</u>			State File No. <u>76310</u>	
City of <u>Moscow (rural)</u>			Registration District No. <u>61</u>			Local Registrar's No. <u>46</u>	
Primary Registration District No. <u>1011</u>			(No. _____)				
(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Emma Sophia Christenson</u>							
(a) Residence. No. _____			St. _____				
(Usual place of abode)			(If nonresident give city or town and state)				
Length of residence in city or town where death occurred. <u>30</u> yrs. mos. ds.			How long in U. S., if of foreign birth <u>46</u> yrs. mos. ds.				
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Cle Christenson</u>							
6. DATE OF BIRTH (month, day, and year) <u>May 13, 1861</u>							
7. AGE		Years <u>70</u>		Months <u>3</u>		Days <u>14</u>	
				If LESS than 1 day, _____ hrs. or min.			
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
		10. Date deceased last worked at this occupation (month and year) _____					
MOTHER		11. Total time (years) spent in this occupation _____					
		12. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>					
FATHER		13. NAME <u>Anders Carlson</u>					
		14. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>					
		15. MAIDEN NAME <u>Catherine Anderson</u>					
		16. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>					
		17. INFORMANT <u>Cle Christenson</u> (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Moscow</u> Date <u>8/30</u> , 193 <u>1</u>							
19. UNDERTAKER <u>H. R. Short</u> (Address) _____							
20. FILED <u>9/2</u> , 193 <u>1</u> Registrar. <u>Chas. L. Gritman</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>8/27/31</u> 193 <u>1</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 23</u> , 193 <u>1</u> , to <u>Aug. 27</u> , 193 <u>1</u>							
I last saw <u>her</u> alive on <u>27th Aug</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at _____ m.							
The principal cause of death and related causes of importance were as follows: _____							
Date of onset _____							
Cardiac asthma							
Other contributory causes of importance: _____							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? _____							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u>							
Where did injury occur? _____ (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place. _____							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? _____							
If so, specify _____							
(Signed) <u>Chas. L. Gritman</u> , M. D.							
(Address) <u>Moscow, Idaho</u>							

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		City of <u>MOSCOW</u>		State File No. <u>76311</u>	
Registration District No. <u>61</u>		Primary Registration District No. <u>1011</u>		Local Registrar's No. <u>45</u>	
(No. <u>Inland Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Donald Farber</u>					
(a) Residence. No. <u>Potlatch, Ida.</u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Child</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 14, 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
		<u>6</u>	<u>2</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation <u>MOSCOW</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Ida.</u>					
MOTHER	13. NAME <u>August Farber</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Pueblo Colo.</u>				
	15. MAIDEN NAME <u>Pearl Harris</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Canada</u>				
17. INHERITANCE (Address) <u>August Farber Potlatch, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>MOSCOW</u> Date <u>8/20</u> , 1931					
19. UNDERTAKER (Address) <u>F. R. Hart</u>					
20. FILED <u>9/2</u> , 1931 <u>Registrar</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8/18</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 17, 9 PM</u> , 1931, to <u>Aug 18, 7:50 PM</u> , 1931					
I last saw him alive on <u>Aug 18</u> , 1931; death is said to have occurred on the date stated above, at <u>7:45 PM</u> .					
The principal cause of death and related causes of importance were as follows: <u>Pseudo Enteritis - diarrhoea</u> Date of onset <u>Aug 12</u>					
Other contributory causes of importance: <u>Indolent Hernia - One small bowel herniated thru the a rent in Mesentery Aug 16 - (2) exhaustion.</u>					
Name of operation <u>Reduced hernia repaired</u> Date of operation <u>Aug 17</u>					
What test confirmed diagnosis? <u>Jejunum</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify (Signed) <u>Amace</u> , M. D. (Address) <u>Moscow</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO 1931		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		City of <u>MCSCOW</u>		Registration District No. <u>61</u>		Primary Registration District No. <u>1011</u>		State File No. <u>76312</u>	
				Local Registrar's No. <u>44</u>					
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)									
2. FULL NAME <u>Alice Weigand</u>									
(a) Residence. No. _____ St. _____									
(Usual place of abode)									
Length of residence in city or town where death occurred. <u>1</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S., if of foreign birth? <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.									
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced, (write the word) <u>Married</u>					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Herman Weigand</u>									
6. DATE OF BIRTH (month, day, and year) <u>May 18, 1890</u>									
7. AGE		Years		Months		Days		If LESS than 1 day, _____ hrs. or min.	
<u>41</u>		<u>2</u>		<u>28</u>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>									
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
10. Date deceased last worked at this occupation (month and year)									
11. Total time (years) spent in this occupation									
12. BIRTHPLACE (city or town) <u>MCSCOW</u> (State or country) <u>Ida.</u>									
13. NAME <u>Henry Weinman</u>									
14. BIRTHPLACE (city or town) <u>Germany</u> (State or country)									
15. MAIDEN NAME <u>Bertha Luck</u>									
16. BIRTHPLACE (city or town) <u>Germany</u> (State or country)									
17. INFORMANT <u>Henry Weinman</u> (Address) <u>MCSCOW, Ida.</u>									
18. BURIAL, CREMATION, OR REMOVAL Place <u>MCSCOW</u> Date <u>8/19</u> , 1931									
19. UNDERTAKER <u>H. P. Short</u> (Address) <u>MCSCOW</u>									
20. FILED <u>9/2</u> , 1931 Registrar. <u>James E. Johnson</u>									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) <u>8/16</u> 1931									
22. I HEREBY CERTIFY, That I attended deceased from <u>July 14</u> 1931, to <u>Aug 16</u> , 1931									
I last saw her alive on <u>Aug 16</u> , 1931; death is said to have occurred on the date stated above, at _____ m.									
The principal cause of death and related causes of importance were as follows:									
<u>Acute interstitial Nephritis</u>									
Other contributory causes of importance:									
<u>Hypertension Arterial</u>									
Name of operation <u>None</u> Date of _____									
What test confirmed diagnosis? <u>Microscopic</u> Was there an autopsy? <u>No</u>									
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury _____, 1931									
Where did injury occur? _____ (Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place.									
Manner of injury _____									
Nature of injury _____									
24. Was disease or injury in any way related to occupation of deceased? _____									
If so, specify _____									
(Signed) <u>James E. Johnson</u> , M. D.									
(Address) <u>MCSCOW, Ida.</u>									

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
PLACE OF DEATH **Latah**
County of _____
City of **Moscow**
Registration District No. **61**
Primary Registration District No. **1011**

DO NOT WRITE IN THIS SPACE

State File No. **76313**Local Registrar's No. **43**(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME **Gustaf Johnson**

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred **28** yrs. mos. ds. How long in U. S., if of foreign birth **58** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Married
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of **Christine Johnson**6. DATE OF BIRTH (month, day, and year) **Dec. 19, 1843**

7. AGE Years 87	Months 7	Days 19	If LESS than 1 day, _____ hrs. or min.
------------------------------	--------------------	-------------------	--

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Carpenter**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired**10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation **50**12. BIRTHPLACE (city or town) **Sweden**
(State or country)13. NAME **Unknown**14. BIRTHPLACE (city or town) **Sweden**
(State or country)15. MAIDEN NAME **Unknown**16. BIRTHPLACE (city or town) **Sweden**
(State or country)17. INFORMANT **Walter Johnson**
(Address) **Moscow, Idaho**18. BURIAL, ~~###~~ **Funeral**
Place **Moscow** Date **8/10**, 193119. UNDERTAKER **H. R. Johnson**
(Address) **Moscow, Idaho**20. FILED **9/2**, 1931 **Paul Johnson**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Aug. 8**, 193122. I HEREBY CERTIFY, That I attended deceased from **June 29**, 1931, to **Aug 8**, 1931I last saw him alive on **Aug 2**, 1931; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Acute myocarditisDate of onset
May 1931

Other contributory causes of importance:

SmokingName of operation **None** Date of _____What test confirmed diagnosis **Smoking** Was there an autopsy **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) **Paul Johnson**, M. D.(Address) **Moscow, Idaho**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Latah

CERTIFICATE OF DEATH

State File No. 76314City of Moscow (rural)Registration District No. 61Primary Registration District No. 1011Local Registrar's No. 42

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Paluthe (Stillborn)

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug. 2, 1931

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or 30 min.Stillborn

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Near Moscow
(State or country) Idaho

MOTHER FATHER

13. NAME Richard Paluthe14. BIRTHPLACE (city or town)
(State or country) Germany15. MAIDEN NAME Lena L. Entel16. BIRTHPLACE (city or town)
(State or country) Wash.17. INFORMANT Richard Paluthe
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date 8/3, 193119. UNDERTAKER H. R. Short
(Address) Moscow20. FILED 9/2, 1931 P. E. Engholm
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 2 193122. I HEREBY CERTIFY, That I attended deceased from
Aug 2, 1931, to Aug 2, 1931.I last saw him alive on Aug 2, 1931; death is said
to have occurred on the date stated above, at 6 m.The principal cause of death and related causes of importance
were as follows:

Date of onset

Atelectasis
Child lived about
30 min.

Other contributory causes of importance:

Immature birth
Breech presentationName of operation None Date ofWhat test confirmed diagnosis? Clinical only Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1931.Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. E. Engholm, M.D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1931

PLACE OF DEATH

County of LatahCity of MOSCOW

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 61Primary Registration District No. 1011

(Inland Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Anna Barbara Roth

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of Wm. D. Roth
(or) WIFE of6. DATE OF BIRTH (month, day, and year) July 24, 1863

7. AGE Years 68 Months Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rochester, Minn.
(State or country)13. NAME Jacob Schmelzer14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Elmer Roth
(Address) Moscow, Ida.18. ~~Funeral~~ CREATION OR REMOVAL to
Place Pokane, Wash. Date 8/4, 193119. UNDERTAKER H. R. Short
(Address) Moscow, Ida.20. FILED 9/2, 1931 Dr. J. H. H. H.
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 76315Local Registrar's No. 41

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from

, 1931, to , 1931

I last saw her alive on Aug 1st, 1931; death is saidto have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance

were as follows: Septic Pneumonia Date of onset July 24th

Other contributory causes of importance:

Cardiac DegenerationName of operation No Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1931

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Dr. J. H. H. H. M. D.(Address) Moscow, Ida.

RECEIVED SEP 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76316**

PLACE OF DEATH

County of **Latah**
City of **Hendrick**

CERTIFICATE OF DEATH

Registration District No. **63**
Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution give its name instead of street and number.)
2. FULL NAME **W. O. Humphrey**

(a) Residence. No. _____ St. _____

(Usual place of abode.)
Length of residence in city or town where death occurred. **2** yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word.) **Married**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) **Apr 20, 1847**

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
84 **3** **15**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

Farmer

(c) Name of employer

9. BIRTHPLACE (city or town) _____ (State or country) **Eng**

10. NAME OF FATHER

Louisa Humphrey

11. BIRTHPLACE OF FATHER (city or town) _____ (State or Country)

12. MAIDEN NAME OF MOTHER

Harriet Humphrey

13. BIRTHPLACE OF MOTHER (city or town) _____ (State or Country)

14. Informant (Address)

R. E. Humphrey

15.

File **Aug 6, 1931**

R. F. Nestor
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug. 5, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **March**, 19**31**, to **Aug. 5**, 19**31**
that I last saw him alive on **Aug. 4**, 19**31**

and that death occurred, on the date stated above, at **1:00** p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Senility
Arteriosclerosis
Myocarditis

CONTRIBUTORY (Secondary)

_____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? **No** Date of _____

Was there an autopsy? **No**

What test confirmed diagnosis? **Clinical Examination**
(Signed) **Oliver J. Monahan, M. D.**
Aug. 6, 1931 (Address) **Hendrick, Ida.**

19. Place of Burial, Cremation, or Removal

Hendrick Cemetery
John J. Pickard

Date of Burial

Aug 6 1931
Address **Prof, Ida**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76317

State File No.

PLACE OF DEATH

County of Latah Registration District No. 64
City of Arbon Primary Registration District No. 2144 Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Zimmerman
(a) Residence. No. Arbon St.
(If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Zimmerman6. DATE OF BIRTH (month, day and year) Feb 24th 1860

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
71 6 20 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House wife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (city or town) Germany
(State or country)

10. NAME OF FATHER

Wm. Lawrence Bower

11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)

12. MAIDEN NAME OF MOTHER Theresa Hebl

13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)

14.

Informant
(Address)

15.

Filed Aug 20, 1931 Lucy M. Pickard
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June, 1931, to August, 1931
that I last saw her alive on June 24th, 1931

and that death occurred, on the date stated above, at 3 A. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic. Nephritis

(duration) 8 yrs. mos. ds.
CONTRIBUTORY Fatty degeneration of heart
(Secondary)

(duration) 10 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Dr. Thompson, M. D.

Aug 20, 1931 (Address) Pottlatch

19. Place of Burial, Cremation, or Removal Date of Burial

Milwaukee, Wis ✓ 19

20. Undertaker Address

John J. Pickard Troy Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76318

PLACE OF DEATH

County of *Latah*
City of *Troy*Registration District No. *64*
Primary Registration District No. *2144*

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Susan Malala Johnson

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OF RACE *White* 5. Single, Married, Widowed, or divorced (write the word.) *Married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Peter Monroe Johnson*6. DATE OF BIRTH (month, day and year) *Dec 12 - 1848*7. AGE Years *82* Months *8* Days *19* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Hopkins co Ky.*
(State or country)

10. NAME OF FATHER

*William Ross*11. BIRTHPLACE OF FATHER (city or town)
(State or Country) *Ky.*

12. MAIDEN NAME OF MOTHER

*Mahala Cunningham*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) *Tenn Ky*14. Informant *Mrs Thallie Clark*
(Address) *Julia street*15. Filed *Aug 31, 1931* *Lucy M Pickert*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 31st 19*31*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *Aug 31st* 19*31* to *Sept 1st* 19*31*
that I last saw her alive on *Aug 31st* 19*31*
and that death occurred, on the date stated above, at *9:20* p.m.State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:*Senility*(duration) yrs. mos. ds.
CONTRIBUTORY *Apoplexy*
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death? *No*Did an operation precede death? *No* Date of _____Was there an autopsy? *No*What test confirmed diagnosis? *No*(Signed) *Thas. A. Meyer* M. D.*Sept 1st 1931* (Address) *Troy Idaho*19. Place of Burial, Cremation, or Removal *Big Ridge cem* Date of Burial *Sept 2 1931*20. Undertaker *John J. Pickert* Address *Troy Ida*

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH			COUNTY OF <u>Latah</u>			State File No. <u>76319</u>	
City of <u>Princeton</u>			Registration District No. <u>65</u>			Local Registrar's No. <u>78</u>	
Primary Registration District No. <u>2145</u>			(No.)				
(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Dorothy Lucile Keiser</u>							
(a) Residence. No. St.							
(Usual place of abode)							
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX		4. COLOR OR RACE		5. Single, Married, Widowed, or Divorced (write the word)			
<u>Female</u>		<u>White</u>		<u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) <u>June 8. 1916</u>							
7. AGE		Years		Months		Days	
<u>15</u>		<u>1</u>		<u>29</u>		If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>At home</u>					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation					
<u>Sand Point</u>		<u>Ida.</u>					
12. BIRTHPLACE (city or town) (State or country)							
13. NAME		<u>John I. Keiser</u>					
14. BIRTHPLACE (city or town) (State or country)		<u>Memphis Neb.</u>					
15. MAIDEN NAME		<u>Lucy Barrager</u>					
16. BIRTHPLACE (city or town) (State or country)		<u>Woodville Wis.</u>					
17. INFORMANT (Address)		<u>John I. Keiser Princeton Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place		<u>Harvard Ida.</u> Date <u>Aug. 9. 1931</u>					
19. UNDERTAKER (Address)		<u>D. D. Kimball Palouse Wash.</u>					
20. FILED <u>Aug 8th</u> , 1931		<u>J. W. Thompson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>Aug. 7 1931</u>							
22. I HEREBY CERTIFY, That I attended deceased from , 1931, to , 1931.							
I last saw him alive on , 1931; death is said to have occurred on the date stated above, at <u>720 a.m.</u>							
The principal cause of death and related causes of importance were as follows:							
<u>Epilepsy</u>							
Date of onset <u>1917</u>							
Other contributory causes of importance:							
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? Date of injury , 1931.							
Where did injury occur? (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury							
Nature of injury							
24. Was disease or injury in any way related to occupation of deceased?							
If so, specify <u>No</u>							
(Signed) <u>J. W. Thompson</u> , M. D.							
(Address) <u>Colfax</u>							

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		CERTIFICATE OF DEATH		State File No. <u>76320</u>	
City of <u>Potlatch</u>					
Registration District No.		Primary Registration District No.		Local Registrar's No.	
(No. (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Ludwig Aspland</u>					
(a) Residence. No. <u>Potlatch Ida.</u> St. (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. <u>5</u> yrs. mos. ds. How long in U. S., if of foreign birth? <u>5</u> yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Maria Aspland</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>July 14 1871</u>					
7. AGE <u>60</u>		Years <u>2</u>		Months <u>16</u>	
		Days <u>16</u>		If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Laborer Box Factory</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Saw Mill</u>			
10. Date deceased last worked at this occupation (month and year) <u>April 1929</u>		11. Total time (years) spent in this occupation <u>2</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>					
13. NAME <u>John P. Aspland</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>					
15. MAIDEN NAME <u>Not known</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>					
17. INFORMANT <u>Mria Aspland</u> (Address) <u>Potlatch Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Potlatch Ida.</u> Date <u>Sept 3, 1931</u>					
19. UNDERTAKER <u>D. D. Kimball</u> (Address) <u>Palouse Wash.</u>					
20. FILED <u>Sept 12, 1931</u> <u>J. M. Thompson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug. 30 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June</u> , 1931, to <u>Aug</u> , 1931.					
I last saw him alive on <u>August 30</u> , 1931; death is said to have occurred on the date stated above, at <u>540p m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Cerebral. Hypoxia</u>					
Other contributory causes of importance:					
<u>Hypostatic Pneumonia</u>					
Name of operation <u>✓</u> Date of <u>✓</u>					
What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>✓</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify					
(Signed) <u>J. M. Thompson</u> , M. D. (Address) <u>Potlatch</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED SEP 8 1931	
County of <u>Latah</u>		DO NOT WRITE IN THIS SPACE		State File No. <u>76321</u>	
City of <u>Potlatch</u>		Registration District No. <u>65</u>		Local Registrar's No.	
Primary Registration District No. <u>2145</u>		(No. <u>Potlatch Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <u>Orland Silas Parker</u>					
(a) Residence. No.		St.		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. <u>21</u> yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Louise Parker</u>					
6. DATE OF BIRTH (month, day, and year) <u>Nov. 10, 1855</u>					
7. AGE <u>75</u>	Years <u>75</u>	Months <u>9</u>	Days <u>12</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer Sawmill</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Stationary.</u>				
	10. Date deceased last worked at this occupation (month and year)				
MOTHER FATHER	11. Total time (years) spent in this occupation <u>20</u>				
	12. BIRTHPLACE (city or town) (State or country) <u>Galesville, Wis.</u>				
	13. NAME <u>Silas Parker</u>				
MOTHER FATHER	14. BIRTHPLACE (city or town) (State or country) <u>Ill.</u>				
	15. MAIDEN NAME <u>Frances Bush</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Mo.</u>				
MOTHER FATHER	17. INFORMANT <u>L. G. Flasher</u> (Address) <u>Potlatch, Ida.</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Potlatch</u> Date <u>Aug. 26, 1931</u>				
	19. UNDERTAKER <u>H. R. Short</u> (Address) <u>Idaho</u>				
20. FILED <u>Aug 28, 1931</u> <u>J. W. Thompson, M.D.</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug. 22, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June</u> , 1931, to <u>Aug</u> , 1931.					
I last saw him alive on <u>Aug 22, 1931</u> ; death is said to have occurred on the date stated above, at <u>9</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Chronic Nephritis</u>					Date of onset <u>1928</u>
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>Yes</u>					
(Signed) <u>J. W. Thompson, M.D.</u>					
(Address) <u>Potlatch</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		76322	
County of <u>Lewis</u>		State File No.	
City of <u>Craigmont</u>		Registration District No. <u>60</u>	
Primary Registration District No. <u>2429</u>		Local Registrar's No. <u>12</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Bertha Nilson</u>			
(a) Residence. No. St. (Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Oliver Nilson</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Mar. 26 1862</u>			
7. AGE <u>69</u>	Years <u>4</u>	Months <u>21</u>	Days <u>1</u> LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>			
13. NAME <u>Nels Swanson</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>			
15. MAIDEN NAME <u>Sissa Thomason</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>			
17. INFORMANT <u>Emel J. Nelson</u> (Address)			
18. BURIAL, CREMATION, OR REINTERMENT Place <u>Craigmont</u> Date <u>8/18</u> , 1931			
19. UNDERTAKER <u>Craigmont Hardware Co.</u> (Address) <u>Craigmont, Idaho.</u>			
20. FILED <u>8/17</u> , 1931 <u>R. E. Swenson</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Aug. 16 1931</u>			
22. I HEREBY CERTIFY that I attended deceased from <u>Aug 16, 1931</u> to <u>Aug 16, 1931</u> or I last saw him/her alive on <u>Aug 16, 1931</u> ; death is said to have occurred on the date stated above, at <u>10:10 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic endocarditis</u> Date of onset <u>1920</u>			
Other contributory causes of importance:			
Name of operation <u>0</u> Date of			
What test confirmed diagnosis? <u>usual</u> Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify (Signed) <u>R. E. Swenson</u> M. D. (Address) <u>Craigmont, Idaho.</u>			

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. 8, No. 5-20 M-15
RECEIVED SEP 10 1931

1. PLACE OF DEATH

County of **Madison**City of **Rexburg**

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME **Ada (West.) Parkinson**

CERTIFICATE OF DEATH

Registration District No. **100**Primary Registration District No. **2178**

(No. _____ St.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. **76323**Local Registrar's No. **42**

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**
(Write the word)

6. DATE OF BIRTH

Sept. 15, 1881
(Month) (Day) (Year)

7. AGE

50 Yrs. **11** Mos. **13** ds.
IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work **Housewife**
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) **Utah**

10. NAME OF

Father **Israel West**

11. BIRTHPLACE OF FATHER

(State or Country) **Utah**

12. MAIDEN NAME OF MOTHER

Cassey Venoy

13. BIRTHPLACE OF MOTHER

(State or Country) **Utah**

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Edward S. Parkinson**(Address) **Rexburg, Idaho.**

15.

Filed **9/3**19 **31**Local Registrar **J. W. Young**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 1 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **July 1926** to **Sept. 1 1931**,
that I last saw him alive on **Sept. 1 1931**,
and that death occurred on the date stated above, at **60** M.
The CAUSE OF DEATH* was as follows:

Uremia

(Duration) _____ yrs. _____ mos. **4** ds.
Contributory (Secondary) **Cardio-vascular renal disease**

(Duration) **4** yrs. _____ mos. _____ ds.
(Signed) **Louis A. Rich** M. D.
19. (Address) **Rexburg Idaho.**

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted **Place of death**
If not at place of death?

Former or usual residence **Rexburg Idaho.**

19. PLACE OF BURIAL OR REMOVAL

Rexburg Cemetery

DATE OF BURIAL

9/3 1931

20. UNDERTAKER

ADDRESS

Russell P. Flamm Rexburg

RECEIVED SEP 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76325

PLACE OF DEATH

County of Madison

City of Rexburg

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 40

(No. 185)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jonas Sinclair Heaton Jr.

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
----------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Annie Heaton (deceased)
(or) ~~WIFE~~

6. DATE OF BIRTH (month, day and year) Jan. 3rd -- 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50		7	25	

8. OCCUPATION OF DECEASED Salesman

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer) Farmer

(c) Name of employer

9. BIRTHPLACE (city or town) Portage
(State or country) Utah

10. NAME OF FATHER Jonas Heaton

11. BIRTHPLACE OF FATHER (city or town) Nebraska N. J.
(State or Country)

12. MAIDEN NAME OF MOTHER Laura Bell Hall

13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or Country)14. Informant Vern H. Heaton
(Address) Idaho Falls Idaho

15. Filed 9/29, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 28, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Inquest was held on Aug 29, 1931
that I last saw him alive on Aug 29, 1931
and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

(Jury's Verdict.)
Cause of Death was a severe flow
in the head caused by striking
against the steel girders of
bridge,
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Madison County

Was there an autopsy? Coroner

What test confirmed diagnosis?

(Signed) Vern H. Heaton

Aug 31, 1931 (Address) Rexburg, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Rexburg, Idaho, Sept. 7, 1931

20. Undertaker Address

Vern H. Heaton Rexburg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED, SEP 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
PLACE OF DEATH
County of Madison
City of Archer
Registration District No. 100
Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE

State File No. 76326Local Registrar's No. 39

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Israel Wieland(a) Residence. No. Archer, Idaho.St. Idaho

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, ~~name of~~
HUSBAND OF
(or) ~~name of~~
WIFE of

Gottliben Wieland6. DATE OF BIRTH (month, day, and year) June 28, 1849

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
82 1 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME Gottfried Jacob Wieland

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Gottliben Massa

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT J. R. Clark
(Address) Thornton Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Archer Date 8/29, 1931

19. UNDERTAKER Russell R. Tolson
(Address) Archer, Idaho

20. FILED 28, 1931 W. Morris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-26, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-20, 1931, to 8-26, 1931.

I last saw him alive on 8-26, 1931; death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 8-20-31

Other contributory causes of importance:

Chronic NephritisName of operation none Date of —What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Morris M. D.(Address) Archer, Idaho

RECEIVED SEP 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76327

State File No.

PLACE OF DEATH

County of Madison

City of Payson

CERTIFICATE OF DEATH

Registration District No. 100

Primary Registration District No. 2178

(No. _____)

Local Registrar's No. 34

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillian May Johnson

(a) Residence. No. _____ St. 749

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of E W Johnson

6. DATE OF BIRTH (month, day and year)

7. AGE Years 55 Months 8 Days 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sandy Utah

10. NAME OF FATHER Joseph Macker

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Sarah Macker

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant (Address) E W Johnson

15. Filed 8/7 1931 Payson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 5 1931, to Aug 6 1931
that I last saw her alive on Aug 6 1931

and that death occurred, on the date stated above, at 1204 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds.
CONTRIBUTORY Arterio Sclerosis
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) M. Sutherland M.D.
8-7 1931 (Address) Payson, Ida.

19. Place of Burial, Cremation, or Removal Date of Burial

Burton 19

20. Undertaker Turn & Keller Address Payson

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 16 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76328

State File No.

PLACE OF DEATH

County of **Madison**City of **Rexburg**

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Agnes (Mc Culloch) Smith**(a) Residence. No. **Rexburg**

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)**Married**

5a. If married, widowed, or divorced

HUSBAND
(or) WIFE of**Richard Smith**6. DATE OF BIRTH (month, day and year) **June 8, 1873**

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

58 58**3****1**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work. **Housewife**(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Logan, Utah**
(State or country)

10. NAME OF FATHER

John McCulloch11. BIRTHPLACE OF FATHER (city or town)
(State or Country)**Scotland**

12. MAIDEN NAME OF MOTHER

Margarette McNeil13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)**Scotland**

14.

Informant
(Address)**Richard Smith****Rexburg**

15.

Filed

7/1019. **31**

Registrar

MEDICAL CERTIFICATE OF DEATH

13. DATE OF DEATH

August 9

(Month)

(Day)

19**31**
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 819**31****Aug 9**19**31**

that I last saw him alive on

Aug 919**31**and that death occurred, on the date stated above, at **5 AM***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Cardiac embolism**CONTRIBUTORY (duration) yrs. mos. ds.
(Secondary) **Undetermined source**

(duration) yrs. mos. ds.

18. Where was disease contracted **Place of death**
if not at place of death?Did an operation precede death? **No** Date of **✓**Was there an autopsy? **yes**What test confirmed diagnosis? **symptoms**(Signed) **John A. Rich**, M. D.**Aug 10, 1931** (Address) **Rexburg Idaho**

19. Place of Burial, Cremation, or Removal

Date of Burial

Burton Cemetery**8/10**19**31**

20. Undertaker

Address

Russel Flamm**Rexburg**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76329

PLACE OF DEATH

County of Madison

City of _____

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 21/8

(No. _____)

Local Registrar's No. 37

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Bertrand Tanner

(a) Residence. No. _____

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMartha Tanner

6. DATE OF BIRTH (month, day and year)

Nov. 5th 1864

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

661010

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Tanner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Provo Utah

10. NAME OF FATHER

Myron Tanner11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Balton New York

12. MAIDEN NAME OF MOTHER

Jane Mount13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)not known

14.

Informant
(Address)Martha Tanner
Livingston, Idaho

15.

Filed

8/10 1931Wagoner
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug. 14th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

12/3 1930 to 8/14 1931
that I last saw him alive on 8/11 1931and that death occurred, on the date stated above, at 2 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Inoperable Carcinoma of StomachCONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? clinical symptoms of x-ray

(Signed)

Robert L. H. M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

Cedar Butte, Idaho Aug. 16th 1931

20. Undertaker

Address

Wagoner & Keller Redburg

RECEIVED SEP 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76331

PLACE OF DEATH

County of MadisonCity of Rebelburg

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2178

(No. _____)

Local Registrar's No. 38

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles McCulloch(a) Residence No. Rebelburg St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
Jennette McCulloch6. DATE OF BIRTH (month, day and year) Aug 14 - 1857

7. AGE <u>74</u>	Years	Months	Days	If LESS than 1 day. hrs. or min.
			<u>2</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self9. BIRTHPLACE (city or town) Scotland
(State or country)10. NAME OF FATHER John McCulloch11. BIRTHPLACE OF FATHER (city or town) Scotland
(State or Country)12. MAIDEN NAME OF MOTHER Margarette McCulloch13. BIRTHPLACE OF MOTHER (city or town) Scotland
(State or County)14. Informant Jennette McCulloch
(Address) Rebelburg15. Filed 8/18 1931 J. W. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 16, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to Aug 16, 1931
that I last saw him alive on Aug 15, 1931and that death occurred, on the date stated above, at 6 am.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:MyocarditisCONTRIBUTORY (duration) yrs. mos. 21 da.
Cardio vascular renal disease
(Secondary)(duration) 3 yrs. mos. da.18. Where was disease contracted Place of death
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? symptoms & laboratory findings(Signed) Wm. J. Rich, M. D.
8-17-1931 (Address) Rebelburg Idaho19. Place of Burial, Cremation, or Removal Rebelburg Date of Burial 8/19 193120. Undertaker Russell Flamm Address Rebelburg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

886

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1931		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		State File No. <u>76332</u>	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		Local Registrar's No. <u>36</u>	
County of <u>Minidoka</u>		Registration District No. <u>19</u>			
City of <u>Rupert</u>		Primary Registration District No. <u>2015</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Rebecca Renfro</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Oct 7 1855</u>					
7. AGE <u>75</u> Years		Months <u>9</u>		Days <u>15</u>	
If LESS than 1 day, _____ hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Indiana</u>					
13. NAME <u>Warrior</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Don't know</u>					
15. MAIDEN NAME <u>Renfro</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Don't know</u>					
17. INFORMANT (Address) <u>Edna Goff</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rupert</u> Date <u>July 24 1931</u>					
19. UNDERTAKER (Address) <u>W. G. Goodman</u>					
20. FILED <u>8-26</u> , 1931 <u>Edna Goff</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 22 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____					
<u>July 22</u> , 1931, to <u>July 22</u> , 1931.					
I last saw him alive on <u>July 22</u> , 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Bronchial asthma</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>J. B. Henning</u> , M. D.					
(Address) <u>Rupert, Ida</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		County of <u>Minidoka</u>		City of <u>Reupert</u>		State File No. <u>76333</u>	
Registration District No. <u>19</u>		Primary Registration District No. <u>2015</u>		Local Registrar's No. <u>35</u>			
(If death occurred in a hospital or institution give its name instead of street and number.)							
2. FULL NAME <u>Herbert Martsch</u>							
(a) Residence. No. _____ St. _____							
(Usual place of abode)							
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Child</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____							
6. DATE OF BIRTH (month, day, and year) <u>Aug 11, 1929</u>							
7. AGE		Years <u>1</u>		Months <u>10</u>		Days <u>27</u>	
				If LESS than 1 day, _____ hrs. or min.			
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
		10. Date deceased last worked at this occupation (month and year)					
		11. Total time (years) spent in this occupation					
MOTHER		12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
FATHER		13. NAME <u>Gottlieb Martsch</u>					
		14. BIRTHPLACE (city or town) (State or country) <u>Russia</u>					
		15. MAIDEN NAME <u>Lydia Mayer</u>					
		16. BIRTHPLACE (city or town) (State or country) <u>Russia</u>					
		17. INFORMANT (Address) <u>Reupert</u>					
		18. BURIAL, CREMATION OR REMOVAL Place <u>same cpm</u> Date <u>July 11, 1931</u>					
		19. UNDERTAKER (Address) <u>W. H. Goodman</u>					
		20. FILED <u>8-26</u> , 1931 <u>E. H. Elmore</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>July 8</u> , 1931							
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.							
I last saw h. _____ alive on _____, 1931; death is said to have occurred on the date stated above, at _____ m.							
The principal cause of death and related causes of importance were as follows:							
Date of onset							
<u>Accidental Drowning</u>							
Other contributory causes of importance: <u>In Irregular canal 1 mi. S. of Reupert, Idaho</u>							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? _____							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>accident</u> Date of injury _____, 1931.							
Where did injury occur? _____ (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place. _____							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? _____							
If so, specify _____							
(Signed) <u>W. H. Goodman</u> , M.D.							
(Address) <u>Reupert Idaho</u>							

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1931
STATE OF IDAHO

PLACE OF DEATH

County of

City of

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No.

Local Registrar's No.

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Date 7/28, 1931

19. UNDERTAKER
(Address)

20. FILED

8-26, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from

Accidental drowning

I last saw him alive on _____, 1931: death is said

to have occurred on the date stated above, at _____

The principal cause of death and related causes of importance were as follows:

Date of onset

Accidental drowning in Snake River 8 mi. E of Rupert Idaho while for swimming.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) E. H. Elmore, M.D.

(Address) Rupert, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		COUNTY OF <u>Minidoka</u>		CITY OF <u>Rupert</u>		State File No. <u>76335</u>	
Registration District No. <u>19</u>		Primary Registration District No. <u>2015</u>		Local Registrar's No. <u>42</u>			
(No. _____)							
(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Lavar R. Campbell</u>							
(a) Residence. No. _____ St. _____							
(Usual place of abode)							
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced <u>Child</u>			
5a. If married, widowed, or divorced				21. DATE OF DEATH (month, day, and year) <u>July 7</u> 1931			
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.			
6. DATE OF BIRTH (month, day, and year)				I last saw h. _____ alive on _____, 1931: death is said to have occurred on the date stated above, at _____ m.			
7. AGE		Years <u>0</u>		Months <u>0</u>		Days <u>6</u>	
				If LESS than 1 day, hrs. or min.		The principal cause of death and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.						Premature	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						6 months	
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation		Other contributory causes of importance:	
12. BIRTHPLACE (city or town) (State or country) <u>Rupert</u>							
13. NAME <u>Charles M. Campbell</u>						Name of operation _____ Date of _____	
14. BIRTHPLACE (city or town) (State or country) <u>Utah</u>						What test confirmed diagnosis? _____ Was there an autopsy? _____	
15. MAIDEN NAME <u>Rhoda Randall</u>						23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.	
16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>						Where did injury occur? _____ (Specify city or town, county, and State)	
17. INFORMANT (Address) <u>Charles M. Campbell</u>						Specify whether injury occurred in industry, in home, or in public place.	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rupert Cem</u> Date <u>July 9</u> , 1931						Manner of injury _____ Nature of injury _____	
19. UNDERTAKER (Address) <u>W. P. Goodson</u>						24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
20. FILED <u>9-1</u> , 1931 <u>Ed E. Moore</u> Registrar.						(Signed) <u>Fayus N. Kenagy</u> , M. D. (Address) <u>Rupert Idaho</u>	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Minidoka</u>		CERTIFICATE OF DEATH		State File No. <u>76336</u>	
City of <u>Idaho</u>		Registration District No. <u>19</u>		Local Registrar's No. <u>46</u>	
Primary Registration District No. <u>2015</u>					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Clayton Jarvis Brock</u>					
(a) Residence. No. <u> </u> St. <u> </u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>m.</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Child</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec 26 1925</u>					
7. AGE	Years <u>5</u>	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Child</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Oklahoma</u>					
MOTHER	13. NAME <u>Ralph Loyd Brock</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Hazel Jarvis</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Oklahoma</u>					
17. INFORMANT (Address) <u>Ralph Loyd Brock</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>7/16</u> , 1931					
19. UNDERTAKER (Address) <u>R. G. Goodman</u>					
20. FILED <u>9-1</u> , 1931 <u>E. H. Elmore</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 15 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 12</u> , 1931, to <u>July 15</u> , 1931.					
I last saw <u>him</u> alive on <u>July 15</u> , 1931; death is said to have occurred on the date stated above, at <u>2 P. M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Septicemia</u>					
Other contributory causes of importance: <u>peritonitis</u>					
Name of operation <u>enterostomy</u> Date of <u>7-15</u>					
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u> </u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 1931.					
Where did injury occur? <u> </u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u> </u>					
Manner of injury <u>puncture wound on toe</u>					
Nature of injury <u>toe</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u> </u>					
(Signed) <u>Loyd A. Denney</u> , M. D.					
(Address) <u>Rupert Idaho</u>					

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RECEIVED SEP 8 1931

STATE OF IDAHO

J. B. K.

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76337

County of MinidokaCity of ArdenRegistration District No. 19Primary Registration District No. 2015Local Registrar's No. 45(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Edwin B. Whittle

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Mar 9 18887. AGE Years 43 Months 4 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah13. NAME Thomas E. Whittle14. BIRTHPLACE (city or town) (State or country) Canada15. MAIDEN NAME Mary J. Butterfield16. BIRTHPLACE (city or town) (State or country) Major17. INFORMANT (Address) Adeline B. Whittle18. BURIAL, CREMATION, OR REMOVAL Repect Cemetery
Place Date, 1931

19. UNDERTAKER (Address)

20. FILED 9-1, 1931 E. B. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10 1931

22. I HEREBY CERTIFY, That I attended deceased from _____

June 1, 1931, to July 12, 1931.I last saw him alive on June 27, 1931; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance

were as follows:

myocarditis chronic

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. B. K., M. D.(Address) Repect

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		County of <u>Minnehka</u>		City of <u>Reper</u>		State File No. <u>76339</u>	
Registration District No. <u>19</u>		Primary Registration District No. <u>2015</u>		Local Registrar's No. <u>43</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Fredricka Dannel</u>							
(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)							
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Fem</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Aug 20, 1931</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>wife Adam Dannel</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 17</u> , 1931, to <u>Aug 20</u> , 1931. Last saw her alive on <u>Aug 20</u> , 1931; death is said to have occurred on the date stated above, at <u>8 A. M.</u> The principal cause of death and related causes of importance were as follows: <u>Arteriosclerosis</u>			
6. DATE OF BIRTH (month, day, and year) <u>Dec 16-1860</u>				Date of onset			
7. AGE	Years <u>70</u>	Months <u>9</u>	Days <u>5</u>	If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.						
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
	10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Russia</u>				Other contributory causes of importance: <u>Nephritis</u>			
MOTHER FATHER	13. NAME <u>Fredricka Miller</u>			Name of operation Date of			
	14. BIRTHPLACE (city or town) (State or country) <u>Russia</u>			What test confirmed diagnosis? <u>Chinab</u> Was there an autopsy? <u>Yes</u>			
	15. MAIDEN NAME <u>Don't Know</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.			
	16. BIRTHPLACE (city or town) (State or country) <u>Russia</u>			Manner of injury Nature of injury			
17. INFORMANT <u>Miss Harry R. Jones</u> (Address) <u>Lincoln Road</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify			
18. BURIAL, CREMATION, OR REMOVAL Place <u>American Falls</u> Date <u>Aug 23, 1931</u>				(Signed) <u>Layne N. Kenagy</u> , M. D. (Address) <u>Reper Idaho</u>			
19. UNDERTAKER (Address)							
20. FILED <u>9-1</u> , 1931 <u>E. W. Blumore</u> Registrar.							

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76340

PLACE OF DEATH

County of MinidokaCity of Rupert

CERTIFICATE OF DEATH

Registration District No. 19Primary Registration District No. 2015

(No. _____)

Local Registrar's No. 41

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred W. Thomas

(a) Residence No. _____

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
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5a. If married, widowed, or divorced
HUSBAND of Clydia Thomas
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1888-3-16

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>42</u>	<u>3</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Far west
(State or country) Utah10. NAME OF FATHER Jacob Thomas11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Illinois - U. S. A.12. MAIDEN NAME OF MOTHER Mary Ann Woodard13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Utah14. Informant (Address) Ann E. Rawson15. Filed 8-26, 1931 E. E. Elmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 24, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
March 6, 1930, to June 24, 1931
that I last saw him alive on June 21, 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic valvular disease(duration) 10 yrs. mos. ds.
CONTRIBUTORY Chronic Rheumatism
(Secondary)(duration) 5 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Physical Exam & Symp(Signed) E. E. Elmer, M. D.
8-26, 1931 (Address) E. E. Elmer19. Place of Burial, Cremation, or Removal Rupert Cem Date of Burial Jan 26 193120. Undertaker W. A. Goodman Address Rupert.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Manitou</u>		CERTIFICATE OF DEATH		State File No. <u>76342</u>	
City of <u>Payson</u>		Registration District No. <u>19</u>		Local Registrar's No. <u>39</u>	
		Primary Registration District No. <u>2012</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Alvin Olsen Christensen</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>m</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Child</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Child</u>					
6. DATE OF BIRTH (month, day, and year) <u>May 21</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>3</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Child</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Sage Springs Idaho</u>					
MOTHER FATHER	13. NAME <u>Alvin Olsen Christensen</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Utah</u>				
	15. MAIDEN NAME <u>Veda Nichols</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
17. INFORMANT (Address) <u>Alvin Olsen Christensen</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Payson</u> Date <u>8/2</u> , 1931					
19. UNDERTAKER (Address) <u>W. H. Goodman</u>					
20. FILED <u>8-26</u> , 1931 <u>E. W. Elmore</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 31</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 26</u> , 1931, to <u>July 31</u> , 1931.					
I last saw him alive on <u>July 30</u> , 1931; death is said to have occurred on the date stated above, at <u>5:50 A.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Streptococcus meningitis</u>					
Date of onset <u>July 26-31</u>					
Other contributory causes of importance: <u>Streptococcus throat</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Microscopic</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place: _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>E. W. Elmore</u> , M. D.					
(Address) <u>Payson, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		BUREAU OF VITAL STATISTICS	
County of <u>Minidoka</u>	DEPARTMENT OF PUBLIC WELFARE	State File No. <u>76343</u>	
City of <u>Rupert</u>	CERTIFICATE OF DEATH	Local Registrar's No. <u>38</u>	
Registration District No. <u>19</u>			
Primary Registration District No. <u>2015</u>			
(No. _____)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Irvin L. Johnson</u>			
(a) Residence. No. _____		St. _____	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Child</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years	Months	Days
	<u>0</u>	<u>0</u>	<u>2</u>
	If LESS than 1 day, _____ hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>			
FATHER	13. NAME <u>Irvin Johnson</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>		
	15. MAIDEN NAME <u>Emma Hyde</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>		
MOTHER	17. INFORMANT (Address) <u>Rupert Idaho</u>		
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Paul C.</u> Date <u>July 12 1931</u>		
	19. UNDERTAKER (Address) <u>St. P. Goodfry</u>		
	20. FILED <u>8-26</u> , 1931 <u>E. H. Elmer</u> Registrar.		
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>July 14, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>7-12-</u> , 1931, to <u>7-14-</u> , 1931.			
I last saw him alive on <u>7-14</u> , 1931, death is said to have occurred on the date stated above, at <u>2:30</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Intra-cranial hemorrhage at birth</u>			Date of onset
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____, 1931.			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify _____			
(Signed) <u>Edmund F. J. ...</u> , M. D.			
(Address) _____			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 8 1931 STATE OF IDAHO *K*
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of *Shoshone*
City of *Rupert*
Registration District No. *19*
Primary Registration District No. *2013* Local Registrar's No. *37*

(If death occurred in a hospital or institution, give its name instead of street and number.)
(No. *57*)

2. FULL NAME *Abraham L. Kaufman*
(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word)			21. DATE OF DEATH (month, day, and year) <i>Aug 4</i> 1931	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from <i>Apr. 4</i> , 1931, to <i>Aug. 4</i> , 1931.		
6. DATE OF BIRTH (month, day, and year) <i>Feb 18 1861</i>				I last saw him alive on <i>Aug 4</i> , 1931; death is said to have occurred on the date stated above, at <i>2 p.</i> m.		
7. AGE	Years <i>70</i>	Months <i>5</i>	Days <i>16</i>	If LESS than 1 day, _____ hrs. or min.	The principal cause of death and related causes of importance were as follows:	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					Date of onset
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					<i>Diabetes mellitus</i>
	10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		<i>Several years</i>
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <i>Indiana</i>			Other contributory causes of importance:		<i>Chloroform</i>
	13. NAME <i>Don't know</i>			Name of operation _____ Date of _____		
	14. BIRTHPLACE (city or town) (State or country) <i>Indiana</i>			What test confirmed diagnosis? <i>Urinary</i> Was there an autopsy? _____		
	15. MAIDEN NAME <i>Don't know</i>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.		
16. BIRTHPLACE (city or town) (State or country) _____			Where did injury occur? _____ (Specify city or town, county, and State)			
17. INFORMANT (Address) <i>Vilma V. Kaufman</i> <i>Rupert Idaho</i>			Specify whether injury occurred in industry, in home, or in public place. _____			
18. BURIAL, CREMATION OR REMOVAL Place <i>Rupert</i> Date <i>Aug 7</i> , 1931			Manner of injury _____			
19. UNDERTAKER (Address) <i>W. A. Woodman</i> <i>Rupert Idaho</i>			Nature of injury _____			
20. FILED <i>8-26</i> , 1931 <i>E. E. Elmore</i> Registrar			24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____			
			(Signed) <i>J. B. Kennedy</i> , M. D.			
			(Address) <i>Rupert Idaho</i>			

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
76345
State File No.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Phillip K. Carter.

(a) Residence. No.

(Usual place of abode.)

St. Lenore, Idaho.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 8th, 1880.

7. AGE

51.

Years

Months

4.

Days

5.

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Farmer.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)West Virginia.

10. NAME OF FATHER

C. B. Carter.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)West Virginia.12. MAIDEN NAME OF MOTHER Nancy Mustoe.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)West Virginia.

14.

Informant
(Address)Mrs. P. K. Carter.
Lenore, Idaho.

15.

Filed 8-17-311931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 13th, 1931.

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug-12, 1931, to Aug-13, 1931
that I last saw him alive on Aug-13, 1931and that death occurred, on the date stated above, at 4 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Spinal fracture of
skull.CONTRIBUTORY (Secondary) Fall from barn
(duration) yrs. mos. 2 ds.18. Where was disease contracted at home
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical signs(Signed) W. H. H. M. D.8/15/31., 19... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.8/15/31. 19...

20. Undertaker

Address

Brower-Wann Company. Lewiston, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 8 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76346**

PLACE OF DEATH

County of **Nez Perce.**
City of **Lewiston.**

CERTIFICATE OF DEATH

Registration District No. **96**
Primary Registration District No. **1009** Local Registrar's No. _____
(No. **St Joseph Hospital.**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Lorenzo Dow Pentzer.**

(a) Residence. No. _____ St. **Culdesac, Idaho.**

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male.** 4. COLOR OR RACE **White.** 5. Single, Married, Widowed, or Divorced (write the word) **Married.**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **June 2nd, 1858.**

7. AGE Years Months Days If LESS than 1 day,
73. **2.** **11.** _____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Farmer.**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) _____
(State or country) **Ohio.**

10. NAME OF FATHER **Henry W. Pentzer.**

11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) **Pa.**

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country)

14. Informant **Mrs. L. D. Pentzer**
(Address) **Culdesac, Idaho.**

15. Filed **8-17-31** **J. M. Lyle**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **August 13th, 1931.**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **July 2nd**, 19**31**, to **Aug 13th**, 19**31**.
that I last saw him alive on **Aug 13**, 19**31**.
and that death occurred, on the date stated above, at **10:40 a.m.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

chronic lymphatic leukemia

(duration) **+** yrs. mos. ds.

CONTRIBUTORY **Not known**
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted **Culdesac Idaho**
if not at place of death?

Did an operation precede death? **No.** Date of _____

Was there an autopsy? **No.**

What test confirmed diagnosis? **Blood count & Physic**

(Signed) **O. C. Carson** M. D.

_____, 19____ (Address) **Lewiston Id**

19. Place of Burial, Cremation, or Removal **Near Winchester, Idaho.** Date of Burial **8/16/31.** 19

20. Undertaker **Brower-Wann Company.** Address **Lewiston, Idaho.**

Dr. Carssow.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76347

PLACE OF DEATH

County of Nez Perce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 95Primary Registration District No. 2193

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert E. Goodwin(a) Residence. No. North Lewiston St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Mrs. Kate Goodwin
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 1 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>10</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farmer Wheat(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Washington
(State or country)10. NAME OF FATHER John Goodwin11. BIRTHPLACE OF FATHER (city or town) Indiana
(State or Country)12. MAIDEN NAME OF MOTHER Rancey Goodwin13. BIRTHPLACE OF MOTHER (city or town) Illinois
(State or County)14. Informant Mrs. Kate Goodwin
(Address) North Lewiston15. Filed 8-16-31 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 13 1931
(Month) (Day) (Year)I HEREBY CERTIFY That I attended deceased from
June 26 1931 to Aug 13 1931
that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Leukemia(duration) yrs. 3 mos. ds.CONTRIBUTORY
(Secondary)Don't Know

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Ref. White blood count(Signed) J. M. Carssow_____, 19____ (Address) Lewiston Idaho19. Place of Burial, Cremation, or Removal
Normal Hill

Date of Burial

8/15/31 19

20. Undertaker

Vassar Mortuary Inc.

Address

Lewiston

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76348**

PLACE OF DEATH

County of *Blaine*
City of *Lewiston Ida*

CERTIFICATE OF DEATH

Registration District No. *46*

Primary Registration District No. *1009*

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Caribell Blankenship*

(a) Residence. No. *Beland Idaho* St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) _____

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *20 hrs 40 min*

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. *none*

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) *Lewiston Idaho* (State or country)

10. NAME OF FATHER *John Roy Blankenship*

11. BIRTHPLACE OF FATHER (city or town) *Pullman Wash* (State or Country)

12. MAIDEN NAME OF MOTHER *Luda Hewatt*

13. BIRTHPLACE OF MOTHER (city or town) *South west Idaho* (State or Country)

14. Informant *O. C. Pearson* (Address) *Lewiston Idaho*

15. Filed *8-13-31* *J. M. Lyle* Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Aug 12 1931* (Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from *Aug 11 1931* to *Aug 12 1931* that I last saw him alive on *Aug 11 6:00 P.* and that death occurred, on the date stated above, at _____

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

General Debility (duration) yrs. mos. ds.

CONTRIBUTORY *Phosania Provo* (Secondary) *in mother* (duration) yrs. mos. ds.

18. Where was disease contracted *Leland Idaho* if not at place of death?

Did an operation precede death? *No* Date of _____

Was there an autopsy? *Yes*

What test confirmed diagnosis? *Physical findings* (Signed) *O. C. Pearson*, M. D.

Aug 13 1931 (Address) *Lewiston Ida*

19. Place of Burial, Cremation, or Removal *Cameron, Ida* Date of Burial *19*

20. Undertaker *John Pickard* Address *Idaho*

STATE OF IDAHO 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76349

PLACE OF DEATH

County of Nez Perce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009
(No. Whites Hospital)
Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William F. Schmadeka

(a) Residence. No. 1515 13 th Ave St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 5 1860

7. AGE Years 70 Months 11 Days 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Cloburg Ore.
(State or country)

10. NAME OF FATHER

George Schmadeka

11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)

12. MAIDEN NAME OF MOTHER Sophia Gostmaer

13. BIRTHPLACE OF MOTHER (city or town) Persia
(State or County)

14. Informant W. F. Schmadeka
(Address) Lewiston Idaho

15. Filed 8-13-31 1931

J. M. Lyle
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 1931, to Aug 11 1931
that I last saw him alive on Aug 11 1931
and that death occurred, on the date stated above, at 7:20 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) 2 yrs. mos. ds.
CONTRIBUTORY Cardiac Asthma
(Secondary)
(duration) 1 1/2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Cardiac Symptom

(Signed) E. L. White M. D.
8-15 1931 (Address) Lewiston Idaho

19. Place of Burial, Cremation, or Removal Normal Hill Date of Burial Aug. 13 1931

20. Undertaker Vassar Mortuary Inc. Address Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED SEP 8 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76350

PLACE OF DEATH

County of *Payson*

City of *Payson*

CERTIFICATE OF DEATH

Registration District No. *96*

Primary Registration District No. *1009*

Local Registrar's No. _____

(No. *1* at *St. Joseph Hospital*)

Jacob M. Staley death occurred in a hospital or institution, give its name instead of street and number.

2. FULL NAME

(a) Residence No. *St.*

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M*

4. COLOR OR RACE *W*

5. Single, Married, Widowed, or Divorced (write the word.) *married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *April 24, 1870*

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.

61

3

17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work *farmer*

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country) *Ohio*

10. NAME OF FATHER

William Staley

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Not Known

12. MAIDEN NAME OF MOTHER

Julia Babcock

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Not Known

14.

Mrs J.M. Staley (Wife)

Informant
(Address)

Reubens, Ida.

15.

Filed *8-13-31*, 19*31*

J.M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 11

1931

17. I HEREBY CERTIFY, That I attended deceased from

Aug 10, 1931, to Aug 11, 1931

that I last saw him alive on *Aug 10, 1931*

and that death occurred, on the date stated above, at *1:30 a.m.*

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Perforated gastric ulcer

(duration) yrs. mos. ds.
CONTRIBUTORY *general peritonitis*
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted *Reubens Ida*
if not at place of death?

Did an operation precede death? *yes* Date of *8/10/31*

Was there an autopsy? *no*

What test confirmed diagnosis *operation*

(Signed) *W.D. Clark* M. D.

Aug 11, 1931 (Address) *Payson, Ida.*

19. Place of Burial, Cremation, or Removal

Reubens Idaho

Date of Burial

8/14/31 19

20. Undertaker

E.L. Merchant

Address

Clarkstown

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

RECEIVED SEP 8 1931
STATE OF IDAHODEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. 1106 11th, Street.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hans B. Eikum.(a) Residence. No. 1106 11th, Street. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs mos. ds.

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)
Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 9th, 1901.

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.30.4.29.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Genesee,
(State or country) Idaho.

10. NAME OF FATHER

A. J. Eikum.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Norway.12. MAIDEN NAME OF MOTHER Marie Swardstu.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Norway.

14.

Informant
(Address)Mrs. A. J. Eikum,
Lewiston, Idaho.

15.

Filed

8-1819. 31

Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 76351

Local Registrar's No.

16. DATE OF DEATH

August 8th, 1931.

(Month)

(Day)

19. (Year)

17. I HEREBY CERTIFY, That I attended deceased from

8-7 1931 to 8-8 1931
8-8 1931

that I last saw him alive on

and that death occurred, on the date stated above, at 8 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL,
The CAUSE OF DEATH* was as follows:
General PeritonitisCONTRIBUTORY
(Secondary)Perforated gastric
ulcer (duration) 2 yrs. 2 mos. 2 ds.
while fighting18. Where was disease contracted
if not at place of death Genee Fort RobertDid an operation precede death? yes Date of 8-18Was there an autopsy? yesWhat test confirmed diagnosis? Physical signs(Signed) J. M. Lyle M.D.8-18 1931 (Address) Lewiston, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

near Genesee

19

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 8 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 76352

PLACE OF DEATH

County of Nez Perce
City of Lewiston Idaho

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009
(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 176

2. FULL NAME Miss Alma B. Rogers

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 15 1912

7. AGE Years 19 Months 1 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Rogersburg Wash
(State or country)

10. NAME OF FATHER Willard B. Rogers

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Wisconsin

12. MAIDEN NAME OF MOTHER Hilda Bly

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Iowa

14. Informant Mrs. Hilda Rogers
(Address) Lewiston Idaho

15. Filed 8-13-31 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-31, 1931, to 8-11, 1931,
that I last saw her alive on 8-11, 1931,
and that death occurred, on the date stated above, at 11 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

General Peritonitis

(duration) yrs. mos. ds. 11 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. M. Lusk, M. D.
8-15-31, 1931 (Address) Lewiston, Idaho

19. Place of Burial, Cremation, or Removal Normal Hill Date of Burial Aug 13 1931

20. Undertaker Vassar Mortuary Inc Address Lewiston

RECEIVED-SEP 8 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76353

PLACE OF DEATH

County of Nez Perce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009
(No. Whites Hospital)

Local Registrar's No. 182

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Shearer

(a) Residence. No. Kamiah Idaho

St. _____

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 23 1888

7. AGE Years 33 Months 5 Days 13 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wisconsin
(State or country)

10. NAME OF FATHER James Young

11. BIRTHPLACE OF FATHER (city or town) Canada
(State or Country)

12. MAIDEN NAME OF MOTHER Not Obtainable

13. BIRTHPLACE OF MOTHER (city or town) Wisconsin
(State or Country)

14. Informant B.T. Shearer
(Address) Kamiah

15. Filed 8-7-31 J. M. Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug. 6.

(Month)

(Day)

19 31 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 6 1931, to Aug 6 1931
that I last saw her alive on Aug 6 1931

and that death occurred, on the date stated above, at 11 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Basal skull fracture.
Auto accident.

CONTRIBUTORY
(Secondary)

(duration) 15 hours yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cerebral Symptoms

(Signed) E. L. White M. D.

8-7-31 (Address) Kamiah Idaho

19. Place of Burial, Cremation, or Removal

Kamiah Idaho

Date of Burial

Aug. 9 19

20. Undertaker

Vassar Mortuary Inc

Address

Lewiston

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 8 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76354

State File No.

PLACE OF DEATH

County of Nez Perce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1609

(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Daniel Kube

(a) Residence No. Clarkston Idaho St. Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S. if of foreign birth? 2 yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of Bertha Kube (or) WIFE of

6. DATE OF BIRTH (month, day and year) July 3 1856

7. AGE Years 75 Months 0 Days 24 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wheat Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9. BIRTHPLACE (city or town) Germany (State or country)

10. NAME OF FATHER Daniel Kube

11. BIRTHPLACE OF FATHER (city or town) Germany (State or Country)

12. MAIDEN NAME OF MOTHER Not Obtainable

13. BIRTHPLACE OF MOTHER (city or town) Germany (State or County)

14. Informant Mrs Drummond (Address) Seattle Washington.

15. Filed 8/5/31 1931

J. M. Kyle
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 8 1931, to Aug 2 1931, that I last saw him alive on Aug 2 1931, and that death occurred, on the date stated above, at 12:30 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Uremic Coma

CONTRIBUTORY (Secondary) Chr Paronychia (duration) 4 yrs. mos. ds. Nephritis (duration) + yrs. mos. ds.

18. Where was disease contracted Clarkston Wash if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory tests (Signed) O. C. Carson M. D. 8/4/31 1931 (Address) Lewiston Id.

19. Place of Burial, Cremation, or Removal Denver Idaho Date of Burial 8-5-1931

20. Undertaker Wassar Mortuary Inc. Address Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

Registration District No. 128

County of Nez Perce
City of near Caldwell

Primary Registration District No. _____

(No. _____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Agness High Eagle

State File No. 76355

Local Registrar's No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

Female Indian 4/4

Single
(Write the word)

6. DATE OF BIRTH

7 26 1931
(Month) (Day) (Year)

7. AGE

IF LESS than 1
day how many
hrs. or
min.?

8 Yrs. 26 Mos. 26 ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

Infant

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF

Father

Anton High Eagle

11. BIRTHPLACE

OF FATHER

(State or Country)

Idaho

12. MAIDEN NAME

OF MOTHER

Josephine Lillie

13. BIRTHPLACE

OF MOTHER

(State or Country)

Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Anton High Eagle

(Address)

Caldwell Idaho

15.

Filed

July

1931

George Gaimard
Local Registrar

16. DATE OF DEATH

7 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

7-14-1931 to 19

that I last saw her alive on 7-14-1931

and that death occurred on the date stated above, at N.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) _____ yrs. _____ mos. 12 ds.

Contributory

(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

George Gaimard M. D.

(Address) Caldwell Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ days, State _____ yrs. _____ mos. _____ ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Shelbourn Cemetery 7/27/1931

20. UNDERTAKER

ADDRESS

Vassar Undertaking Remerton Idaho

RECEIVED SEP 1 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76356

State File No.

PLACE OF DEATH

County of NezperceCity of Caldesee Idaho

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME William Paul Fliger

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLizaebeth Broncheau6. DATE OF BIRTH (month, day and year) Dec. 22. 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>33</u>	<u>6</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bingham Lake Minn
(State or country)

10. NAME OF FATHER

Ernest Fliger11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Germany12. MAIDEN NAME OF MOTHER Martha Doberschetz13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Germany14. Informant Mrs. W. P. Fliger
(Address) Jacque Spur, Idaho15. Filed July 31 George Gaignard Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

7 (Month) 20 (Day) 1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

7-19-, 1931, to 7-19-, 1931
that I last saw him alive on
and that death occurred, on the date stated above, at 2:04 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Valvular Heart Disease(duration) 1 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George Gaignard M. D.
7/21/1931 (Address) Caldesee Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Shapoo Mission7/21 1931

20. Undertaker

Address

H. R. Merchant Clarkston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76357

State File No.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

(No. St Joseph Hospital.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Denver Elmer Carr.

(a) Residence. No.

(Usual place of abode.)

St. Weippe, Idaho.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 1st, 1890.

7. AGE Years Months Days If LESS than 1 day.
40. 8. 1.hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Common laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) West Virginia.
(State or country)

10. NAME OF FATHER Fisher Carr.

11. BIRTHPLACE OF FATHER (city or town) West Virginia.
(State or Country)

12. MAIDEN NAME OF MOTHER Alice Carr.

13. BIRTHPLACE OF MOTHER (city or town) West Virginia.
(State or Country)

14. Informant Walter Carr
(Address) Weippe, Idaho.

15. Filed 8/6/31 1031 mm Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August, 2nd, 1931. 19.....
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to Aug 2, 1931
that I last saw h..... alive on, 19.....

and that death occurred, on the date stated above, at 11 P m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Ulcer Stomach

(duration) 10 yrs.mos.ds.

CONTRIBUTORY (Secondary)

(duration)yrs.mos. 1 ds.

18. Where was disease contracted Weippe Idaho
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) Wm Lyle, M. D.

8/3/31., 19..... (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal Weippe, Idaho. Date of Burial 8/5/31. 19.....

20. Undertaker Orofino Mortuary. Address Orofino, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR PRINTING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76358

PLACE OF DEATH

County of My Perce
City of Gifford

Registration District No. 72
Primary Registration District No. 2170

Local Registrar's No. 37

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Curry

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE Wh 5 Single, Married, Widowed, or Divorced (write the word) single

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 DATE OF BIRTH (month, day and year) Nov 18 - 1875

7 AGE Years 56 Months 5 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer self

9 BIRTHPLACE (city or town) Brackington Kans
(State or country)

10 NAME OF FATHER Matthew Curry

11 BIRTHPLACE OF FATHER (city or town) Penn
(State or country)

12 MAIDEN NAME OF MOTHER Elsie Walker

13 BIRTHPLACE OF MOTHER (city or town) Abdersonshire Scotland
(State or country)

14 Informant Thos Curry
(Address) Gifford

15 Filed 8-20, 1931 E. E. Watts
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug 20 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 30 P m.

The CAUSE OF DEATH* was as follows:

cancer of stomach

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) E. E. Watts, M. D.
8-20, 1931 (Address) Gifford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Malheur Id Date of Burial 8-21 1931

20. Undertaker W. E. Butler (acting) Address Malheur

RECEIVED SEP 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76359

PLACE OF DEATH
County of Nezperces
City of Leland Ida

Registration District No. 63

Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Carter Jones

(a) Residence. No. _____ St. Residence

(Usual place of abode)

Length of residence in city or town where death occurred. 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 8 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Allie Jones

6. DATE OF BIRTH (month, day and year)

7. AGE 57 Years 5 Months 16 Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer - General
(b) General nature of industry, business, or establishment in which employed (or employer) Self Farmer, Himself
(c) Name of employer None

9. BIRTHPLACE (city or town) Blakely Georgia
(State or country)

10. NAME OF FATHER Clay Jones

11. BIRTHPLACE OF FATHER (city or town) United States
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) U.S.
(State or Country)

14. Informant Allie Jones
(Address) Leland

15. Filed Aug 26 31 B. E. Mebit Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 10th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 2nd 1931, to Aug 10th 1931 that I last saw him alive on Aug 10th 1931 and that death occurred, on the date stated above, at 8 o'clock a.m.

The CAUSE OF DEATH* was as follows:

Labor pneumonia with complications
Kidney and bowels

(duration) _____ yrs. _____ mos. 8 ds.

CONTRIBUTORY Acute nephritis and Enteritis
(Secondary) maybe

(duration) _____ yrs. _____ mos. 8 ds.

18. Where was disease contracted Yes
if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) Russell Smith M. D.
Aug 10th 1931 (Address) South Wick Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Leland Cemetery Date of Burial Aug 11th 1931

20. Undertaker Pickard Address Troy, Idaho

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76360

PLACE OF DEATH

County of PerceCity of Lenore

CERTIFICATE OF DEATH

Registration District No. 93Primary Registration District No. 2371

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adg Boyce(a) Residence. No. Lenore Id. R.F.D. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widow d, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofW. E. Boyce

6. DATE OF BIRTH (month, day and year)

7. AGE Years 59 Months 8 Days 11 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

Home work

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)

10. NAME OF FATHER

Archie Frazier11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Missouri

12. MAIDEN NAME OF MOTHER

Albina Miller13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Iowa

14.

Informant
(Address)C. E. Luser

15.

Filed

8/22/31

19

Wau Lyle

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

8 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended decas d from

Aug 4 1931, to Aug 21 1931that I last saw her alive on Aug 4 1931and that death occurred, on the date stated above, at 12 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:High blood pressure (stroke)
and cardiac decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

W. E. Pappenhagen M. D.
Aug 22 1931 (Address) Croftino, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Sunnyside Cemetery 8/22 1931

20. Undertaker

Address

Croftino Mortuary Croftino Id.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76361**

PLACE OF DEATH

County of Nez Perce.
City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 46
Primary Registration District No. 1009 Local Registrar's No. _____
(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James W. Baldwin.(a) Residence. No. St. Lapwai, Idaho.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced, HUSBAND of Ena Baldwin.
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 9th, 1868.

7. AGE Years Months Days If LESS than 1 day,
62. 10. 27. _____ hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Dayton,
(State or country) Washington.

10. NAME OF FATHER Alexander Baldwin.

11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) Indiana.

12. MAIDEN NAME OF MOTHER Martha Music.

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country) Indiana.

14. Informant Ena Baldwin.
(Address) Lapwai, Idaho.

15. Filed 9-2-31 1931 J. M. Lye
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 6th, 1931. 19____
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 30 1931, to July 6 1931.
that I last saw him alive on July 6 1931.

and that death occurred, on the date stated above, at 10 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Septicemia(duration) _____ yrs. _____ mos. 10 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted Lapwai, Idaho
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Exame. Pus(Signed) J. M. Lye M. D.7/8/31. 19____ (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal
Lewiston, Idaho.

Date of Burial
7/8/31. 19____

20. Undertaker
Brower-Wann Company.

Address
Lewiston, Idaho

RECEIVED SEP 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76362

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 95Primary Registration District No. 2193(No. North Lewiston.)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Edward Haggard.

(a) Residence No. _____

(Usual place of abode.)

St. _____

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word.)
Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 12th, 1924.

7. AGE

Years

Months

Days

If LESS than 1 day,

7.6.-0-hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workSchool boy.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

Lewiston.

(State or country)

Idaho.

10. NAME OF FATHER

James M. Haggard.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Missouri.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

14.

Informant
(Address)J. M. Haggard
Lewiston, Idaho.

15.

Filed

8-10-311931J. M. Kyle

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 12th, 1931.

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

6-25-31 to 7-12-31that I last saw him alive on July 12 1931and that death occurred, on the date stated above, at 7 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH* was as follows:
Acute endocarditis(duration) ____ yrs. 1 mos. ____ ds.

CONTRIBUTORY

(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Physical signs

(Signed)

8-10-311931

(Address)

Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.7/13/31. 19

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho.

STATE OF IDAHO 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76363

PLACE OF DEATH

County of PerceCity of LeicesterRegistration District No. 96Primary Registration District No. 1009

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie Lee Smith(a) Residence No. 1522 Main St. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of J. B. Smith
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 25, 19087. AGE Years 23 Months 3 Days 4 If LESS than 1 day, hrs. or min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Southworth
(State or country) Idaho10. NAME OF FATHER Harry W. Longley11. BIRTHPLACE OF FATHER (city or town) Norway
(State or Country)12. MAIDEN NAME OF MOTHER Dora Shump13. BIRTHPLACE OF MOTHER (city or town) Mo.
(State or Country)14. Informant Bill Shump
(Address)15. Filed 9-2-31 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 29 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Aug 20th 1931, to Aug 29 1931
that I last saw her alive on Aug 29 1931

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

general peritonitis
(Paralytic ileus!)(duration) _____ yrs. _____ mos. 1 1/2 ds.CONTRIBUTORY Tubal infection
(Secondary)(duration) 1 yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of Aug 24 31Was there an autopsy? NoWhat test confirmed diagnosis? Cardinal Symptoms
(Signed) E. R. White M. D.9-2 1931 (Address) Leicester 2da19. Place of Burial, Cremation, or Removal Clarkston Ave. Date of Burial 8/31 193120. Undertaker Brooks & Hancock Address Leicester Idaho

RECEIVED SEP 8 1937
DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76364

PLACE OF DEATH

County of *Mez Perce*City of *Lewiston*

CERTIFICATE OF DEATH

Registration District No. *96*Primary Registration District No. *1009*

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Francis Marion Hughes*(a) Residence. No. *706 6th Ave., City* St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

*White*5. Single Married, Widowed,
or Divorced (write the word)*Widowed*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Widower*

6. DATE OF BIRTH (month, day and year)

Mar. 9th 1841

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.*89**9**28*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.*Retired*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)*Indiana*

10. NAME OF FATHER

*Edward M. Hughes*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)*Indiana*

12. MAIDEN NAME OF MOTHER

*Pagitt*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)*Unknown*14. Informant
(Address)*Mr. J. M. Clark
Clarkston, Ind.*

15.

Filed

*9-2-37**J. M. Lyle
Registrar.*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug
(Month)*28*
(Day)*1937*
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 28th 1937, to *Aug 28th 1937*that I last saw him alive on *Aug 28th 1937*and that death occurred, on the date stated above, at *12* m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Acute gastritis*

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Symptoms*(Signed) *J. C. Garganow*, M. D.*8/31/37*, 19..... (Address) *Lewiston, Ind.*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Clarkston, Ind.**8/30 1937*

20. Undertaker

Address

*Brown-Ham Co.**Lewiston
Ind.*

Dr Lyle

RECEIVED SEP 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76365

PLACE OF DEATH

County of Nez Perce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. 1017 10th Street)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Daughter Mr & Mrs William Strange(a) Residence. No. 1017 10th Street St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced, (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) Aug 26 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 1 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho10. NAME OF FATHER William Strange11. BIRTHPLACE OF FATHER (city or town) Kansas
(State or Country) Missouri12. MAIDEN NAME OF MOTHER Stella Buckner13. BIRTHPLACE OF MOTHER (city or town) N Carolina
(State or Country) _____14. Informant William Strange
(Address) Lewiston Idaho15. Filed 8-28-31 Dr M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 27, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1931, to Aug. 27, 1931
that I last saw her alive on Aug. 27, 1931
and that death occurred, on the date stated above, at _____ m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Premature birth(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (Secondary) _____18. Where was disease contracted _____
if not at place of death? _____Did an operation precede death? no Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Dr M. Lyle M.D. 8-28-31 (Address) Lewiston19. Place of Burial, Cremation, or Removal Normal Hill Date of Burial 8/28/3120. Undertaker Vassar Mortuary Address LewistonWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

SEP 9 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76367

PLACE OF DEATH

County of BoiseCity of LevistonRegistration District No. 96Primary Registration District No. 1009

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillian Bertha Vernon

(a) Residence No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of Russell
(or) WIFE of Vernon6. DATE OF BIRTH (month, day and year) June 27, 18887. AGE Years 43 Months 1 Days 24 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ring Falls
(State or country) Idaho10. NAME OF FATHER A. J. Sherburne11. BIRTHPLACE OF FATHER (city or town) Maine
(State or Country)12. MAIDEN NAME OF MOTHER Esther Marshall13. BIRTHPLACE OF MOTHER (city or town) Wis
(State or Country)14. Informant Russell Vernon
(Address) Leviston Idaho15. Filed 8/26/1931 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 18 1931, to Aug 21 1931
that I last saw her alive on Aug 21 1931and that death occurred, on the date stated above, at 7 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Intestinal Flu
Paralytic Ileus

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Intestinal Flu
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____Did an operation precede death? Yes Date of 8-21-31Was there an autopsy? NoWhat test confirmed diagnosis? Cardiac Symptoms(Signed) E. R. White, M. D.8-22 1931 (Address) Leviston19. Place of Burial, Cremation, or Removal Leviston Idaho Date of Burial 8 193120. Undertaker Howser - Home Address Leviston Idaho

RECEIVED SEP 8 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76368

State File No.

PLACE OF DEATH

County of Nez Perce
City of Levellston

CERTIFICATE OF DEATH

Registration District No. 95

Primary Registration District No. 2193

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roy Oscar Youngberg

(a) Residence. No. 50 Levellston Idaho
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 21 1926

7. AGE Years 4 Months 10 Days 24 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wallace
(State or country) Idaho

10. NAME OF FATHER Oscar Youngberg

11. BIRTHPLACE OF FATHER (city or town) Levellston
(State or Country)

12. MAIDEN NAME OF MOTHER Esther Olmquist

13. BIRTHPLACE OF MOTHER (city or town) Levellston
(State or Country)

14. Informant Mrs. Esther Olmquist
(Address)

15. Filed 8-25-31 1931 Wm Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 5 1931, to Aug 21 1931,
that I last saw him alive on Aug 20 1931,
and that death occurred, on the date stated above, at 3 a m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Enteric Colitis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. C. Clark, M. D.

Aug 21 1931 (Address) Levellston

19. Place of Burial, Cremation, or Removal Wallace Idaho Date of Burial 19

20. Undertaker Brown-Hamm Co Address Levellston Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 8 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 76369

PLACE OF DEATH
County of New Perce
City of Lewiston

CERTIFICATE OF DEATH
Registration District No. 46
Primary Registration District No. 1009
(No. St Joseph Hospital)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Son Mr & Mrs Frank T. Johnson

(a) Residence. No. 230 3rd St St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 19 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
--------	-------	--------	------	--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston Idaho
(State or country)

10. NAME OF FATHER
Frank T. Johnson

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Minn

12. MAIDEN NAME OF MOTHER Auline S. Knapp

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant Frank T. Johnson
(Address) Lewiston Idaho

15. Filed 8-21-31 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Aug. 19 1931
(Month) (Day) (Year)

17. HEREBY CERTIFY, That I attended deceased from
Aug 19th 1931 to Aug 19th 1931
that I last saw him alive on Aug 19th 1931
and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature birth 5 1/2 mo
Pregnancy (duration) yrs. mos. ds.
Don't know

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) O. B. Carpenter M. D.

(Address) Lewiston Idaho

19. Place of Burial, Cremation, or Removal
Normal Hill Date of Burial 8/20/31

20. Undertaker
Vassar Mortuary Inc. Address Lewiston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nezperce</u>		City of <u>Lewiston</u>		State File No. <u>76370</u>	
Registration District No. <u>96</u>		Primary Registration District No. <u>1009</u>		Local Registrar's No. <u>402</u>	
(No. <u>333</u> <u>1st Ave</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Sarah Bella Preston</u>					
(a) Residence. No. <u>333</u> <u>1st Ave</u> St. <u></u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Richard Newton Preston</u> (or) WIFE of <u></u>					
6. DATE OF BIRTH (month, day, and year) <u>April 15, 1854</u>					
7. AGE	Years <u>77</u>	Months <u>4</u>	Days <u>3</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>				
	10. Date deceased last worked at this occupation (month and year) <u></u>				
11. Total time (years) spent in this occupation <u></u>					
12. BIRTHPLACE (city or town) (State or country) <u>Shelby Co. Ohio</u>					
FATHER	13. NAME <u>Samuel C Calvert</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>St John, New Brunswick</u>				
MOTHER	15. MAIDEN NAME <u>Adella Ann Covault</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Shelby Co. Ohio</u>				
17. INFORMANT <u>Mrs. Chas E Mc Guire</u> (Address) <u>333-1st Ave Lewiston</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Ball's Valley</u> Date <u>8/20/31</u>					
19. UNDERTAKER <u>H. R. Merchant</u> (Address) <u>Clarks ton, Wash.</u>					
20. FILED <u>9-2-</u> , 193 <u>1</u> <u>J. M. Lyle</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct</u> , 19 <u>28</u> , to <u>Aug 18</u> , 193 <u>1</u> .					
I last saw h. alive on <u>Aug 18</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>6 P</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Cerebral Hemorrhage</u>					Date of onset <u>Oct. 1928</u>
Other contributory causes of importance: <u>Gangrene of leg</u> <u>Aug 14</u> <u>1931</u>					
Name of operation <u>None</u> Date of <u></u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 19 <u>31</u> .					
Where did injury occur? <u></u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u></u>					
Manner of injury <u></u>					
Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify (Signed) <u>E. J. Braddock</u> M. D.					
(Address) <u>Lewiston Idaho</u>					

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **76371**

PLACE OF DEATH
County of Nez Perce
City of Lapwai

Registration District No. 96
Primary Registration District No. 1009

Local Registrar's No. 31

(No. Ft. Lapwai Sanatorium)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Absolum

(a) Residence. No. Ft. Lapwai Sanatorium St.

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Indian 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) July 7, 1915

7. AGE Years 16 Months 1 Days 11 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9. BIRTHPLACE (city or town) Unknown
(State or country) Alaska

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country) Alaska

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country) Alaska

14. Informant Government records
(Address) Ft. Lapwai Sanatorium

15. Filed 9-2-31 J. M. Lyle
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 18, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1931, to Aug. 18, 1931
that I last saw him alive on Aug. 18, 1931

and that death occurred, on the date stated above, at 4.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY None
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) C. H. Toub, M. D.
Aug. 18, 1931 (Address) Lapwai, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lapwai, Idaho Date of Burial Aug. 19, 1931

20. Undertaker Brower Wann Co. Address Lewiston, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76372

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. Whites Hospital.)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Yochum.

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word)
Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) August 15th, 1931.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Lewiston, Idaho.Idaho.

10. NAME OF FATHER

W. A. Yochum.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Minn.12. MAIDEN NAME OF MOTHER Leverne Premier.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Minn.

14.

Informant
(Address)W. A. Yochum.
Lewiston, Idaho.

15.

Filed

8/26/31J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 15th, 1931.

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 15, 1931, to Aug 15, 1931that I last saw him alive on Aug 15, 1931and that death occurred, on the date stated above, at 2: P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Mal-nutrition of mother from
severe gastric ulcer and to save
mother a Caesarian operation was performed
at 7 1/2 months.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? noWhat test confirmed diagnosis? History of case(Signed) E. L. White, M. D.8/16/31., 19____ (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Lewiston, Idaho.

Date of Burial

8/16/31. 19____

20. Undertaker

Address

Brower-Wann Company. Lewiston, Idaho.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Luella C. Talbott.(a) Residence. No. St. Juliaetta, Idaho.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word)
Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 25th, 1866.

7. AGE

65.

Years

Months

1.

Days

20.

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work Housewife.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

West Virginia.

10. NAME OF FATHER

James B. Coffindaffer.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

West Virginia.

12. MAIDEN NAME OF MOTHER

Emily Bowen.

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Pa.

14.

Informant
(Address)N. M. Talbott
Juliaetta, Idaho.

15.

Filed

8-17-31

Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 76373

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 15th, 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 21st, 1931, to Aug 15th, 1931that I last saw him alive on Aug 15th, 1931and that death occurred, on the date stated above, at 3 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:CONTRIBUTORY (Secondary) Complicated with typhoid18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of Juliaetta IdaWas there an autopsy? NoWhat test confirmed diagnosis Laboratory tests(Signed) O. B. Carson, M. D.8/17/31., 1931 (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.8/17/31. 19

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nezperce</u>		CERTIFICATE OF DEATH Registration District No. <u>128</u> Primary Registration District No. _____		State File No. <u>76374</u>	
City of _____				Local Registrar's No. _____	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mary Ann Eneas</u>					
(a) Residence. No. <u>Arrow, Idaho</u> St. _____					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Indian</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>April 1905</u>					
7. AGE	Years <u>66</u>	Months <u>4</u>	Days <u>Not known</u>	If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
FATHER	11. Total time (years) spent in this occupation _____				
	12. BIRTHPLACE (city or town) (State or country) <u>Arrow Junction Ida</u>				
	13. NAME <u>Arinus Eneas</u>				
MOTHER	14. BIRTHPLACE (city or town) (State or country) <u>Lewiston, Ida.</u>				
	15. MAIDEN NAME <u>Tennises Eneas</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
17. INFORMANT <u>Carter Clothier</u> (Address) <u>Arrow, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Arrow, Idaho</u> Date <u>8-26 1931</u>					
19. UNDERTAKER <u>N. B. Merchant</u> (Address) <u>Clarkston, Wyo.</u>					
20. FILED <u>August 1, 1931</u> <u>George Garrison</u> Registrar. <u>MD</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8/25/31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>7-3-</u> 1931, to <u>8-25-</u> 1931.					
I last saw her alive on <u>8-25-</u> 1931. : death is said to have occurred on the date stated above, at <u>7:30 P. m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Cholelithiasis</u>					
Other contributory causes of importance: <u>Dyslaric stenosis</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>George Garrison</u> , M. D.					
(Address) <u>Caldwell, Idaho</u>					

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cora Allen.

(a) Residence. No. _____

(Usual place of abode.)

St. _____

Canfield, Idaho.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

December 24th, 1879.

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or51.7.22.

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Pa.

10. NAME OF FATHER

Stephen Duvall.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Pa.

12. MAIDEN NAME OF MOTHER

Elizabeth Armstrong.

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Pa.

14.

Informant
(Address)Frank O. Allen
Canfield, Idaho.

15.

Filed

8/17/1931

Registrar.

DO NOT WRITE IN THIS SPACE

State File No. _____

76375

Local Registrar's No. _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 16th, 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY That I attended deceased from

July 8th 1931 to Aug 16th 1931
that I last saw him alive on Aug 16th 1931and that death occurred, on the date stated above, at 4:20 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Intestinal ObstructionCONTRIBUTORY (Secondary) Metastasis from Cervical Carcinoma

18. Where was disease contracted if not at place of death?

Comples Idaho

Did an operation precede death?

No Date of _____

Was there an autopsy?

No

What test confirmed diagnosis?

Autopsy Examination

(Signed)

8/17/31.

19.

(Address)

Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Grangeville, Idaho.8/18/31.

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76376

PLACE OF DEATH

County of NezPerceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 2493(No. St Joseph Hospital)Local Registrar's No. 114

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Gordon Greene(a) Residence. No. Lewiston, Ida Rte 2 St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Child</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofChild6. DATE OF BIRTH (month, day and year) Sept 28, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>2</u>	<u>11</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Clarkston, Wash.10. NAME OF FATHER
Columbus Greene11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Upton N.C.12. MAIDEN NAME OF MOTHER Edith Hayes13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Boone N.C.14. Informant A.C. Greene
(Address) Lewiston, Ida.15. Filed 8-9-31 J. M. Lye
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 3, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 3, 1931, to Aug 5, 1931that I last saw him alive on Aug 3, 1931and that death occurred, on the date stated above, at 24 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Enterocolitis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) W. O. Clark M. D.Aug 11, 1931 (Address) Twinton, Ida.19. Place of Burial, Cremation, or Removal
Clarkston WashDate of Burial
8/6/31 1920. Undertaker
H. R. MerchantAddress
Clarkston, Wn

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 6 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 76377

PLACE OF DEATH
County of Nezperce
City of Lewiston Ida
Registration District No. 96
Primary Registration District No. 1009
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)
Local Registrar's No. 1124

2. FULL NAME Benny Greene
(a) Residence. No. Lewiston Archaids St.
(Usual place of abode.)
(If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced <u>Child</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 19, 1930

7. AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
	<u>1</u>	<u>4</u>	<u>24</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Caldesac, Ida.

PARENTS

10. NAME OF FATHER <u>Columbus Greene</u>
11. BIRTHPLACE OF FATHER (city or town) (State or Country) <u>Upton N.C.</u>
12. MAIDEN NAME OF MOTHER <u>Edith Hayes</u>
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) <u>Boone N.C.</u>

14. Informant Columbus Greene
(Address) Lewiston, Ida.

15. Filed 8/29/31
J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
August 13, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Aug 7, 1931, to Aug 13, 1931
that I last saw him alive on Aug 13, 1931
and that death occurred, on the date stated above, at 7:30 p.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
acute enterocolitis
(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical Exam.
(Signed) Robert W. Palmer, M. D.
Aug 20, 1931 (Address) Lewiston

19. Place of Burial, Cremation, or Removal Clarkston Wash Date of Burial 8/15/31

20. Undertaken H.R. Merchant Address Clarkston Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Oneida
City of Malad
Registration District No.
Primary Registration District No.

DO NOT WRITE IN THIS SPACE

76378

State File No.

Local Registrar's No. 39

(No.)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Walter Albert Mummelley(a) Residence. No. Malad St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF FACE White 5. Single, Married, Widowed, or divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Nancy A. Perlins
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May - 31 - 1859

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
72 3 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clamart
(State or country) Idaho

13. NAME Jas. Marion Mummelley

14. BIRTHPLACE (city or town) unknown
(State or country)

15. MAIDEN NAME Anne Black

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Mamie Mummelley
(Address) Garfield, Wt.

18. BURIAL, CREMATION, OR REMOVAL Place Malad Date Sept. 4 1931

19. UNDERTAKER J. M. Kerns
(Address) Malad, Ida.

20. FILED 8/31, 1931 J. M. Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 1 193122. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Sept 1, 1931.

I last saw him alive on Sept 1, 1931; death is said to have occurred on the date stated above, at 1245 m.

The principal cause of death and related causes of importance were as follows:

Suicide from gunshot 9/1/31
Wid about 7 1/2 hours

Other contributory causes of importance:

Name of operation. Date of.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 9/1, 1931Where did injury occur? Home
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. at garageManner of injury Revolver shotNature of injury through head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Yes. Kerns(Signed) J. M. Kerns M. D.(Address) Malad, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 9 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<i>Jersey</i>	CERTIFICATE OF DEATH		76379	
City of	<i>Malad</i>	Registration District No.	<i>26</i>	State File No.	
		Primary Registration District No.	<i>2069</i>	Local Registrar's No.	<i>38</i>
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <i>Raymond W. Spencer</i>					
(a) Residence. No. _____		St. _____		(If nonresident give city or town and state)	
(Usual place of abode)					
Length of residence in city or town where death occurred.		yrs.	mos.	ds.	How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS					
1. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Child</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <i>Aug. 29-31</i>					
7. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <i>Malad Idaho</i>					
MOTHER FATHER	13. NAME <i>Walter W. Spencer</i>				
	14. BIRTHPLACE (city or town) (State or country) <i>Centerville Utah</i>				
	15. MAIDEN NAME <i>Amelia Whitehead</i>				
	16. BIRTHPLACE (city or town) (State or country) <i>Utah</i>				
17. INFORMANT (Address) <i>W. W. Spencer Malad Idaho</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>Malad Idaho</i> Date <i>Aug 30 1931</i>					
19. UNDERTAKER (Address) <i>J. B. Bunn Malad Idaho</i>					
20. FILED <i>8/31</i> , 1931 <i>J. M. Kerns</i> Registrar <i>By Carmen Davis</i>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 193 <i>Aug 29</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>Aug 29</i> , 1931, to <i>Aug 29</i> , 1931.					
I last saw him alive on <i>Aug 29</i> , 1931; death is said to have occurred on the date stated above, at <i>7 P.</i> m.					
The principal cause of death and related causes of importance were as follows: <i>Cremation</i>					
Date of onset _____					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <i>W. W. Spencer</i> M. D.					
(Address) <i>Malad Idaho</i>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Pringle</u>	City of <u>Malad</u>	Registration District No. <u>5069</u>		State File No. <u>76380</u>	
		Primary Registration District No. <u>5069</u>		Local Registrar's No. <u>37</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Albert Madison</u>					
(a) Residence. No. <u>P.O. # 1 Malad Idaho St. (Cherry Creek Ida.)</u> (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. <u>7 yrs. 10 mos. 16 ds.</u> How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 22-1912</u>					
7. AGE	Years <u>17</u>	Months <u>10</u>	Days <u>26</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and day) <u>Aug. 11-31</u>				
	11. Total time (years) spent in this occupation <u>Life</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Cherry Creek Ida</u>					
MOTHER	13. NAME <u>Frank O. Madison</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Salem Utah</u>				
	15. MAIDEN NAME <u>Mary Ann Dalton</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Willard Utah</u>				
17. INFORMANT <u>Frank O. Madison</u> (Address) <u>P.O. # 1 Malad Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Malad Ida</u> Date <u>Aug 29, 1931</u>					
19. UNDERTAKER <u>J. S. Benson</u> (Address) <u>Malad Ida</u>					
20. FILED <u>8/31</u> , 1931 <u>J. M. Kerne</u> Registrar. <u>By Carmen Davis</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug. 17, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at <u>6:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Instant death by lightning</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to _____, in also the following: Accident, suicide, or homicide? _____ Date of injury <u>8/17, 1931</u>					
Where did injury occur? <u>Cherry Creek Ida</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>on highway</u>					
Manner of injury <u>lightning</u>					
Nature of injury <u>Burn on head</u>					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Albert Madison</u> M. D.					
(Address) <u>Malad Idaho</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 6

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76381

State File No.

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 36

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William J. Griffiths

(a) Residence. No. Malad Ida St.

(Usual place of abode)

(If nonresident give city or town and State).

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Morgan

6. DATE OF BIRTH (month, day and year) Nov. 22-1844

7. AGE Years Months Days If LESS than 1 day, hrs. min. 84 8 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wales

10. NAME OF FATHER William Griffiths

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wales

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) "

14. Informant Hugh Griffiths (Address) Malad City

15. Filed 8/31 1931 J. M. Kerns Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug. 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 6 1931, to Aug 6 1931

that I last saw him alive on Aug 6 1931

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Dilated Aorta

(duration) yrs. mos. ds. 1

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Autopsy Finding

(Signed) J. M. Kerns D. 8/31 1931 (Address) Malad Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Malad Ida Date of Burial Aug 9 1931

20. Undertaker J. Bay Henson Address Malad Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of *Cwyher*
City of *Silver*

Registration District No. *4-3*
Primary Registration District No. _____
(No. _____ St.)

State File No. *76382*
Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Mrs Mary Daly

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Widow*
(Write the word)

6. DATE OF BIRTH *June 22nd 1851*
(Month) (Day) (Year)

7. AGE *80.* Yrs. *1* Mos. *4* ds. *4*
IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work *House work.*
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) *Ireland*

10. NAME OF FATHER *Christie Hagen*

11. BIRTHPLACE OF FATHER (State or Country) *Ireland*

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (State or Country) *Ireland*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Gas. J. Dally*
(Address) *Silver City, Idaho*

15. *August 8th 1931*
Filed *R. L. Leonard*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *July 26th 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____,
that I last saw h. _____ alive on _____ 19____,
and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:
Old age no physician

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) *Heart*
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) *John T. Tette* M. D.
9/14/1931 (Address) *Silver City, Idaho*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place _____ In the _____
of death _____ yrs. _____ mos. _____ days, State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL *Wagon Town* DATE OF BURIAL *July 28th 1931*

20. UNDERTAKER *John T. Tette* ADDRESS *Silver City, Idaho*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE State File No. 76383	
CERTIFICATE OF DEATH PLACE OF DEATH Power County of Power City of American Falls, Idaho Registration District No. 25 Primary Registration District No. 2072 (No. Bethony Hospital.) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. 25 586	
2. FULL NAME Alvin Scott Bailey (a) Residence. No. Am Falls, Idaho. St. _____ (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX M	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Divorced	
5a. If married, widow, or divorced, HUSBAND of (or) WIFE of Edith Edith -			
6. DATE OF BIRTH (month, day, and year) Nov 10th 1866			
7. AGE	Years	Months	Days
			If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) Maine			
13. NAME Alvin S. Bailey			
14. BIRTHPLACE (city or town) (State or country) Not Known			
15. MAIDEN NAME Marry Farnham.			
16. BIRTHPLACE (city or town) (State or country) Maine			
17. INFORMANT (Address) B. J. Harrison American Falls, Idaho			
18. BURIAL, CREMATION, OR REMOVAL Place I.O.O. Cemetery Aug 30 1931			
19. UNDERTAKER (Address) H. R. Davis American Falls, Idaho			
20. FILED 8/28, 1931 Registrar			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) Aug 27th 1931			
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 , to Aug 27, 1931 . I last saw him alive on Aug 27, 1931 ; death is said to have occurred on the date stated above, at 5:45 A.M. The principal cause of death and related causes of importance were as follows: Sub acute Combined Sclerosis of the Spinal Cord July 1930			
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) M. C. McKinnon , M. D. (Address) Abandon 222			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 12 1931

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76384 State File No.	
CERTIFICATE OF DEATH County of <u>Power</u> City of <u>Am. Falls</u> Registration District No. <u>25</u> Primary Registration District No. <u>2072</u> Local Registrar's No. <u>23</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Baby Bowman</u> 1619			
(a) Residence, No. <u>Am. Falls</u> St. <u>Iola</u>			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>			
6. DATE OF BIRTH (month, day, and year) <u>Aug 2, 1931</u>			
7. AGE	Years	Months	Days
			If LESS than 1 day, hrs. or min. <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Am. Falls</u>			
13. NAME <u>Baby Bowman</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Am. Falls, Ida</u>			
15. MAIDEN NAME <u>Wiolet Wheeler</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>			
17. INFORMANT <u>Geo Bowman</u> (Address)			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Am. Falls</u> Date <u>8/4</u> , 1931			
19. UNDERTAKER <u>Family</u> (Address)			
20. FILED <u>9/5</u> , 1931 <u>Quarrier not p.</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Aug 4</u> 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 2</u> , 1931, to <u>Aug 4</u> , 1931			
I last saw him alive on <u>Aug 3</u> , 1931; death is said to have occurred on the date stated above, at <u>3.00</u> m.			
The principal cause of death and related causes of importance were as follows: <u>Premature birth</u> Date of onset			
<u>6 1/2 mo</u>			
Other contributory causes of importance:			
Name of operation <u>✓</u> Date of			
What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify			
(Signed) <u>C. J. Schiefel</u> M. D.			
(Address) <u>Am. Falls, Ida</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>		Registration District No. <u>70</u>		State File No. <u>76385</u>	
City of <u>Wallace</u>		Primary Registration District No. <u>10.1.1</u>		Local Registrar's No. <u>78</u>	
(No. <u>Shoshone County Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mathew Marcus</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>No information</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>76</u>		<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>miner</u>				
	10. Date deceased last worked at this occupation (month and year) <u>X 5</u>				
11. Total time (years) spent in this occupation <u>X 5</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>					
MOTHER FATHER	13. NAME <u>Anthony Marcus</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>				
	15. MAIDEN NAME <u>No information</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>				
17. INFORMANT <u>Mrs. Lyons</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Mary's</u> Date <u>9/23</u> , 1931					
19. UNDERTAKER (Address) <u>McCarthy</u> <u>Kazengraber</u>					
20. FILED. <u>Sept 2</u> , 1931 <u>L. H. Deigley</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 31</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>March 10</u> , 1930, to <u>Aug 31</u> , 1931.					
I last saw him alive on <u>Aug 29</u> , 1931; death is said to have occurred on the date stated above, at <u>8:40 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Cerebral Hemorrhage</u>					Date of onset <u>8/10/31</u>
<u>Arterio Sclerosis, years</u>					
Other contributory causes of importance:					
<u>Fracture Femur</u>					<u>Dec-1930</u>
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>fall</u>					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>James R. Dean</u> , M. D.					
(Address) <u>Wallace</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. <u>76386</u>	
PLACE OF DEATH County of <u>Shoshone</u> City of <u>Wallace</u>		Registration District No. <u>70</u> Primary Registration District No. <u>1041</u> (No. <u>Wallace Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <u>Lawrence D. Horne</u>		Local Registrar's No. <u>77</u>	
(a) Residence. No. <u>Sunshine Mine</u> St. <u>Sunshine Mine</u>		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>April 18-1913</u>			
7. AGE	Years	Months	Days
		<u>4</u>	<u>8</u>
If LESS than 1 day, hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
<u>Wallace Idaho</u>		<u>20 yrs.</u>	
12. BIRTHPLACE (city or town) (State or country)			
<u>Lawrence D. Horne</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Bisbee Arizona</u>			
15. MAIDEN NAME <u>Edith Block</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Chicago Ill.</u>			
17. INFORMANT <u>Lawrence D. Horne</u> (Address) <u>Sunshine Mine</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wallace Min.</u> Date <u>Aug 27 1931</u>			
19. UNDERTAKER <u>J. A. Brier (Ward Brothers)</u> (Address) <u>Wallace Min.</u>			
20. FILED <u>Aug 27 1931</u> <u>F. K. Dringley</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Aug 26 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 20</u> , 1931, to <u>Aug 26</u> , 1931			
I last saw him alive on <u>Aug 26</u> , 1931; death is said to have occurred on the date stated above, at <u>11:30 a.m.</u>			
The principal cause of death and related causes of importance were as follows:			
<u>cerebro spinal meningitis (epidemic)</u>			
Other contributory causes of importance:			
Name of operation <u>spinal</u> Date of <u>Aug 26</u>			
What test confirmed diagnosis? <u>spinal</u> Was there an autopsy? <u>yes</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____, 1931.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>			
If so, specify _____			
(Signed) <u>W. A. T. Smith</u> M. D.			
(Address) <u>Wallace Min.</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76387	
County of <u>Shoshone</u>		Registration District No. <u>70</u>			
City of <u>Wallace</u>		Primary Registration District No. <u>110 11</u>		Local Registrar's No. <u>76</u>	
(No. <u>Providence Hospital</u>) death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mrs. S. J. Semler</u>					
(a) Residence. No. <u>Kellogg, Idaho</u> St. <u>Kellogg, Idaho</u>					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth. yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or divorced (write the word) <u>Married</u>	
5a. If married, widowed or divorced HUSBAND of <u>Sylvester Semler</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept 8 - 1904</u>					
7. AGE Years <u>26</u>		Months <u>11</u>		Days <u>7</u>	
If LESS than 1 day, hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Wash.</u>					
13. NAME <u>Louise A. DuPray</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Wash.</u>					
15. MAIDEN NAME <u>Eloise Kershaw</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Canada</u>					
17. INFORMANT <u>Mr. S. J. Semler</u> (Address) <u>Kellogg, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wallace, Idaho</u> Date <u>Aug 18, 1931</u>					
19. UNDERTAKER <u>J. A. Brown</u> (Address) <u>Wallace, Idaho</u>					
20. FILED <u>Aug 18, 1931</u> Registrar <u>F. L. Quigley</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 15, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 8th</u> , 1931, to <u>Aug 15th</u> , 1931.					
I last saw her alive on <u>Aug 15</u> , 1931; death is said to have occurred on the date stated above, at <u>4:10 A.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>acute obstruction of the bowel. following operation for ruptured ovarian cyst and acute appendicitis</u>					
Other contributory causes of importance: <u>none</u>					
Name of operation <u>Laparotomy</u> Date of <u>Aug 8th</u>					
What test confirmed diagnosis? <u>operation</u> Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>yes</u>					
(Signed) <u>R. L. Lindsay</u> , M. D. (Address) <u>Kellogg, Idaho</u>					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76388	
County of <u>Shoshone</u>	City of <u>Wallace</u>	Registration District No. <u>70</u>	Primary Registration District No. <u>1011</u>	Local Registrar's No. <u>24</u>	
(No. <u>Residence</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>James C. English</u>		131			
(a) Residence No. <u>Wallace Idaho</u> St. <u></u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or <u>Married</u> (write the word)			
5a. If married, widowed or divorced, HUSBAND of (or) WIFE of <u>Mrs J. C. English</u>					
6. DATE OF BIRTH (month, day, and year) <u>May 24 - 1879</u>					
7. AGE	Years <u>54</u>	Months <u>2</u>	Days <u>10</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lead Mining</u>				
	10. Date deceased last worked at this occupation (month and year) <u>2/2 yrs.</u>				
11. Total time (years) spent in this occupation <u>20 yrs.</u>					
12. BIRTHPLACE (city or town) (State or country) <u>N. D.</u>					
FATHER	13. NAME <u>Alan English</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Canada</u>				
	15. MAIDEN NAME <u>Not known</u>				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Canada</u>				
	17. INFORMANT <u>Mrs J. C. English</u> (Address) <u>Wallace, Idaho</u>				
18. BURIAL, CREMATION, OR DISPOSAL Place <u>Wallace Idaho</u> Date <u>Aug. - 16 1931</u>					
19. UNDERTAKER <u>G. Owen - Word and Co.</u> (Address) <u>Wallace, Idaho</u>					
20. FILED <u>Aug 16</u> , 1931 <u>J. H. English</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 14 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 14</u> , 1931, to <u>Aug 14</u> , 1931.					
I last saw him on <u>Aug 14</u> , 1931; death is said to have occurred on the date stated above, at <u>1730</u> .					
The principal cause of death and related causes of importance were as follows: <u>Subarachnoid hemorrhage all lobes both lungs</u>					
Date of onset <u>Several months</u>					
Other contributory causes of importance: <u>None</u>					
Name of operation <u>None</u> Date of <u></u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u></u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 1931.					
Where did injury occur? <u></u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u></u>					
Manner of injury <u></u>					
Nature of injury <u></u>					
Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u></u>					
(Signed) <u>J. H. English</u> M. D.					
(Address) <u>Wallace, Idaho</u>					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED SEP 10 1931
DO NOT WRITE IN THIS SPACE
State File No. **76389**

PLACE OF DEATH

County of *Shoshone*
City of *Wallace*

Registration District No. *70*Primary Registration District No. *101*(No. *Providence Hospital*)Local Registrar's No. *73*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. *Mullan, Idaho* St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced
HUSBAND of *Lillie G. Burnett*
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *July - 3 - 1864*

7. AGE *67* Years *1* Months *8* Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Miner*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Indiana*10. NAME OF FATHER *J. Burnett*11. BIRTHPLACE OF FATHER (city or town) (State or Country) *not known*12. MAIDEN NAME OF MOTHER *not known*13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *not known*

PARENTS

14. Informant *Mrs. Lillie G. Burnett*
(Address) *9-E-80 St. E. Portland*

15. Filed *Aug 12, 1931* *J. L. Quigley*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 10 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *July 13 31* to *Aug 10 31*,
that I last saw him on *Aug 10 31*,
and that death occurred, on the date stated above at *10:15* a.m.
The CAUSE OF DEATH was as follows:

Myocardial infarction
(duration) *several* days

CONTRIBUTORY (Secondary) *Pneumonia, Lobar*
Right Side (duration) *4-6 weeks*

18. Where was disease contracted if not at place of death?

Did an operation precede death *no* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *none*(Signed) *W. H. Wallace* M. D.*11*, 19*31* (Address) *Wallace, Idaho*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Wallace, Idaho* Date of Burial *8/12 1931*

20. Undertaker *B. H. Norstell* Address *Wallace*

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PLACE OF DEATH		STATE OF IDAHO		RECEIVED SEP 10 1931	
County of <u>Shoshone</u>		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
City of <u>Wallace</u>		BUREAU OF VITAL STATISTICS		76390	
		CERTIFICATE OF DEATH		State File No.	
Registration District No. <u>70</u>		Primary Registration District No. <u>1011</u>		Local Registrar's No. <u>22</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.) <u>Providence Hospital</u>					
2. FULL NAME <u>Joseph Martin</u>					
(a) Residence No. <u>Wallace Idaho</u> St.					
Length of residence in city or town where death occurred <u>20</u> yrs. mos. ds. How long in U. S., if of foreign birth <u>40</u> yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Laura Martin</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec 30 1885</u>					
7. AGE Years <u>45</u>		Months <u>7</u>		Days <u>19</u>	
If LESS than 1 day, hrs. min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Clothing</u>					
10. Date deceased last worked at this occupation (month and year) <u>Aug 8 1931</u>					
11. Total time (years) spent in this occupation <u>20 yrs</u>					
12. BIRTHPLACE (city or town) <u>New Brunswick</u>					
(State or country) <u>Canada</u>					
13. NAME <u>Frederic Martin</u>					
14. BIRTHPLACE (city or town) <u>New Brunswick</u>					
(State or country) <u>Canada</u>					
15. MAIDEN NAME <u>Laurentine Cyr</u>					
16. BIRTHPLACE (city or town) <u>New Brunswick</u>					
(State or country) <u>Canada</u>					
17. INFORMANT <u>Mrs Laura Martin</u>					
(Address) <u>Wallace Idaho</u>					
18. BURIAL, CREMATION, OR RECOVERY Place. <u>Memorial Mt. Aug 1931</u>					
19. UNDERTAKER <u>J. A. Brown (warden)</u>					
(Address) <u>Wallace, Idaho</u>					
20. FILED <u>Aug 10</u> , 1931. <u>J. L. Dringley</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 9 1931</u>					
22. I HEREBY CERTIFY That I attended deceased from <u>24 Aug 9</u> , 1931, to <u>29 Aug 9</u> , 1931.					
I last saw him alive on <u>Aug 9</u> , 1931; death is said to have occurred on the date stated above, at <u>29</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Myocarditis (severe)</u>					
<u>also</u>					
Other contributory causes of importance: <u>severe</u>					
Name of operation Date of <u>NO</u>					
What test confirmed diagnosis? Was there an autopsy? <u>NO</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
Was disease or injury in any way related to occupation of deceased? <u>NO</u>					
If so, specify					
(Signed) <u>W. L. Dringley</u> M. D.					
(Address) <u>Wallace Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED SEP 10 1931	
County of <u>Shoshone</u>		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
City of <u>Wallace</u>		BUREAU OF VITAL STATISTICS		State File No. <u>76391</u>	
		CERTIFICATE OF DEATH			
Registration District No. <u>20</u>		Primary Registration District No. <u>1011</u>		Local Registrar's No. <u>21</u>	
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Theodore Tilden Pohlman</u>					
(a) Residence. No. <u>Wallace, Idaho</u> St. _____					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Lucy S. Pohlman</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Nov-17-1880</u>					
7. AGE Years <u>50</u>		Months <u>8</u>	Days <u>20</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stock Broker</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year) <u>Aug 5</u>		11. Total time (years) spent in this occupation <u>8 years</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Mich.</u>					
13. NAME <u>Charles Pohlman</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>					
15. MAIDEN NAME <u>Mathilda Lindquist</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>					
17. INFORMANT <u>J. B. Pohlman</u> (Address) <u>Spokane, Wash.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Spokane</u> Date <u>Aug 10, 1931</u>					
19. UNDERTAKER <u>A. Beyer, (Ward and Co)</u> (Address) <u>Wallace Idaho</u>					
20. FILED <u>Aug 10, 1931</u> <u>I. L. Drigley</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 7, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him alive on <u>Aug 7, 1931</u> death is said to have occurred on the date stated above <u>12:00 p.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Gunshot wound head (Suicide)</u> Date of onset _____					
Other contributory causes of importance: <u>None</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Date of injury _____					
Where did injury occur? <u>Disoffice Wallace Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Disoffice Wallace Idaho</u>					
Manner of injury <u>Gunshot wound</u>					
Nature of injury <u>with revolver</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
(Signed) <u>W. H. Mowery</u> (Address) <u>Wallace Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>	City of <u>Stellings</u>	Registration District No. <u>123</u>	Primary Registration District No. <u>2201</u>	State File No. <u>76392</u>	Local Registrar's No. <u>36</u>
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Fredrick Ernest Ellis</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>American</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>			
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Frances Alice Ellis</u>					
6. DATE OF BIRTH (month, day, and year) <u>Aug 15, 1865</u>					
7. AGE	Years <u>65</u>	Months <u>11</u>	Days <u>23</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bookkeeper</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>England</u>					
MOTHER FATHER	13. NAME <u>Fredrick William Ellis</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>England</u>				
	15. MAIDEN NAME <u>Dorothy Mary</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>England</u>				
17. INFORMANT <u>Mrs. H. S. North</u> (Address) <u>Millan, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Spokane, Wash.</u> Date <u>Aug 16, 1931</u>					
19. UNDERTAKER <u>M. C. Thornhill</u> (Address) <u>Stellings, Idaho</u>					
20. FILED <u>Aug 31, 1931</u> <u>Mrs. Helen M. Briede</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 7, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 5, 1931</u> , to <u>Aug 7, 1931</u>					
I last saw him alive on <u>Aug 7, 1931</u> ; death is said to have occurred on the date stated above, at <u>10:50 A.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Rupture of Heart Blood Vessels</u>					
Date of onset <u>Aug 5-31</u>					
Other contributory causes of importance:					
Name of operation <u>Drained Heart Blood Vessels</u> Date of <u>Aug 5-31</u>					
What test confirmed diagnosis? <u>operation</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u>G. P. Mason</u> , M. D. (Signed) _____ (Address) <u>Stellings, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Blaine</u>	City of <u>Kellogg</u>	Registration District No. <u>123</u>		State File No. <u>76393</u>	
		Primary Registration District No. <u>2201</u>		Local Registrar's No. <u>35</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>John D. Williams</u>					
(a) Residence, No. <u>100</u> St. <u>1st</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Kathernia Williams</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec 12 - 1870</u>					
7. AGE	Years <u>60</u>	Months <u>7</u>	Days <u>24</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>mine mechanic</u>				
	10. Date deceased last worked at this occupation (month and year) <u>Dec 17 - 1930</u>				
MOTHER FATHER	11. Total time (years) spent in this occupation <u>mys</u>				
	12. BIRTHPLACE (city or town) (State or country) <u>Merser, Wisc</u>				
	13. NAME <u>John</u>				
MOTHER FATHER	14. BIRTHPLACE (city or town) (State or country) <u>Don't know</u>				
	15. MAIDEN NAME				
	16. BIRTHPLACE (city or town) (State or country) <u>Don't know</u>				
17. INFORMANT (Address) <u>Mary A. Miller</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Spokane Wash</u> Date <u>Aug 10, 1931</u>					
19. UNDERTAKER (Address) <u>Kellogg Idaho</u>					
20. FILED <u>Aug 31, 1931</u> <u>Mr. H. M. Brick</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 7, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 6, 1931</u> to <u>Aug 7, 1931</u>					
I last saw him alive on <u>Aug 6, 1931</u> Death is said to have occurred on the date stated above, at <u>1:45</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Myocarditis several days</u>					
Date of onset					
Other contributory causes of importance:					
<u>Tuberculosis</u>					
<u>Pulmonary phthisis</u>					
<u>lung all lobes</u>					
Name of operation					
Date of					
What test confirmed diagnosis? <u>none</u> Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
<u>no</u>					
If so, specify					
(Signed) <u>Dr. M. W. Edwards</u> M.D.					
(Address) <u>Wallace Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS	
County of <u>Shoshone</u>		City of <u>Nardner</u>		Registration District No. <u>123</u>		State File No. <u>76394</u>	
Primary Registration District No. <u>220</u>		Local Registrar's No. <u>34</u>					
(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Donald Eugene Rapp</u>							
(a) Residence. No. <u>159</u> St. <u>C</u>							
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>m.</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) <u>Apr 20, 1931</u>							
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.			
		<u>3</u>	<u>20</u>				
OCCUPATION							
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (month and year)							
11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) <u>Kellogg</u> (State or country) <u>Idaho</u>							
FATHER							
13. NAME <u>John C. Rapp</u>							
14. BIRTHPLACE (city or town) <u>Oregon</u> (State or country)							
MOTHER							
15. MAIDEN NAME <u>Iva Mober</u>							
16. BIRTHPLACE (city or town) <u>Missouri</u> (State or country)							
17. INFORMANT <u>John Carl Rapp</u> (Address) <u>Nardner, Idaho</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Baker Crem.</u> Date <u>Aug 26, 1931</u>							
19. UNDERTAKER <u>H. B. Thornhill</u> (Address) <u>Kellogg, Idaho</u>							
20. FILED <u>Aug 31, 1931</u> Registrar. <u>John M. Rapp</u>							
MEDICAL CERTIFICATE OF DEATH <u>James</u>							
21. DATE OF DEATH (month, day, and year) <u>Aug 26, 1931</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>April 20, 1931</u> , to <u>Aug 26, 1931</u> .							
I last saw him alive on <u>Aug 20, 1931</u> ; death is said to have occurred on the date stated above, at <u>8 a.</u> m.							
The principal cause of death and related causes of importance were as follows:							
Date of onset							
<u>Probably Congenital malformation of biliary ducts.</u>							
Other contributory causes of importance:							
Name of operation <u>none</u> Date of <u>none</u>							
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? Date of injury <u>none</u> , 1931.							
Where did injury occur? (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury							
Nature of injury							
24. Was disease or injury in any way related to occupation of deceased?							
If so, specify							
(Signed) <u>D. W. Laraway</u> , M. D.							
(Address) <u>Kellogg, Idaho</u>							

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of BooshoneCity of KelloggRegistration District No. 123Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 76395Local Registrar's No. 37

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Heber(a) Residence No. 90St. 90

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos.

(If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Emma S. Heber</u>
--

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>78</u>	<u>1</u>	<u>8</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Banker</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Bank</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Conal, Iowa
(State or country)13. NAME John Heber14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Mary Elizabeth Heber16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Brooks H. Heber
(Address) 524 Helton Ave, Oakland Calif18. BURIAL, CREMATION, OR REMOVAL
Place Down town Date 193119. UNDERTAKER W. C. Thompson
(Address) Kellogg, Idaho20. FILED Aug 31, 1931 Mr. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 16, 193122. I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to Aug 16, 1931I last saw him alive on Aug 16, 1931; death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

Heart Disease
General Debility

Other contributory causes of importance:

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1931.

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Masow, M. D.(Address) Kellogg, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 4 1931
STATE OF IDAHO

PLACE OF DEATH
County of Blaine
City of Kington
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 76396Local Registrar's No. 32

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Baether

(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Minnie Baether (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 26, 1873

7. AGE Years 58 Months _____ Days _____ If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner & lumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Finland13. NAME No information14. BIRTHPLACE (city or town) (State or country) Finland15. MAIDEN NAME No info.

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT John Baether (Address) Kington18. BURIAL, CREMATION, OR REMOVAL Place Kington, Idaho Date 8/13/31, 193119. UNDERTAKER B. J. Thornhill (Address) Kellogg, Idaho20. FILED Aug 31, 1931 Miss Helen McBride Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____

_____, 1931, to _____, 1931

I last saw him live on Aug 11, 1931; death is saidto have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance

were as follows: _____ Date of onset _____

Body blow to headby dynamite explosionself-inflictedjustified

Other contributory causes of importance: _____

LB BaetherW. W. Werry

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide _____ Date of injury Aug 11, 1931Where did injury occur Home _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, or in public

place. HomeManner of injury Dynamite explosion

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

_____, specify _____

(Signed) W. W. Werry(Address) Wallage, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76397

PLACE OF DEATH

County of ShoshoneCity of Maple CreekRegistration District No. 127Primary Registration District No. 2406Local Registrar's No. 15

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Fire Fighter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Coos & Alameda Timber Protection Association9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant

(Address)

15.

Filed

Sept 2, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

8531

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

✓, 1931, to ✓, 1931that I last saw him ✓ alive on ✓, 1931and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Death instantly of heart failure

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Allen D. Patton, M. D.5/3/31 1931 (Address) St. Mary's, Idaho
acting for Dr. Mowry, Malheur, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

19

20. Undertaker

Address

Grady MitchellSt. Mary's

RECEIVED SEP 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76399

PLACE OF DEATH

County of GetonCity of Driggs

CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 2176

(No.)

Local Registrar's No. 6

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles W. Driggs

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widow-d, or Divorced (write the word.)

Divorced5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 26, 1871

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.60326

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workSalesman(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Simms Groceries9. BIRTHPLACE (city or town)
(State or country)Salt Lake City, Utah.

10. NAME OF FATHER

Thomas C. Driggs11. BIRTHPLACE OF FATHER (city or town)
(State or Country)England

12. MAIDEN NAME OF MOTHER

Jennette Hove13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Utah

14.

Informant
(Address)Robert C. Driggs
Driggs, Idaho

15.

Filed 8-25-, 1931Clive M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

8
(Month)22
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

8-2219318-221931that I last saw him alive on 8-22-, 1931.and that death occurred, on the date stated above, at 4:30 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

apoplexyCONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

1 minutes

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? no

What test confirmed diagnosis?

(Signed) G. Harkness M. D.8-24, 1931 (Address) Duggold

19. Place of Burial, Cremation, or Removal

Date of Burial

Driggs 8/25 1931

20. Undertaker

Address

Russell R. Flamm Reburg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of Twin Falls		Registration District No. 37		State File No. 76400	
City of Twin Falls		Primary Registration District No. 2082		Local Registrar's No. 143	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Wilson Tate					
(a) Residence. No. Kimberly, Idaho. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Male	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced (write the word) single			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Dec., 17th, 1914					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
17	8	6			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) Beersheba Springs Tenn. (State or country)					
13. NAME Noah D. Tate					
14. BIRTHPLACE (city or town) Tenn. (State or country)					
15. MAIDEN NAME Nancy Tate					
16. BIRTHPLACE (city or town) Tenn. (State or country)					
17. INFORMANT E. W. Tate (Address) Kimberly, Ida.					
18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date 8-25 , 193 1					
19. UNDERTAKER White Mortuary, Inc. (Address)					
20. FILED 8-26 , 193 1 Elizabeth J. Smith Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 8-23 , 193 1					
22. I HEREBY CERTIFY, That I attended deceased from 8-23 , 193 1 , to 8-23 , 193 1 .					
I last saw him live on 8-23 , 193 1 , death is said to have occurred on the date stated above, at 10:00 P.M.					
The principal cause of death and related causes of importance were as follows:					
Fractured skull					
Other contributory causes of importance: Hit by a truck that they were passing.					
Name of operation none Date of physical exam					
What test confirmed diagnosis? no Was there an autopsy? no					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 8-23					
Where did injury occur? Blk. W. E. of Twin Falls (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. Public highway					
Manner of injury Auto wreck					
Nature of injury Fractured skull					
24. Was disease or injury in any way related to occupation of deceased? no If so, specify					
(Signed) W. H. Lee M. D.					
(Address) Twin Falls, Ida.					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
76401
State File No.

PLACE OF DEATH

County of Idaho Falls
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085Local Registrar's No. 142

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geo. W. Henderson(a) Residence. No. Bacon St. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb 22

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>40</u>				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed 8/26, 1921Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 23, 1921

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 30, 1920, to Aug 23, 1921that I last saw him alive on Aug 23, 1921and that death occurred, on the date stated above, at 5:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic nephritis.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. da.

18. Where was disease contracted Idaho Falls
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) E. S. Weeper, M. D.8/24, 1921 (Address) Idaho Falls

19. (Place of Burial, Cremation, or Removal) (Date of Burial)

Idaho Falls Aug 26 192120. Undertaker F. E. Drake Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
76402
State File No.

PLACE OF DEATH
County San Falls
City of San Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 740
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gas. Barnhurst

(a) Residence, No.

(Usual place of abode.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
14 3 29 hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address)

15.

Filed 8-26, 191

Elizabeth G. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 15, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

8/14, 1931 to 8/15, 1931
that I last saw him alive on 8/15, 1931

and that death occurred, on the date stated above, at 11:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Anterior-polio-myelitis

..... (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

Respiratory paralysis
..... (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Section of cord.

(Signed) E. D. Weaver, M. D.

8/17, 1931 (Address) San Falls, Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Felds Aug 17, 1931

20. Undertaker Address

J. B. Drake San Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76403	
County of <u>Joim Falls</u>		Registration District No. <u>37</u>		State File No.	
City of <u>Joim Falls</u>		Primary Registration District No. <u>2085</u>		Local Registrar's No. <u>137</u>	
(No. <u>Joim Falls County General Hospital</u> (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Charles R. Hart</u>					
(a) Residence. No. <u>461 Main Ave N.</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>15</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Josephine Hart</u>					
6. DATE OF BIRTH (month, day, and year) <u>Apr. 26-1863</u>					
7. AGE Years <u>68</u>		Months <u>3</u>		Days <u>16</u>	
If LESS than 1 day, hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Employed by Dept. of Labor of U.S. Employment Service</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation <u>4 yrs.</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Iowa</u>					
13. NAME <u>Cyrus W. Hart</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Hartford Conn.</u>					
15. MAIDEN NAME <u>Agnes Duff</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Pa.</u>					
17. INFORMANT (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Joim Falls</u> Date <u>8-14, 1931</u>					
19. UNDERTAKER <u>White Mortuary Inc</u> (Address) <u>Joim Falls, Ida.</u>					
20. FILED <u>8-26</u> , 1931, <u>Elizabeth J. Smith</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 12, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 1931, to <u>Aug 17th</u> , 1931.					
I last saw h. alive on <u>Aug 12</u> , 1931; death is said to have occurred on the date stated above, at <u>6:53 P.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>General Peritonitis</u>					
Date of onset <u>Aug 6th 1931</u>					
Other contributory causes of importance:					
<u>Gangrenous appendicitis</u>					
Name of operation <u>appendicitis</u> Date of <u>8-7-31</u>					
What test confirmed diagnosis? <u>radiation</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>no</u> Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>no</u>					
Nature of injury <u>no</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>John W. Laughlin</u> , M.D.					
(Address)					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76404

PLACE OF DEATH

County of

Registration District No. 37

City of

Primary Registration District No.

Local Registrar's No. 142

(No. 1 death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Laughlin

(a) Residence. No. Filer Ida Rd St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W. 5 Single, Married, Widowed, or Divorced (write the word) ✓

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Aug 16 - '31

7 AGE Years Months Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Filer Ida
(State or country)

10 NAME OF FATHER Leonard Laughlin

11 BIRTHPLACE OF FATHER (city or town) Idaho
(State or country)

12 MAIDEN NAME OF MOTHER Thermy Williams

13 BIRTHPLACE OF MOTHER (city or town) Okech
(State or country)

14 Informant A. A. Newberry

(Address) Filer Ida

15 Filed 8-26, 191 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 18 31
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased Aug 16 31 from Aug 18 31

that I last saw him alive on Aug 17 31

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) A. A. Newberry, M. P.

Aug 18 31 (Address) Filer Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Burial in Cemetery
C. E. Williams Filer Ida Date of Burial Aug 18 31

20. Undertaker none. Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of.....		CERTIFICATE OF DEATH		State File No. 76405	
City of.....		Registration District No. 37		Local Registrar's No. 144	
		Primary Registration District No. 1082			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Baby Laughlin					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX M		4. COLOR OR RACE W.		5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Aug 16 - 1931					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.
				4	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country)					
MOTHER FATHER	13. NAME Leonard Laughlin				
	14. BIRTHPLACE (city or town) (State or country) Idaho				
	15. MAIDEN NAME Therma Williams				
	16. BIRTHPLACE (city or town) (State or country) Oklahoma				
17. INFORMANT (Address) A. A. Newberry					
18. BURIAL, CREMATION, OR REMOVAL Place of Aug 16, 1931					
19. UNDERTAKER (Address) None					
20. FILED 9-2 , 1931 Elizabeth J. Smith Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Aug 16, 1931					
22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1931 , to Aug 19, 1931					
I last saw him alive on Aug 19, 1931 ; death is said to have occurred on the date stated above, at 11:55 PM					
The principal cause of death and related causes of importance were as follows:					
Prematurity					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury....., 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) A. A. Newberry , M. D.					
(Address) Idaho					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
PLACE OF DEATH		CERTIFICATE OF DEATH			
County of <u>Twin Falls</u>		Registration District No. <u>37</u>			
City of <u>Twin Falls</u>		Primary Registration District No. <u>2081</u>		Local Registrar's No. <u>139</u>	
(No. <u>Twin Falls County General Hospital</u> (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Thomas Logan</u>					
(a) Residence. No. <u>Murtough, Idaho</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>17</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Oct 15 - 1862</u>					
7. AGE <u>68</u> Years	<u>9</u> Months	<u>22</u> Days	If LESS than 1 day, _____ hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country)					
MOTHER FATHER	13. NAME				
	14. BIRTHPLACE (city or town) (State or country)				
	15. MAIDEN NAME				
	16. BIRTHPLACE (city or town) (State or country)				
17. INFORMANT (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Twin Falls</u> Date <u>8-17</u> 1931					
19. UNDERTAKER <u>White Mortuary Ass</u> (Address) <u>Twin Falls</u>					
20. FILED <u>8-26</u> , 1931 <u>Elizabeth G. Smith</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8-7</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 6</u> , 1931, to <u>Aug 7</u> , 1931.					
I last saw him alive on <u>Aug 6</u> , 1931; death is said to have occurred on the date stated above, at <u>5:30</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
<u>(Apoplexy) Cerebral Hemorrhage - 84-31</u>					
Other contributory causes of importance:					
<u>Arterio-sclerosis</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>Charles B. Scott</u> , M.D.					
(Address) <u>Twin Falls, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <i>Twin Falls</i>		CERTIFICATE OF DEATH		State File No. <i>76407</i>	
City of <i>Twin Falls</i>	Registration District No. <i>37</i>	Primary Registration District No. <i>2082</i>		Local Registrar's No. <i>123</i>	
(No. <i>County General Hospital</i>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <i>Candido Tecumberry</i>					
(a) Residence. No. <i>214 2nd St South</i> St. <i></i>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <i>1</i> yrs. <i></i> mos. <i></i> ds. How long in U. S., if of foreign birth? <i>6</i> yrs. <i>10</i> mos. <i></i> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>			
5a. If married, widowed, or divorced HUSBAND of <i>Josephine</i> (or) WIFE of <i></i>					
6. DATE OF BIRTH (month, day, and year) <i>Oct 3 - 1874</i>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<i>56</i>	<i>10</i>	<i>0</i>	<i>0</i>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Miner</i>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i></i>					
10. Date deceased last worked at this occupation (month and year) <i></i>					
11. Total time (years) spent in this occupation <i></i>					
12. BIRTHPLACE (city or town) (State or country) <i>Arbacequi Uruguay</i> <i>Spain</i>					
13. NAME <i>✓</i>					
14. BIRTHPLACE (city or town) (State or country) <i>Spain</i>					
15. MAIDEN NAME <i>✓</i>					
16. BIRTHPLACE (city or town) (State or country) <i>Spain</i>					
17. INFORMANT (Address) <i>Frank Sabala</i> <i>Twin Falls, Ida</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>Twin Falls Ida</i> Date <i>Aug 6</i> , 193 <i>1</i>					
19. UNDERTAKER (Address) <i>White Mortuary Inc</i> <i>Twin Falls Idaho</i>					
20. FILED <i>8 - 6</i> , 193 <i>1</i> <i>Elizabeth J. Smith</i> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>Aug 3</i> , 193 <i>1</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>June 1</i> , 193 <i>1</i> , to <i>Aug 3</i> , 193 <i>1</i> . I last saw him live on <i>Aug 3</i> , 193 <i>1</i> ; death is said to have occurred on the date stated above, at <i>11:30 p.m.</i> The principal cause of death and related causes of importance were as follows: <i>Pulmonary tuberculosis</i> Date of onset <i>(?)</i>					
Other contributory causes of importance: <i></i>					
Name of operation <i></i> Date of <i></i>					
What test confirmed diagnosis? <i></i> Was there an autopsy? <i></i>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <i></i> Date of injury <i></i> , 193 <i>1</i> . Where did injury occur? <i></i> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <i></i> Manner of injury <i></i> Nature of injury <i></i>					
24. Was disease or injury in any way related to occupation of deceased? <i>No</i> . If so, specify <i></i> (Signed) <i>E. J. Weaver</i> , M. D. (Address) <i>Twin Falls, Ida</i>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Trion Falls</u>		Registration District No. <u>37</u>		State File No. <u>76408</u>	
City of <u>Trion Falls</u>		Primary Registration District No. <u>2082</u>		Local Registrar's No. <u>148</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Emily Carrie Riling</u>					
(a) Residence. No. <u>R.F.D. Trion Falls Ida</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>1</u> yrs. <u>9</u> mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>widow</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 18-1885</u>					
7. AGE Years <u>76</u>		Months <u>2</u>		Days <u>12</u>	
If LESS than 1 day, hrs. min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		10. Date deceased last worked at this occupation (month and year)			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
13. NAME <u>Wm Gillette</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
15. MAIDEN NAME <u>Radford</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
17. INFORMANT (Address) <u>Mrs. V. E. Morgan</u> <u>R.F.D. Trion Falls Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Trion Falls</u> Date <u>9-1</u> , 1931					
19. UNDERTAKER (Address) <u>White Mortuary Inc</u> <u>Trion Falls Ida</u>					
20. FILED <u>9-2</u> , 1931 <u>Elizabeth J. Smith</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 30, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 30</u> , 1931, to <u>Aug 30</u> , 1931.					
I last saw him alive on <u>Aug 30</u> , 1931; death is said to have occurred on the date stated above, at <u>8:30 P.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Drowned in cistern</u>					
Other contributory causes of importance: <u>Throwing herself into cistern on the V.E. Morgan place, deceased</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Physical Exam</u> Was there an autopsy? <u>2</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Date of <u>Aug 30</u> , 1931.					
Where did injury occur <u>about 8:30 P.M.</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>at home</u>					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>Wm. Lee Corcoran</u>					
(Address) <u>Trion Falls Ida</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76409

State File No.

PLACE OF DEATH

County of Payette
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 1285Local Registrar's No. 146

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

550 Main St.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec 20 / 1954

7. AGE

Years

Months

Days

If LESS than 1 day,
_____ hrs. or
_____ min.76.2829

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Indiana

10. NAME OF FATHER

Capt Geo W LaSalle11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Inda

12. MAIDEN NAME OF MOTHER

Rhoda Blankenship13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Indiana

14.

Informant
(Address)MC LaSalle
Idaho Falls

15.

Filed 9-2, 1931.Elizabeth G. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 29
(Month) (Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 22, 1931, to Aug 29, 1931.that I last saw her alive on Aug 29, 1931.and that death occurred, on the date stated above, at 5:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Aortic insufficiencyCONTRIBUTORY
(Secondary)Several yrs. mos. ds.Dropsey mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

C. D. Weaver, M. D.
Aug 31, 1931, (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho FallsSept 1, 1931

20. Undertaker

J. E. Drake Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76410

State File No.

PLACE OF DEATH
County Lincoln
City of Hamer

Registration District No. 37Primary Registration District No. 2083Local Registrar's No. 147

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Hamer St. at 6-20

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W R Briggs

6. DATE OF BIRTH (month, day and year) May 7/1874

7. AGE Years Months Days
52 3 20
If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer.

9. BIRTHPLACE (city or town) Kansas
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Penn
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) Penn
(State or Country)

14. Informant (Address) W R Briggs
Hamer

15. Filed 9-2 1931 Elizabeth G. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 2 1931 to Aug 27 1931
that I last saw her alive on Aug 27 1931
and that death occurred, on the date stated above, at 6.20 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho-pneumonia with acute myocarditis.

(duration) ✓ yrs. ✓ mos. 25 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted ✓
if not at place of death?

Did an operation precede death? no Date of ✓Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. J. L. Smith M. D.
Aug 28 1931 (Address) Lincoln Falls, Mo.

19. Place of Burial, Cremation, or Removal Wilson Rani Creek Date of Burial 1931

20. Undertaker J E Drake Address Lincoln Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Joia Falls</u>		CERTIFICATE OF DEATH		State File No. <u>76411</u>	
City of <u>Joia Falls</u>		Registration District No. <u>27</u>		Local Registrar's No. <u>141</u>	
		(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Barbara Anna Dehn</u>					
(a) Residence. No. <u>330 - 4th Ave N</u> St. _____					
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. <u>13</u> yrs. mos. _____		ds. How long in U. S., if of foreign birth? _____		yrs. mos. ds. _____	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Nov. 3rd 1868</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or min.	
<u>63</u>	<u>9</u>	<u>13</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Hennepin Co. Minn.</u>				
	13. NAME <u>Valentina Dehn</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				
	15. MAIDEN NAME <u>Elizabeth Dahlhiser</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				
	17. INFORMANT (Address) <u>Valentina Dehn 330 - 4th Ave N.</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Joia Falls</u> Date <u>8-19</u> 1931				
	19. UNDERTAKER <u>White Mortuary Co.</u> (Address) <u>Joia Falls, Ida.</u>				
20. FILED <u>8-26</u> , 1931 <u>Elizabeth J. Smith</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 16</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 15th</u> , 1931, to <u>Aug 16th</u> , 1931.					
I last saw <u>her</u> alive on <u>Aug 16</u> , 1931; death is said to have occurred on the date stated above, at <u>11 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Garganomy of the stomach</u>					
Other contributory causes of importance: <u>Garganomy of the stomach</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>X-Ray</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____					
(Signed) <u>H. C. Lamb</u> , M. D.					
(Address) _____					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Min. Falls</u>		CERTIFICATE OF DEATH		State File No. <u>76412</u>	
City of <u>Kimberly</u>		Registration District No. <u>37</u>		Local Registrar's No. <u>126</u>	
		(No. <u>Residence</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Baby Badger</u>				St. <u>Kimberly Idaho</u>	
(a) Residence. No. (Usual place of abode)				(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos.		ds. How long in U. S., if of foreign birth yrs. mos.		ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>female</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
6. a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>Aug 9-1951</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>0</u>	<u>0</u>	<u>0</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Kimberly Idaho</u>					
MOTHER FATHER	13. NAME <u>Hubert J. Badger</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>N. Dakota</u>				
	15. MAIDEN NAME <u>Bertha Tate</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Tennessee</u>					
17. INFORMANT (Address) <u>Mrs. James L. Tate Kimberly Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Min. Falls</u> Date <u>8-10</u> 1931					
19. UNDERTAKER (Address) <u>White Mortuary Inc. Min. Falls Ida</u>					
20. FILED <u>8-26</u> , 1931 <u>Elizabeth J. Smith</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 10 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 9</u> , 1931, to <u>Aug 10</u> , 1931. I last saw him alive on <u>Aug 9</u> , 1931; death is said to have occurred on the date stated above, at <u>9:00 A.M.</u> The principal cause of death and related causes of importance were as follows:					
<u>Premature</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>J. E. Langenwalter</u> , M. D. (Address) <u>Kimberly Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Twain Falls</u>		CERTIFICATE OF DEATH		State File No. <u>76413</u>	
City of <u>Kimberly</u>		Registration District No. <u>37</u>		Local Registrar's No. <u>125</u>	
		(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Martha E. Swearingen</u>					
(a) Residence. No. <u>Kimberly - Ida</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>17</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Nov - 10 - 1849</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>83</u>		<u>10</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
MOTHER FATHER	13. NAME <u>Jacob Elzey</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>				
	15. MAIDEN NAME <u>M. E. Cleam</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>				
17. INFORMANT (Address) <u>Noah Swearingen Kimberly - Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Twain Falls</u> Date <u>8-12</u> , 193 <u>1</u>					
19. UNDERTAKER <u>White Mortuary Inc</u> (Address) <u>Twain Falls Ida</u>					
20. FILED <u>8-26</u> , 193 <u>1</u> <u>Elizabeth G. Smith</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 10</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July - 24</u> , 193 <u>1</u> , to <u>Aug 10</u> , 193 <u>1</u> . I last saw him alive on <u>Aug 9</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>11:30</u> m. The principal cause of death and related causes of importance were as follows:					
<u>Cardio-vascular renal disease (chronic)</u>					Date of onset <u>7</u>
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> . Where did injury occur? (Specify city or town, county, and State) _____ Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>J. M. Davis</u> , M.D. (Address) <u>Kimberly Ida</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH		State File No. <u>76414</u>	
PLACE OF DEATH County of <u>Lincoln</u> City of <u>Lincoln Falls</u>		Registration District No. <u>31</u> Primary Registration District No. <u>1085</u>	
		Local Registrar's No. <u>134</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Martha May Hooper</u>			
(a) Residence. No. <u>171 Blue Lakes Blvd. S.</u>			
(Usual place of abode)			
Length of residence in city or town where death occurred <u>16</u> yrs. <u>10</u> mos. <u>12</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced, (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Sept 23-1914</u>			
7. AGE	Years	Months	Days
<u>16</u>	<u>10</u>	<u>12</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Student</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Kimberly Idaho</u>			
13. NAME <u>B. F. Hooper</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Bicknell Ind</u>			
15. MAIDEN NAME <u>Nellie Barrows</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Bicknell Ind</u>			
17. INFORMANT (Address) <u>B. F. Hooper</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lincoln Falls</u> Date <u>8-6, 1931</u>			
19. UNDERTAKER (Address) <u>White Mortuary Inc Lincoln Falls, Idaho</u>			
20. FILED <u>8-26, 1931</u> <u>Elizabeth J. Smith</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Aug. 5, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 1, 1931</u> , to <u>Aug. 5, 1931</u>			
I last saw him alive on <u>Aug. 5, 1931</u> ; death is said to have occurred on the date stated above, at <u>10 A. M.</u>			
The principal cause of death and related causes of importance were as follows:			
<u>Septic Throat</u> <u>Staphylococci Inf.</u>			
Other contributory causes of importance: <u>Lancing Abscess and Strangulation of</u> <u>Wind & pus</u>			
Name of operation <u>Lancing Abscess</u> Date of <u>8/4/31</u>			
What test confirmed diagnosis? <u>Physical</u> Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>			
If so, specify _____			
(Signed) <u>John B. Morgan</u> , M. D.			
(Address) <u>Lincoln Falls, Idaho</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		RECEIVED SEP 8 1931	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		State File No. 76415	
CERTIFICATE OF DEATH PLACE OF DEATH County of <u>Blaine Falls</u> City of <u>Buhl</u> Registration District No. <u>31</u> Primary Registration District No. <u>2087</u> Local Registrar's No. _____			
(If death occurred in a hospital or institution give its name instead of street and number.) 2. FULL NAME <u>Walter Cyrus Stafford</u>			
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred <u>11</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S., if of foreign birth? <u>11</u> yrs. <u>0</u> mos. <u>0</u> ds. (If nonresident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	21. DATE OF DEATH (month, day, and year) <u>8/12</u> 1931	
5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed but Married again</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>July 15</u> , 1931, to <u>12-Aug-</u> , 1931.	
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Mary J. Stafford</u>		I last saw him live on <u>July</u> , 1931; death is said to have occurred on the date stated above, at <u>1 P. m.</u> <u>Talent</u> . The principal cause of death and related causes of importance were as follows: <u>Heart failure</u>	
6. DATE OF BIRTH (month, day, and year) <u>Jan. 25 = 1881</u>		Date of onset <u>12-Aug-31</u>	
7. AGE	Years <u>50</u> Months <u>6</u> Days <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer P.R. Engineer but lost 11 yrs</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>a farmer</u>		
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) (State or country) <u>Fort Dodge, Iowa</u>		Other contributory causes of importance: <u>Typhoid fever 1926 from which, he said, he never fully recovered</u>	
FATHER	13. NAME <u>Cyrus W. Stafford</u>	Name of operation _____ Date of _____	
	14. BIRTHPLACE (city or town) (State or country) <u>New York</u>	What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>	
MOTHER	15. MAIDEN NAME <u>Euanda J. Miller</u>	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>4</u> , 1931.	
	16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>	Where did injury occur? <u>✓</u> (Specify city or town, county, and State)	
17. INFORMANT (Address) <u>Charley Stafford Buhl</u>		Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Buhl, Mo.</u> Date <u>8-15</u> , 1931		Manner of injury <u>✓</u> Nature of injury <u>✓</u>	
19. UNDERTAKER (Address) <u>Chusen Buhl, Mo.</u>		24. Was disease or injury in any way related to occupation of deceased? <u>no</u> . If so, specify _____	
20. FILED <u>Sept 3, 1931</u> <u>J. H. Wurfley</u> Registrar		(Signed) <u>J. H. Wurfley</u> M. D. (Address) <u>Buhl, Idaho</u>	

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RECEIVED SEP 28 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Ada

CERTIFICATE OF DEATH

State File No. 76416City of BoiseRegistration District No. 8Primary Registration District No. 2004Local Registrar's No. 74(No. V.A., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME CRAIG, Joseph W.(a) Residence. No. 119

(Usual place of abode)

St. Gleams Ferry, Idaho

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and state) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed, or Divorced (write the word)
married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. J.W.Cram6. DATE OF BIRTH (month, day, and year) Feb. 27, 1878

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.53623

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Mgr. Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

XX

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Illinois
(State or country)13. NAME XX14. BIRTHPLACE (city or town) XX
(State or country)15. MAIDEN NAME XX16. BIRTHPLACE (city or town) XX
(State or country)17. INFORMANT L.H. Beaman
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place Morris Hill Cem. Date 9-23-31 19319. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho20. FILED 9-23, 1931

Registrar.

(Signed) E.C. Smith, Reg. Med. Off.
(Address) V.A., Boise, Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 20 19322. I HEREBY CERTIFY, That I attended deceased from
Sept. 20, 1931, to Sept. 20, 1931I last saw him alive on Sept. 20, 1931; death is saidto have occurred on the date stated above, at 5.00p.m.

The principal cause of death and related causes of importance

were as follows:

Rupture traumatic rectum, 5.c.m.

Date of onset

internal to sphincter (3 cm. tear)Other contributory causes of importance:
Peritonitis general acute.
Shock.

Exploratory

Name of operation Laparotomy. Date of 9-20-31What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76418

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1004
(No. 8th & Grove)
Local Registrar's No. 89

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Troupe Nelson Belsher(a) Residence. No. 1011 E. Jefferson St.(Usual place of abode.)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of Carrie B. Belsher
(or) ~~WIFE~~ of6. DATE OF BIRTH (month, day and year) April 17-18827. AGE Years 49 Months 5 Days 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Postal Clerk(b) General nature of industry, business, or establishment in which employed (or employer) Boise Postoffice

(c) Name of employer

9. BIRTHPLACE (city or town) Booneville
(State or country) Mississippi10. NAME OF FATHER Samuel M. Belsher11. BIRTHPLACE OF FATHER (city or town) Tishomingo, Co.
(State or Country) Miss.12. MAIDEN NAME OF MOTHER Lena Petty13. BIRTHPLACE OF MOTHER (city or town) McNary, Co. Tenn.
(State or Country)14. Informant (Address) Milton M. Belsher - Seattle Wn.15. Filed 9-30-31 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9-26-31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from May 12, 1931, to Death, 1931that I last saw him alive on Sept 18, 1931and that death occurred, on the date stated above, at 3: P m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Angina pectorisnone (duration) yrs. mos. ds.CONTRIBUTORY (Secondary) (Hypertension) Arteriosclerosis(duration) 10 yrs. mos. ds.18. Where was disease contracted if not at place of death? noDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? History of previous case
(Signed) H. F. West M. D.9-29-31 (Address) 4158 N. Main St.19. Place of Burial, Cremation, or Removal Morris Hill Cemetery Date of Burial 9-29-3120. Undertaker Schreiber McCann Address Boise Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		City of <u>Boise</u>		State File No. <u>76419</u>	
Registration District No. <u>8</u>		Primary Registration District No. <u>2004</u>		Local Registrar's No. <u>75</u>	
(No. <u>V.A., Boise, Idaho</u>)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>IRISH, Warren W.</u>					
(a) Residence. No. <u>1805 No. 11th St.</u> , St. <u>Boise, Idaho</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>XX</u>					
6. DATE OF BIRTH (month, day, and year) <u>June 25, 1842</u>					
7. AGE		Years <u>89</u>	Months <u>3</u>	Days <u>0</u>	If LESS than: 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Mfr.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>XX</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>New York</u> (State or country)					
MOTHER FATHER	13. NAME <u>XX</u> <u>M. W.</u>				
	14. BIRTHPLACE (city or town) <u>XX</u> (State or country)				
	15. MAIDEN NAME <u>XX</u>				
16. BIRTHPLACE (city or town) <u>XX</u> (State or country)					
17. INFORMANT <u>L.H. Beaman</u> (Address) <u>V.A., Boise, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cemetery</u> <u>9-27-31</u> 193					
19. UNDERTAKER <u>McBratney Funeral Home</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>9-26</u> , 193 <u>W.H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 25</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 10</u> , 193 <u>1</u> , to <u>Sept. 25</u> , 193 <u>1</u> .					
I last saw <u>him</u> alive on <u>Sept. 25</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>8.10a.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Senility</u>					Date of onset
Other contributory causes of importance: <u>Myocarditis, chronic</u>					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis <u>clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>W.H. Rhodes</u> , M. D.					
(Address) <u>Boise, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ida</u>		CERTIFICATE OF DEATH		State File No. <u>76420</u>	
City of <u>Boise</u>		Registration District No. <u>8</u>		Local Registrar's No. <u>17</u>	
		Primary Registration District No. <u>2004</u>			
		(No. <u>V.A., Boise, Idaho</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>SPENCER, Frank C.</u>					
(a) Residence. No. <u>Gen. Del.</u>		St. <u>Boise, Idaho</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>XX</u>					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 5, 1871</u>					
7. AGE	Years <u>59</u>	Months <u>11</u>	Days <u>20</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>XX</u>				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Linn.</u> (State or country)					
MOTHER FATHER	13. NAME <u>XX</u> <u>M. W.</u>				
	14. BIRTHPLACE (city or town) <u>XX</u> (State or country)				
	15. MAIDEN NAME <u>XX</u>				
16. BIRTHPLACE (city or town) <u>XX</u> (State or country)					
17. INFORMANT <u>L. H. Seaman</u> (Address) <u>V.A., Boise, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Orris Hill Cem.</u> Date <u>10-3-31</u> , 193 <u>1</u>					
19. UNDERTAKER <u>McBratney Funeral Home</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>10-5</u> , 193 <u>1</u> <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 25</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 28</u> , 193 <u>1</u> , to <u>Sept. 25</u> , 193 <u>1</u>					
I last saw him alive on <u>Sept. 25</u> , 193 <u>1</u> death is said to have occurred on the date stated above, at <u>4.15 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Valvular heart disease, mitral</u> <u>insufficiency, compensation poor.</u>					
					Date of onset
Other contributory causes of importance: <u>Pulmonary edema.</u>					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>NO</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193 <u>1</u> Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>Benign</u> (Signed) <u>W. H. Rhodes</u> , M. D. (Address) <u>V.A., Boise, Idaho</u>					

76420

90

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RECEIVED OCT 8 1931

PLACE OF DEATH

County of AdaCity of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. V.A., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME WRAIK E. MC MAHON(a) Residence. No. Rt. 1 St. Nampa, Idaho

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. F. E. McMahon

6. DATE OF BIRTH (month, day, and year) June 25, 1888

7. AGE Years 43 Months 2 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber & Hardware

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XX

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nebraska
(State or country)

13. NAME XX M. H.

14. BIRTHPLACE (city or town) XX
(State or country)

15. MAIDEN NAME XX

16. BIRTHPLACE (city or town) XX
(State or country)

17. INFORMANT L. H. Beaman
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa, Idaho Date 9-5-31, 1931

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 9-4- 1931 W. H. Rhodes
Registrar

DO NOT WRITE IN THIS SPACE

State File No. 76422Local Registrar's No. 68

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1931, to Sept. 3, 1931

I last saw him live on Sept. 3, 1931; death is said to have occurred on the date stated above, at 7.20 a.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Nephritis, chronic, interstitial,
moderate; and Hypertension,
arterial severe.

Other contributory causes of importance:

Cerebral hemorrhageName of operation none Date ofWhat test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Smith, Reg. Med. Off., M. D.(Address) V.A., Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

76423
DO NOT WRITE IN THIS SPACE
76423
State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161
(No. None)

Local Registrar's No. 148

2. FULL NAME Theodore Swanson

(a) Residence. No. Farm North Of City St.

(Usual place of abode.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1849

7. AGE Years 72 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stockman Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Farming

(c) Name of employer Lackridge

9. BIRTHPLACE (city or town) Lackridge
(State or country) Idaho

10. NAME OF FATHER Levin Swanson

11. BIRTHPLACE OF FATHER (city or town) Sweden
(State or Country)

12. MAIDEN NAME OF MOTHER Marie Swanson

13. BIRTHPLACE OF MOTHER (city or town) Sweden
(State or Country)

14. Informant R. - Swanson
(Address) Pocatello, Idaho

15. Filed Sept 25 3 1 19 23 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-5 1931, to 9-20 1931

that I last saw him alive on 9-20 1931
and that death occurred, on the date stated above, at 6 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Head & body injuries following
automobile accident north of Pocatello
Idaho - accidental

(duration) yrs. mos. ds.

CONTRIBUTORY age
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted -
if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. C. Ray M. D.

9-23 1931 (Address) Pocatello

19. Place of Burial, Cremation, or Removal St. View Cemetery Date of Burial 19

20. Undertaker H. L. McHan Address Pocatello Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76424**

PLACE OF DEATH

County of **Ada**
City of **Boise, Idaho**

CERTIFICATE OF DEATH

Registration District No. **3**
Primary Registration District No. **1004**
(No. **76424-283**)
Local Registrar's No. **89**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Hattie Edsall**(a) Residence. No. **1217 East Franklin St.** St. **-----**(Usual place of abode.)
Length of residence in city or town where death occurred. **13** yrs. **3** mos. **20** ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word.) **Widow**

5a. If married, widowed, or divorced
HUSBAND of **Brice Perry Edsall**
(or) WIFE of6. DATE OF BIRTH (month, day and year) **July 24th 1861**

7. AGE Years Months Days If LESS than 1 day,
70 **2** **16** ----- hrs. or
----- min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work -----
(b) General nature of industry, business, or establishment in which employed (or employer) **Housewife**
(c) Name of employer -----

9. BIRTHPLACE (city or town) **Chillicothe**
(State or country) **Ohio**10. NAME OF FATHER **Charles W. Cox**11. BIRTHPLACE OF FATHER (city or town) **Chillicothe**
(State or Country) **Ohio**12. MAIDEN NAME OF MOTHER **Edith Miller**13. BIRTHPLACE OF MOTHER (city or town) **Chillicothe**
(State or Country) **Ohio**14. Informant **Hugh M. Edsall**
(Address) **450-27 St Ogden Utah**15. Filed **10-14**, 19**31** **W. H. Rhodes**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **October 10th 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Aug 3rd**, 19**31** to **Oct 10th**, 19**31**
that I last saw h. **u** alive on **Oct 8th**, 19**31**
and that death occurred, on the date stated above, at **6:01 a.m.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis caused by valvular heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **W. H. Rhodes** M. D.
Oct 12, 1931 (Address) **Boise, Id.**19. Place of Burial, Cremation, or Removal **Morris Hill Cemetery** Date of Burial **10-12 1931**20. Undertaker **Schubert & W. Baum** Address **Boise, Id.**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED OCT 13 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76425

State File No. _____

PLACE OF DEATH

CERTIFICATE OF DEATH

Local Registrar's No. _____

County of Adams

Registration District No. 71

City of Meadows

Primary Registration District No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John T. Uppeyard

(a) Residence. No. Seattle, Wash. St. _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced
HUSBAND of Anne S. Appleyard
(or) WIFE of 1146 East Lake - in - Seattle

6 DATE OF BIRTH (month, day and year) Nov. 7 - 1881

7 AGE Years 49 Months 10 Days 17 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer (Stationary)
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Not employed since Feb 10 - 31

9 BIRTHPLACE (city or town) Chicago - Ill.
(State or country)

10 NAME OF FATHER Joseph Appleyard

11 BIRTHPLACE OF FATHER (city or town) Sheffield, England
(State or country)

12 MAIDEN NAME OF MOTHER Mary Treadbridge

13 BIRTHPLACE OF MOTHER (city or town) Burlington, Wisconsin
(State or country)

14 Informant Miss Emma G. Johnson (sister)
(Address) 2002 So. Howard St - Spokane

15 Filed Oct 10, 1931 Oliver H. Hunter M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 24 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I Examined body
on 7/24, 1931, to _____, 19____,
that I last saw him alive on _____, 19____,
and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

apoplexy + sudden

CONTRIBUTORY (duration) 20 yrs. 1 mos. 0 ds.
(Secondary) Head tumor + High B.P.

18 Where was disease contracted See sickness at age 20
If not at place of death? stroke at age 20

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Evidence of Ex. in r
(Signed) Dr. J. H. Hunter, M. D.
7/24, 1931 (Address) McCabe Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Meadows, Idaho Date of Burial Sept 26 1931
Address

20. Undertaker

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76426 State File No.	
County of <u>Ada</u>	City of <u>Boise</u>	Registration District No. <u>2</u> Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>259</u>	
		(No. <u>St. Alphonsus Hospital.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mrs. Jessie Olive Thomas.</u>					
(a) Residence. No. <u>Glenns Ferry, Idaho. St.</u>					
Length of residence in city or town where death occurred. yrs. mos. <u>5</u> ds.		(If nonresident give city or town and state) yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced <u>Married.</u>			
5a. If married, widowed, or divorced HUSBAND of <u>V. T. Thomas.</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 4- 1877</u>					
7. AGE <u>54</u>	Years <u>0</u>	Months <u>2</u>	Days <u>1</u>	If less than 1 day, hrs. min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Plattville, Iowa.</u> (State or country)					
13. NAME <u>Nichols Thomas.</u>					
14. BIRTHPLACE (city or town) <u>Iowa.</u> (State or country)					
15. MAIDEN NAME <u>Sarah Emma Bickford.</u>					
16. BIRTHPLACE (city or town) <u>Kansas.</u> (State or country)					
17. INFORMANT <u>Sally Emma Thomas.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Glenns Ferry, Ida.</u> Date <u>9/11/31</u> , 193					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>9-10</u> , 1931 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9/6/31</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 4</u> , 1931, to <u>Sept 5</u> , 1931. I last saw her alive on <u>Sept 5</u> , 1931; death is said to have occurred on the date stated above, at <u>1:30 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Pulmonary Embolism following Herniotomy for umbilical hernia</u> Date of onset					
Other contributory causes of importance: <u>Hypertension</u> <u>myocarditis</u>					
Name of operation <u>Herniotomy</u> Date of					
What test confirmed diagnosis? <u>Was there an autopsy?</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Date of injury</u> , 193 Where did injury occur? <u>(Specify city or town, county, and State)</u> Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>W. H. Rhodes</u> , M. D. (Signed) <u>Boise, Idaho.</u> (Address)					

RECEIVED OCT 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76427

State File No.

PLACE OF DEATH

County of Ada
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004Local Registrar's No. 258

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Lewis Madden.(a) Residence. No. Manitou Hotel. 1008 1/2 Main Street.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. 15.(If non-resident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed,
or Divorced (write the word) Single.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July. 14. 1905.7. AGE Years Months Days If LESS than 1 day,
hrs. or min.
26 1 25.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Shirt Salesman.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston, Idaho.
(State or country)

10. NAME OF FATHER

Patrick Madden.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown.

12. MAIDEN NAME OF MOTHER

Unknown.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Unknown.14. Informant Marie Mc Guire.
(Address) Ontarion Oregon.15. Filed 9-10, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 9, 1931,
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 9, 1931, to Sept 9, 1931,
that I ~~was~~ saw him ~~alive~~ dead Sept 9, 1931and that death occurred, on the date stated above, at 4 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Valvular heart disease.
Found dead in his room
in Hotel. Natural Causes
had heart trouble many years.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas E. Summers M.D.Sept. 10, 1931 (Address) Boise, Ada County

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston Idaho.Sept. 11¹⁹³¹

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED OCT 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76428

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Alphonsus Hospital.)Local Registrar's No. 257

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alvin Rudolph Larsen(a) Residence. No. Melba, Idaho St.(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept. 9th 19317. AGE Years Months Days If LESS than 1 day.
0 0 0 3 hrs. or min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)10. NAME OF FATHER Rudolph Larsen11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)12. MAIDEN NAME OF MOTHER Mary Allred13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or Country)14. Informant Rudolph Larsen.
(Address) Melba, Idaho.15. Filed 9-10-31 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

September 9th 1931 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 9 1931, to Sept 9 1931
that I last saw him alive on Sept 9 1931
and that death occurred, on the date stated above, at 6 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Concussion of skull
due to force of delivery.Immediately (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Over sized baby.
? (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Examination(Signed) Stewart T. Nokes M. D.
9/10/31 1931 (Address) Boise, Idaho

19. Place of Burial, Cremation, or Removal

Morris Hill

Date of Burial

9/10/31 1931

20. Undertaker

Wm. McBratney

Address

Boise, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76429

State File No.

PLACE OF DEATH

County of Ada Registration District No. 2
City of Boise Primary Registration District No. 1004

Local Registrar's No. 256

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mr. John Nelson(a) Residence. No. St. Luke's Hospital St.(Usual place of abode.) - Emmett, Idaho Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? 49 yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of Marie A. Nelson
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov. 21, 1863

7. AGE Years Months Days If LESS than 1 day,
68 9 16 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work lumbering(b) General nature of industry, business, or establishment in which employed (or employer) lumber(c) Name of employer Boise-Payette Lbr. Co.9. BIRTHPLACE (city or town) Sweden
(State or country)10. NAME OF FATHER John Andrew Nelson11. BIRTHPLACE OF FATHER (city or town) Sweden
(State or Country)12. MAIDEN NAME OF MOTHER Rebecca13. BIRTHPLACE OF MOTHER (city or town) Sweden
(State or County)14. Informant Elmer Nelson
(Address)15. Filed 9-10, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931, to Sept 5, 1931,
that I last saw h. alive on Sept 5, 1931,
and that death occurred, on the date stated above, at 8:00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Endocarditis
with decompensation
and failure

(duration) 1 yrs. mos. ds.
CONTRIBUTORY Same.
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Emmett Idaho
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? Physical findings(Signed) James A. Stewart M. D.Sept 8, 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Emmett Idaho Date of Burial 9/9 1931

20. Undertaker C. D. Bucknum Address Emmett Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76430

State File No.

PLACE OF DEATH

County of Ada
City of Bose

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St Alphonsus)Local Registrar's No. 354

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas De Meyer(a) Residence. No. 17th & Main St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 28 yrs. 7 mos. 29 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed or divorced
HUSBAND of Lydia De Meyer
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 16 - 19037. AGE Years Months Days If LESS than 1 day,
28 7 20 hrs. or min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Common Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bose
(State or country) Ida10. NAME OF FATHER Thomas De Meyer11. BIRTHPLACE OF FATHER (city or town) Belgium
(State or Country)12. MAIDEN NAME OF MOTHER Hattie Coble13. BIRTHPLACE OF MOTHER (city or town) Bose
(State or Country) Ida14. Informant Daughter
(Address) Bose Ida15. Filed 9-7, 1931 Registrar. W. H. Schreiber

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

9/6, 1931, to 9/6, 1931that I last saw him alive on 9/6, 1931and that death occurred, on the date stated above, at 9/6 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH, was as follows:self inflicted
gun shot, thro
abdomen, bowels &
ileac artery.
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? yes Date of 9/6/31Did an operation precede death? no Date of 9/6Was there an autopsy? yesWhat test confirmed diagnosis? clinical(Signed) A. J. Cook, M. D.9/7, 1931 (Address) Bose19. Place of Burial, Cremation, or Removal St John's Cemetery Date of Burial 9-8 193120. (Undertaker) Schreiber & McCann Address Bose Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76431		
County of <u>Ada.</u>		City of <u>Boise.</u>		State File No. _____		
Registration District No. _____		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>253</u>		
(No. <u>719 Highland Street.</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)				
2. FULL NAME <u>Mrs. Alpha Sword.</u>						
(a) Residence. No. <u>719 Highland</u>		St. _____				
(Usual place of abode)		(If nonresident give city or town and state)				
Length of residence in city or town where death occurred <u>21</u> yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.				
PERSONAL AND STATISTICAL PARTICULARS						
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>				
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Robert Sword.</u>						
6. DATE OF BIRTH (month, day, and year) <u>Dec. 5-1868</u>						
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.		
	<u>62</u>	<u>8</u>	<u>28</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>					
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
	10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					Date of onset _____	
12. BIRTHPLACE (city or town) <u>Virginia.</u> (State or country)						
MOTHER	13. NAME <u>William Oxford.</u>					
	14. BIRTHPLACE (city or town) <u>Va.</u> (State or country)					
	15. MAIDEN NAME <u>Burnette Lockhart.</u>					
16. BIRTHPLACE (city or town) <u>Va.</u> (State or country)					Name of operation <u>Exploratory</u> Date of <u>Aug 7/31</u>	
17. INFORMANT <u>Robert Sword.</u> (Address) <u>Boise, Idaho.</u>					What test confirmed diagnosis? <u>Specimen</u> Was there an autopsy? <u>no</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem.</u> Date <u>9/7/31</u> 1931					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931 Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____	
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Lola Buck</u> M. D. (Address) <u>Boise, Idaho.</u>	
20. FILED <u>9-8</u> , 1931, <u>W. H. Rhoads</u> Registrar.						

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

PHYSICIAN

RECEIVED OCT 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Ada
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1004
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose Francis Scott.

(a) Residence. No. 1211. N. 20 th Street. St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Nathan Scott.

6. DATE OF BIRTH (month, day and year) Feb. 22. 1867.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
64. 6 26.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home/

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ottowa.
(State or country) Kansas.

10. NAME OF FATHER

Elwood Lamb.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Indiana.

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Unknown.

14. Informant Nathan Scott.
(Address) 1211. N. 20 th Street, Boise Idaho.

15. Filed 9-8, 1931 W. H. Rhodes
Registrar.

DO NOT WRITE IN THIS SPACE

76432

State File No. _____

Local Registrar's No. 252

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 8, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1930, to Sept. 7, 1931
that I last saw him alive on Sept. 7, 1931

and that death occurred, on the date stated above, at 12:50 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

It is my opinion

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. ds. 1

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. M. Holmerson, M. D.

Sept 9, 1931 (Address) Boise

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery, Sept. 9. 31.

20. Undertaker Summers & Krebs, Boise, Idaho.

RECEIVED OCT 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76433

State File No.

PLACE OF DEATH

County of Ada

City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 251

2. FULL NAME Anna Marie Johnson.

(a) Residence. No. 2133. Longmont Street.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 27 yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.

5. Single, Married, Widowed,
or Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

James. M. Johnson.

6. DATE OF BIRTH (month, day and year)

July. 13. 1875.

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or

56.

1.

30.

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work. At Home.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Langesland.

(State or country)

Norway.

10. NAME OF FATHER

Olson.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Norway.

12. MAIDEN NAME OF MOTHER

Unknown.

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Unknown.

14.

Informant
(Address)

George Johnson.

2133. Longmont Street, Boise, Idaho. Morris Hill Cemetery.

15.

Filed

9-4

1931

U. S. Registrar.

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

9-3

3

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May

1931

to Death

1931

that I last saw him alive on

9-3

1931

and that death occurred, on the date stated above, at 1:45 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocardial

CONTRIBUTORY (Secondary) Atherosclerosis
Hypertension18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

9-3

1931

(Address)

456 acton

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker Summers & Krebs, Boise, Idaho.

Address

Sept. 5. 31.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED OCT 8 1931

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76434

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

(No. St. Alphonsus)

Local Registrar's No. 250

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jean Hardiman

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

September 1-1931

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Boise, Idaho

10. NAME OF FATHER

Eugene A. Hardiman

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Marjorie Carey

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Idaho

14.

Informant
(Address)Eugene A. Hardiman
R. 3 Boise Idaho

15.

Filed 9-3, 1931

W. H. P. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

9-

(Month)

1

(Day)

19

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

9/1/31

19

to 9/1/31

19

that I last saw her alive on 9/1/31

19

and that death occurred, on the date stated above, at 5 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Ductal Primature

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Cesarean

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred A. Pittenger, M. D.

9/3, 1931 (Address) Boise

19. Place of Burial, Cremation, or Removal

Date of Burial

St. John's Cemetery

9-2 1931

20. Undertaker

Address

Schubert & Co. Boise

Boise, Idaho

Dr. Pittenger

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76435	
County of <u>Ada</u>		Registration District No. <u>8</u>		State File No. <u>76</u>	
City of <u>Boise</u>		Primary Registration District No. <u>2004</u>		Local Registrar's No. <u>885</u>	
		(No. <u>Boise, Idaho. Route #4.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Charles E. Ridgeway.</u>					
(a) Residence. No. <u>Boise, Idaho. Route #4.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>11</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Alice Ridgeway.</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 5-1878</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>53</u>	<u>7</u>	<u>23</u>	<u>23</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
MOTHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) <u>Chatsworth, Ill.</u> (State or country)				
	13. NAME <u>George Ridgeway.</u>				
FATHER	14. BIRTHPLACE (city or town) <u>Ill.</u> (State or country)				
	15. MAIDEN NAME <u>Ida Wheeler.</u>				
	16. BIRTHPLACE (city or town) <u>Canada.</u> (State or country)				
17. INFORMANT <u>Mrs. Alice Ridgeway.</u> (Address) <u>Boise, Idaho. #4.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem.</u> Date <u>9/30/31</u> 193 <u>1</u>					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>9-29</u> , 193 <u>1</u> <u>W. H. K.</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9/28/31</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 10</u> , 193 <u>1</u> , to <u>Sept 28</u> , 193 <u>1</u> . I last saw him alive on <u>9/25</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>9:15 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Decompensated heart from Myo Carditis</u> Other contributory causes of importance: <u>Nephritis Acute.</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis <u>Urinal</u> Was there an autopsy <u>NO</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>✓</u> Manner of injury <u>✓</u> Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>W. H. K.</u> , M. D. (Address) <u>Boise, Idaho.</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76436

State File No.

PLACE OF DEATH

City of Ada

Registration District No.

Primary Registration District No. 2004

Local Registrar's No. 73

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oliver Perry Call.

(a) Residence. No. 18 Miles East of Boise on Boises River.

(Usual place of abode)

Length of residence in city or town where death occurred. 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 18. 1846.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
84 11 29.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bainbridge Indiana.
(State or country)

10. NAME OF FATHER George. W. Call.

11. BIRTHPLACE OF FATHER (city or town) Kentucky.
(State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth Johnson.

13. BIRTHPLACE OF MOTHER (city or town) Kentucky.
(State or Country)

14. Informant Mrs. Andrew Smith.

(Address) Barber Stage, Boise Idaho.

15. Filed 9-18-31 W. H. Rhodie Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

part 3. yrs. to 19
that I last saw him alive on 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert V. Ramsey, M. D.

Sept 18, 1931 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery. Sept. 21. 31.

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76437

State File No.

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Ada
City of B.R. #4 - BoiseRegistration District No. 2Primary Registration District No. 2004Local Registrar's No. 72(No. near Joplin Corner)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie A. W. Adams(a) Residence. No. Route 4 - Boise St. B.R. #4 - Boise(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of John W. Adams
(or) WIFE of6. DATE OF BIRTH (month, day and year) August 21, 18877. AGE Years 44 Months — Days 21 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Norway
(State or country)10. NAME OF FATHER James Johnson11. BIRTHPLACE OF FATHER (city or town) Norway
(State or Country)12. MAIDEN NAME OF MOTHER Emilia Nelson13. BIRTHPLACE OF MOTHER (city or town) Norway
(State or Country)14. Informant (Address) John M. Adams Boise Id15. Filed 9-17-1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 11 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I saw deceased Marie A. W. Adams
that I last saw her live on Sept 11 1931
and that death occurred, on the date stated above, at 8 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Suicide. shot herself
in mouth with .40 Gauge
shot gun
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. E. Summers Coroner
Sept 16 1931 (Address) Boise Id19. Place of Burial, Cremation, or Removal Morris Hill Cemetery Date of Burial Sept. 16 193120. Undertaker Schreiber & W. Coan Address Boise Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada.</u>		CERTIFICATE OF DEATH		State File No. <u>76438</u>	
City of <u>Boise.</u>		Registration District No. <u>8</u>		Local Registrar's No. <u>70</u>	
		Primary Registration District No. <u>2004</u>			
		(No. <u>Ada County Hospital.</u>)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mrs. Anna Celia Asbury.</u>					
(a) Residence. No. <u>Boise, Idaho. R#2.</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>18</u> yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Lester H. Asbury.</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 31-1901</u>					
7. AGE <u>30</u>	Years <u>0</u>	Months <u>11</u>	Days <u>11</u>	- If LESS than 1 day, hrs. min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>St. Louis, Mo.</u> (State or country)					
13. NAME <u>Joe Zurkirchen.</u>					
14. BIRTHPLACE (city or town) <u>Switzerland.</u> (State or country)					
15. MAIDEN NAME <u>A. Erlacher.</u>					
16. BIRTHPLACE (city or town) <u>Germany.</u> (State or country)					
17. INFORMANT <u>Lester H. Asbury.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem.</u> Date <u>9/15/31</u> 193					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>9-17</u> , 193 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9/12/31</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 9</u> , 193, to <u>Sept 12</u> , 193. I last saw <u>her</u> alive on <u>Sept 12</u> , 193; death is said to have occurred on the date stated above, at <u>4:45 A.M.</u> The principal cause of death and related causes of importance were as follows:					
<u>Thrombosis</u>					
Other contributory causes of importance: <u>difficult labor</u>					
Date of onset <u>Sept 11/1931</u>					
Name of operation <u>hemorrhage</u> Date of <u>9-12-31</u>					
What test confirmed diagnosis? <u>Was there an autopsy?</u> <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>1931</u>					
Where did injury occur? <u>(Specify city or town, county, and State)</u>					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>anemia</u> M. D. <u>Boise, Idaho.</u>					
(Signed) <u>W. H. Rhodes</u> (Address) <u>Boise, Idaho.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 8 1931

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
76439
State File No. _____

Registration District No. _____
Primary Registration District No. 2004 Local Registrar's No. 69

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
Kenzie Hayden.

2. FULL NAME _____
(a) Residence. No. Boise, Idaho. St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>Jan. 3-1873</u>				
7. AGE <u>58</u>	Years <u>8</u>	Months <u>8</u>	Days <u>8</u>	- If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Laborer.</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER FATHER	
13. NAME <u>Bailey Hayden.</u>	
14. BIRTHPLACE (city or town) <u>Ky.</u> (State or country)	
15. MAIDEN NAME <u>Phoebe McCarty.</u>	
16. BIRTHPLACE (city or town) <u>Ky.</u> (State or country)	

17. INFORMANT George Hayden.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery, 9/16/31 1931

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 9-16 1931 W. H. [Signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>9/12/31</u>	1931
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 1</u> , 19 <u>16</u> , to <u>Sep 12</u> , 1931. I last saw him alive on <u>Sep 11</u> , 1931; death is said to have occurred on the date stated above, at <u>8:30 P.</u> m. The principal cause of death and related causes of importance are as follows: <u>Paralysis agitans</u> Date of onset _____	
Other contributory causes of importance: <u>Broncho Pneumonia</u> <u>Sep 9 1931 to Sep 12 1931</u>	

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931.
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) J. M. Bratton, M. D.
(Address) Boise, Idaho.

RECEIVED OCT 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76440

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital)Local Registrar's No. 373

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward F. Hastings(a) Residence. No. 518 North Seventh St.(Usual place of abode.)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mrs. Bertha Pearl Hastings
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 7-18747. AGE Years 57 Months 8 Days 20 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Plumber(b) General nature of industry, business, or establishment in which employed (or employer) Master Plumber

(c) Name of employer

9. BIRTHPLACE (city or town) Kalamazoo
(State or country) Michigan

10. NAME OF FATHER

James Hastings11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ireland12. MAIDEN NAME OF MOTHER Bridget Conway13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Ireland14. Informant William S. Hastings
(Address) 629 North Rose St Kalamazoo Mich15. Filed 9-30, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 28, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1931, to Sept 24, 1931that I last saw him alive on Sept 27, 1931and that death occurred, on the date stated above, at Sept 28 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:uraemia
acute nephritis
Hypertension + arteriosclerosis
(duration) yrs. mos. ds.CONTRIBUTORY uraemia
(Secondary)
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Laboratory
(Signed) E. H. G. A. H., M. D.
, 19 (Address) Bone Lake19. Place of Burial, Cremation, or Removal St. John's Cemetery Date of Burial 9-30 193120. Undertaker Schucka & W. W. Cann Address Bone Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76441

State File No. _____

PLACE OF DEATH

County of AdaRegistration District No. 2City of BoisePrimary Registration District No. 1004Local Registrar's No. 271(No. St. Luke's)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Effie M. Limbaugh

(a) Residence. No. _____

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) Oct. 27th 19117. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
19 11 no

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Emmett Idaho
(State or country)10. NAME OF FATHER F. A. Limbaugh11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)12. MAIDEN NAME OF MOTHER Schadt13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or Country)14. Informant (Address) P. A. Limbaugh15. Filed 9-30-31 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 8, 1931, to Sept 27, 1931
that I last saw h.l.k. alive on Sept 27, 1931
and that death occurred, on the date stated above, at 8:20 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Abdominal abscess
Probably appendicealCONTRIBUTORY (Secondary) Sub Pharyngeal abscess
(duration) _____ yrs. _____ mos. 10 ds.(duration) _____ yrs. _____ mos. 10 ds.18. Where was disease contracted if not at place of death? Emmett IdaDid an operation precede death? Yes Date of Sept 17-31Was there an autopsy? NoWhat test confirmed diagnosis? Surgical findings(Signed) James L. Stewart M. D.
Sept 29, 1931 (Address) Boise Idaho19. Place of Burial, Cremation, or Removal Emmett Idaho Date of Burial Sept. 30 193120. Undertaker C. D. Buckner Address Emmett Idaho

RECEIVED OCT 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76443

State File No.

Local Registrar's No. 269

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William John Gibbs.

(a) Residence. No. Sunset Mine, 28 Miles east of Boise in Elmore County.

(Usual place of abode)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed,
or Divorced (write the word)

Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) November. 16. 1909.

7. AGE

Years

Months

Days

If LESS than 1 day,

21.

10

11.

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Miner.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho.
(State or country)

10. NAME OF FATHER

Frank. A. Gibbs.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Kansas.

12. MAIDEN NAME OF MOTHER

Belle. D. Daley.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Idaho.

14. Informant Mrs. Belle. D. Gibbs.

(Address) Neal Idaho.

15. Filed 9-29, 1931 W. H. Rhodes

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 27

(Month)

27

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended/deceased from

Sept 8, 1931, to Sept 27, 1931

that I last saw him alive on Sept 27, 1931

and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos. ds. 16.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted;
if not at place of death? Probably Neal Idaho

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Ernest J. Bunker

M. D.

Sept 28, 19 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery. Sept. 29. 31.

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

RECEIVED OCT 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76444**

PLACE OF DEATH

County of AdaCity of BoiseRegistration District No. 2Primary Registration District No. 1004Local Registrar's No. 268

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Mac Leod.(a) Residence. No. 1301. N. 22. Street. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 16 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word)Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. Annie. M. Mac Leod.6. DATE OF BIRTH (month, day and year) June. 14. 1870.

7. AGE

Years

Months

Days

If LESS than 1 day,

6139.hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Mineing.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Scotch Ridge, New
(State or country) Brunswick, Canada.

10. NAME OF FATHER

John Mac Leod.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Canada.

12. MAIDEN NAME OF MOTHER

Mary Gleason13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Canada.14. Informant Mrs. William Mac Leod.(Address) 1301. N. 22. St. Boise, Idaho.15. Filed 9-29, 1931 W. H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1931, to Sept 25, 1931
that I last saw him alive on Sept 25, 1931and that death occurred, on the date stated above, at 9:28 a.m.

The CAUSE OF DEATH* was as follows:

Ca. of Sigmoid.
(Large colon).

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Ca. of Sigmoid.

(duration) yrs. mos. ds.

18. Where was disease contracted.

if not at place of death? Home.Did an operation precede death? no Date ofWas there an autopsy? no.What test confirmed diagnosis? Biopsy.

(Signed)

Hervey T. Stokes M. D.
9-28, 1931 (Address) Boise, Idaho*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery. Sept. 28. 31.

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

RECEIVED OCT 8 1931

OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76445**

PLACE OF DEATH

County of AdaCity of BoiseRegistration District No. 2Primary Registration District No. 1004(No. St Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 2672. FULL NAME Richard Eli Wharton(a) Residence. No. 1414 N. 21. Street St.

(Usual place of abode)

Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLeora A. Wharton6. DATE OF BIRTH (month, day and year) September 23, 1899

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

3200

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workMerchant, Owner of(b) General nature of industry,
business, or establishment in
which employed (or employer)General Merchandise

(c) Name of employer

Stores9. BIRTHPLACE (city or town) Waitsburg Washington,
(State or country)

10. NAME OF FATHER

Eli W. Wharton11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ohio

12. MAIDEN NAME OF MOTHER

Mary E. Best13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)14. Informant Mrs. Leora A. Wharton(Address) 1414 N. 21 St. Boise, Idaho15. Filed 9-25, 1931W. H. Rhoades

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

9231931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

9-191931

to

Death

19

that I last saw him alive on

9-23

1931

and that death occurred, on the date stated above, at 11: P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia
(Streptococci)

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Lab + phys findings(Signed) H. F. West

M. D.

9-25, 1931 (Address) 415 Eastman St
Boise, Idaho*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery Sept. 26, 1931

20. Undertaker

Address

Summers & Krebs, Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PARENTS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		Registration District No. <u>3</u>		State File No. <u>76446</u>	
City of <u>Boise.</u>		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>266</u>	
(No. <u>St. Lukes Hospital.</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Herman Andregg.</u>		<u>1009</u>			
(a) Residence. No. <u>Boise, Idaho. Route #3 St.</u>		(Usual place of abode)			
Length of residence in city or town where death occurred <u>40</u> yrs. mos. ds.		(If nonresident give city or town and state) yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Violet N. Andregg.</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 27-1873</u>					
7. AGE <u>58</u>	Years <u>3</u>	Months <u>25</u>	Days <u>1</u>	If LESS than <u>1</u> day, <u>—</u> hrs., <u>—</u> min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>		11. Total time (years) spent in this occupation			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (city or town) <u>Minnesota.</u> (State or country)					
13. NAME <u>John W. Andregg.</u>					
14. BIRTHPLACE (city or town) <u>Germany.</u> (State or country)					
15. MAIDEN NAME <u>Mary-----</u>					
16. BIRTHPLACE (city or town) <u>Germany</u> (State or country)					
17. INFORMANT <u>Mrs. Herman Andregg.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cemetery.</u> Date <u>9/25/31</u> 193					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>9-25-1931</u> <u>U. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9/22/31</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 10</u> , 193, to <u>Sept 22</u> , 193. I last saw him alive on <u>Sept 22</u> , 193. Death is said to have occurred on the date stated above, <u>11:55 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Double broncho pneumonia</u> Date of onset <u>Sept 14th</u>					
Other contributory causes of importance: <u>Acute coryza.</u>					
Name of operation <u>None</u> Date of					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>None</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 193. Where did injury occur? <u>None</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>None</u>					
Manner of injury <u>None</u>					
Nature of injury <u>None</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify <u>None</u> (Signed) <u>W. H. Rhodes</u> M. D. (Address) <u>Boise, Idaho.</u>					

RECEIVED OCT 8 1931.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76447

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1004
(No. St. Lukes Hospital.)

Local Registrar's No. 265

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin Park Lawson.

(a) Residence. No. Warm Springs Idaho. St. Warm Springs Idaho.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October. 3. 1919.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
11 11 10.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bruneau Idaho.
(State or country)

10. NAME OF FATHER

William. P. Lawson.

11. BIRTHPLACE OF FATHER (city or town) Arkansas.
(State or Country)

12. MAIDEN NAME OF MOTHER

Maude Perjue.

13. BIRTHPLACE OF MOTHER (city or town) Weiser Idaho.
(State or Country)14. Informant William. P. Lawson.
(Address) Warm Springs Idaho.15. Filed 9-18, 1931 W. E. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 13 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept 5 1931, to Sept 12 1931
that I last saw him alive on Sept 12 1931
and that death occurred, on the date stated above, at 8:20 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Accidental gunshot wound
of head - brain(duration) yrs. mos. ds.
CONTRIBUTORY Meningitis
(Secondary)

(duration) yrs. mos. ds. 6

18. Where was disease contracted Home
if not at place of death?

Did an operation precede death? yes Date of 9/9/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. E. Rhodes, M. D.
9/14, 1931 (Address) Boise Idaho.19. Place of Burial, Cremation, or Removal Date of Burial
Bruneau Idaho. Sept. 15. 1931.20. Undertaker Address
Summers & Krebs, Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76448

State File No.

PLACE OF DEATH

County of AdaCity of BoiseRegistration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 2642. FULL NAME Josephene Emelia Rasmussen(a) Residence. No. 1905 N. 10th Street St. Soda Springs Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word)

Widowed.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov. 22. 1877

7. AGE

53

Years

Months

9

Days

25

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at Home.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Beaver
(State or country) Utah

10. NAME OF FATHER

Andrew A. Biorn.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Denmark

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

unknown

14. Informant Mrs L. E. Fletcher(Address) 1905 N. 10. St. Boise Idaho.15. Filed 9-18, 1931 W. H. Rhodes

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept.

17th. 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

9-14, 1931, to 9-17, 1931that I last saw h. alive on 9-17, 1931and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Degenerative Myocarditis(duration) 5 yrs. — mos. — ds.CONTRIBUTORY
(Secondary)(duration) 2 yrs. — mos. — ds.18. Where was disease contracted
if not at place of death?BlackfootDid an operation precede death? no Date of —Was there an autopsy? noWhat test confirmed diagnosis? Physical Exam(Signed) W. H. Rhodes, M. D.Sept. 18, 1931 (Address) Boise Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Blackfoot Idaho.

Date of Burial

Sept. 19

20. Undertaker

Summers & Krebs.

Address

Boise Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSDO NOT WRITE IN THIS SPACE
76449
State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus)Local Registrar's No. 263

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Marvin Bienapfl(a) Residence. No. Meridian Idaho

(Usual place of abode.)

St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb. 6 19297. AGE Years Months Days
2 7 5
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise Ida.
(State or country)

10. NAME OF FATHER

Raymond Bienapfl11. BIRTHPLACE OF FATHER (city or town) Boise
(State or Country) Ida.12. MAIDEN NAME OF MOTHER Miss Teeter13. BIRTHPLACE OF MOTHER (city or town) Boise
(State or Country) Ida.

14.

Informant
(Address)Raymond Bienapfl
Meridian Id.

15.

Filed

9-17 1931W. K. Rasmussen

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

September 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept. 6 1931 to Sept. 11 1931that I last saw him alive on Sept. 10 1931and that death occurred, on the date stated above, at 8:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDE, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Septic Pneumonia(duration) yrs. mos. ds. 1CONTRIBUTORY
(Secondary)Peritonitis(duration) About 7 days.18. Where was disease contracted at home
if not at place of death?Did an operation precede death? yes Date of Sept. 5 1931Was there an autopsy? WantedWhat test confirmed diagnosis? Clinical findings(Signed) Harmon Breneman M.D.9-12-1931 (Address) Boise

19. Place of Burial, Cremation, or Removal

Date of Burial

St. John's Cemetery9-12 1931

20. Undertaker

Address

Schreiber & M. CannonBoise, Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76450

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Luke's Hospital)Local Registrar's No. 262

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edith Patrick(a) Residence. No. Route 4 St. Nampa, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 1 mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 24th 1908

7. AGE Years Months Days If LESS than 1 day,
22 9 20 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Long Valley
(State or country) Idaho

10. NAME OF FATHER

Henry Patrick11. BIRTHPLACE OF FATHER (city or town)
(State or Country)North Carolina

12. MAIDEN NAME OF MOTHER

Mahala Williby13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Iowa14. Informant J. H. Potter
(Address) R. F. D. #4 Nampa, Ida.15. Filed 9-16 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sep- 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sep. 5th 1931 to Sep 16 1931
that I last saw her alive on Sep 13 1931
and that death occurred, on the date stated above, at 5 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Septicemia following labor.

(duration) yrs. mos. ds. 4
CONTRIBUTOR Coherent Placenta
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Sutomey M. D.
9/14 1931 (Address) Boise

19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial 9/16 1931

20. Undertaker Mrs. Nina M. Talley Nampa, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSDO NOT WRITE IN THIS SPACE
76451
State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Lukes)Local Registrar's No. 260

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benben Harton Rou(a) Residence. No. St. Sugar City, Ida

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of Leonora Rou
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov 4/18407. AGE Years Months Days If LESS than 1 day, hrs. or min.
90 10 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Bridge Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self Contractor9. BIRTHPLACE (city or town) Brockville
(State or country) Ontario Canada10. NAME OF FATHER Charles N Rou11. BIRTHPLACE OF FATHER (city or town) Leeds
(State or Country) Ontario Canada12. MAIDEN NAME OF MOTHER Margaret Henderson13. BIRTHPLACE OF MOTHER (city or town) Leeds
(State or Country) Ontario Canada14. Informant William R. Rou
(Address) Boise, Ida15. Filed 9-11-1931 W. W. Rhoads
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 11
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 8 31 to Sept 11 31that I last saw him alive on Sept 8 31and that death occurred, on the date stated above, at 122 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Senile Gangrene
Life food & leg(duration) yrs. mos. ds.
Surgical Shock - Gangrene
CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds.
1 1 118. Where was disease contracted
if not at place of death Boise, IdahoDid an operation precede death? Yes Date Sept 10-31Was there an autopsy? NoWhat test confirmed diagnosis? Chemical finding(Signed) Jas. M. M. D.Sept 11 1931 (Address) Boise, Idaho19. Place of Burial, Cremation, or Removal Sugar City, Ida Date of Burial 9-12-193120. Undertaker Schreiber & W. C. C. Boise Address

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76452

State File No.

PLACE OF DEATH

County of Ada

CERTIFICATE OF DEATH

City of Boise.

Registration District No. 9510

Primary Registration District No. 9510

Local Registrar's No. 51

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James. Lafayette Ayres.

(a) Residence. No. 4. Miles West of Star Idaho. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 25 yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed,
or Divorced (write the word.)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mrs. J.L. Ayres.

6. DATE OF BIRTH (month, day and year)

August. 21. 1857.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

74

0

17.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work Farmer.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

Polk County Missouri.

(State or country)

10. NAME OF FATHER

Joseph. F. Ayres.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Missouri.

12. MAIDEN NAME OF MOTHER

Sarah Alverson.

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Missouri.

14.

Informant
(Address)

Mrs. J.L. Ayres.

Star, Idaho.

15.

Filed

9/10

31

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1931

I HEREBY CERTIFY, That I attended deceased from

Sept 8

1931

to

1931

that I last saw him

alive on

1931

and that death occurred, on the date stated above, at 9 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Struck by horse, skull
fractured, and other
injuries.

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Chas. E. Summers Coroner
Sept 8 1931 (Address Boise, Idaho)

19. Place of Burial, Cremation, or Removal

Date of Burial

Star Cemetery.

Sept. 10 1931.

20. Undertaker

Address

Summers & Krebs. Boise, Idaho.

Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76453**

PLACE OF DEATH

County of Ada
City of Meridian

Registration District No. 11Primary Registration District No. 2003Local Registrar's No. 18

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Adkin(a) Residence No. Meridian St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Emily A Adkin
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
75 10 25 _____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) New York City
(State or country) New York

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) unknown
(State or Country) England

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) unknown
(State or County) England

14. Informant Mrs Clara Wickham
(Address) Meridian Idaho

15. Filed 8-24, 1931 J.H. Neal
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug. 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct., 1920, to Aug 22, 1931

that I last saw him alive on Aug 21, 1931

and that death occurred, on the date stated above, at 7:30 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY Cerebral Hemorrhage
(Secondary)

(duration) 2 yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J.H. Neal, M. D.

8-24, 1931 (Address) Meridian Idaho

19. Place of Burial, Cremation, or Removal Meridian Idaho Date of Burial 8-25-1931

20. Undertaker W.S. Mateer Address Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED SEP 25 1931

DO NOT WRITE IN THIS SPACE

76454

State File No.

PLACE OF DEATH

County of Ada
City of Meridian

Registration District No. 11Primary Registration District No. 203Local Registrar's No. 17

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

William Henry Mayes

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed,
or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Sarah E. Mayes
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 13, 1857

7. AGE Years 73 Months 8 Days 8 If LESS than 1 day,
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Seneca, Mo.
(State or country)10. NAME OF FATHER Wm H. Mayes11. BIRTHPLACE OF FATHER (city or town) Mont. Known
(State or Country)12. MAIDEN NAME OF MOTHER Elizabeth Hammigan13. BIRTHPLACE OF MOTHER (city or town) Mont. Known
(State or Country)

14. Informant Sarah E. Mayes
(Address) Meridian, Ida

15. Filed 8-23, 1931 W F Neal
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 21, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5:27, 1931, to 8:21, 1931
that I last saw him alive on 8:21, 1931
and that death occurred, on the date stated above, at 9:10 P. m.
The CAUSE OF DEATH* was as follows:

Strepto-Staphylococcal infection
of bladder - nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Lab(Signed) W F Neal, M. D.8-24, 1931 (Address) Meridian, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Funeral Home Date of Burial 8-24 1931

20. Undertaker B W Robinson Address Meridian, Ida

RECEIVED SEP 28 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76455

State File No.

PLACE OF DEATH

County of AdaCity of Boise.

CERTIFICATE OF DEATH

Registration District No. 9-10Primary Registration District No. 9-10

(No.)

Local Registrar's No. 1

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Ann Breshears.(a) Residence. No. Star, Idaho.

St.

(Usual place of abode.)
Length of residence in city or town where death occurred. 5 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single. Married. Widowed,
or Divorced (write the word.)Widow.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

August. 8. 1849.

7. AGE

Years

Months

Days

If LESS than 1 day,

81.11.23.hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.At Home.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri.
(State or country)

10. NAME OF FATHER

Henderson Potter.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Tenn.

12. MAIDEN NAME OF MOTHER

Elisey Hall.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Kentucky.

14.

Informant
(Address)Joe Breshears.
Eagle, Idaho.

15.

Filed

Aug 3rd, 1931.

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 1

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended decas d from

June +, 1931, to Aug 1, 1931that I last saw h. alive on July 31, 1931and that death occurred, on the date stated above, at 1 A.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Old Age + Tachycardia
no definite diseaseCONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?don't know

Did an operation precede death?

no Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

Aug 31, 1931 (Address) Star, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Dry Creek CemeteryAug. 3. 31st

20. Undertaker

Address

Summers & Krebs, Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76456

PLACE OF DEATH

County of AdaCity of Keena

CERTIFICATE OF DEATH

Registration District No. 124Primary Registration District No. 2202

(No.)

Local Registrar's No. 210

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hester Anna Irwin

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWm Irwin6. DATE OF BIRTH (month, day and year) Aug. 15th 18517. AGE Years 80 Months 1 Days 9 Of LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

house wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Cambridge, Ohio
(State or country)10. NAME OF FATHER J. P. Waller11. BIRTHPLACE OF FATHER (city or town) unknown
(State or Country)12. MAIDEN NAME OF MOTHER Marjorie Gray13. BIRTHPLACE OF MOTHER (city or town) unknown
(State or County)14. Informant Miss Jenn Irwin
(Address) Keena, Idaho15. Filed 9-25, 1931 Ray Musselman
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9-24, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 4-22, 1931, to 9-24, 1931that I last saw him alive on 4-22, 1931and that death occurred, on the date stated above, at 4:50 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Senility.(duration) 1 yrs. mos. ds.CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓Did an operation precede death? 20 Date of ✓Was there an autopsy? 20What test confirmed diagnosis? ✓(Signed) C. Horton M. D.9-24, 1931 (Address) Keena, Idaho19. Place of Burial, Cremation, or Removal Kohlerlawn-Yampa Date of Burial 9-25 193120. Undertaker Mrs. Nina M. Talley Yampa, Idaho Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
PLACE OF DEATH
COUNTY OF Idaho
CITY OF Meadows
REGISTRATION DISTRICT NO. 71
PRIMARY REGISTRATION DISTRICT NO. (No. filed at her home in Meadows, Idaho.)

DO NOT WRITE IN THIS SPACE
76457
State File No.

Local Registrar's No.

2. FULL NAME Gladys Pollard Wilson
(a) Residence. No. Meadows, Idaho St. Born in Me. Conn. Eng. Feb. 1, 1897
(Usual place of abode)
Length of residence in city or town where death occurred. 11 yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? 22 yrs. 5 mos. 29 ds.
(If death occurred in a hospital or institution, give its name instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single , Married, Widowed, or Divorced (write the word) <u>married</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Henry Wilson</u>				
6. DATE OF BIRTH (month, day and year) <u>Feb. 1, 1897</u>				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>34</u>	<u>7</u>	<u>26</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				
9. BIRTHPLACE (city or town) (State or country) <u>Nelson England</u>				
10. NAME OF FATHER <u>Robert Pollard</u>				
11. BIRTHPLACE OF FATHER (city or town) (State or Country) <u>Bumley England</u>				
12. MAIDEN NAME OF MOTHER <u>Elizabeth G. Foster</u>				
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) <u>Wheately Lane England</u>				
14. Informant <u>Henry Wilson</u> (Address) <u>Meadows, Idaho</u>				
15. Filed <u>Oct 10 1931</u> <u>Miss Thurst M.D.</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH <u>September, 30</u> 19 <u>31</u> (Month) (Day) (Year)	
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at <u>8 P.M.</u> m. The CAUSE OF DEATH* was as follows: <u>Tuberculosis, general. Phthisis Pulmonalis.</u> <u>(Tuberculosis of Lungs.)</u> (duration) <u>4</u> yrs. <u>6</u> mos. _____ ds. CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds. 18. Where was disease contracted <u>Echo, Oregon</u> if not at place of death? _____ Did an operation precede death? <u>No</u> Date of <u>None</u> Was there an autopsy? <u>No. (not necessary.)</u> What test confirmed diagnosis? <u>Diagnosis not in doubt</u> (Signed) <u>Dr. H. G. Schuyler</u> M. D. <u>October, 1, 1931.</u> (Address) <u>New Meadows, Idaho</u> *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 19. Place of Burial, Cremation, or Removal <u>Meadows Valley Cemetery</u> Date of Burial <u>Oct. 2, 1931</u> 20. Undertaker <u>Mrs. Bratney</u> Address <u>Borise</u>	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 6 1931

PLACE OF DEATH

County of Bannock

City of Lava Hot Springs

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76458

State File No. _____

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 233

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clayson Peter Marso Jr. 24

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Child</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Sept 29 - 1926</u>		
6. DATE OF BIRTH (month, day, and year) <u>Sept 9 - 1926</u>		
7. AGE	Years <u>5</u>	Months <u>-</u>
	Days <u>20</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
MOTHER FATHER	11. Total time (years) spent in this occupation	
	12. BIRTHPLACE (city or town) (State or country) <u>Lava Hot Springs Idaho</u>	
	13. NAME <u>A. P. Marso</u>	
14. BIRTHPLACE (city or town) (State or country) <u>Bozeman Montana</u>		
15. MAIDEN NAME <u>Evelyn Mass</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>		
17. INFORMANT (Address) <u>A. P. Marso Lava Hot Springs Id.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place Date 193 <u>Sept 30</u>		
19. UNDERTAKER (Address) <u>Schumacher Beasley Inc. Coatsville Idaho</u>		
20. FILED <u>Sept 30</u> , 1931. <u>Mrs. J. L. Rich</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to Sept 29, 1931.

I last saw him alive on Sept 28, 1931; death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Epidemic Cerebrospinal Meningitis

July 20, 1931

Other contributor causes of importance:

Not contagious at time of death. Spinal fluid negative Sept 19th

Name of operation None Date of _____

What test confirmed diagnosis? Spinal fluid Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. P. Rich, M.D.

(Address) Lava Hot Springs (By Dorothy Rich, M.D.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED OCT 6 1931

DO NOT WRITE IN THIS SPACE

76459

State File No.

PLACE OF DEATH

County of DannockCity of Lava Hot SpringsRegistration District No. 84Primary Registration District No. 2161Local Registrar's No. 232

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Livingston Kidd(a) Residence. No. Lava Hot Springs St. 49

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed or divorced
HUSBAND or
(or) WIFE Mrs. Charlotte Ella Kidd

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.53911

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer(b) General nature of industry, business, or establishment in which employed (or employer) Farming(c) Name of employer None9. BIRTHPLACE (city or town) (State or country) Scotland10. NAME OF FATHER George Hendel Frederic Kidd11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland12. MAIDEN NAME OF MOTHER Isabell Kirk13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Scotland

14.

Informant C. R. Rich, M.D. at home of Wife(Address) Lava Hot Springs

15.

Filed Sept 30, 1931Mrs. E. G. Rich
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) Sept(Day) 11(Year) 1931

17. I HEREBY CERTIFY, That I attended deceased from

April 18, 1931, to Sept 11, 1931that I last saw him alive on Sept 10, 1931and that death occurred, on the date stated above, at 9:00 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Rectum
(Carcinoma)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None known

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 24Was there an autopsy? no.What test confirmed diagnosis? Examination(Signed) C. R. Rich, M. D.9-11, 1931 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

19

20. Undertaker

Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED OCT 6 1931

DO NOT WRITE IN THIS SPACE

76460

State File No.

PLACE OF DEATH

County of Bannock
City of Mt. Cammon

Registration District No. 84Primary Registration District No. 2161Local Registrar's No. 231

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. Mt. Cammon St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

None9. BIRTHPLACE (city or town)
(State or country)Mt. Cammon

10. NAME OF FATHER

Albert Herato Calkins11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho Falls
Idaho

12. MAIDEN NAME OF MOTHER

Hanna Crossley13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Moscow
Idaho

14. Informant

(Address)

L. A. Rich M.D. copy for
with certificate

15. Filed

Sept-30, 1931Wm. J. G. H. Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept
(Month)6
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 5, 1931, to Sept 6, 1931
that I last saw him alive on Sept 5, 1931and that death occurred, on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows:

Premature Delivery
with hemorrhage from
afterbirth

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Placenta & Previa
separation of Afterbirth
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Examination(Signed) L. A. Rich, M. D.
9-6, 1931 (Address) Laramie, Wyo.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
	19
20. Undertaker	Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 76461 State File No.	
County of <u>Bannock</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>155</u>	
City of <u>Pocatello</u>		Primary Registration District No. <u>2161</u>			
(No. <u>Lynn Bros.</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Boyd Denny</u>		183			
(a) Residence. No.		St. <u>Mackay Idaho</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>June 19-1918</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>13</u>	<u>3</u>	<u>9</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>C. C. Denny</u>					
13. NAME <u>C. C. Denny</u>					
14. BIRTHPLACE (city or town) (State or country)					
15. MAIDEN NAME <u>-</u>					
16. BIRTHPLACE (city or town) (State or country)					
17. INFORMANT (Address) <u>Mrs. C. C. Denny</u> <u>Mackay Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain View</u> Date <u>9/30</u> , 1931					
19. UNDERTAKER <u>Schumacher & Brasley</u> (Address) <u>Pocatello Idaho</u>					
20. FILED <u>9-30</u> , 1931 <u>D. C. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 28 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 27</u> , 1931, to <u>Sept 28</u> , 1931					
I last saw him alive on <u>Sept 28</u> , 1931; death is said to have occurred on the date stated above, at <u>7 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>accidental gun shot wound of abdomen</u>					
Other contributory causes of importance:					
<u>Hammer blow to head</u>					
Name of operation <u>Emergency</u> Date of <u>9/27/31</u>					
What test confirmed diagnosis <u>R.N.T.S.</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>no</u> Date of injury <u>9/27, 1931</u>					
Where did injury occur? <u>Mackay Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>open field</u>					
Manner of injury <u>gun shot wound</u>					
Nature of injury <u>abdominal</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>no</u>					
(Signed) <u>W. H. Hym</u> , M. D.					
(Address) <u>Pocatello Idaho</u>					

RECEIVED OCT 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76464

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

(No.)

Local Registrar's No. 152

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edith Margaret Mark

(a) Residence. No. 1435 1st St. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Mark

6. DATE OF BIRTH (month, day and year) April 10 - 1899

7. AGE Years 32 Months 5 Day 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House Wife (b) General nature of industry, business, or establishment in which employed (or employer) none (c) Name of employer none

9. BIRTHPLACE (city or town) Yale (State or country) Idaho

10. NAME OF FATHER Herwald K. Fager

11. BIRTHPLACE OF FATHER (city or town) Unknown (State or Country) U.S.A.

12. MAIDEN NAME OF MOTHER Viola

13. BIRTHPLACE OF MOTHER (city or town) Unknown (State or Country) U.S.A.

14. Informant (Address) Henry Mark

15. Filed 9/23/31 1931 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 22 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-22-31 to 9-22-31 that I last saw her alive on 9-22-31 and that death occurred, on the date stated above, at 7 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Hemorrhage - Uterus - following abruptus placenta -

(duration) yrs. mos. ds. 1

CONTRIBUTORY (Secondary) hemorrhage

(duration) yrs. mos. ds. 9

18. Where was disease contracted if not at place of death? Pocatello

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) William J. M. D. 9-24-31 (Address) Pocatello

19. Place of Burial, Cremation, or Removal Pocatello Idaho Date of Burial 9/28/31

20. Undertaker B. L. McLean Address Pocatello Idaho

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
76465
State File No.

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 150
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Evelyn Hewitt
(a) Residence. No. 1440. E. Centre St. 176
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day and year) Aug 17, 1912
7. AGE Years Months Days If LESS than 1 day.
19 1 5 hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Minnesota

10. NAME OF FATHER Walter Hewitt

11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) unknown

14. Informant (Address) Mrs. E. R. Harrison

15. Filed Sept 24 1931 Registrar McHown & Co.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 21, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1931, to Sept 21, 1931,
that I last saw him alive on Sept 21, 1931,
and that death occurred, on the date stated above, at 5:00 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

General peritonitis from infected fallopian tubes

(duration) yrs. mos. 4 ds.

CONTRIBUTORY Salpingitis
(Secondary)
(duration) yrs. mos. 8 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sept 18

Was there an autopsy? yes

What test confirmed diagnosis Inflammation of peritoneum

(Signed) Wm. Newton, M. D.
Sept 22, 1931 (Address) Pocatello, Ida

19. Place of Burial, Cremation, or Removal Pocatello, Idaho Date of Burial 19

20. Undertaker McHown & Co. Address Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76466	
County of <u>Bannock</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>149</u>	
City of <u>Pocatello</u>		Primary Registration District No. <u>2161</u>			
(No. <u>St Anthony's Hosp.</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Nick Vetranos</u>					
(a) Residence. No. <u>454 N. 4th</u>		St. <u></u>		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 18, 1911</u>					
7. AGE	Years <u>20</u>	Months <u>7</u>	Days <u>0</u>	If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u></u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>O.S.L. shops</u>				
	10. Date deceased last worked at this occupation (month and year) <u></u>				
11. Total time (years) spent in this occupation <u>2 yrs</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Pocatello Idaho</u>					
MOTHER FATHER	13. NAME <u>Joe Vetranos</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Italy</u>				
	15. MAIDEN NAME <u>Rose</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Italy</u>				
17. INFORMANT (Address) <u>Carmelita Vetranos Pocatello Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain View</u> Date <u>Sept. 20, 1931</u>					
19. UNDERTAKER (Address) <u>Schumacher & Beasley Pocatello Idaho</u>					
20. FILED <u>9-24</u> , 1931 <u>1</u> <u>O. C. Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 18, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 13</u> , 1931, to <u>Sept. 18</u> , 1931.					
I last saw him alive on <u>Sept. 17</u> , 1931; death is said to have occurred on the date stated above, at <u>2:50</u> p.m.					
The principal cause of death and related causes of importance were as follows: <u>meningitis following compound skull fracture</u>					
Date of onset <u></u>					
Other contributory causes of importance: <u></u>					
Name of operation <u></u> Date of <u></u>					
What test confirmed diagnosis? <u></u> Was there an autopsy? <u></u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>Sept. 13, 1931</u>					
Where did injury occur? <u>Pocatello Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>public place</u>					
Manner of injury <u>Auto accident</u>					
Nature of injury <u>Compound skull fracture</u>					
24. Was disease or injury in any way related to occupation of deceased? <u></u>					
If so, specify <u></u>					
(Signed) <u>A. M. Newton</u> , M. D.					
(Address) <u>Pocatello, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		CERTIFICATE OF DEATH		State File No. 76467	
County of Bannock		Registration District No. 28		Local Registrar's No. 147	
City of Pocatello		Primary Registration District No. 2161			
		(No. 1200 Block on North Arthur Ave.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME George Henry Isham					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Single			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Nov. 15, 1927					
7. AGE Years 3	Months 9	Days 29	If LESS than 1 day, ____ hrs. or ____ min.		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home					
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.					
MOTHER / FATHER					
13. NAME Ernest Isham					
14. BIRTHPLACE (city or town) (State or country) Wisconsin					
15. MAIDEN NAME Mildred Brower					
16. BIRTHPLACE (city or town) (State or country) Parker, Idaho.					
17. INFORMANT Ernest Isham (Address) Pocatello, Idaho.					
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Sept. 16, 1931.					
19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Ida.					
20. FILED Sept. 15, 1931. D C Ray Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Sept. 14, 1931.					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.					
I last saw h_____ alive on _____, 193____; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: Crushed Skull					
Accidentally done when ice truck backed over him					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) Arthur W. Hall Coroner M. D.					
(Address) Pocatello, Idaho.					

188C

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH Registration District No. <u>28</u> Primary Registration District No. <u>2161</u> Residence (No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)		State File No. <u>76468</u>	
City of <u>Pocatello</u>				Local Registrar's No. <u>146</u>	
2. FULL NAME <u>Addie May Tewell</u> (a) Residence. No. <u>231 North Johnson Ave.</u> St. _____ (Usual place of abode) Length of residence in city or town where death occurred. <u>2</u> yrs. <u></u> mos. <u></u> ds. How long in U. S., if of foreign birth? <u></u> yrs. <u></u> mos. <u></u> ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Wife of J. C. Tewell</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 23, 1868.</u>					
7. AGE	Years <u>63</u>	Months <u>3</u>	Days <u>20</u>	If LESS than 1 day, _____ hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>					
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Pennsylvania</u>					
13. NAME <u>Henry Leader</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Penn.</u>					
15. MAIDEN NAME <u>Emma Martin</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Penn.</u>					
17. INFORMANT <u>J. C. Tewell</u> (Address) <u>Pocatello, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>Sept. 14, 1931</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>Sept 14., 1931.</u> <u>D C Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 12, 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 27</u> , 1931, to <u>Sept 12</u> , 1931.					
I last saw <u>her</u> alive on <u>9-12</u> , 1931; death is said to have occurred on the date stated above, at <u>6:30</u> a.m.					
The principal cause of death and related causes of importance were as follows: <u>chronic myocarditis, chronic nephritis, uremia</u>					
Date of onset _____					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify <u>no</u>					
(Signed) <u>D C Ray</u> M. D. (Address) <u>Pocatello, Idaho.</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76469	
County of <u>Bannock</u>	City of <u>Pocatello</u>	Registration District No. <u>28</u>	Primary Registration District No. <u>2161</u>	Local Registrar's No. <u>145</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Vincenzo Mariano</u>		749			
(a) Residence. No. <u>826 - N. 7th</u> St.		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec., 1856</u>					
7. AGE	Years <u>74</u>	Months <u>9</u>	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Italy</u>					
MOTHER	13. NAME <u>Carmen Mariano</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Italy</u>				
	15. MAIDEN NAME <u>Prigiosa</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Italy</u>				
FATHER	17. INFORMANT (Address) <u>Mrs. Angelo Busch</u> <u>Pocatello, Idaho</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain Cemetery</u> Date <u>Sept. 6, 1931</u>				
	19. UNDERTAKER (Address) <u>Schumacher & Beasley</u> <u>Pocatello, Idaho</u>				
	20. FILED <u>9-5</u> , 1931 <u>D C Ray</u> Registrar				
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 3, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 15</u> , 1931, to <u>Sept 3</u> , 1931.					
I last saw him alive on <u>Sept 3</u> , 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage</u> <u>myocarditis chronic</u>					
Other contributory causes of importance: <u>Senility</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> . If so, specify _____					
(Signed) <u>A. M. Newton</u> , M. D.					
(Address) <u>Pocatello, Idaho</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED OCT 7 1931
DO NOT WRITE IN THIS SPACE
76472
State File No.

PLACE OF DEATH
County of Bannock
City of Virginia

Registration District No. 83
Primary Registration District No. 2160

Local Registrar's No. 9

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John William Tillotson

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August - 19 - 1870

7. AGE Years Months Days If LESS than 1 day.
61 27 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Laurens, S. C.
(State or country)

10. NAME OF FATHER William George Tillotson

11. BIRTHPLACE OF FATHER (city or town) Buffalo, N. Y.
(State or Country)

12. MAIDEN NAME OF MOTHER Esther Watkins

13. BIRTHPLACE OF MOTHER (city or town) Laurens, S. C.
(State or Country)

14. Informant John Tillotson
(Address)

15. Filed Oct. 3 - 1931 Mary C. Coffin
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept - 15 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug - 1 - 1931 to Sept - 15 - 1931
that I last saw him alive on Sept - 12 - 1931
and that death occurred, on the date stated above, at 3:00 A.M.
The CAUSE OF DEATH* was as follows:

Adenoma.

CONTRIBUTORY (Secondary) Prostatic Obstruction
(duration) 12 mos. yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of
Was there an autopsy?

What test confirmed diagnosis?
(Signed) T. F. Hartigan M. D.
9-16-1931 (Address) Barnes, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
19

20. Undertaker Arthur W. Hall Address Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED OCT 7 1931

DO NOT WRITE IN THIS SPACE

State File No. **76473**PLACE OF DEATH
County of BannockCity of Armo, IdahoRegistration District No. 83Primary Registration District No. 2160Local Registrar's No. 10(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Roby Jensen Sessions St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sept-8-31

7. AGE

Years

Months

Days

If LESS than 1 day,
21 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Armo, Idaho

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Bountiful, Utah

12. MAIDEN NAME OF MOTHER

Verna Jensen13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Mendon, Utah

14.

Informant
(Address)Sylvaneus Sessions

15.

Filed Oct-3-, 1931Mary C. Coffin
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

Sept - 9 - 1931

17. I HEREBY CERTIFY, That I attended deceased from

Sept - 8 - 1931, to Sept - 8 - 1931
that I last saw him alive on Sept - 8 - 1931
and that death occurred, on the date stated above, at 4:00 P.m.

The CAUSE OF DEATH* was as follows:

Premature Birth
About 6 months gestation

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. P. Harrison, M. D.19. (Address) Armo, Ida.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

Sept-10-1931
Armo Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH Bennett State Idaho Registered No. 76474
County _____ or Village _____ or _____
Township _____ or _____
City Dr. Smith No. _____ St., ✓ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Theresa Marie Arpa 113
(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE Indian 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) July 31, 1930

7 AGE Years Months Days If LESS than 1 day, --- hrs. or --- min.
1 2

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Dr. Smith Idaho
(State or country)

10 NAME OF FATHER Louise Arpa

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Howard Allen Bennett

12 MAIDEN NAME OF MOTHER Mary Madeline Bennett

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Howard Allen Bennett

14 Informant Mrs. Louis Arpa
(Address) Dr. Smith, Idaho

15 Filed Sept 27, 1931 John Post REGISTRAR
11-2184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1931, to Sept 27, 1931

that I last saw him alive on Sept 27, 1931

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Heart Ectasia

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(SECONDARY)

_____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted at home
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? clinical
(Signed) J. A. Nelson M. D.

19 (Address) Dr. Smith, Idaho

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Dr. Smith, Idaho Sept 28 1931

20 UNDERTAKER ADDRESS

C. L. Schneider Dr. Smith, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 15 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76475**

PLACE OF DEATH

County of BennettCity of St. Maries, IdaRegistration District No. 32Primary Registration District No. 2049Local Registrar's No. 28

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Murray Ramsey

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>
--------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		<u>1</u>	<u>13</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Boadwin
(State or Country) Washington

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) St. Maries
(State or Country) Idaho14. Informant Charles Ramsey
(Address) St. Maries, Idaho15. Filed 10-12, 1931 Walter Eoberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Sept 26 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Sept 26, 1931, to Sept 28, 1931
that I last saw him alive on Sept 27, 1931
and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Schizophrenia Bowels(duration) yrs. mos. 3 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Current fecal stool(Signed) Walter E. Eoberg M. D.
Sept 28, 1931 (Address) St. Maries, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Woodlawn Date of Burial 9/30 193120. Undertaker Ed E. Mitchell Address St. Maries

RECEIVED OCT 15 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76476

State File No.

PLACE OF DEATH

County of Benewah
City of St. MariesRegistration District No. 22
Primary Registration District No. 2049Local Registrar's No. 27

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME A. Z. Kirby(a) Residence. No. St. Maries, Ida. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Divorced5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day and year)

7. AGE Years 64 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fire Fighter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Connell & Sons Timber Protecting Assn.9. BIRTHPLACE (city or town) (State or country) unknown10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant John Ballin
(Address) St. Maries15. Filled 10-12-31 Walter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

that I last saw him alive on, 19

and that death occurred, on the date stated above, at 4:00 p.m.

The CAUSE OF DEATH* was as follows:

Internal Injury and Shock due to a large log falling and striking him
(duration) 4 hrs. yrs. mos. ds.CONTRIBUTORY Stones by fallen limbs
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? History of injury(Signed) Owen D. Platt M. D.
Sept 6, 1931 (Address) St. Maries, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St. Maries Ida. Date of Burial Sept 9 1931
20. Undertaker Frank Mitchell Address St. Maries

RECEIVED OCT 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76477

State File No.

PLACE OF DEATH

County of BinghamCity of AbideenRegistration District No. 116Primary Registration District No. 21987Local Registrar's No. 12

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John M. Livingston(a) Residence. No. Abideen, Ida St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Marion Craig Kennedy
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 27, 1847

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
82 10 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Scotland
(State or country)

10. NAME OF FATHER Alexander Livingston

11. BIRTHPLACE OF FATHER (city or town) Scotland
(State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth McBeth

13. BIRTHPLACE OF MOTHER (city or town) Scotland
(State or Country)

14. Informant A. E. Livingston
(Address) Abideen, Ida

15. Filed 9/11 1931 M. C. Mackman
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1931, to Sept 10, 1931, that I last saw him alive on Sept 10, 1931, and that death occurred, on the date stated above, at 2:40 P. m. The CAUSE OF DEATH* was as follows:

pleurisy with effusion

(duration) yrs. 3 mos. ds.

CONTRIBUTORY Subacute Myocarditis
(Secondary) (duration) yrs. 2 mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) M. C. Mackman M. D.
9/11, 1931 (Address) Abideen, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Randolph, Utah Date of Burial 9/14 1931

20. Undertaker Geo. Davis Address Av. Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED OCT 7 1931 DO NOT WRITE IN THIS SPACE 76478	
County of <u>Bingham</u>		City of <u>Blackfoot</u>		State File No. _____	
Registration District No. <u>121</u>		Primary Registration District No. <u>2194</u>		Local Registrar's No. <u>161</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Irene Vasar Stamm</u>					
(a) Residence. No. <u>R.F. #2</u> St. _____ (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 9 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
		<u>4</u>	<u>1</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Blackfoot Idaho</u>					
FATHER	13. NAME <u>Frank J. Stamm</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>White Lake South Dakota</u>				
	15. MAIDEN NAME <u>Calmar, Iush</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>St. Athanasius Iowa</u>				
MOTHER	17. INFORMANT (Address) <u>Dr. J. Stamm Blackfoot Ida R. #2.</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>none city</u> Date <u>Sep-10 1931</u>				
19. UNDERTAKER (Address) <u>Blackfoot</u>					
20. FILED <u>Sep. 10 1931</u> <u>Mr. Thelma E. Pattee</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9-10 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Am</u> <u>9-10</u> , 1931, to <u>1931</u> , 1931.					
I last saw <u>her</u> alive on <u>9-10</u> , 1931; death is said to have occurred on the date stated above, at <u>3 A.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>acute dysentery</u>					
Date of onset <u>9-9-31</u>					
Other contributory causes of importance: <u>mal-nutrition & a severe very weary</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <input checked="" type="checkbox"/>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <input checked="" type="checkbox"/> Date of injury _____, 1931.					
Where did injury occur? <input checked="" type="checkbox"/> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <input checked="" type="checkbox"/>					
Manner of injury <input checked="" type="checkbox"/>					
Nature of injury <input checked="" type="checkbox"/>					
24. Was disease or injury in any way related to occupation of deceased? <input checked="" type="checkbox"/>					
If so, specify _____					
(Signed) <u>J. D. Humphrey</u> , M. D.					
(Address) <u>Blackfoot Idaho</u>					

16

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of I*1/2 Mi S.E.
of City Limits.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2194

(No. On Hepworth Ranch, S.E. from City)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thurman M. White.

(a) Residence. No. ----- St. -----

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Premature Infant

5a. If married, widowed, or divorced
HUSBAND of -----
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) Sept. 10, 1931

7. AGE Years Months Days If LESS than 1 day 30 hrs. or min.
-- -- -- -- 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -----

10. Date deceased last worked at this occupation (month and year) -----

11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (city or town) Blackfoot Precinct
(State or country) No. 27

13. NAME Mondell P. White

14. BIRTHPLACE (city or town) Afyon, Wyo.
(State or country)

15. MAIDEN NAME Reita Thurman,

16. BIRTHPLACE (city or town) Arton Wyo.
(State or country)

17. INFORMANT Mondell P. White
(Address) Arton, Wyo.

18. BURIAL, CREMATION, OR REMOVAL Hepworth Ranch
Place Blackfoot, Ida. Date Sept. 11 1931

19. UNDERTAKER None
(Address)

20. FILED Sept 11, 1931 Mar Walter E. Potts
Registrar.

RECEIVED OCT 7 1931

DO NOT WRITE IN THIS SPACE

76479

State File No. 160

Local Registrar's No. 1619

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 10 1931

22. I HEREBY CERTIFY, That I attended deceased from Sent. 10
Sent. 10, 1931, to Sent. 10, 1931.

I last saw him alive on Sent. 10, 1931. death is said to have occurred on the date stated above, at 9:50 A. m.

The principal cause of death and related causes of importance were as follows:

Premature birth carried in utero 5 months.

Other contributory causes of importance:

3 days automobiling averaging 300 miles per day.

Date of onset

Name of operation ----- Date of -----

What test confirmed diagnosis? ----- Was there an autopsy? -----

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ----- Date of injury -----, 1931.

Where did injury occur? -----
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. -----

Manner of injury -----

Nature of injury -----

24. Was disease or injury in any way related to occupation of deceased? -----

If so, specify -----

(Signed) W. E. Potts M.D.

(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED OCT 7 1931 DO NOT WRITE IN THIS SPACE 76481 State File No.	
County of <u>Bingham</u>	City of <u>Shelley</u>	Registration District No. <u>121</u>		Local Registrar's No. <u>158</u>	
Primary Registration District No. <u>8194</u>		(No.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Jack Hansen</u>					
(a) Residence. No.		St.		1614	
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 24, 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	0	0	15		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Shelley, Idaho</u>					
MOTHER FATHER					
13. NAME <u>George T. Hansen</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Fredericia, Denmark</u>					
15. MOTHER NAME <u>Helen M. Boyer</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Shelley, Ida</u>					
17. INFORMANT (Address) <u>George T. Hansen</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Bridgeport</u> Date <u>Sept 6, 1931</u>					
19. UNDERTAKER (Address) <u>Shelley, Idaho</u>					
20. FILED <u>Sept 6, 1931</u> <u>Wm. T. Patton, Valer</u>					
REGISTRAR.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 4, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 24</u> , 1931, to <u>Sept 4</u> , 1931.					
I last saw him alive on <u>Sept 4</u> , 1931; death is said to have occurred on the date stated above, at <u>7:45 AM</u> .					
The principal cause of death and related causes of importance were as follows:					
<u>Premature delivery at 7th month of pregnancy</u>					
Date of onset <u>8/24/31</u>					
Other contributory causes of importance: <u>From toxemia</u>					
Name of operation <u>None</u> Date of <u>Sept 4, 1931</u>					
What test or tests were made? <u>Legion</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>No</u> Date of injury <u>1931</u>					
Where did injury occur? <u>No</u>					
(Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify					
(Signed) <u>H. C. Guyett</u> , M. D.					
(Address) <u>Shelley, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		CERTIFICATE OF DEATH		State File No. <u>76482</u>	
City of <u>Blackfoot</u>		Registration District No. <u>121</u>		Local Registrar's No. <u>157</u>	
		Primary Registration District No. <u>1007</u>			
		(No. <u>McMillin Hospital, So Broadway</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>William Lee Jones</u>					
(a) Residence. No. <u>Blackfoot R.F.D.#2</u> St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX		4. COLOR OR RACE		5. Single, Married, Widowed, or Divorced (write the word)	
<u>Male</u>		<u>White</u>		<u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 28, 1921</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>10</u>				<u>4</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Schoolboy</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Craynor Ky.</u>					
13. NAME <u>R.I. Jones</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Ky.</u>					
15. MAIDEN NAME <u>Emily Mullens</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Virginia</u>					
17. INFORMANT (Address) <u>R. L. Jones Blackfoot, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Moreland Cem</u> Date <u>Sep. 2, 1931</u>					
19. UNDERTAKER (Address) <u>E. O. Runk Blackfoot, Idaho</u>					
20. FILED <u>Sept 1, 1931</u> Registrar. <u>Walter E. Petrie</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9 - 1, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>8 - 24, 1931</u> , to <u>9 - 1, 1931</u> . I last saw him alive on <u>8 - 31, 1931</u> ; death is said to have occurred on the date stated above, at <u>4:30 AM</u> . The principal cause of death and related causes of importance were as follows: <u>Strabismus Mellitus</u> <u>7-25231</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Were an autopsy? <u>no</u>					
23. If death was due to external causes (violence) file in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 1931. Where did injury occur? <u>✓</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>✓</u> Manner of injury <u>✓</u> Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> . If so, specify _____ (Signed) <u>J. O. Hamplair</u> , M. D. (Address) <u>Blackfoot, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ft. Hall Jurisdiction

Current Complete

Sept. 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

County of **Ft. Hall Reservation**

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

City of **At Ranch.**Registration District No. **121**Primary Registration District No. **2194-R**

State File No.

76483Local Registrar's No. **156**(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME **Charles Pohipe**(a) Residence. No. **----**

St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. **2** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

**Shoshone
Ind. 4/4**5. Single, Married, Widowed,
or Divorced (write the word)**Widower**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of**Laura Poyenewse**6. DATE OF BIRTH (month, day, and year) **--1865--**

7. AGE

Years

66

Months

--

Days

--If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**Retired farmer**9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.**Own farm**10. Date deceased last worked at
this occupation (month
year) **Jan 1, 1928**11. Total time (years)
spent in this
occupation **40**12. BIRTHPLACE (city or town) **Lemhi Reservation**
(State or country)

FATHER

13. NAME **Bearheart.**14. BIRTHPLACE (city or town) **Lemhi Reservation**
(State or country)

MOTHER

15. MAIDEN NAME **Laura Mod-o-stook**16. BIRTHPLACE (city or town) **Lemhi Reservation**
(State or country)17. INFORMANT **Judith Honena.**
(Address) **Ft. Hall, Idaho**18. BURIAL, CREMATION OR REMOVAL **Butte Cem.**
Place **Ft. Hall Res.** Date **Oct. 2**, 193119. UNDERTAKER **Brown & Eldredge**
(Address) **Blackfoot, Idaho.**20. FILED **Oct. 2**, 1931 **I M. H. E. F. F. F.**

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Sept. 29 1931**22. I HEREBY CERTIFY, That I attended deceased from
No Doctor attending, 1931, to _____, 1931.I last saw h. alive on _____, 1931; death is said
to have occurred on the date stated above, at **5: P.**
The principal cause of death and related causes of importance
were as follows:**Tuberculosis of Lungs**

Date of onset

7/31

Other contributory causes of importance:

None ascertainableName of operation **None** Date of _____What test confirmed diagnosis? **None** Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) **Henry R. M. M.**, M. D.(Address) **Ft. Hall, Idaho.**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ft. Hall Jurisdiction

Current Complete

Aug. 1931

PLACE OF DEATH

City of ~~xxxx~~ Ft. Hall
 Reservation

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76484

State File No.

Registration District No. 121

Primary Registration District No. 2194-R

Local Registrar's No. 105

(No. -----)
 (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Poonema Danielson

(a) Residence. No. -----

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. -- yrs. 3 mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE Shoshone Ind. 4/4
 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
 HUSBAND of Tom Danielson
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1861

7. AGE Years 70 Months -- Days -- If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. Lived with relatives

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 40 Yr. Own home

10. Date deceased last worked at this occupation (month, day, and year) Aug. 1, 1921
 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Ft. Hall Res'vn
 (State or country)

13. NAME Noy-you-ah

14. BIRTHPLACE (city or town) Ft. Hall Reser'vn
 (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
 (State or country)

17. INFORMANT Tom Madzuweyou
 (Address) Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Butte Cem.
 Place Ft. Hall Res. Date 9/3/31, 1931

19. UNDERTAKER Brown & Eldredge
 (Address) Blackfoot, Idaho

20. FILED Sent. 20 1931
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to Aug. 31, 1931

I last saw him alive on Aug. 30, 1931; death is said to have occurred on the date stated above, at 10 P. M.
 The principal cause of death and related causes of importance were as follows:

Insanity. Senile Dementia 2/10/31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931

Where did injury occur?
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Registrar
 (Address) Ft. Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 7, 1945

State File No.

Local Registrar's No. 134

(If death occurred in a hospital or institution, give its name instead of street and number.)

(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Aug. 30** 193 **1**

22. I HEREBY CERTIFY, That I attended deceased from.....
Aug. 29, 1931, to Aug. 30, 1931

I last saw her alive on Aug. 29, 1931; death is said to have occurred on the date stated above, at II A m. The principal cause of death and related causes of importance were as follows:

	Date of onset
--	---------------

.....
Apoplexy- Cerebral 8/29/31

Date of onset

Other contributory causes of importance:

Name of operation none Date of 20

What test confirmed diagnosis? none Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Veronica M. Williams M.D.

(Address) Ft. Hall, Idaho

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of **John Adams**

6. DATE OF BIRTH (month, day, and year) **1895**

7. AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	36	--	---	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Aug. 29, 31

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) Nevada
(State or country)

ER	13. NAME	Captain Charles
----	----------	-----------------

14. BIRTHPLACE (city or town) Nevada
(State or country)

ER	15. MAIDEN NAME	Wo-he-ah
----	-----------------	----------

16. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

17. INFORMANT John Adams
(Address) Et. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Owyhee, Nevada
Place Western Shoshone Date 9/3/ 1931

19. UNDERTAKER.....**H. L. Mc. Hann**
(Address).....**Pocastello, Idaho.**

20. FILED Sent. 20, 1931 Mr. Walter E. J.
Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ft. Hall Jurisdiction.

Current Complete

RECEIVED 1931 7 1931

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Ft. Hall

CERTIFICATE OF DEATH

State File No. 76486City of ReservationRegistration District No. 121Primary Registration District No. 2194-RLocal Registrar's No. 153(No. At Ranch. No Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Preacher.

(a) Residence. No. ----- St. -----

(Usual place of abode)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Shoshone Ind. 4/4 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of Harry Preacher
(or) WIFE of6. DATE OF BIRTH (month, day, and year) -- 1851 --7. AGE Years 80 Months -- Days --- If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None lived with relatives9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 60 yr
Own home10. Date deceased last worked at this occupation (month and year) Dec. 20, 1929 11. Total time (years) spent in this occupation 6012. BIRTHPLACE (city or town) Nevada
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Mrs. Tom Preacher,
(Address) Ft. Hall, Idaho.18. BURIAL, CREMATION, OR REMOVAL Portneuf Cem.
Place Ft. Hall Res. Date 8/18/, 193119. UNDERTAKER Agency Carpenter,
(Address) Ft. Hall, Idaho20. FILED Sept. 10, 1931 Wm. H. E. Fisher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 16, 193122. I HEREBY CERTIFY, That I attended deceased from July 31, 1930, to Aug. 15, 1931I last saw her alive on Aug. 15, 1931; death is said to have occurred on the date stated above, at Noon m.
The principal cause of death and related causes of importance were as follows:Neuritis-chronic 7/31/30

Other contributory causes of importance:

Name of operation None Date of -----What test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ----- Date of injury -----, 1931Where did injury occur? -----
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. -----

Manner of injury -----

Nature of injury -----

24. Was disease or injury in any way related to occupation of deceased?

If so, specify -----

(Signed) Wm. H. E. Fisher, M. D.
(Address) Ft. Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ft. Hall Jurisdiction

Current Complete
STATE OF IDAHO

RECEIVED OCT 7 1931

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

~~Camas~~ **Ft. Hall**

CERTIFICATE OF DEATH

76487

State File No.

~~Camas~~ **Reservation.**Registration District No. **121**Primary Registration District No. **2194-R**Local Registrar's No. **152**(No. **At Ranch. No Hospital.**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Charley Paroquenah.**

(a) Residence. No. ----- St. -----

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. **64** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

**Shoshone
Ind. 4/4**5. Single, Married, Widowed,
or Divorced. (write the word)**Married**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of**Julia Brummell****No Doctor attending**6. DATE OF BIRTH (month, day, and year) **--1851--**

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.**80****--****---**8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**20 years**9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.**Retired farmer.
Own farm**10. Date deceased last worked at
this occupation (month, day, and
year) **Aug. 1, 1910**11. Total time (years)
spent in this
occupation **35**12. BIRTHPLACE (city or town) **Camas, Idaho**
(State or country)13. NAME **Dis-a-no-wan-ah.**14. BIRTHPLACE (city or town) **Camas, Idaho**
(State or country)15. MAIDEN NAME **Be-ah-wan-ey**16. BIRTHPLACE (city or town) **Camas, Idaho**
(State or country)17. INFORMANT **Timbeah**
(Address) **Ft. Hall, Idaho**18. BURIAL, CREMATION, OR REMOVAL **Portneuf Cem.**
Place **Ft. Hall Res.** Date **8/8/31**, 193119. UNDERTAKER **H. L. McShan.**
(Address) **Pocatello, Idaho**20. FILED **Sept. 20, 1931** **Mrs. Walter E. Patie**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Aug. 5, 1931**

22. I HEREBY CERTIFY, That I attended deceased from

, 1931, to , 1931

I last saw h. alive on , 1931; death is said

to have occurred on the date stated above, at **11: P** m.The principal cause of death and related causes of importance
were as follows:

Date of onset

Pneumonia- Lobar. 8/1/31

Other contributory causes of importance:

Name of operation **None** Date ofWhat test confirmed diagnosis? **None** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1931

Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Wm. B. Wheeler**, M.D.(Address) **Ft. Hall, Idaho**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		RECEIVED OCT 7 1931	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		State File No. 76488	
PLACE OF DEATH			
County of <u>Bingham</u>	CITY OF <u>Blackfoot</u>	Registration District No. <u>121</u>	
		Primary Registration District No. <u>219H</u>	
(No.)		Local Registrar's No. <u>170</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Benajah Rodwell Campbell</u>			
(a) Residence. No. <u>Riverside</u> St.			
(Usual place of abode)			
Length of residence in city or town where death occurred <u>20</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>male</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>	
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Lidia Campbell</u>			
6. DATE OF BIRTH (month, day, and year) <u>May-19-1867</u>			
7. AGE	Years <u>64</u>	Months <u>4</u>	Days <u>10</u>
	If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year) <u>1931</u>		
	11. Total time (years) spent in this occupation <u>50</u>		
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>		
	13. NAME <u>Benajah R. Campbell</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Utah</u>		
	15. MAIDEN NAME <u>Kit Gerrard</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>		
	17. INFORMANT (Address) <u>Howard Campbell, Blackfoot, Ida</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lawa Hot Springs</u> date <u>10-1-</u> , 1931			
19. UNDERTAKER (Address) <u>Modern Mortuary, Blackfoot, Ida</u>			
20. FILED <u>Sept. 30, 1931</u> <u>Wm. Wallace Varis</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Sept-28-</u> 1931			
22. I HEREBY CERTIFY, That I attended deceased from, 1931, to, 1931.			
I last saw h..... alive on, 1931; death is said to have occurred on the date stated above, at, m.			
The principal cause of death and related causes of importance were as follows:			
<u>Chronic Myocarditis</u>			Date of onset <u>5 yrs.</u>
Other contributory causes of importance:			
Name of operation <u>no</u> Date of			
What test confirmed diagnosis? Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? Date of injury, 1931.			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify			
(Signed) <u>Ray McMiller</u> M.D.			
(Address) <u>County Coroner, Blackfoot, Ida</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED OCT 7 1931 DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>	City of <u>Blackfoot</u>	CERTIFICATE OF DEATH		State File No. <u>76489</u>	
Registration District No. <u>121</u>		Primary Registration District No. <u>1007</u>		Local Registrar's No. <u>169</u>	
(No. _____) (If death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>Willard Lasker</u>					
(a) Residence. No. <u>3934 South Euclid Ave.</u> <u>Los Angeles</u> St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Jan 12 1881</u>					
7. AGE	Years <u>50</u>	Months <u>8</u>	Days <u>15</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Race Horse</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Trainer</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Not known</u>					
MOTHER FATHER	13. NAME " "				
	14. BIRTHPLACE (city or town) (State or country) " "				
	15. MAIDEN NAME " "				
	16. BIRTHPLACE (city or town) (State or country) " "				
17. INFORMANT (Address) <u>Jack Connor</u> <u>Los Angeles</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Blackfoot</u> Date <u>Oct 2</u> 1931					
19. UNDERTAKER (Address) <u>E. J. Burk</u> <u>Blackfoot</u>					
20. FILED <u>Oct 2</u> 1931 <u>1. M. McNamee</u> Registrar. <u>E. J. Burk</u> (Address) <u>Blackfoot, Idaho</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 27</u> , 1931, to <u>Sept 27</u> , 1931.					
I last saw him alive on <u>Sept 27</u> , 1931; death is said to have occurred on the date stated above, at <u>9:00 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Lobar Pneumonia</u>					Date of onset <u>Sept 24, 1931</u>
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>NO</u> . If so, specify _____					
(Signed) <u>W. W. Beck</u> M. D.					
(Address) <u>Blackfoot, Idaho</u>					

RECEIVED OCT 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76490

PLACE OF DEATH

County of Bingham
City of Firth

CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2191Local Registrar's No. 168(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Inez Pauline Hjelm(a) Residence. No. Firth Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs 9 mos 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) December 14 19297. AGE Years 3 Months 9 Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Shelley Idaho
(State or country)10. NAME OF FATHER Paul Hjelm11. BIRTHPLACE OF FATHER (city or town) New Sweden Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Lucille Barker13. BIRTHPLACE OF MOTHER (city or town) Shelley Idaho
(State or Country)14. Informant Paul Hjelm(Address) Firth Idaho15. Filed Sept. 28 1931 Wm. Walter E. Patrio
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 26 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept. 15 1931 to Sept. 26 1931
that I last saw him alive on Sept. 26 1931
and that death occurred, on the date stated above, at 11:10 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever
(duration) yrs. mos. 14 ds.CONTRIBUTORY (Secondary) Menigitis
(duration) yrs. mos. 1 1/2 ds.18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? Widal(Signed) W. E. H. H. H. M. D.Sept. 26 1931 (Address) Shelley Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Shelley Idaho Date of Burial 9/29-193120. Undertaker J. F. M. Han. Idaho Falls Idaho

MARGIN RESERVED FOR BLINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		RECEIVED OCT 7 1931 DO NOT WRITE IN THIS SPACE State File No. 76491	
County of <u>Bingham</u>	City of <u>Shelley</u>	Registration District No. <u>121</u>	Primary Registration District No. <u>2194</u>	Local Registrar's No. <u>167</u>	
(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Arnold Francis Beck</u>		889			
(a) Residence. No. <u>Shelley, Idaho</u>		St. _____			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, married, widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>May 2, 1933</u>					
7. AGE	Years <u>8</u>	Months <u>4</u>	Days <u>23</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) (State or country) <u>Shelley, Idaho</u>					
FATHER	13. NAME <u>Paul Beck</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				
MOTHER	15. MAIDEN NAME <u>Inez Mitchell</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
17. INFORMANT <u>Paul Beck</u> (Address) <u>Shelley, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Shelley, Idaho</u> Date <u>Sept. 29, 1931</u>					
19. UNDERTAKER <u>Jack A. Wood</u> (Address) <u>Idaho Falls, Idaho</u>					
20. FILED <u>Sept 27, 1931</u> <u>Mr. Walter E. Harris</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 25</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>9-18-</u> , 1931, to <u>9-25-</u> , 1931.					
I last saw him alive on <u>9-25-</u> , 1931; death is said to have occurred on the date stated above, at <u>1 a</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Endocarditis - acute</u> <u>dilatation - incompetence</u> <u>of all valves, general</u> <u>angina - phthisical</u> <u>hydro-thorax</u>					Date of onset <u>9-15-31</u> <u>9-24-31</u>
Other contributory causes of importance: <u>Acute articular Rheumatism</u> <u>April - 1931</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>Chemical</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>Edwin Carter</u> M. D.					
(Address) <u>Shelley, Idaho</u>					

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED OCT 7 1931

DO NOT WRITE IN THIS SPACE

76492

State File No.

PLACE OF DEATH

County of Burgham
City of Basalt Ida

Registration District No. 121
Primary Registration District No. 2194

Local Registrar's No. 166

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Yorgensen

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of <u>Infant</u> (or) WIFE of		
6. DATE OF BIRTH (month, day and year)		
7. AGE Years	Months	Days
If <u>16</u> less than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) Basalt Ida
(State or country)

10. NAME OF FATHER La Von Yorgensen

11. BIRTHPLACE OF FATHER (city or town) Basalt Ida
(State or Country)

12. MAIDEN NAME OF MOTHER Alma Peterson

13. BIRTHPLACE OF MOTHER (city or town) Basalt Ida
(State or Country)

14. Informant John Yorgensen
(Address) Basalt, Idaho

15. File Sept. 25, 1931 W. H. Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 22 1931 to Sept 23 1931
that I last saw him alive on Sept. 22 1931
and that death occurred, on the date stated above, at 6 a.m. m.
The CAUSE OF DEATH* was as follows:

Pneumonia
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. H. Allen, M. D.
Sept 23, 1931 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Basalt, Idaho Date of Burial Sept 23, 1931

20. Undertaker None Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED OCT 7 1931	
County of <u>Bingham</u>		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
City of <u>Blackfoot,</u>		BUREAU OF VITAL STATISTICS		76493	
		CERTIFICATE OF DEATH		State File No.	
		Registration District No. <u>121</u>		Local Registrar's No. <u>165</u>	
		Primary Registration District No. <u>1007</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Wayne Elden Hymas</u>					
(a) Residence. No. <u>West Bridge St.</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>3</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 19, 1927</u>					
7. AGE	Years <u>3</u>	Months <u>9</u>	Days <u>1</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>St Charles,</u> (State or country) <u>Idaho.</u>					
MOTHER FATHER	13. NAME <u>Walter Hymas</u>				
	14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)				
	15. MAIDEN NAME <u>Sarah J. Crossley</u>				
	16. BIRTHPLACE (city or town) <u>Idaho.</u> (State or country)				
17. INFORMANT <u>Walter Hymas</u> (Address) <u>Blackfoot, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Sharon, Ida.</u> Date <u>9-22-31</u> 1931					
19. UNDERTAKER <u>Modern Mortuary</u> (Address) <u>Blackfoot, Ida.</u>					
20. FILED <u>Sept. 21,</u> 1931 <u>Wm. Walter E. Rahn</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9-20-31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 13,</u> 1931, to <u>Sept. 20,</u> 1931. I last saw him alive on <u>Sept. 20,</u> 1931; death is said to have occurred on the date stated above, at <u>8:30 P. M.</u> The principal cause of death and related causes of importance were as follows:					
<u>Icho Colitis</u>					Date of onset <u>Sept 17, 1931</u>
Other contributory causes of importance:					
Name of operation Date of What test confirmed diagnosis? Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> . If so, specify (Signed) <u>W. W. Beck</u> M. D. (Address) <u>Blackfoot, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED OCT 7 1931 DO NOT WRITE IN THIS SPACE 76494	
County of	Bingham	CERTIFICATE OF DEATH		State File No.	
City of	Fruit	Registration District No.	121	Local Registrar's No. 164	
Primary Registration District No.		8194			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME		Lorene Dawn Stutznegger			
(a) Residence. No.		Fruit Idaho St.			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs.	mos.	ds.	How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
Female	White	Single			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Sep 17 th 31					
7. AGE	Years	Months	Days	If LESS than 1 day 24 hrs. or min.	
✓	✓	✓	✓		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
none					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) Fruit Idaho					
13. NAME John C. Stutznegger					
14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah					
15. MAIDEN NAME Alma L. Keller					
16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah					
17. INFORMANT John C. Stutznegger (Address) Fruit, Idaho					
18. BURIAL, CREMATION, OR REMOVAL Place Fruit Date Sep 18, 1931					
19. UNDERTAKER (Address) E. P. Bunch, 1401 Idaho					
20. FILED Sep 17, 1931					
21. DATE OF DEATH (month, day, and year) 9-17 1931					
22. I HEREBY CERTIFY, That I attended deceased from 9-17, 1931, to 9-17, 1931.					
I last saw her alive on 9-17, 1931; death is said to have occurred on the date stated above, at 8 A.M.					
The principal cause of death and related causes of importance were as follows:					
congenital malformation of heart - lived 2 1/2 yrs. normal delivery					
Other contributory causes of importance:					
Name of operation					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) J. O. Hays					
(Address) Blackfoot, Ida					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		City of <u>Shelley</u>		Registration District No. <u>121</u>		Primary Registration District No. <u>2194</u>		Local Registrar's No. <u>163</u>		State File No. <u>76495</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)											
2. FULL NAME <u>Marion Hal Chadwick</u>		188c									
(a) Residence. No. <u>Shelley, Idaho</u>		St. _____									
Length of residence in city or town where death occurred. yrs. mos. ds.		(If nonresident give city or town and state) yrs. mos. ds.									
PERSONAL AND STATISTICAL PARTICULARS											
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>									
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____											
6. DATE OF BIRTH (month, day, and year) <u>Feb 21, 1919</u>											
7. AGE	Years <u>2</u>	Months <u>6</u>	Days <u>21</u>	If LESS than 1 day, hrs. or min. _____							
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>										
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____										
	10. Date deceased last worked at this occupation (month and year) _____										
	11. Total time (years) spent in this occupation _____										
12. BIRTHPLACE (city or town) (State or country) <u>Blackfoot, Idaho</u>											
FATHER	13. NAME <u>Lorenzo Chadwick</u>										
	14. BIRTHPLACE (city or town) (State or country) <u>Shelley, Idaho</u>										
MOTHER	15. MAIDEN NAME <u>Lillian Buchanan</u>										
	16. BIRTHPLACE (city or town) (State or country) <u>Louisiana</u>										
17. INFORMANT (Address) <u>Lorenzo Chadwick, Shelley, Idaho</u>											
18. BURIAL, CREMATION, OR REMOVAL Place <u>Shelley, Idaho</u> Date <u>Sept 17, 1931</u>											
19. UNDERTAKER (Address) <u>Frank J. W. Co., Idaho Falls, Idaho</u>											
20. FILED <u>Sept 14, 1931</u> <u>Mr. Walter E. Larson</u> Registrar.											
MEDICAL CERTIFICATE OF DEATH											
21. DATE OF DEATH (month, day, and year) <u>Sept 12, 1931</u>											
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 12, 1931</u> , to <u>Sept 12, 1931</u> . I last saw him alive on <u>Sept 12, 1931</u> ; death is said to have occurred on the date stated above, at <u>11 a. m.</u> The principal cause of death and related causes of importance were as follows: <u>Accidental Death</u> Date of onset <u>9/12/31</u>											
Other contributory causes of importance: <u>none</u>											
Name of operation <u>none</u> Date of _____											
What test confirmed diagnosis? <u>Physician's Report</u> Was there an autopsy? <u>no</u>											
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Date of injury <u>9/12, 1931</u> Where did injury occur <u>Shelley, Idaho</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>Farm yard</u> Manner of injury <u>Run over by tractor</u> Nature of injury <u>Neck & skull</u>											
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>H. B. Gungl</u> , M. D. (Address) <u>Shelley, Idaho</u>											

RECEIVED OCT 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bingham
City of GoshenRegistration District No. 121
Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

State File No.

76496

Local Registrar's No. 162

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Monroe Sessions(a) Residence No. R-2-Phillips St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Alice Sessions
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1-15-18477. AGE 44 Years Months 7 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self9. BIRTHPLACE (city or town) Council Bluffs
(State or country)10. NAME OF FATHER David Sessions11. BIRTHPLACE OF FATHER (city or town) Don't know
(State or Country)12. MAIDEN NAME OF MOTHER Harriett Leeple13. BIRTHPLACE OF MOTHER (city or town) Don't know
(State or Country)14. Informant Print Sessions
(Address) R-2-Phillips15. Filed Sept 18 1931 Mr. Walter E. Palmer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

9-11-1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

8-29-1931, 19 31, to 9-11-1931that I last saw him alive on 9-1-1931and that death occurred, on the date stated above, at 7:36 a. m.

The CAUSE OF DEATH* was as follows:

Paralytic Stroke(duration) yrs. mos. 14 ds.CONTRIBUTORY Arterio Sclerosis
(Secondary)(duration) 10 yrs. mos. ds.18. Where was disease contracted
if not at place of death? at homeDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? no(Signed) Edwin Cutler M. D.9-12-1931 (Address) Box 86 Phillips

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Goshen, Idaho Sept 13 1931

20. Undertaker Address

Jack A. Wood Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Blaine</u>		CERTIFICATE OF DEATH		State File No. <u>76497</u>	
City of <u>Hailey</u>		Registration District No. <u>57</u>		Local Registrar's No. <u>21</u>	
		Primary Registration District No. <u>2022</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Sarah Presley Miller</u>					
(a) Residence. No. _____ St. <u>Fox</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>X</u>					
6. DATE OF BIRTH (month, day, and year) <u>May 1 - 1854</u>					
7. AGE	Years <u>77</u>	Months <u>4</u>	Days <u>24</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Springfield Mo.</u>					
FATHER	13. NAME <u>Presley Wood</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Kentucky</u>				
	15. MAIDEN NAME <u>Sarah B. Smith</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Mo.</u>				
MOTHER	17. INFORMANT (Address) <u>Mrs. Genola Lewis Carlin Nevada</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Hayden Cemetery</u> Date <u>Sept 27 1931</u>				
	19. UNDERTAKER (Address) <u>Harry H. Givens Hailey - Ida.</u>				
	20. FILED <u>9-30, 1931</u> <u>R. H. Wright</u> Registrar.				
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 25 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 15</u> , 1931, to <u>Sept 25</u> , 1931.					
I last saw her alive on <u>Sept 25</u> , 1931; death is said to have occurred on the date stated above, at <u>8:30 a.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u>					
Other contributory causes of importance: <u>Chronic interstitial nephritis</u> <u>arteriosclerosis</u>					
Name of operation <u>removal</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) _____, M. D.					
(Address) <u>Hailey, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Blaine</u>		CERTIFICATE OF DEATH		76498	
City of <u>Bellvue</u>		Registration District No. <u>57</u>		State File No.	
		Primary Registration District No. <u>2022</u>		Local Registrar's No. <u>20</u>	
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Harry C. Avery</u>					
(a) Residence. No.		St.		178	
(Usual place of abode)				as right	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Lilian M. Avery</u>					
6. DATE OF BIRTH (month, day, and year) <u>Oct 14-1864</u>					
7. AGE	Years <u>66</u>	Months <u>11</u>	Days <u>9</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Cornwall-England</u>				
	13. NAME <u>Joseph W. Avery</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Cornwall-England</u>				
	15. MAIDEN NAME <u>Elizabeth Ann Robb</u>				
MOTHER FATHER	16. BIRTHPLACE (city or town) (State or country) <u>England</u>				
	17. INFORMANT (Address) <u>Lillian M. Avery</u> <u>Bellvue, Idaho</u>				
	18. BURIAL, CREMATION OR REMOVAL Place <u>Bellvue, Idaho</u> Date <u>Sept 26</u> 1931				
	19. UNDERTAKER (Address) <u>Harry & Ann</u> <u>Hayley, Idaho</u>				
20. FILED <u>9-30</u> , 1931 <u>R. H. Wright</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 23</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 22</u> , 1931, to <u>Sept 23</u> , 1931					
I last saw him alive on <u>Sept 17</u> , 1931; death is said to have occurred on the date stated above, at <u>12</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Acute Nephritis</u>					
Date of onset <u>8-1-31</u>					
Other contributory causes of importance: <u>Chronic Bronchitis</u>					
Name of operation Date of					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Robert H. Wright</u> , M.D.					
(Address) <u>Hayley, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Blaine</u>		CITY OF <u>Gunnnett</u>		Registration District No. <u>57</u>	State File No. <u>76499</u>
		Primary Registration District No. <u>2022</u>		Local Registrar's No. <u>19</u>	
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mary L. Price</u>					
(a) Residence. No. _____		St. _____		Fox	
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>R. G. Price</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec 17-1882</u>					
7. AGE	Years <u>48</u>	Months <u>9</u>	Days <u>0</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Boulder, Colo.</u>					
FATHER	13. NAME <u>P. W. Doyle</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Canada</u>				
MOTHER	15. MAIDEN NAME <u>Marcella Kelley</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Quebec, Canada</u>				
17. INFORMANT <u>M. L. Price</u> (Address) <u>Gunnnett, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Hailey Cemetery</u> Date <u>Sept 21 1931</u>					
19. UNDERTAKER <u>Harris & Amos</u> (Address) <u>Hailey, Ida.</u>					
20. FILED <u>9-30</u> , 1931 <u>P. H. Wright</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 17 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 1</u> , 193 <u>0</u> , to <u>Sept 17</u> , 193 <u>1</u> .					
I last saw him alive on <u>Sept 15</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>5 P.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>chronic myocardia</u>					
Date of onset					
Other contributory causes of importance: <u>Hypertension with chronic interstitial nephritis 2 yrs duration</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> .					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>E. W. Fox</u> D.					
(Address) <u>Hailey, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76500	
County of <u>Blaine</u>		Registration District No. <u>57</u>		Local Registrar's No. <u>18</u>	
City of <u>Hailey</u>		Primary Registration District No. <u>2022</u>			
(No. _____) (If death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>Jenny Rosetta Fowler</u>					
(a) Residence, No. _____		St. _____		(If nonresident give city or town and state) <u>on night</u>	
Length of residence in city or town where death occurred. yrs. mos. _____		ds. How long in U. S., if of foreign birth? yrs. mos. _____		ds. _____	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>W. P. Fowler</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>June 17-1855</u>					
7. AGE <u>76</u>	Years	Months <u>2</u>	Days <u>16</u>	If LESS than 1 day, hrs. or min. _____	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) (State or country) <u>Illinois</u>					
13. NAME <u>Fredrick Tilton</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Ill.</u>					
15. MAIDEN NAME _____					
16. BIRTHPLACE (city or town) (State or country) <u>Texas</u>					
17. INFORMANT <u>W. P. Fowler</u> (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL <u>Buried</u> Place <u>Masonic Plot</u> Date <u>Sept 6, 1931</u>					
19. UNDERTAKER <u>Harris & Ames</u> (Address) <u>Hailey, Ida.</u>					
20. FILED <u>9-30, 1931</u> <u>W. H. Wright</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 3, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan - 1, 1929</u> to <u>Sept - 3, 1931</u>					
I last saw him alive on <u>Sept - 3, 1931</u> ; death is said to have occurred on the date stated above, at <u>4 P.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Myocarditis - Arteriosclerosis</u>					
					Date of onset <u>1929</u>
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>W. H. Wright</u> , M. D.					
(Address) <u>Hailey, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76501	
County of <u>Boise</u>		CERTIFICATE OF DEATH		State File No.	
City of <u>Idaho City</u>		Registration District No. <u>12</u>		Local Registrar's No.	
(No. <u>North Side Summelt</u> out of <u>Grimes Pass</u> . (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Herbert Lewis Harvey</u>					
(a) Residence. No. <u>2105-N-14th Street</u> . <u>Boise Idaho</u> .					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Nov.-25-1908</u>					
7. AGE <u>22</u> Years		<u>9</u> Months		<u>1</u> Days If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fighting Forest</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Fires near Idaho</u>			
		10. Date deceased last worked at this occupation (month and year) <u>Aug. 28, 1931</u>			
		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Star</u> (State or country) <u>Idaho</u>					
FATHER		13. NAME <u>George W. Harvey</u>			
		14. BIRTHPLACE (city or town) <u>Madison</u> (State or country) <u>Wisconsin</u>			
		15. MAIDEN NAME <u>Ellen Crofts</u>			
MOTHER		16. BIRTHPLACE (city or town) <u>Sheffield</u> (State or country) <u>England</u>			
		17. INFORMANT <u>George W. Harvey</u> (Address) <u>2105-N-14th St.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill</u> Date <u>Aug. 28, 1931</u>					
19. UNDERTAKER <u>Summers & Krebs</u> (Address) <u>Boise Idaho</u>					
20. FILED 1931 <u>1 Mrs E S Johnson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>August. 25 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 1931, to , 1931 I last saw him alive on , 1931 : death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: <u>Exhaustion and Suffocation</u> <u>and fatally burned while</u> <u>fighting forest fires on</u> <u>north side of summelt from</u> <u>Grimes Pass.</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 1931 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>1 Mrs E S Johnson</u> L. M.D. (Address) <u>Idaho City Idaho.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Blaine</u>		City of <u>Blaine</u>		State File No. <u>76502</u>	
Registration District No. <u>12</u>		Primary Registration District No. _____		Local Registrar's No. _____	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Holan Warner</u>					
(a) Residence. No. _____ St. <u>Fillmore, Utah</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ireta M. Warner</u>					
6. DATE OF BIRTH (month, day, and year) <u>About 1900</u>					
7. AGE	Years <u>31</u>	Months <u>—</u>	Days <u>—</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fire Fighter</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U.S. Forest Service</u>				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Fillmore, Utah</u>					
FATHER	13. NAME <u>Wilo D. Warner</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Utah</u>				
MOTHER	15. MAIDEN NAME <u>Mary E. Smith</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>				
17. INFORMANT (Address) <u>M. J. Warner</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Fillmore, Utah</u> Date <u>8/26, 1931</u>					
19. UNDERTAKER (Address)					
20. FILED _____, 1931 <u>Mrs. E. Robson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug. 25</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____					
I last saw him alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Accidental—Burned to Death fighting Forest fires U.S. Forest Service,</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>James E. Coe, M.D.</u>					
(Address) <u>Boise Co., Idaho</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76503

State File No.

PLACE OF DEATH

County of BearCity of Idaho

CERTIFICATE OF DEATH

Registration District No. 12

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wong Wing

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Chinese

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.94

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workMiner(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)China

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed Sept 18, 1931Mrs E S Rohan
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 1st, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to , 19.....

that I last saw h..... alive on , 19.....

and that death occurred, on the date stated above, atm.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Old age

..... (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joe J. Shanahan M.D......, 19..... (Address) Idaho City

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho CitySept 30, 1931

20. Undertaker

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76504

PLACE OF DEATH

County of Borah
City of Boise Registration District No. 12

CERTIFICATE OF DEATH

Primary Registration District No. Boysen Hot Springs
(No. Boysen Hot Springs)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olava Hanson

(a) Residence. No. Harrison Blvd 51 years St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

Yrs. mos. ds.

How long in U. S. if of foreign birth? Yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Olav Hanson

6. DATE OF BIRTH (month, day and year)

7. AGE 79 Years Months 3 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Norway

10. NAME OF FATHER Larson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Norway

14. Informant (Address) Ed Hanson

15. Filed 9/30 1931 Mrs E R Rohia Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, that I attended deceased from July 1 1931, to July 1 1931, that I last saw her alive on July 1 1931, and that death occurred, on the date stated above, at 7 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Septic infection of bed sore

Doctor does not know what accident caused her to fracture neck of femur (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) fracture of neck of femur (duration) yrs. mos. 31 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. Emmett Ida, M. D.

9-17- 1931 (Address) Emmett Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Harrison Blvd July 16 1931

20. Undertaker C. D. Buckman Emmett

RECEIVED OCT 8 1931

STA AHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76505

State File No.

PLACE OF DEATH

County of Bonner
City of Clarksfork

CERTIFICATE OF DEATH

Registration District No. 76
Primary Registration District No. 2155
(No. Clarksfork Ida.)

Local Registrar's No. 77

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence, No. Clarksfork Ida.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 4 yrs. 0 mos. 0 ds.

How long in U. S. if of foreign birth? 9 yrs. 5 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced? (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 13 1854

7. AGE Years 77 Months 10 Days 11 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) New York
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER Bessie Larkin

13. BIRTHPLACE OF MOTHER (city or town) Ireland
(State or County)

PARENTS

14. Informant Miss Martha Preston
(Address) Savoy Mont

15. Filed Sept 25 1931

Vicki Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 24 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

did not attend, 1931
that I last saw him alive on 1:16 P.M.

and that death occurred, on the date stated above, at 1:16 P.M.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 4 yrs. 0 mos. 0 ds.

CONTRIBUTORY
(Secondary)

(duration) 0 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W.B. Gray M. D.

7-25 1931 (Address) Savoy Mont

19. Place of Burial, Cremation, or Removal

Date of Burial

Spokane Mon

9/26 1931

20. Undertaker

Address

Turnell Co

Savoy Mont

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 8 1931

Registration District no 78

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

76506

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 76506
Township _____ or Village _____
City Sandpoint No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Ida Jensen
(a) Residence: No. _____ St. _____ Ward. 749
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed, or divorced
HUSBAND of James Jensen
(or) WIFE of6. DATE OF BIRTH (month, day, and year) March 7 18847. AGE Years 46. Months 6 Days 12 / If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____
(State or country) Ill.13. NAME Monroe S. Hubble14. BIRTHPLACE (city or town) _____
(State or country) Kent15. MAIDEN NAME Emma Moss16. BIRTHPLACE (city or town) _____
(State or country) Ill.17. INFORMANT Ladie Grant
(Address) San Rafael, Calif18. BURIAL, CREMATION, OR REMOVAL
Place San Rafael, Calif Date Sept 24, 193119. UNDERTAKER L. G. Mason
(Address) Sandpoint, Id.20. FILED Sept 26, 1931 Prof. A. Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 19, 193122. I HEREBY CERTIFY, That I attended deceased from
Sept. 8, 1931, to Sept 19, 1931I last saw him alive on Sept 19, 1931; death is said to have occurred on the date stated above, at 6:05 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
Sept 8, 1931

Other contributory causes of importance:

Chronic NephritisName of operation no Date of _____What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Wm. F. Tyler M. D.(Address) Sandpoint, Idaho

MARGIN RESERVED FOR BINDING

8-2091
U. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

76593

1. PLACE OF DEATH

County Banner State IDAHO Registered No. 76593

Township _____ or Village _____ or

City Sandpoint No. Parnell Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. Lew Peppinger St. _____ Ward Priest River, Ida.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown6. DATE OF BIRTH (month, day, and year) July 8, 18717. AGE Years 60 Months 2 Days 9 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Indigent

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Green Bay (State or country) Wis.13. NAME Unknown14. BIRTHPLACE (city or town) Unknown (State or country) _____15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown (State or country) _____17. INFORMANT Parnell Hospital (Address) Sandpoint Ida.18. BURIAL, CREMATION, OR REMOVAL Pinecrest Cem Place Sandpoint, Ida Date Sept. 23, 193119. UNDERTAKER P. E. Wessa (Address) Priest River Ida.20. FILED Sept. 23, 1931 Viola Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 17, 193122. I HEREBY CERTIFY That I attended deceased from July 1931, to Sept. 17 1931I last saw him live on Sept. 16 1931; death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic leukemias Date of onset 2 yrs

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____ 19__

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Floyd G. Wendle M. D.(Address) Sandpoint, Ida.

MARGIN RESERVED FOR BINDING

8-2097
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 78

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 73
 Township _____ or Village _____ 76508 or
 City Clagstone No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 15 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? 24 yrs. _____ mos. _____ ds.

2. FULL NAME Joseph Seges

(a) Residence: No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Esther Seges

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years 46 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway Section

10. Date deceased last worked at this occupation (month, day, and year) Sept 9, 1931 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Jugo Slavia
 (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
 (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
 (State or country)

17. INFORMANT Mrs. Esther Seges
 (Address) Clagstone, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Pinecrest Cemetery
 Place Sandpoint, Idaho Date 9/14/31

19. UNDERTAKER L. G. MOON
 (Address) Sandpoint, Idaho.

20. FILED Sept 14, 1931 Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 10, 1931

22. I HEREBY CERTIFY That I attended deceased from Sept 9, 1931, to Sept 9, 1931

I last saw him alive on Sept 9, 1931; death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) P. J. Jones, M. D.

(Address) Sandpoint, Idaho.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 72
 Township _____ or Village _____ 76509 or
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. 1 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME George Miller

(a) Residence: No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) OCT. 1905

7. AGE Years 26 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Fighter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Forest Service
 10. Date deceased last worked at this occupation (month and year) Aug. 1931 11. Total time (years) spent in this occupation 2 mo

12. BIRTHPLACE (city or town) Unknown
 (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
 (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
 (State or country)

17. INFORMANT Leo W. Daniels
 (Address) Wichita Falls, Texas

18. BURIAL, CREMATION, OR REMOVAL line of country
 Place Sandpoint, Idaho Date Sept. 5, 1931

19. UNDERTAKER P.E. Wessa
 (Address) Priest River, Ida.

20. FILED Sept 6, 1931 Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

Conflagration; Smoking
Burning of hotel building.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury _____, 19____

Where did injury occur? Sandpoint Idaho.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of Injury Burning of building

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify _____

(Signed) P.E. Wessa Coroner

(Address) Sandpoint Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED OCT 8 1931

Registration District No 78

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 71
 Township _____ or Village Careywood or _____
 City _____ No. _____ St., _____ Ward _____

(If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

James Everett Bradley

(a) Residence: No. _____ St., _____ Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Aug 11, 1930

7. AGE Years _____ Months _____ Days 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Careywood (State or country) Idaho

13. NAME Major Justice Bradley
 14. BIRTHPLACE (city or town) Bridger (State or country) Mont.

15. MAIDEN NAME Elsie Marie Mark
 16. BIRTHPLACE (city or town) Kane (State or country) Wyo.

17. INFORMANT Mr. M. J. Bradley (Address) Careywood, Idaho18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Idaho Date Sept 3, 193119. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho20. FILED Sept 3, 1931 Viggo Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____; death is said

to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Probable Acute Gastritis Date of onset Sept. 2, 31

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) L. G. Moon Coroner(Address) Sandpoint, Idaho

c11-8184

MARGIN RESERVED FOR BINDING

8-2091
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No 78

76511

1. PLACE OF DEATH

County Banner State IDAHO Registered No. 60
 Township _____ or Village _____ or
 City Sandpoint No. Russell Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Katie Louisa Johnson
 (a) Residence: No. _____ St. _____ Ward. Trout Creek Mont.
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5a. If married, widowed, or divorced
 HUSBAND of (or) WIFE of A. T. Johnson

6. DATE OF BIRTH (month, day, and year) Jan. 18, 1886

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
45 8 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Resort Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tourist Park

10. Date deceased last worked at this occupation (month and year) Sept. 25, 1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Livingston Co.,
 (State or country) Illinois

13. NAME John Vale

14. BIRTHPLACE (city or town) Springdale
 (State or country) Ill.

15. MAIDEN NAME Margaret Clark

16. BIRTHPLACE (city or town) Frankfort
 (State or country) Germany

17. INFORMANT John Vale
 (Address) Trout Creek Mont.

18. BURIAL, CREMATION, OR REMOVAL Sandpoint
 Place Lincoln Cemetery Date Oct. 2, 1931

19. UNDERTAKER L. G. Moon
 (Address) Sandpoint, Idaho

20. FILED Oct. 2, 1931 Viola Allen
deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 30, 1931

22. I HEREBY CERTIFY That I attended deceased from Sept 26, 1931, to Sept 30, 1931

I last saw him alive on Sept 30, 1931; death is said to have occurred on the date stated above, at 6:50 P. M.

The principal cause of death and related causes of importance were as follows:

Appendicitis, gangrenous Date of onset 9/25

Other contributory causes of importance:

Name of operation appendectomy Date of 9/26

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) C. T. Stackhouse, M. D.

(Address) Sandpoint, Idaho

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 79
Township _____ or Village Elmira 76512 or
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)Length of residence in city or town where death occurred _____ yrs. _____ mos. 1 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Austin Clark(a) Residence: No. _____ St. _____ Ward. Bonnors Ferry Ida.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Clark6. DATE OF BIRTH (month, day, and year) Jan. 20, 19007. AGE Years 33 Months 11 Days 10 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own truck10. Date deceased last worked at this occupation (month and year) Sept. 1931 11. Total time (years) spent in this occupation 512. BIRTHPLACE (city or town) Spokane (State or country) Wash.13. NAME John H. Clark14. BIRTHPLACE (city or town) Ohio (State or country)15. MAIDEN NAME Cora Bailey16. BIRTHPLACE (city or town) Michigan (State or country)17. INFORMANT Mrs. Cora Landers (Address) Bonnors Ferry, Ida.18. BURIAL, CREMATION, OR REMOVAL Place Bonnors Ferry, Ida. Date Oct. 1, 193119. UNDERTAKER H. P. Crouch (Address) Bonnors Ferry, Idaho.20. FILED Oct. 1, 1931 Hilda Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____; death is said

to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were, as follows:

Natural Causes.
Unknown Chronic heart
Disease

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) R. E. Moon C. E. Moon(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Sonner State IDAHO Registered No. 76513
 Township _____ or Village _____
 City Sandpoint No. _____ St. _____ Ward _____
 Length of residence in city or town where death occurred 7 yrs. _____ mos. _____ ds. (If death occurred in a hospital or institution, give its name instead of street and number)
 How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Arthur Joseph Chubb
 (a) Residence: No. 324 S. Bonfer St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 (Write the word)

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Josephine H. Chubb

6. DATE OF BIRTH (month, day, and year) Sept. 10, 1861

7. AGE Years 70 Months _____ Days 16 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grader.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw mill.
 10. Date deceased last worked at this occupation (month and year) Sept. 1931 11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) Hardwick
 (State or country) Vermont.

13. NAME Harrison C. Chubb

14. BIRTHPLACE (city or town) Vermont
 (State or country)

15. MAIDEN NAME Myra C. Scott

16. BIRTHPLACE (city or town) Vermont
 (State or country)

17. INFORMANT Mrs. F. B. Evans
 (Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Lakeview Cemetery
 Place Sandpoint, Ida. Date Sept. 27, 1931

19. UNDERTAKER H. L. Moon
 (Address) Sandpoint, Idaho.

20. FILED Sept. 27, 1931 Viola Allers
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1931 to September 26, 1931
 I last saw him alive on Sept. 25, 1931 death is said to have occurred on the date stated above, at 12.05 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____
 Nature of Injury _____

24. Was disease or injury not related to occupation of deceased? No
 If so, specify F. B. Evans

(Signed) _____ M. D.
 (Address) Sandpoint, Idaho

MARGIN RESERVED FOR BINDING

8-2007
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76515

State File No.

PLACE OF DEATH

County of Bonerville . **CERTIFICATE OF DEATH**City of Idaho Falls . Registration District No. 73Primary Registration District No. 24Local Registrar's No. 176

(If death occurred in a hospital or institution, give its name instead of street and number.)

Emery St. P. O. S. Hospital2. FULL NAME Peter Hoff(a) Residence. No. Firth Idaho . St.

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 5 18727. AGE Years Months Days If LESS than 1 day, hrs. or min.
59 5 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant(b) General nature of industry, business, or establishment in which employed (or employer) General Mdxr.(c) Name of employer Hoff. Bros.9. BIRTHPLACE (city or town) (State or country) Norway10. NAME OF FATHER Nils Hoff11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway12. MAIDEN NAME OF MOTHER Gambil Peltingrud13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Norway14. Informant Mrs Anna S. Hoff
(Address) Firth Idaho15. Filed Oct 7, 1931 W. F. M. Han Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 29, 1931, to Aug 30, 1931that I last saw him alive on Aug 30, 1931and that death occurred, on the date stated above, at 11:25 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia(duration) 0 yrs. 0 mos. 1 ds.CONTRIBUTORY
(Secondary)Myocarditis(duration) 6 yrs. 0 mos. 0 ds.18. Where was disease contracted if not at place of death? at place of deathDid an operation precede death? No Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical Signs(Signed) W. F. M. Han, M. D.Aug 30, 1931 (Address) Chelley, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida Date of Burial 9/2 193120. Undertaker W. F. M. Han Address Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 6 1931 PLACE OF DEATH County of <u>Boyerneville</u> City of <u>Idaho Falls</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. <u>73</u> Primary Registration District No. <u>21</u> (No. <u>L. O. S. Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		DO NOT WRITE IN THIS SPACE State File No. <u>76516</u>	
2. FULL NAME <u>Dean Pond</u> (a) Residence. No. <u>Island Park, Idaho</u> St. <u>Island Park, Idaho</u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		Local Registrar's No. <u>177</u>			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>24 White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>September 27 1916</u>					
7. AGE	Years <u>14</u>	Months <u>11</u>	Days <u>4</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation.		
12. BIRTHPLACE (city or town) (State or country) <u>Corville, Utah</u>					
13. NAME <u>Charles Pond</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Richmond, Utah</u>					
15. MAIDEN NAME <u>Helmina McLean</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Smithfield, Utah</u>					
17. INFORMANT <u>Charles Pond</u> (Address) <u>Island Park, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Leviathan, Utah</u> Date <u>Sept. 4, 1931</u>					
19. UNDERTAKER <u>Jack A. Thord</u> (Address) <u>Idaho Falls, Idaho</u>					
20. FILED <u>9/7</u> , 1931 <u>C. J. Thord</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day, and year) <u>Sept. 1</u> , 1931 22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 29</u> , 1931, to <u>Sept 1</u> , 1931. I last saw him alive on <u>Sept 1</u> , 1931; death is said to have occurred on the date stated above, at <u>8:30 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>Septicemia</u> Date of onset <u>Aug 26</u> Other contributory causes of importance: <u>Infection arm</u> <u>Injury arm</u> Name of operation <u>Amputation</u> Date of <u>Aug 31</u> What test confirmed diagnosis? <u>test</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury <u>1931</u> Where did injury occur? <u>Island Park, Idaho</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>Amputation</u> (Signed) <u>Frank J. Thord</u> , M. D. (Address) <u>Idaho Falls, Idaho</u>					

RECEIVED OCT 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76517

PLACE OF DEATH

County of Bonnerville
City of Idaho FallsRegistration District No. 73
Primary Registration District No. 214-0Local Registrar's No. 178(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Muriel Burkman

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 28 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho10. NAME OF FATHER Russell Burkman11. BIRTHPLACE OF FATHER (city or town) Idaho Falls Ida
(State or Country)12. MAIDEN NAME OF MOTHER Alice M Adolphson13. BIRTHPLACE OF MOTHER (city or town) Firth Idaho
(State or Country)14. Informant Russell Burkman
(Address) Idaho Falls Idaho15. Filed 8/1, 1931 W. F. McHan Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 30 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July 30, 1931, to July 31, 1931
that I last saw her alive on July 31, 1931
and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of heart.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. M. Chini M. D.1931 (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Idaho Falls Ida. 8/1 1931

20. Undertaker Address

W. F. McHan Idaho Falls Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76518

State File No.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 214-0
Primary Registration District No. 214-0

Local Registrar's No. 179

113

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosaline Leikes

(a) Residence. No. 6th & Holmes St.

Length of residence in city or town where death occurred. yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 15, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
no. 5 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

10. NAME OF FATHER Luther Leikes

11. BIRTHPLACE OF FATHER (city or town) Stampsville, Ill.
(State or Country)

12. MAIDEN NAME OF MOTHER Rosie Herbertson

13. BIRTHPLACE OF MOTHER (city or town) Pleasant Grove
(State or Country) Utah

14. Informant Luther Leikes
(Address) Idaho Falls, Ida

15. Filed Sept 8, 1931 Winnand
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 3 1931 to Sept 5 1931 that I last saw him alive on Sept 3 1931 and that death occurred, on the date stated above, at 4:40 P.M. The CAUSE OF DEATH* was as follows:

Gastro intestinal infection
(duration) yrs. mos. ds.

CONTRIBUTORY Malnutrition
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Winnand, M. D.
Sept 8, 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida Date of Burial 9/7 1931

20. Undertaker V. F. M. Han Address Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 6 1931
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76519

County of *Bonneville*

City of *Idaho Falls*

Registration District No. *23*

Primary Registration District No. *2140*

State File No.

Local Registrar's No. *170*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Junior Nelson*

(a) Residence, No. *595 Chamberlain* St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) *August 15, 1931*

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *23*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Idaho Falls* (State or country) *Idaho*

13. NAME *Nels Nelson*

14. BIRTHPLACE (city or town) *Iowa* (State or country)

15. MAIDEN NAME *Ethel Byerly*

16. BIRTHPLACE (city or town) *Idaho Falls* (State or country)

17. INFORMANT *Mrs. Ethel Nelson* (Address) *595 Chamberlain*

18. BURIAL, CREMATION, OR REMOVAL Place *Idaho Falls, Idaho, Sept 8, 1931*

19. UNDERTAKER *Jack A. Wood* (Address) *Idaho Falls, Idaho*

20. FILER *J. F.* (Address) *Idaho Falls, Idaho*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *Sept 8* 1931

22. I HEREBY CERTIFY, That I attended deceased from *Aug. 15*, 1931, to *Sept. 7*, 1931.

I last saw him alive on *Sept 7*, 1931; death is said to have occurred on the date stated above, at *2 a* m.

The principal cause of death and related causes of importance were as follows:

Premature birth

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *G. A. Cupperle*, M.D.

(Address)

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 6 1931

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		76520	
PLACE OF DEATH		Registration District No. 73		State File No.	
County of <i>Bannock</i>		Primary Registration District No. <i>2, N. 1</i>		Local Registrar's No. <i>151</i>	
City of <i>Idaho Falls</i>		(No. <i>2, N. 1</i>)			
If death occurred in a hospital or institution, give its name instead of street and number.					
2. FULL NAME <i>Henry C. Rose</i>					
(a) Residence. No. <i>119 2 street</i> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
<i>male</i>	<i>white</i>	<i>Married</i>			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <i>June 16 / 1911</i>					
7. AGE		Years		Months	
<i>20.</i>					
		Days		If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer.</i>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <i>Idaho</i>					
13. NAME <i>Henry C. Rose</i>					
14. BIRTHPLACE (city or town) (State or country) <i>Idaho</i>					
15. MAIDEN NAME <i>Bertie C. Briggs</i>					
16. BIRTHPLACE (city or town) (State or country) <i>Idaho</i>					
17. INFORMANT (Address) <i>Idaho Falls</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>Idaho Falls, Ida</i> Date <i>Sept 10 / 1931</i>					
19. UNDERTAKER (Address) <i>Idaho Falls</i>					
20. FILED <i>Sept 9</i> , 1931 <i>City Registrar</i>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>Sept 6 1931</i>					
22. I HEREBY CERTIFY That I attended deceased from <i>death</i> to <i>death</i> , 1931					
I last saw him alive on <i>Sept 6</i> , 1931: death is said to have occurred on the date stated above, at <i>m.</i>					
The principal cause of death and related causes of importance were as follows:					
<i>Heart accident</i>					
<i>Crushing injury to chest</i>					
<i>I saw him just as he expired</i>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? <i>Accident</i> Date of injury <i>Sept 6 1931</i>					
Where did injury occur? <i>Idaho Falls, Idaho</i> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <i>Heart accident</i>					
Nature of injury <i>Crushing chest</i>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <i>H. C. Rose</i> , M. D.					
(Address) <i>Idaho Falls, Idaho</i>					

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V-S. No. 5-A-25M. 1-19 6 1931

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2, N-D
(No. _____ St.)

State File No. 76523
Local Registrar's No. 174

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Irene Ball

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED _____

(Write the word)

6. DATE OF BIRTH

September 14 1931
(Month) (Day) (Year)

7. AGE

IF LESS than 1 day how many
Yrs. Mos. ds. hrs. min.
32 min.

8. OCCUPATION

(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business or establishment in which employed (or employer) _____

9. BIRTHPLACE

(State or Country) Idaho

10. NAME OF FATHER

Ephriam Berry Ball

11. BIRTHPLACE OF FATHER

(State or Country) North Carolina

12. MAIDEN NAME OF MOTHER

Elizabeth Green

13. BIRTHPLACE OF MOTHER

(State or Country) Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mother

(Address) _____

15.

Filed Sept 16 1931 Chambers
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

September 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 14 1931 to Sept 14 1931,
that I last saw him alive on Sept 14 1931,
and that death occurred on the date stated above, at 8³⁰ P.M.

The CAUSE OF DEATH* was as follows:

Premature birth 6 1/2 months

(Duration) yrs. mos. ds.
Contributory Rupture of membranes
(Secondary) accidental Fall 2 mo ago

(Duration) yrs. mos. ds.
(Signed) James S. Jones M. D.
9/15 1931 (Address) Idaho Falls

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE. (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death yrs. mos. 1 days. State yrs. mos. ds.
Where was disease contracted _____
if not at place of death? _____
Former or _____
usual residence _____

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Cremation LDS Hosp 1931

20. UNDERTAKER

ADDRESS _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 6 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonneville</u>		BUREAU OF VITAL STATISTICS		State File No. <u>76525</u>	
City of <u>Alpine Springs</u>		CERTIFICATE OF DEATH			
Registration District No. <u>73</u>		Primary Registration District No. <u>21450</u>		Local Registrar's No. <u>146</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Herman A. Falkenberg</u>					
(a) Residence. No. <u>St.</u> (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced <u>Widower</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Not known</u>					
7. AGE <u>56</u> Years		Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Architect</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Germany</u>					
MOTHER FATHER	13. NAME <u>Not known</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				
	15. MAIDEN NAME <u>Not known</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				
17. INFORMANT (Address) <u>T. M. Falkenberg, Mountain View</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Soda Springs</u> Date <u>Sept. 11, 1931</u>					
19. UNDERTAKER (Address) <u>Mount Peter, Idaho</u>					
20. FILED <u>1717</u> , 1931 <u>W. J. Falkenberg</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 2</u> , 1931, to <u>Sept 2</u> , 1931					
I last saw him alive on <u>Sept 2</u> , 1931: death is said to have occurred on the date stated above, at <u>a</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Accidental drowning</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, <u>suicide</u> , or <u>outside</u> ? _____ Date of injury <u>9/2</u> , 1931					
Where did injury occur? <u>Bonneville Co. Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Snake River</u>					
Manner of injury <u>Accidental Drowning</u>					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> . If so, specify _____					
(Signed) <u>H. A. Falkenberg</u> (Address) <u>Idaho Falls, Idaho</u>					

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RECEIVED OCT 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76526

State File No.

PLACE OF DEATH

County of BonnevilleCity of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 2-1A-50Local Registrar's No. 1F2(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Ronald Earl Sutton(a) Residence. No. Bannock Avenue St.

(Usual place of abode)

Length of residence in city or town where death occurred. ✓ yrs. ✓ mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept. 7, 19317. AGE Years ✓ Months ✓ Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None(b) General nature of industry, business, or establishment in which employed (or employer) None(c) Name of employer None9. BIRTHPLACE (city or town) Idaho Falls, Ida.
(State or country)10. NAME OF FATHER Eli Sutton11. BIRTHPLACE OF FATHER (city or town) Cedar City, Utah
(State or Country)12. MAIDEN NAME OF MOTHER Julda Louise Anderson13. BIRTHPLACE OF MOTHER (city or town) Monte Rose, Colorado
(State or Country)14. Informant Mrs. Eli Sutton
(Address) Idaho Falls, Idaho.15. Filed Sept 11, 1931 W. J. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 20, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended, deceased from Sept 11th, 1931, to Sept 20, 1931, that I last saw him alive on Sept 20, 1931, and that death occurred, on the date stated above, at 9 P.m.

The CAUSE OF DEATH* was as follows:

Asphyxia neonatorum

(duration) yrs. mos. ds.

CONTRIBUTORY Humorologic Disease
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? noWhat test confirmed diagnosis? Clinical course(Signed) W. J. ..., M. D.(Address) Idaho Falls, Ida. Sept 21 / 31

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls, Ida. Date of Burial Sept 21, 193120. Undertaker W. J. ... Address Idaho FallsWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PARENTS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE <div style="font-size: 1.2em; font-weight: bold;">76527</div> <div style="font-size: 0.8em;">State File No.</div>
PLACE OF DEATH County of <u>Bonneville</u> City of <u>Idaho Falls</u>		Local Registrar's No. <u>166</u> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">24</div>
Registration District No. <u>3</u> Primary Registration District No. <u>2150</u>		
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)		
2. FULL NAME <u>Leland Munson</u>		
(a) Residence. No. _____ St. <u>Moreland, Idaho</u> (Usual place of abode) (If nonresident give city or town and state)		
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>March 28, 1915</u>		
7. AGE	Years <u>16</u>	Months <u>4</u> Days <u>26</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) (State or country) <u>Moreland, Idaho</u>		
FATHER	13. NAME <u>John Henry Munson</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>	
MOTHER	15. MAIDEN NAME <u>Mary Crystal</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>	
17. INFORMANT <u>John H. Munson</u> (Address) _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Moreland, Idaho</u> Date <u>Sept 27, 1931</u>		
19. UNDERTAKER <u>Jack G. W. and</u> (Address) <u>Idaho Falls, Idaho</u>		
20. FILED <u>Sept 25, 1931</u> <u>C. J. Munson</u> Registrar		
MEDICAL CERTIFICATE OF DEATH		
21. DATE OF DEATH (month, day, and year) <u>Sept 24, 1931</u>		
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 24, 1931</u> , to <u>Sept 24, 1931</u> . I last saw him alive on <u>Sept 24, 1931</u> ; death is said to have occurred on the date stated above, at <u>1 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Epidemic meningitis</u> <u>Sept 21 to 22, 1931</u> Date of onset _____		
Other contributory causes of importance: _____		
Name of operation _____ Date of _____		
What test confirmed diagnosis? <u>Lab</u> Was there an autopsy? <u>Yes</u>		
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____		
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>H. R. Ray</u> M. D. (Address) <u>Idaho Falls, Idaho</u>		

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76528

State File No.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21.1.2

Local Registrar's No. 145

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Corinne Lu Sleen Martin(a) Residence. No. J. Street St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 13, 1931

7. AGE Years Months Days If LESS than
1 day, hrs. min.
3 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)

13. NAME Porter Egan Martin

14. BIRTHPLACE (city or town) Perry
(State or country) Idaho

15. MAIDEN NAME Nazel Langley

16. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

17. INFORMANT Porter E. Martin
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls, Idaho Date Sept 30, 1931

19. UNDERTAKER Carl G. Wood
(Address) Idaho Falls, Idaho

20. FILED Sept 29, 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from
....., 1931, to , 1931

I last saw her alive on Sept. 28, 1931; death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Intestinal Flu

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1931

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Dutton, M. D.(Address) Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76529

PLACE OF DEATH

County of Bonneville.

City of Idaho Falls.

CERTIFICATE OF DEATH

Registration District No. 72

Primary Registration District No. 2140

Local Registrar's No. 190

(No. Idaho Falls L. D. S. Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clair Allen Peterson.

(a) Residence. No. St. Rigby, Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 3 1915

7. AGE Years Months Days
16 1 20
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Utah
(State or country)

10. NAME OF FATHER Ray Andrew Peterson.

11. BIRTHPLACE OF FATHER (city or town) Utah.
(State or Country)

12. MAIDEN NAME OF MOTHER Sylvia Floss Allen.

13. BIRTHPLACE OF MOTHER (city or town) Utah.
(State or Country)14. Informant Ray Andrew Peterson
(Address) Rigby, Idaho. R. #1

15. Filed Sept 29 1931 County Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

September 23 1931

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 19, 1931, to Sept 23, 1931

that I last saw him alive on Sept 23, 1931

and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) W. R. Abbott M. D.

Sept 25, 1931 (Address) Rigby Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Grant, Idaho.

Date of Burial

9/26/31 19

20. Undertaker

A. E. Eckhardt Rigby

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 6 1931

STATE OF IDAHO

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 3
Primary Registration District No. 2.470

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76530Local Registrar's No. 191

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leonard Franklin Haddox(a) Residence. No. 45 E. Dugitz St. Butte, Mont.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 1 - 1904

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
26 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine10. Date deceased last worked at this occupation (month and year) July, 1931 11. Total time (years) spent in this occupation 712. BIRTHPLACE (city or town) Butte (State or country) Silver Bow, Mont.13. NAME Thomas W. Haddox14. BIRTHPLACE (city or town) Butte (State or country) Meigs Co. & Co15. MAIDEN NAME Agnus E. Allen16. BIRTHPLACE (city or town) Bashan, Ohio (State or country) Meigs Co.17. INFORMANT (Address) Therrell S. Haddox 1327 E. 2nd St. Butte Mont.18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Oct. 2, 193119. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Ida.20. FILED (Date), 1931 Oct. 1 Registrar. Edmund

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/17 1931

22. I HEREBY CERTIFY, That I attended deceased from , 1931, to , 1931

I last saw h..... alive on , 1931; death is said

to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Try to burn a ride on freight train

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 9/17 1931Where did injury occur Idaho Falls, Idaho (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Railroad highway (City)Manner of injury Run over by trainNature of injury Crushed Head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. M. Allen, coroner (Address) Idaho Falls, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76531

State File No.

PLACE OF DEATH

County of Boundary
City of Bonniers Ferry

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 3156

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME E. D. Murphy

(a) Residence. No.

St.

Butte, Mont.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMamie Murphy6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years Months Days If LESS than 1 day,
About 49 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Fire Fighter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U. S. Forest Service9. BIRTHPLACE (city or town) Unknown
(State or country) "10. NAME OF FATHER "11. BIRTHPLACE OF FATHER (city or town) "
(State or Country) "12. MAIDEN NAME OF MOTHER "13. BIRTHPLACE OF MOTHER (city or town) "
(State or County) "14. Informant Letters in possession
(Address)15. Filed Aug 1 - 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at 4 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Accidental Death - Struck
by a falling tree
Crushing injury of head & chest
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Ex. of body(Signed) R. M. Boree M. D.Aug 1, 1931 (Address) Bonniers Ferry, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

St. Maries, Idaho8/2/31 19

20. Undertaker

Address

H. R. Crouch, Bonniers Ferry, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76532

State File No.

PLACE OF DEATH

County of BoundaryCity of Bonnerr's FerryRegistration District No. 79Primary Registration District No. 3156

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawrence Charles Purcell Jr.

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Single
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 2, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>1</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.None(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Libby
(State or country) Mont.

10. NAME OF FATHER

Lawrence C. Purcell11. BIRTHPLACE OF FATHER (city or town) Long Prairie
(State or Country) Minn.12. MAIDEN NAME OF MOTHER Edna Mary Elliott13. BIRTHPLACE OF MOTHER (city or town) Sandpoint
(State or County) Idaho14. Informant Lawrence C. Purcell
(Address) Bonnerr's Ferry, Idaho.15. Filed July 29, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 14, 1931, to July 28, 1931
that I last saw him alive on July 28, 1931and that death occurred, on the date stated above, at 7:30 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Broncho PneumoniaCONTRIBUTORY (Secondary) Whooping Cough
(duration) yrs. mos. ds. 518. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Examination(Signed) E. E. Fry, M. D.
July 29, 1931 (Address) Bonnerr's Ferry, Idaho19. Place of Burial, Cremation, or Removal Grandview Cemetery
Date of Burial 7/30/31 1920. Undertaker Harry R. Crouch, Bonnerr's Ferry, Ida
Address

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76533**

PLACE OF DEATH

County of Boundary
City of Bonnerr's Ferry

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 5156
(No. _____)
Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barbara Lee Fuller

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 11 mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 11, 1930

7. AGE Years _____ Months 11 Days 17 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Dalkena
(State or country) Wash.

10. NAME OF FATHER Elmer Fuller

11. BIRTHPLACE OF FATHER (city or town) Columbia Falls
(State or Country) Mont.

12. MAIDEN NAME OF MOTHER Thelma Rohlf

13. BIRTHPLACE OF MOTHER (city or town) Bowman
(State or County) N. D.

14. Informant Elmer Fuller
(Address) Bonnerr's Ferry, Idaho.

15. Filed July 29, 1931 E. E. Fry
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 20, 1931, to July 28, 1931
that I last saw him alive on July 28, 1931

and that death occurred, on the date stated above, at 5 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

(duration) yrs. _____ mos. 7 ds.
CONTRIBUTORY Whooping Cough
(Secondary)

(duration) yrs. 1 mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) E. E. Fry, M. D.

July 29, 1931 (Address) Bonnerr's Ferry, Idaho

19. Place of Burial, Cremation, or Removal Grandview Cemetery Date of Burial 7/30/31

20. Undertaker Harry R. Crouch Address Bonnerr's Ferry, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED SEP 21 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76534

State File No.

PLACE OF DEATH

County of Boundary

City of Bonnors Ferry

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2155

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Christine Erickson

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 5 yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single. Married. Widowed,
or Divorced (write the word.)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Andrew P. Erickson

6. DATE OF BIRTH (month, day and year) Oct. 24, 1858

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.

72

9

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At home

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Varmland
Sweden

10. NAME OF FATHER

Andrew Anderson

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Varmland
Sweden

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Varmland
Sweden

14.

Informant
(Address)

Reuben Erickson
Bonnors Ferry, Idaho

15.

Filed

Aug 16, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 15, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 14, 1931, to Aug 15, 1931

that I last saw her alive on Aug 15, 1931

and that death occurred, on the date stated above, at 11:30 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Influenza

(duration) yrs. mos. 10 ds.

CONTRIBUTORY
(Secondary)

Pneumonia
(duration) yrs. mos. 3 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed)

R. B. Bolgel

M. D.

Aug 16, 1931 (Address) Bonnors Ferry, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonnors Ferry, Idaho
Paradise Valley Cemetery, 1931

20. Undertaker

Address

A. P. Crouch
Bonnors Ferry, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 21 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76535

State File No.

PLACE OF DEATH

County of BoundaryCity of Bonnors Ferry

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156Local Registrar's No. 886

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Corley

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred. 10 yrs. mos. ds.

St.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Unknown

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.About70

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

Unknown

(State or country)

10. NAME OF FATHER

"11. BIRTHPLACE OF FATHER (city or town)
(State or Country)"

12. MAIDEN NAME OF MOTHER

"13. BIRTHPLACE OF MOTHER (city or town)
(State or County)"

14.

Informant
(Address)Bonnors Ferry Hospital
Bonnors Ferry, Idaho

15.

Filed

Aug. 9, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August8, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 21, 1931, to Aug. 8, 1931
that I last saw him alive on Aug. 6, 1931and that death occurred, on the date stated above, at 10 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chr. Myocardial degeneration(duration) 3 yrs. mos. ds.CONTRIBUTORY
(Secondary)2d. pneumonia(duration) 20 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No. Date ofWas there an autopsy? No.What test confirmed diagnosis? Physic. Examination

(Signed)

Aug. 9, 1931 (Address) Bonnors Ferry, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Grandview Cemetery8/11/31 19

20. Undertaker

H. R. Crouch, Bonnors FERRY, Ida

RECEIVED OCT 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76536**

PLACE OF DEATH

County of Cannon
City of ParmaRegistration District No. 1
Primary Registration District No. 1004Local Registrar's No. 11(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Charles Clayton Johnson(a) Residence. No. Parma, Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

Oct 1, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. HEREBY CERTIFY, That I attended deceased from

Sept. 3, 1931, to Sept. 21, 1931

that I last saw him alive on Sept. 21, 1931

and that death occurred, on the date stated above, at 4-15 a.m.

The CAUSE OF DEATH* was as follows:

Acute Encephalitis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) W. H. Mitchell, M. D.Sept. 25, 1931 (Address) Parma, Ida.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Parma, Ida.

19

20. Undertaker

Address

W. V. BeckhamCalderwell, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76537**

PLACE OF DEATH

County of Canyon
City of Greenleaf

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005Local Registrar's No. 125

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Asaph H. Barker(a) Residence. No. John Tish - Caldwell - Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word)widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

3-1-1849

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8272

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Retired Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Westfield
Ind

10. NAME OF FATHER

Chas Barker11. BIRTHPLACE OF FATHER (city or town)
(State or Country)N Carolina

12. MAIDEN NAME OF MOTHER

Emie Rich13. BIRTHPLACE OF MOTHER (city or town)
(State or County)N Carolina

14.

Informant
(Address)John Tish
& Caldwell, Idaho

15.

Filed

10-7-1931John S. Meyers
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct31931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended decas d from

....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....and that death occurred, on the date stated above, at 11:30 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Accidental. Struck by
loaded auto truck.
crushed skull. accident
in Canyon Co.
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. V. Beckham
Oct 5 - 1931 (Address) Caldwell Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Greenleaf10-6-1931

20. Undertaker

Address

C. V. BeckhamCaldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76538**

PLACE OF DEATH

County of **Canyon**

CERTIFICATE OF DEATH

City of **Caldwell**Registration District No. **3**Primary Registration District No. **2005**Local Registrar's No. **124**

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Mrs. Mary Ada Pierce**(a) Residence. No. **Mich & Linden** St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)**Widow**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of**Widow**6. DATE OF BIRTH (month, day and year) **Mch 10 1850**

7. AGE

Years

Months

Days

If LESS than 1 day,

81**6****22**hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**Home**(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)**Wis**

10. NAME OF FATHER

Levi Colby11. BIRTHPLACE OF FATHER (city or town)
(State or Country)**Vermont**12. MAIDEN NAME OF MOTHER **Caroline Hitchcock**13. BIRTHPLACE OF MOTHER (city or town)
(State or County)**Vermont**

14.

Informant
(Address)**Mrs W. S. Boynton****Mich & Linden, Caldwell Idaho**

15.

Filed

10-3-31**John C. Meyer**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 2 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 1929 to **Oct 2 1931**
that I last saw her alive on **Oct 1 1931**and that death occurred, on the date stated above, at **3 p.m.***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Cerebral Hemorrhage**(duration) yrs. mos. ds.
CONTRIBUTORY **Sensitivity**
(Secondary)(duration) **2** yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? **no** Date ofWas there an autopsy? **no**What test confirmed diagnosis? **clinical**(Signed) **David E. Baird** M. D.**Oct 3 1931** (Address) **Caldwell Idaho**

19. Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill Cemetery**10-3-31 19**

20. Undertaker

Address

Paul L. Case**Caldwell Idaho**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **76539**

PLACE OF DEATH

County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005

Local Registrar's No. 122

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Bessie J. Windsor

(a) Residence. No. 220 N. Kim St.

(Usual place of abode.) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. L. Windsor

6. DATE OF BIRTH (month, day and year) Nov 10 "1881

7. AGE Years 49 Months 10 Days 17 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Housewife (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (city or town) De Cal Co. (State or country) Missouri

10. NAME OF FATHER R. J. Holman

11. BIRTHPLACE OF FATHER (city or town) La Rue Co (State or Country) Kentucky

12. MAIDEN NAME OF MOTHER Nora A. Kimbrough

13. BIRTHPLACE OF MOTHER (city or town) De Cal Co (State or County) Kentucky

14. Informant (Address) H. L. Windsor 220 N. Kimball

15. Filed 10-6- 1931 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 26 1931, to Sept 27 1931, that I last saw him alive on Sept 27 1931, and that death occurred, on the date stated above, at 7 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY High blood pressure (Secondary) not known (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical path (Signed) M. D. Oct 5th 1931 (Address) Caldwell

19. Place of Burial, Cremation, or Removal Canyon Hill Date of Burial Oct 7 1931

20. Undertaker C. V. Peckham Address Caldwell

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76541

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2005

(No. Caldwell Sanitarium)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William John Driscoll

(a) Residence. No. East Jefferson St. Boise, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mch 1, 1866

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
65 6 238. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Law Enforcement

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Boise

9. BIRTHPLACE (city or town) U. S. A.
(State or country)

10. NAME OF FATHER Peter Driscoll

11. BIRTHPLACE OF FATHER (city or town) Ireland
(State or Country)

12. MAIDEN NAME OF MOTHER Not obtainable

13. BIRTHPLACE OF MOTHER (city or town) Ireland
(State or Country)

14. Informant (Address) H. D. Painter, Caldwell, Idaho

15. Filed 9-25-1931 John S. Meyer, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 24, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931 to Sept 24, 1931
that I last saw him alive on Sept 23, 1931
and that death occurred, on the date stated above, at 2:40 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDE.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

CONTRIBUTORY (Secondary) Myocarditis
(duration) 1/2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) P. H. [Signature], M. D.
1931 (Address) Caldwell, Idaho

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery 9-26 1931

20. Undertaker Schreiber & McCann Boise, Idaho

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76542

State File No.

PLACE OF DEATH

County of Canyon
City of Notus Ida

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James M. Henry(a) Residence. No. Caldwell, Ida St. 9th

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 1 - 1857

7. AGE Years Months Days If LESS than 1 day.
74 7 13 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kingston
(State or country) Ill.10. NAME OF FATHER Mathew Henry11. BIRTHPLACE OF FATHER (city or town) Ireland
(State or Country)12. MAIDEN NAME OF MOTHER Katherine Nations13. BIRTHPLACE OF MOTHER (city or town) Mo.
(State or Country)14. Informant Mrs. J. M. Henry
(Address) Caldwell, Idaho 9th15. Filled 9-16-, 1931 John S. Meyers
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 14, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1931, to Sept 14, 1931
that I last saw him alive on Sept 13, 1931
and that death occurred, on the date stated above, at 2 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Anemia Perniciosa
Direct Hemorrhage
of Bowels

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

Anemia Perniciosa
(duration) 4 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clyrical -
and blood count - (Signed) A. J. ...Sept 15, 1931 (Address) Caldwell

19. Place of Burial, Cremation, or Removal

Date of Burial

Jen Davis9-16, 1931

20. Undertaker

Address

C. H. BeckhamCaldwell
Idaho

RECEIVED OCT 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76543

State File No.

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 117

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helene Maria Albertson

(a) Residence. No. Caldwell Ida #1 St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Geo Albertson
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 25-1870

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
60 9 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Hoerner
(State or country) Iowa

10. NAME OF FATHER M. Haagensohn

11. BIRTHPLACE OF FATHER (city or town) Norway
(State or Country)

12. MAIDEN NAME OF MOTHER Bertha Olson

13. BIRTHPLACE OF MOTHER (city or town) Norway
(State or Country)

14. Informant (Address) Geo Albertson
Caldwell, Ida #1

15. Filed 9-16- 1931 John S. Meyers
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 13 1931 to Sept 13 1931
that I last saw her alive on Sept 13 1931
and that death occurred, on the date stated above, at 8:40 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Strangulated Hernia, with
gangrene of intestine

(duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Hernia

(duration) 10 yrs. mos. da.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 9-13-31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. M. Paley M. D.

9-16 1931 (Address) Caldwell, Ida

19. Place of Burial, Cremation, or Removal Canyon Hill Date of Burial 9-17 1931

20. Undertaker C. V. Peckham Address Caldwell
Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76544

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1005
(No.)

Local Registrar's No. 116

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward E. Perry

(a) Residence. No. 815 Cleveland

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced, (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Mrs Hannah M. Perry
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mch 27 1865

7. AGE Years Months Days If LESS than 1 day.
66 5 16 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Oskaloosa Iowa
(State or country)

10. NAME OF FATHER David Perry

11. BIRTHPLACE OF FATHER (city or town) Canada
(State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth Lafoy

13. BIRTHPLACE OF MOTHER (city or town) Holland
(State or Country)

14. Informant Mrs Edward E. Perry
(Address) 815 Cleveland Caldwell Idaho

15. Filed 9-14-1931 John L. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Feb. 24 1931 to Sept 13 1931
that I last saw him alive on Sept. 12 1931
and that death occurred, on the date stated above, at 8:00 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

CONTRIBUTORY
(Secondary)

(duration) 2 yrs. mos. ds.

Cystitis (urinary)

(duration) 2 yrs. mos. ds.

18. Where was disease contracted Probably from work in Colorado mine
if not at place of death

Did an operation precede death? no Date of

Was there an autopsy? no
What test confirmed diagnosis? Sputa & X-ray

(Signed)

M. D.

9-14-1931 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal Date of Burial
Canyon Hill Cemetery Sept 15-31

20. Undertaker Address
Paul L. Case Caldwell Ida

RECEIVED OCT 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76545

State File No.

PLACE OF DEATH

County of CanyonCity of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Myra O'Brien(a) Residence. No. Caldwell R#4 St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>widow</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 2-1863

7. AGE <u>68</u>	Years <u>5</u>	Months <u>8</u>	Days <u>8</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Filmore Co. Minn
(State or country)10. NAME OF FATHER John S Kenley11. BIRTHPLACE OF FATHER (city or town) Vermont
(State or Country)12. MAIDEN NAME OF MOTHER Elmina Kinney13. BIRTHPLACE OF MOTHER (city or town) Not known
(State or Country)14. Informant L B Harley
(Address) Caldwell Idaho15. Filed 9-12- 1931 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 10 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1931, to Sept 10, 1931
that I last saw her alive on Sept 9, 1931
and that death occurred, on the date stated above, at 6 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Arteriosclerosis, Chronic Hypertension and endocarditis(duration) Several yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? YesWhat test confirmed diagnosis? Syphilis(Signed) John S. Meyer M. D.9/10, 1931 (Address) Caldwell19. Place of Burial, Cremation, or Removal Canyon Hill Date of Burial 9-12 193120. Undertaker C. V. Beckham Address Caldwell
Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.
Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76546

State File No.

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1016(No. 423-14th Ave So)Local Registrar's No. 99

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George E Waterman(a) Residence. No. 423-14th Ave So St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 4 yrs. 11 mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLennie Waterman6. DATE OF BIRTH (month, day and year) Jan 2nd 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>55</u>	<u>8</u>	<u>2</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Taxi driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Deef9. BIRTHPLACE (city or town) St. Louis
(State or country) Missouri10. NAME OF FATHER W. E. Waterman11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)12. MAIDEN NAME OF MOTHER Louisia Poole13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or Country)14. Informant Mrs. Lennie Waterman
(Address) Nampa, Idaho15. Filed 9-8-31 Deef
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....and that death occurred, on the date stated above, at 10:30 Am.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Probably Apoplexy
History of Heart pains
with fainting spells..... (duration) yrs. mos. ds.
CONTRIBUTORY Pyorrhea (Gum)
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Beckman

....., 19..... (Address)

19. Place of Burial, Cremation, or Removal Kohlerlawn Nampa Date of Burial 9/8 193120. Undertaker W. P. Talley Address Nampa, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
76547
State File No.

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 2014(No. 3 mi so west Nampa)Local Registrar's No. 100

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura Johnson(a) Residence. No. 3 mi so west Nampa St.
(Usual place of abode.)Length of residence in city or town where death occurred.) yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. ds. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec. 10th 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>42</u>	<u>8</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kansas
(State or country)10. NAME OF FATHER George Johnson11. BIRTHPLACE OF FATHER (city or town) Illinois
(State or Country)12. MAIDEN NAME OF MOTHER Anna Borchers13. BIRTHPLACE OF MOTHER (city or town) Illinois
(State or Country)14. Informant Mrs. Jacob Dreher
(Address) Nampa, Idaho15. Filed 9-7, 1931 Edith Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 4, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Aug 7, 1931, to Sept 4, 1931
that I last saw him alive on Sept 3, 1931and that death occurred, on the date stated above, at 1:45 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma of stomach
and left lung. Metastatic
2ndary to left breast
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 1931Was there an autopsy? noWhat test confirmed diagnosis? Clinical history(Signed) Geo. R. Proctor M.D.Sept 8, 1931 (Address) Nampa, Idaho19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial 9-7 193120. Undertaker Mrs. Nina M. Falley Nampa, Idaho

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76548

State File No.

PLACE OF DEATH

County of Canyon
City of Hampton

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 1056

(No. 515-14th Ave So)

Local Registrar's No. 101

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Nelson Pollock

(a) Residence. No. 515-14th Ave So St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Anne Pollock

6. DATE OF BIRTH (month, day and year) March 12-1863

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
68 5 25 min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. store keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9. BIRTHPLACE (city or town) (State or country) Ashland Ohio

10. NAME OF FATHER James Pollock

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Susan Nelson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) unknown

14. Informant Mrs. Lucy Anne Pollock (Address) Hampton, Idaho

15. Filed 9-9, 1931 Death Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 7, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1930, to Sept. 7, 1931

that I last saw him alive on Sept. 7, 1931

and that death occurred, on the date stated above, at 5:42 P.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myocarditis
Nephritis

(duration) 1 yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 10 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Samuel A. Swain

9-9, 1931 (Address) Hampton, Idaho

19. Place of Burial, Cremation, or Removal Utica, Neb. Date of Burial 7-13-1931

20. Undertaker Wm D. Talley Address Hampton, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Amended 3-30-79

PLACE OF DEATH

 County of Camden
 City of Rural

 RECEIVED OCT 8 1931
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76549
 Registration District No. 7
 Primary Registration District No. 2006
Local Registrar's No. 102
 (No. _____)
 (If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Frank William Fuhrman 84

(a) Residence. No. _____ St. _____

 (Usual place of abode)
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) June 9-73
 7. AGE Years 58 Months 3 Days _____ If LESS than 1 day, _____ hrs. _____ min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Utah (State or country)13. NAME Jacob Fuhrman14. BIRTHPLACE (city or town) Switzerland (State or country)15. MAIDEN NAME Louise Mary16. BIRTHPLACE (city or town) Switzerland (State or country)17. INFORMANT (Address) Mrs. F. E. Fuhrman18. BURIAL, CREMATION, OR REMOVAL Place Home Date _____, 193119. UNDERTAKER (Address) F. E. Fuhrman20. FILED 5-12, 1931 Death Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 8, 193122. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1931, to 9-8, 1931.I last saw him alive on 9-7, 1931; death is saidto have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows: _____

Anginal (Coronary)
Arterio Sclerosis heart.

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes, (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 1931.Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place. _____

Manner of injury NoNature of injury No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) George B. Bishopp, M. D.(Address) Home

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ }
County of _____ } ss.

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 30 4 31 PM '79

Certificate No. 76549
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of death

for Frances Edward Fuhrman died on Sept. 8, 1931
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Canyon Co. are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

Full name of deceased

FROM

Francis Edward

TO

Frank William Fuhrman

Item 15 Maiden Name of mother

Losslie

Mary Loosli

Subscribed and sworn to before me this 29th day of

March, 1929.
Notary Public, Florence Courtwright

Residing at Boise

My commission expires Lifetime

(Seal)

Horace Fuhrman
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed _)

(Is not necessary _)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

3-29-79

in office no corresp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Canyon</u>		CERTIFICATE OF DEATH		State File No. <u>76550</u>	
City of <u>Nampa</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>105</u>	
		Primary Registration District No. <u>806</u>			
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Gerald Schleuse</u>					
(a) Residence. No. <u>423 - 6 air 8</u> St. <u>188 e</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>10</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>In school</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country)					
FATHER	13. NAME <u>Perle Schleuse</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Mo</u>				
MOTHER	15. MAIDEN NAME <u>Barclay</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>St Paul Minn</u>				
17. INFORMANT (Address) <u>Mrs Barclay Nampa Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Nampa</u> Date <u>9-</u> , 193					
19. UNDERTAKER (Address) <u>J. K. Robinson Nampa Ida</u>					
20. FILED <u>10-1</u> , 193 <u>Dr. W. W. W. W.</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9-25</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from					
, 193, to, 193					
I last saw h..... alive on, 193: death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
<u>Accident, fell from bicycle, by side of road, pulled of loaded truck causing internal injuries</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 193.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Stephen Caldwell</u>					
(Address) <u>Caldwell Ida</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 8 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76551

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006
(No. Orchard Avenue)

Local Registrar's No. 104

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennifer Thompson

(a) Residence. No. Orchard Avenue St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Woodman Thompson
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 24th - 1847

7. AGE Years 84 Months 7 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Elizabeth
(State or country) Illinois

10. NAME OF FATHER John G. Eustice

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)

14. Informant Woods Thompson
(Address) Nampa, Idaho

15. Filed 9-29, 1931 Letha Conroy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sep 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 31, 1931, to Sep 23, 1931
that I last saw him alive on Sep 23, 1931

and that death occurred, on the date stated above, at 8:45 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) SP. Ross, M. D.

Sep 28, 1931 (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal Kohlerlauer-Nampa Date of Burial 9-27 1931

20. Undertaker Margie M. Talley, Nampa, Id. Address

STATE OF IDAHO **RECEIVED** OCT 13 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76552**

PLACE OF DEATH

County of CarbonCity of Soda Springs

CERTIFICATE OF DEATH

Registration District No. 82Primary Registration District No. 2159

(No. _____)

Local Registrar's No. 60

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosema Marie Lallatun(a) Residence. No. Soda Springs Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAnton Lallatun6. DATE OF BIRTH (month, day and year) June 16-1843

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

88229

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Wittenburg, Germany

10. NAME OF FATHER

Joseph Schuetzger11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Germany

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)Chas. E. Egan
Soda Springs Idaho

15.

Filed

Sept 16, 1931Dr. Russell T. Just

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

September 15, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1931, to Sept 15, 1931that I last saw her alive on Sept 15, 1931and that death occurred, on the date stated above, at 11 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Senile Decay(duration) 1 yrs. 0 mos. 0 ds.CONTRIBUTORY
(Secondary)none(duration) 0 yrs. 0 mos. 0 ds.18. Where was disease contracted
if not at place of death?✓Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Examination(Signed) E. E. Egan, M. D.8/15/31, 1931 (Address) Soda Springs Idaho

19. Place of Burial (Cemetery, or Burial)

Date of Burial

Soda Springs Idaho Sept 18 1931

20. Undertaker

Address

C. D. Nutman Soda Springs

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 23 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76553

State File No.

PLACE OF DEATH

County of CassiaCity of Burley

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isabelle Anderson

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofA. J. Anderson6. DATE OF BIRTH (month, day and year) Jan. 17-1885-7. AGE Years Months Days If LESS than 1 day, hrs. or min.
76 7 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lehi ut.
(State or country)10. NAME OF FATHER Riley Judd11. BIRTHPLACE OF FATHER (city or town) Canada
(State or Country)12. MAIDEN NAME OF MOTHER Isabelle Norton13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or County)14. Informant (Address) Riley Anderson
Idaho15. Filed Sept 12, 1931 Registrar. R. E. Johnson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 16, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to Sept 16, 1931that I last saw her alive on Sept 16, 1931and that death occurred, on the date stated above, at 10:40 P.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Chronic Myocarditis(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) W. E. Klean, M. D., 1931 (Address) Burley

19. Place of Burial, Cremation, or Removal Date of Burial

Grantville ut Sept. 21 1931

20. Undertaker Address

R. E. Johnson Burley

RECEIVED OCT 13 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76554

State File No.

PLACE OF DEATH

County of CassiaCity of Burley

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Clinton Davis

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX M. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Winifred Davis6. DATE OF BIRTH (month, day and year) June 6 - 18657. AGE Years 67 Months 3 Days 3 If LESS than 1 day, hrs. or min.8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Abstra

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio10. NAME OF Mariah A. Davis

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER Ruth Patten

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address)

15. Filed 10-5- 1931 E. H. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept. 13 1931 Sept. 13 1931
that I last saw him alive on Sept. 13 1931
and that death occurred, on the date stated above, at 3 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral hemorrhageCONTRIBUTORY (Secondary) Hypertension
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? usual(Signed) Joseph J. J. J. M. D.19. (Address) Burley

19. Place of Burial, Cremation, or Removal Date of Burial

Burley Ida 19

20. Undertaker Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

KACTLY,

DO NOT WRITE IN THIS SPACE

State File No. 76555

PLACE OF DEATH

County of Cassia
City of Marion

CERTIFICATE OF DEATH

Registration District No.
 Primary Registration District No.
 (No.

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Logan Anderson

(a) Residence. No. _____ St _____

(Usual place of abode.)

Length of residence in city or town where death occurred.			How long in U. S. if of foreign birth?		
yrs.	mos.	ds.	yrs.	mos.	ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. Single, Married, Widowed, or Divorced (write the word) M
-------------	-----------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 30 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	5	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF ~~FATHER~~

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14. Informant (Address) Anderson
Portland Ore.

15. Filed 0-5- 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 10, 193
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Sept. 10, 1931, to _____, 19____
that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Stranulated Hernia

.....(duration)yrs.mos.ds

CONTRIBUTORY
(Secondary)

..... (duration) yrs. mos. ds

18. Where was disease contracted
if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) H. O. Spurgeon (Address) Bunley, Pa.
Sept. 11 1931

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley Ida.	Sept 12 19

20. Undertaken	Address
----------------	---------

H. E. Carson | *Burley*

RECEIVED SEP 17 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76556

PLACE OF DEATH

County of CarriaCity of Burley

CERTIFICATE OF DEATH

Registration District No. 117

Primary Registration District No. _____

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Evelyn Whiskell(a) Residence. No. 236 North Almo. St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) Aug. 18, 1931.7. AGE Years Months Days 11 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Burley (State or country) Idaho.10. NAME OF FATHER J. L. Whiskell11. BIRTHPLACE OF FATHER (city or town) Sheldon (State or Country) Missouri12. MAIDEN NAME OF MOTHER Emily L. McIntyre13. BIRTHPLACE OF MOTHER (city or town) Eagle (State or Country) Idaho14. Informant J. L. Whiskell (Address) Burley Idaho.15. Filed Aug 19, 1931 Registrar. J. L. Whiskell

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

8 18 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

8-18, 1931, to 8-18, 1931that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Strangulation + contusion
into cause.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Chinical(Signed) J. L. Whiskell, M. D.Aug. 19, 1931 (Address) Burley

19. Place of Burial, Cremation, or Removal

Middleton Ida. Date of Burial 8-20- 193120. Undertaker R. E. Johnson Address Burley

RECEIVED SEP 17 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76557

State File No.

PLACE OF DEATH

County of Cassia.
City of Burley.

CERTIFICATE OF DEATH

Registration District No. 117

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alta Maree Goodwin.

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 10 1922.7. AGE Years Months Days If LESS than 1 day,
9 2 6hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Student.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Scandia.
(State or country) Kan.10. NAME OF FATHER Chas.F.Goodwin.11. BIRTHPLACE OF FATHER (city or town) Paxton.
(State or Country) Ill.12. MAIDEN NAME OF MOTHER Alta A.Mosher.13. BIRTHPLACE OF MOTHER (city or town) Rydal.
(State or County) Kan.14. Informant Frank Goodwin.
(Address) Scandia Kan.15. Filed Aug 17, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug. 16 1931.

(Month)

(Day)

19.....
(Year)17. I HEREBY CERTIFY, That I attended deceased from
Aug. 16 1931. 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Crushed in auto accident.Broken neck and internal injuries.

.....(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

.....(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) D. E. Johnson, Co. Coroner, M. D.
8-17-31. 19..... (Address) Burley Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Bellefonte Kan8-20

1931

20. Undertaker

Address

D.E. JohnsonBurley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76558	
PLACE OF DEATH <u>Clearwater</u>		State File No.	
County of <u>Orofino</u>		Local Registrar's No. <u>64</u>	
City of <u>Orofino</u>		Registration District No. <u>2187</u>	
Primary Registration District No.		Local Registrar's No.	
(No.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Chas Avery</u>			
(a) Residence. No. <u>Nelson Hospital</u> St.			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years	Months	Days
	<u>64</u>		
		If LESS than 1 day, hrs. or min.	
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)			
MOTHER FATHER			
13. NAME			
14. BIRTHPLACE (city or town) (State or country)			
15. MAIDEN NAME			
16. BIRTHPLACE (city or town) (State or country)			
17. INFORMANT <u>Nelson Hospital Orofino</u>			
(Address)			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Orofino</u> Date <u>Oct 2</u> , 193...			
19. UNDERTAKER <u>W.A. Shaw Orofino</u>			
(Address)			
20. FILED <u>Sep 30</u> , 193... <u>W.A. Shaw</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Sep 27</u> , 193...			
22. I HEREBY CERTIFY, That I attended deceased from <u>12/8</u> , 193... to <u>9/27</u> , 193...			
I last saw him alive on <u>9/26/</u> , 193...; death is said to have occurred on the date stated above, at <u>7.A</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Senility</u>			
<u>(Senile Dementia)</u>			
Other contributory causes of importance: <u>malnutrition</u>			
Date of onset <u>1 yrs ago</u>			
Name of operation Date of ✓			
What test confirmed diagnosis? Was there an autopsy? <u>NO</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? Date of injury 193...			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. ✓			
Manner of injury ✓			
Nature of injury ✓			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify			
(Signed) <u>J. F. Robertson</u> M. D.			
(Address) <u>Orofino Idaho</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76559 State File No.
<div style="display: flex; justify-content: space-between;"> <div> PLACE OF DEATH Clearwater County of City of Orofino </div> <div style="text-align: center;"> CERTIFICATE OF DEATH 90 </div> </div>		
Registration District No. Primary Registration District No. 2187 (No. Orofino Hospital) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. 62
2. FULL NAME Chas Hall		
(a) Residence. No. St. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX Male	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) 1955		
7. AGE About 76	Years 76	Months Days If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country)		
13. NAME		
14. BIRTHPLACE (city or town) (State or country)		
15. MAIDEN NAME		
16. BIRTHPLACE (city or town) (State or country)		
17. INFORMANT (Address) Orofino Hospital		
18. BURIAL, CREMATION, OR REMOVAL Place. Orofino Idaho Date Sep 29, 1931		
19. UNDERTAKER (Address) Orofino		
20. FILED Sep 28, 1931 Orofino Idaho Registrar.		
MEDICAL CERTIFICATE OF DEATH		
21. DATE OF DEATH (month, day, and year) Sep 27, 1931		
22. I HEREBY CERTIFY, That I attended deceased from Sep 14 , 1931, to Sep 27 , 1931.		
I last saw him alive on Sep 27 , 1931; death is said to have occurred on the date stated above, at 10:30 A.M.		
The principal cause of death and related causes of importance were as follows:		
Chronic Myocarditis with heart failure Other contributory causes of importance: Arteriosclerosis Generalized		Date of onset
Name of operation..... Date of.....		
What test confirmed diagnosis? None Was there an autopsy?.....		
23. If death was due to external causes (violence) fill in also the following:		
Accident, suicide, or homicide?..... Date of injury....., 1931.		
Where did injury occur?..... (Specify city or town, county, and State)		
Specify whether injury occurred in industry, in home, or in public place.		
Manner of injury.....		
Nature of injury.....		
24. Was disease or injury in any way related to occupation of deceased?.....		
If so, specify.....		
(Signed) W. B. Pappenhagen , M. D. (Address) Orofino Idaho		

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76560 State File No.	
CERTIFICATE OF DEATH County of <u>Clearwater</u> City of <u>Orofino</u> Registration District No. <u>20</u> Primary Registration District No. <u>2187</u> (No. <u>State Hospital North</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>68</u> 918	
2. FULL NAME <u>Dominick Robbins</u> (a) Residence. No. <u>St. Harpser, Idaho.</u> (Usual place of abode) Length of residence in city or town where death occurred. <u>75</u> yrs. <u>2</u> mos. <u>4</u> ds. How long in U. S., if of foreign birth? <u>?</u> yrs. <u>?</u> mos. <u>?</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u>	
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Unascertained</u>			
6. DATE OF BIRTH (month, day, and year) <u>Unascertained</u>			
7. AGE	Years <u>92</u>	Months <u>?</u>	Days <u>?</u>
	If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Italy</u>			
MOTHER FATHER	13. NAME <u>Unascertained</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Unascertained</u>		
	15. MAIDEN NAME <u>Unascertained</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Unascertained</u>		
17. INFORMANT <u>Records, State Hospital North</u> (Address)			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Cemetery, St. St. No.</u> Date <u>Sept. 30, 1931</u>			
19. UNDERTAKER <u>F. A. Billberg, Hosp. Attat.</u> (Address) <u>Orofino - Idaho.</u>			
20. FILED <u>Sept 30, 1931</u> <u>H. A. Shaw</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day, and year) <u>Sept. 29, 1931</u> 22. I HEREBY CERTIFY, That I attended deceased from <u>May 1, 1930</u> , to <u>Sept. 29, 1931</u> . I last saw him alive on <u>Sept. 28, 1931</u> ; death is said to have occurred on the date stated above, at <u>4:30 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>General arterio-sclerosis</u> <u>Senile psychosis</u> Date of onset <u>75 yrs.</u> Other contributory causes of importance: Name of operation <u>None</u> Date of <u>None</u> What test confirmed diagnosis? <u>Phys. Sign</u> Was there an autopsy? <u>No</u> 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>None</u> Nature of injury <u>None</u> 24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify (Signed) <u>John Bruce McElwain</u> , M. D. (Address) <u>Orofino - Idaho.</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 76561 State File No.	
PLACE OF DEATH County of <u>Clearwater</u>		Registration District No. <u>90</u>	
City of <u>Orofino</u>		Primary Registration District No. <u>2197</u>	
(No. <u>State Hospital North</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>61</u>	
2. FULL NAME <u>George C. Ettershank</u>			
(a) Residence. No. <u>St. Lewiston, Idaho</u>		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. <u>7</u> mos. <u>21</u> ds.		How long in U. S., if of foreign birth? <input checked="" type="checkbox"/> yrs. <input checked="" type="checkbox"/> mos. <input checked="" type="checkbox"/> ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Unascertained</u>			
6. DATE OF BIRTH (month, day, and year) <u>Unascertained</u>			
7. AGE <u>About 80</u>	Years <u>?</u>	Months <u>?</u>	Days <u>?</u>
If LESS than 1 day, hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unascertained</u>		11. Total time (years) spent in this occupation	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (city or town) (State or country) <u>Wisconsin</u>			
13. NAME <u>Charles Ettershank</u>			
14. BIRTHPLACE (city or town) (State or country) <u>England</u>			
15. MAIDEN NAME <u>Phillips</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Wisconsin</u>			
17. INFORMANT <u>Records, State Hospital North</u> (Address) <u>Orofino - Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston Idaho</u> Date <u>9/23</u> , 1931			
19. UNDERTAKER <u>Brown - Wain Co.</u> (Address) <u>Lewiston Idaho.</u>			
20. FILED <u>Sept 24</u> , 1931 <u>H. A. Green</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>July 2</u> , 1931, to <u>September 23</u> , 1931.			
I last saw him alive on <u>September 23</u> , 1931; death is said to have occurred on the date stated above, at <u>5:40 P. M.</u>			
The principal cause of death and related causes of importance were as follows: <u>General arterio-sclerosis</u>			
Other contributory causes of importance: <u>Senile psychosis</u>			
Name of operation <u>None</u> Date of			
What test confirmed diagnosis? <u>Phys. Signs</u> Was there an autopsy? <u>No</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> . If so, specify			
(Signed) <u>John Bruce Melway</u> , M. D. (Address) <u>Orofino - Idaho.</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76562	
CERTIFICATE OF DEATH		State File No.	
PLACE OF DEATH County of <u>Clearwater</u> City of <u>Orofino</u>		Registration District No. <u>90</u> Primary Registration District No. <u>2187</u>	
		Local Registrar's No. <u>60</u>	
(No.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Bretta Kaisa Huttunen</u>			
(a) Residence. No. <u>Orofino Idaho</u> St.			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Tobias Huttunen</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>May 26 1883</u>			
7. AGE	Years <u>48</u>	Months <u>3</u>	Days <u>26</u>
		If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month, day, and year) <u>Sep 2 1931</u>		
		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Finland</u>			
MOTHER	13. NAME <u>M Morlenen</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Finland</u>		
	15. MAIDEN NAME <u>Betta Morlenen</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Finland</u>		
FATHER	17. INFORMANT <u>Tobias Huttunen</u> (Address) <u>Orofino Ida</u>		
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Orofino Ida</u> Date <u>Sep 29, 1931</u>		
	19. UNDERTAKER <u>W.A. Shaw</u> (Address) <u>Orofino Ida</u>		
	20. FILED <u>Sep 23, 1931</u> <u>W A S</u> Registrar.		
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Sep 22 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>7-12</u> , 193 <u>1</u> , to <u>9-22</u> , 193 <u>1</u> .			
I last saw him alive on <u>9/22</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>11.30</u> m. A.			
The principal cause of death and related causes of importance were as follows:			
<u>acute attack</u> <u>Chronic nephritis</u> <u>Exposure</u>			Date of onset <u>9/19/31</u>
Other contributory causes of importance: <u>Valvular heart trouble</u> <u>Chronic nephritis</u> <u>Exposure</u>			
Name of operation <u>none</u> Date of			
What test confirmed diagnosis? <u>findings</u> Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 193 <u>1</u> .			
Where did injury occur? <u>✓</u> (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>			
Manner of injury <u>✓</u>			
Nature of injury <u>✓</u>			
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>W.A. Shaw</u> M. D. (Signed) <u>W.A. Shaw</u> (Address) <u>Orofino Idaho</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76563	
PLACE OF DEATH		CERTIFICATE OF DEATH	
County of <u>Clearwater</u>		State File No.	
City of <u>Orofino</u>		Registration District No. <u>90</u>	
		Primary Registration District No. <u>2187</u>	
		Local Registrar's No. <u>59</u>	
		<u>Nelson Hospital</u>	
(No.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>M.C. Morris</u>			
(a) Residence. No. St.			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year)			
7. AGE <u>about 63</u>	Years	Months	Days
		If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>	
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
		10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation <u>?</u>	
12. BIRTHPLACE (city or town) (State or country)			
FATHER		13. NAME <u>?</u>	
		14. BIRTHPLACE (city or town) (State or country) <u>?</u>	
		15. MAIDEN NAME <u>?</u>	
MOTHER		16. BIRTHPLACE (city or town) (State or country) <u>?</u>	
		17. INFORMANT <u>Nelson Hospital</u> (Address) <u>Orofino</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Orofino</u> Date <u>Sep 21</u> 193...			
19. UNDERTAKER <u>W.A. Shaw</u> <u>Orofino</u> (Address)			
20. FILED <u>Sep 21</u> 193... <u>W.A. S.</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Sep 19</u> 193...			
22. I HEREBY CERTIFY, That I attended deceased from <u>9/18</u> , 193..., to <u>9/19</u> , 193... I last saw <u>him</u> alive on <u>9/18</u> , 193...; death is said to have occurred on the date stated above, at <u>8.30 A.</u> The principal cause of death and related causes of importance were as follows: <u>Arterial sclerosis</u> <u>Lobar pneumonia</u> <u>9/15/31</u> <u>None</u> Name of operation <u>None</u> Date of <u>None</u> What test confirmed diagnosis <u>Clinical</u> Was there an autopsy? <u>No</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 193... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>R. J. Hopkins</u> , M. D. (Signed) <u>W.A. Shaw</u> , Registrar. (Address) <u>Orofino, Idaho.</u>			

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Clearwater</u>		CERTIFICATE OF DEATH		State File No. <u>76564</u>	
City of <u>Orofino</u>		Registration District No. <u>20</u>		Local Registrar's No. <u>58</u>	
		Primary Registration District No. <u>2187</u>			
		(No. <u>State Hospital North</u>)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Allen Hugg</u>					
(a) Residence. No. <u>St. Moscow, Idaho.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>10</u> yrs. <u>11</u> mos. <u>25</u> ds.		How long in U. S., if of foreign birth? <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of <u>=</u> (or) WIFE of <u>=</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 2, 1883</u>					
7. AGE	Years <u>47</u>	Months <u>9</u>	Days <u>10</u>	If LESS than 1 day, <u>0</u> hrs. <u>0</u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Tennessee</u> (State or country)					
FATHER	13. NAME <u>Stephen P. Hugg</u>				
	14. BIRTHPLACE (city or town) <u>Georgia</u> (State or country)				
MOTHER	15. MAIDEN NAME <u>Julia Derrick</u>				
	16. BIRTHPLACE (city or town) <u>Tennessee</u> (State or country)				
17. INFORMANT <u>Records: State Hospital North</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Hosp. No. Cemetery</u> Date <u>Sept. 15, 1931</u>					
19. UNDERTAKER <u>F. A. Billberg, Hosp. Att.</u> (Address) <u>Orofino - Idaho.</u>					
20. FILED <u>Sept 16, 1931</u> <u>L. A. Shaw</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 12 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 1, 1926</u> to <u>Sept. 12, 1931</u>					
I last saw him alive on <u>September 11, 1931</u> ; death is said to have occurred on the date stated above, at <u>6:10 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Pulmonary Tuberculosis</u>					Date of onset <u>24 yr. +</u>
<u>Residuals of lethargic encephalitis</u>					<u>12 yr. +</u>
Other contributory causes of importance:					
<u>Dementia praecox, paranoic type</u>					
Name of operation <u>None</u> Date of <u>None</u>					
What test confirmed diagnosis? <u>Phys. Signs</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 1931					
Where did injury occur? <u>None</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>None</u>					
Manner of injury <u>None</u>					
Nature of injury <u>None</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u>None</u>					
(Signed) <u>The Vice Mayor</u> , M. D.					
(Address) <u>Orofino - Idaho -</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 76565 State File No.	
County of	<u>Clemwater</u>	Registration District No.	<u>90</u>	Local Registrar's No. <u>54</u>	
City of	<u>Orofino</u>	Primary Registration District No.	<u>2187</u>		
(If death occurred in a hospital or institution, give its name instead of street and number.)		(No. <u>State Hospital North</u>)			
2. FULL NAME <u>Charles L. Shank</u>		(a) Residence, No. <u>St. Priest River, Idaho.</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. <u>1</u> yrs. <u>1</u> mos. <u>7</u> ds.		How long in U. S., if of foreign birth? <u>✓</u> yrs. <u>✓</u> mos. <u>✓</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Mrs. C. L. Shank</u> (name unascertained) (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 27, 1864</u>					
7. AGE	Years <u>67</u>	Months <u>0</u>	Days <u>15</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Leborer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Somerset County</u> (State or country) <u>Pennsylvania</u>					
FATHER	13. NAME <u>Alexander Shank</u>				
	14. BIRTHPLACE (city or town) <u>Pennsylvania</u> (State or country)				
	15. MAIDEN NAME <u>Mary Lohr</u>				
MOTHER	16. BIRTHPLACE (city or town) <u>Pennsylvania</u> (State or country)				
	17. INFORMANT <u>Records: State Hospital North</u> (Address)				
18. BURIAL, CREMATION, OR REMOVAL Place <u>North Platte</u> Date <u>9/15</u> , 193 <u>1</u>					
19. UNDERTAKER <u>Orofino Mortuary</u> (Address) <u>Orofino, Idaho</u>					
20. FILED <u>Sep 15</u> , 193 <u>1</u> <u>W. D. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 10</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>August 3</u> , 193 <u>0</u> , to <u>Sept. 10</u> , 193 <u>1</u> .					
I last saw him alive on <u>Sept. 10</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>about 11:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Strangulation by hanging (Suicidal intent)</u>					
Date of onset					
Other contributory causes of importance: <u>Involution melancholia</u> <u>July, 1930</u>					
Name of operation <u>None</u> Date of					
What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide <u>Suicide</u> Date of injury <u>9/10</u> , 193 <u>1</u>					
Where did injury occur? <u>Orofino - Idaho (Clemwater County)</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>State Hospital North</u>					
Manner of injury <u>Hanging - Suicidal intent</u>					
Nature of injury <u>As above</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify					
(Signed) <u>W. D. Hansen</u> Coroner D.					
(Address)					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76566	
PLACE OF DEATH			
County of <u>Clearwater</u>			
City of <u>Orofino</u>			
Registration District No. <u>90</u>		Local Registrar's No. <u>56</u>	
Primary Registration District No. <u>2197</u>			
(No. <u>State Hospital North</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Charles A. Cooper</u>			
(a) Residence. No. <u>St. Plummer, Idaho</u>			
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. <u>4 yrs. 3 mos. 4 ds.</u> How long in U. S., if of foreign birth? <u>✓</u> yrs. <u>✓</u> mos. <u>✓</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced, HUSBAND of <u>Harriet M. Cooper</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years <u>68</u>	Months <u>2</u>	Days <u>5</u>
	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>New York City</u> (State or country) <u>New York</u>			
FATHER	13. NAME <u>Samuel J. Smith</u>		
	14. BIRTHPLACE (city or town) <u>England</u> (State or country)		
	15. MAIDEN NAME <u>Eleanor Parrington</u>		
MOTHER	16. BIRTHPLACE (city or town) <u>England</u> (State or country)		
	17. INFORMANT <u>Records: State Hospital North</u> (Address) <u>Orofino, Idaho.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Joseph's Cemetery</u> Date <u>Sept. 12, 1931</u>			
19. UNDERTAKER <u>F. A. Billberg, Hosp. Attat.</u> (Address) <u>Orofino, Idaho.</u>			
20. FILED <u>Sept. 14, 1931</u> <u>W. A. Spencer</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Sept. 9, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>June 3, 1931</u> to <u>September 9, 1931</u>			
I last saw him alive on <u>Sept. 9, 1931</u> ; death is said to have occurred on the date stated above, at <u>2:30 P.M.</u>			
The principal cause of death and related causes of importance were as follows: <u>Gastric Carcinoma</u>			
Other contributory causes of importance: <u>Paranoia</u>			
Name of operation <u>None</u> Date of <u> </u>			
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 1931.			
Where did injury occur? <u> </u> (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. <u> </u>			
Manner of injury <u> </u>			
Nature of injury <u> </u>			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			
If so, specify <u>John Louis McElroy, M. D.</u> (Signed) <u>Orofino, Idaho.</u> (Address)			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 76567 State File No.	
PLACE OF DEATH County of <u>Shoshone</u> City of <u>Orofino</u>		Registration District No. <u>90</u> Primary Registration District No. <u>2157</u> (No. <u>State Hospital North</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <u>Charles Stein</u>		Local Registrar's No. <u>55</u> <u>44</u>	
(a) Residence. No. (Usual place of abode) Length of residence in city or town where death occurred. <u>6</u> yrs. <u>8</u> mos. <u>2</u> ds. How long in U. S., if of foreign birth? <u>51</u> yrs. <u>?</u> mos. <u>?</u> ds.		St. <u>Kellogg, Idaho</u> (If nonresident, give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		21. DATE OF DEATH (month, day, and year) <u>Sept. 9</u> 1931	
6. DATE OF BIRTH (month, day, and year) <u>Unascertained</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>January 7</u> , 1931 to <u>Sept. 9</u> , 1931.	
7. AGE Years <u>72</u> Months <u>?</u> Days <u>?</u>	If LESS than 1 day, hrs. <u>?</u> or min. <u>?</u>	I last saw him alive on <u>Sept. 9</u> , 1931; death is said to have occurred on the date stated above, at <u>11:35 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Gastric Cancer</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Other contributory causes of importance: <u>Tar and Oil Condition</u>	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Date of onset	
12. BIRTHPLACE (city or town) <u>Germany</u> (State or country)		Name of operation <u>None</u> Date of	
13. NAME <u>Daniel Stein</u>	14. BIRTHPLACE (city or town) <u>Germany</u> (State or country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME <u>Catherine Stein</u>	16. BIRTHPLACE (city or town) <u>Germany</u> (State or country)	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury. Nature of injury.	
17. INFORMANT <u>Records: State Hospital North</u> (Address)		24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify: (Signed) <u>John Louis McHenry</u> , M.D. (Address) <u>Orofino - Idaho</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Joseph's Cemetery</u> Date <u>Sept. 12</u> , 1931			
19. UNDERTAKER <u>F. A. Billberg, Hosp. Att.</u> (Address) <u>Orofino - Idaho</u>			
20. FILED <u>Sept. 14</u> , 1931 <u>H. A. Hall</u> Registrar.			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Oreghon	CERTIFICATE OF DEATH				State File No. 76568			
City of	Orofino	Registration District No. 20		Primary Registration District No. 2157		Local Registrar's No. 64			
(No. State Hospital North)		(If death occurred in a hospital or institution give its name instead of street and number.)							
2. FULL NAME		Pat Blake							
(a) Residence. No.		St. Wallace, Idaho							
(Usual place of abode)		(If nonresident give city or town and state)							
Length of residence in city or town where death occurred.		✓ yrs. ✓ mos. 5		ds.		How long in U. S., if of foreign birth?		✓ yrs. ✓ mos. 78	
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)							
male	white	Single							
5a. If married, widowed, or divorced									
HUSBAND of (or) WIFE of									
6. DATE OF BIRTH (month, day, and year) 1867									
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.					
64	?	?	?						
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.									
Blacksmith									
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
10. Date deceased last worked at this occupation (month and year)									
11. Total time (years) spent in this occupation									
12. BIRTHPLACE (city or town) (State or country)									
New York									
13. NAME									
Mike Blake									
14. BIRTHPLACE (city or town) (State or country)									
Ireland									
15. MAIDEN NAME									
Mary Blake									
16. BIRTHPLACE (city or town) (State or country)									
Ireland									
17. INFORMANT (Address)									
Records: State Hospital North									
18. BURIAL, CREMATION, OR REMOVAL Place Cemetery, St. H. No. Date Sept. 3, 1931									
19. UNDERTAKER (Address)									
F. A. Billberg, Hospital Attat Orofino - Idaho									
20. FILED Sep. 11, 1931									
Registrar.									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) Sept. 2, 1931									
22. I HEREBY CERTIFY, That I attended deceased from August 29, 1931, to Sept. 2, 1931.									
I last saw him alive on Sept. 2, 1931; death is said to have occurred on the date stated above, at 10:30 A.M.									
The principal cause of death and related causes of importance were as follows:									
Epilepsy									
Date of onset 2 yrs.									
Other contributory causes of importance:									
Psychosis with epilepsy Over 2 yrs.									
Name of operation None Date of									
What test confirmed diagnosis? Phys. signs there an autopsy? No									
23. If death was due to external causes (violence) fill in also the following:									
Accident, suicide, or homicide? Date of injury, 1931									
Where did injury occur? (Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place.									
Manner of injury									
Nature of injury									
24. Was disease or injury in any way related to occupation of deceased?									
No. If so, specify									
(Signed) Dr. Bruce M. Wallace, M. D.									
(Address) Orofino - Idaho									

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76569

State File No.

PLACE OF DEATH
County Blaine
City of Orfino

Registration District No. 90Primary Registration District No. 2184Local Registrar's No. 53-

(No. Orfino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John H. Metz

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
About 69

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ida
(State or country)

13. NAME

14. BIRTHPLACE (city or town) Ida
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Ida
(State or country)

17. INFORMANT John H. Metz
(Address) Orfino

18. BURIAL, CREMATION, OR REMOVAL
Place Orfino Date Sept 5, 1931

19. UNDERTAKER W. A. Shaw
(Address) Orfino

20. FILED Sept 3, 1931 Registrar. W. A. Shaw

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 2, 193122. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1931, to Sept. 2, 1931

I last saw him alive on Sept. 2, 1931; death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Emphysema
Chronic interstitial
nephritis

Other contributory causes of importance:

Arteriosclerosis

Name of operation No Date of —What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. J. Hollenhorst, M.D.(Address) Orfino, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76570

PLACE OF DEATH

County of CusterCity of Mockay

CERTIFICATE OF DEATH

Registration District No. 76Primary Registration District No. 2183Local Registrar's No. 130

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James A. Wells(a) Residence No. Mockay Ida. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of Widowed
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 72 Years About Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) unknown
(State or country)10. NAME OF FATHER unknown11. BIRTHPLACE OF FATHER (city or town) unknown
(State or Country)12. MAIDEN NAME OF MOTHER unknown13. BIRTHPLACE OF MOTHER (city or town) unknown
(State or Country)14. Informant General Henry
(Address)15. Filed Oct. 8, 1937 Rose Newberry
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 - 1 - 37 1937
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

10-1-37, 1937, to 10-1-37, 1937
that I last saw him alive on 10-1-37, 1937

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Accidental -
crushed chest -
Run away from Studebaker
Wagon. (duration) yrs. mos. ds.CONTRIBUTORY
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Conrad A. Jensen, M. D.
19..... (Address) Mockay Ida.

19. Place of Burial, Cremation, or Removal Date of Burial

Int. McCall Cemetery Oct. 3 193720. Understate County Case AddressH. Baxter Mockay
Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76571

PLACE OF DEATH
County of Custer
City of Blackfoot

Registration District No. 16

Primary Registration District No. 215
(No.)

Local Registrar's No. 149

2. FULL NAME

(a) Residence. No. 1

(Usual place of abode.)

St. IdahoLength of residence in city or town where death occurred 30 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 2. COLOR OR RACE White 3. Single, Married, Widowed, or Divorced (write the word) Widowed

4a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept 3-1846

7. AGE

Years 85

Months

Days 23

If LESS than 1 day,

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Godhood

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pennd.10. NAME OF FATHER Simon Shaver11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pennd.12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14.

Informant
(Address) Asselstine R. Shaver

15.

Filed Oct. 8, 1931Core Nowack
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept
(Month)26
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 12, 1931, to Sept 26, 1931that I last saw him alive on Sept 26, 1931and that death occurred, on the date stated above, at 6:25 P.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Enteritis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Carroll A. Shuman, M. D.19. (Address) Blackfoot, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

St. Michael's Blackfoot, Sept 28, 1931

20. Undertaken

Address

C. Back

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Elmore</u>		CERTIFICATE OF DEATH		State File No. <u>76572</u>	
City of <u>King Hill</u>		Registration District No. <u>33</u>		Local Registrar's No. _____	
<u>Pasadena Valley</u>		Primary Registration District No. <u>2021</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Lydia Smith</u> 92					
(a) Residence. No. <u>Pasadena Valley Idaho</u> (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Sherley A. Smith</u>					
6. DATE OF BIRTH (month, day, and year) <u>May 14, 1888</u>					
7. AGE	Years <u>43</u>	Months <u>4</u>	Days <u>3</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>				
	10. Date deceased last worked at this occupation (month and year) <u>most of life</u>				
MOTHER FATHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) (State or country) <u>Wigdon, Iowa</u>				
	13. NAME <u>David Schultz</u>				
14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>					
15. MAIDEN NAME _____					
16. BIRTHPLACE (city or town) (State or country) _____					
17. INFORMANT <u>Elizabeth A. Lendoe</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>King Hill</u> Date _____, 1931					
19. UNDERTAKER <u>J. S. Zuercher</u>					
20. FILED <u>Sept 19</u> , 1931 <u>Mary Sullivan</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 17</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to <u>Sept. 17</u> , 1931.					
I last saw him alive on <u>Sept. 15</u> , 1931; death is said to have occurred on the date stated above, at <u>5 A.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Abscess on Anterior Surface right leg. Varicose veins. Cordia Embolus</u>					
Other contributory causes of importance: <u>Varicose veins</u>					
Name of operation <u>Abscess drained</u> Date of <u>9.3.31</u>					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
(Signed) <u>J. M. Davis</u> M. D.					
(Address) <u>Elmer's Ferry Idaho</u>					

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76573**

PLACE OF DEATH

County of Elmore
City of Gleno Ferry

Registration District No. 35
Primary Registration District No. 2021

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harvey Anthony Murray(a) Residence. No. Gleno Ferry, Ida. St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 12 yrs. 00 mos. 00 ds. How long in U. S., if of foreign birth? _____ yrs. 00 mos. 00 ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Vivian Murray
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE Years 39 Months 4 Days 21 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Switchman O.S.L.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer O.S.L. R.R.9. BIRTHPLACE (city or town) Flint Mich.
(State or country)10. NAME OF FATHER J. P. Murray11. BIRTHPLACE OF FATHER (city or town) Michigan
(State or Country)12. MAIDEN NAME OF MOTHER Marrietta Womley13. BIRTHPLACE OF MOTHER (city or town) Michigan
(State or Country)

14. Informant Vivian Murray
(Address) Gleno Ferry, Ida.

15. Filed Sept 24, 1931 Mary Sullivan
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug. 1929, to Sept 1931
that I last saw him alive on Sept 23 1931
and that death occurred, on the date stated above, at 1:20 p.m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis,
Chronic, mitral
insufficiency
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

Myocardial
infarction (duration) _____ yrs. _____ mos. 6 ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Clinical

(Signed) M. J. Sweeney
Sept 24, 1931 (Address) Gleno Ferry

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Gleno Ferry Ida Date of Burial 9/26 1931

20. Undertaker G. S. Zacher Address W. H. Home Dr.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76574

PLACE OF DEATH

County of Elmore
City of Mayfield

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St Alphonsus)Local Registrar's No. 255

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Wiebelhaus

(a) Residence. No. _____

(Usual place of abode.)

St. Mayfield Ida.

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofM. Wiebelhaus

6. DATE OF BIRTH (month, day and year)

April - 1859

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. orabout, 72

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Michigan

10. NAME OF FATHER

Wiebelhaus11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Germany

12. MAIDEN NAME OF MOTHER

Don't Know13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Germany

14.

Informant
(Address)Harry Wiebelhaus
Mayfield Ida.

15.

Filed

9-9, 1931.W. N. ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept
(Month)5
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19... to Sept 5 - 1931that I last saw him alive on Sept 5 - 1931and that death occurred, on the date stated above, at 10 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Valvular Heart
Mibral.(duration) 5 yrs. mos. ds.CONTRIBUTORY
(Secondary)Hemiplegia(duration) 4 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? yes

(Signed)

Clas V. Gentry M. D.
Sept 9, 1931 (Address) Boise Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

St Johns Cemetery9-81931

20. Undertaker

Address

Schreiner McCannWeiserIda.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76575

State File No.

PLACE OF DEATH

Franklin

County of

CERTIFICATE OF DEATH

City of

Preston

Registration District No.

27

Primary Registration District No.

2119

Local Registrar's No.

13

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Christena Swenson

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced (write the word.) widowed
------------------	---------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Peter Swenson dec.

6. DATE OF BIRTH (month, day and year)

Feb 7 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Denmark

10. NAME OF FATHER

Niels Sorensen

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Denmark

12. MAIDEN NAME OF MOTHER

Dorthea Johana Jensen

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Denmark

14. Informant

(Address)

Duane McKenzie

Preston

15. Filed

Oct 8, 1931

E. W. Stiles
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept.

27

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 30, 1931, to Sept. 27, 1931

that I last saw her alive on Sept. 27, 1931

and that death occurred, on the date stated above, at 4:00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

CONTRIBUTORY (Secondary)

Chronic Myocardial Degeneration (duration) 5 yrs. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Orson Daines, M. D.

Sept. 29, 1931 (Address) Preston Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Preston Idaho Sept 29 31 19

20. Undertaker

Wendricks

Preston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
76577
State File No.

PLACE OF DEATH
County of Franklin
City of Preston

CERTIFICATE OF DEATH
Registration District No. 27
Primary Registration District No. 2119
(No.)

Local Registrar's No. 12

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Inez Neeley Packer

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, Married (write the word.)

5a. If married, widowed, or divorced
HUSBAND of Gerald Packer
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 19 1909

7. AGE Years 22 Months 2 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Preston Idaho
(State or country)

10. NAME OF FATHER Ira Neeley

11. BIRTHPLACE OF FATHER (city or town) Riverdale Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Myrtle Greaves

13. BIRTHPLACE OF MOTHER (city or town) Preston Idaho
(State or Country)

14. Informant Gerald Packer
(Address) Preston Idaho

15. Filed Oct 8 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 2 1931 to Sept 16 1931
that I last saw her alive on Sept 16 1931
and that death occurred, on the date stated above, at 1:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Post Partum hemorrhage
following premature labor

(duration) yrs. mos. ds.
CONTRIBUTORY Acute Bright's disease
(Secondary) Acute Hepatitis (duration) yrs. mos. ds.

18. Where was disease contracted ✓
if not at place of death?

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Change of

(Signed) G. W. States, M. D.

Sept 17 1931 (Address)

19. Place of Burial, Cremation, or Removal Preston Idaho Date of Burial Sept 20 1931

20. Undertaker W. W. Hendricks

RECEIVED OCT 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76578

State File No.

PLACE OF DEATH

County of FranklinCity of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2749

(No.)

Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm. Jno Austin

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or <u>Married</u> (Write the word.)
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofIda Cole Austin6. DATE OF BIRTH (month, day and year) Oct 23 1881

7. AGE	Years <u>49</u>	Months <u>10</u>	Days <u>23</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Weston Idaho10. NAME OF FATHER Wm. Austin11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ogden Utah12. MAIDEN NAME OF MOTHER Lavice P. Butler13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Spanish Fork Utah14. Informant Mrs Ida Austin
(Address) Cornish Utah Preston15. Filed Oct 8 1931 E. W. State
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 16 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
9-12- 1931, to 9-16- 1931That I last saw deceased alive on 9-16- 1931
and that death occurred, on the date stated above, at 1:30 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Coronary atherosclerosis
Pericarditis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. W. State M. D.(Address) Preston 1931

19. Place of Burial, Cremation, or Removal Date of Burial

Preston Idaho Sept 19 3120. Undertaker M. W. Hendricks Preston
Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

Exact statement of OCCUPATION is very important.

RECEIVED OCT 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76579

State File No.

PLACE OF DEATH

County of FranklinCity of Mapleton

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119Local Registrar's No. 10

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laron Jr. Chatterton

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of ☒
(or) WIFE of ☒6. DATE OF BIRTH (month, day and year) Sept 1 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
36 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work herd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mapleton Idaho
(State or country)10. NAME OF FATHER La Von Buckley Chatterton11. BIRTHPLACE OF FATHER (city or town) Franklin Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Elnora Wheeler13. BIRTHPLACE OF MOTHER (city or town) Martin Idaho
(State or Country)14. Informant La Von Chatterton
(Address) Preston Idaho R. 115. Filed Oct 8 1931 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 1 (Month) 1 (Day) 1931 (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept 1 to Sept 1, 1931that I last saw him alive on Sept 1, 1931and that death occurred, on the date stated above, at 11:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Congenital heart disease
(Blue baby)(duration) yrs. mos. ds.
CONTRIBUTORY Premature birth
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted ☒
if not at place of death?Did an operation precede death? No Date of Sept 1Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) G. W. States, M. D.Sept 2, 1931 (Address) Preston Idaho19. Place of Burial, Cremation, or Removal Franklin Date of Burial Sept 1 193120. Undertaker Franklin Address Franklin

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Freemont</u>		CERTIFICATE OF DEATH		State File No. <u>76580</u>	
City of <u>Teton</u>		Registration District No. <u>99</u>		Local Registrar's No. <u>392</u>	
		Primary Registration District No. <u>2177</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>James Liras Duntun</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of <u>Ellen Ann Duntun</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct 19, 1955</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	
<u>75</u>	<u>10</u>	<u>28</u>			
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>himself</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Paragon</u> (State or country) <u>Iron County, Mich.</u>					
MOTHER / FATHER					
13. NAME <u>Harvey Duntun</u>					
14. BIRTHPLACE (city or town) <u>New York</u> (State or country)					
15. MAIDEN NAME <u>Martha Jane McKee</u>					
16. BIRTHPLACE (city or town) <u>Pennsylvania</u> (State or country)					
17. INFORMANT <u>Mrs. James L. Duntun</u> (Address) <u>Teton, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Teton, Ida.</u> Date <u>9/19</u> , 1931					
19. UNDERTAKER <u>Wm. J. Kille</u> (Address) <u>Redburg, Ida.</u>					
20. FILED <u>Sept. 29</u> , 1931. <u>N. M. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) _____ 1931					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to <u>Sept 17</u> , 1931.					
I last saw him alive on <u>June</u> , 1931; death is said to have occurred on the date stated above, at <u>9:30</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Hypertension</u> <u>General Haemorrhage</u> <u>Haemiplegia</u> <u>Coronary</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>Wm. J. Kille</u> M.D.					
(Address) <u>Redburg, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Prement</u>		CERTIFICATE OF DEATH		State File No. <u>76581</u>	
City of <u>St. Anthony</u>		Registration District No. <u>99</u>		Local Registrar's No. <u>391</u>	
		Primary Registration District No. <u>2177</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>James Holliday Durney</u>					
(a) Residence. No. <u>St. Anthony, Idaho</u> St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Mary Durney</u> XXXXXX					
6. DATE OF BIRTH (month, day, and year) <u>May 19-1859</u>					
7. AGE Years <u>72</u>		Months <u>2</u>		Days <u>24</u>	
If LESS than 1 day, _____ hrs. or min.					
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		None			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Grantsville,</u> (State or country) <u>Utah.</u>					
MOTHER FATHER		13. NAME <u>James Durney</u>			
		14. BIRTHPLACE (city or town) <u>Scotland</u> (State or country)			
		15. MAIDEN NAME <u>Sarah Sutton</u>			
16. BIRTHPLACE (city or town) <u>England</u> (State or country)					
17. INFORMANT <u>Mrs Mary Durney</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL <u>Richmond Utah</u> Place <u>August 16th</u> Date <u>1931</u> 193					
19. UNDERTAKER <u>W. M. Hansen</u> (Address) <u>St. Anthony, Idaho</u>					
20. FILED <u>Aug. 14</u> 1931 <u>W. M. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug. 13</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 13</u> , 1931, to <u>Aug. 13</u> , 1931.					
I last saw him alive on <u>Aug. 11</u> , 1931; death is said to have occurred on the date stated above, at <u>4:30</u> p.m.					
The principal cause of death and related causes of importance were as follows: <u>Sudden death (probably cardiac)</u>					
Other contributory causes of importance: <u>none</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury _____, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____					
(Signed) <u>J. E. Allison</u> M. D.					
(Address) <u>St. Anthony Idaho</u>					

90

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		76582	
PLACE OF DEATH County of Framont		CITY OF Ashton,		State File No.	
Registration District No. 100		Primary Registration District No. 2178		Local Registrar's No. 43	
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Everett Howard Dickason					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Nov 21 1929					
7. AGE 1 Years	9 Months	13 Days	If LESS than 1 day, hrs. or min.		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) St Anthony (State or country) Idaho					
FATHER					
13. NAME Glenn Earnest Dickason					
14. BIRTHPLACE (city or town) Washington (State or country)					
MOTHER					
15. MAIDEN NAME Dancy Mary Shultz					
16. BIRTHPLACE (city or town) Nebraska (State or country)					
17. INFORMANT Glenn Earnest Dickason (Address) Lament, Idaho					
18. BURIAL, CREMATION, OR REMOVAL Place Archer, Idaho Date Sept 4, 1931					
19. UNDERTAKER Wm. J. Kelly (Address) Ashton, Idaho					
20. FILED 9/3 , 1931					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Sept. 2nd , 1931					
22. I HEREBY CERTIFY, That I attended deceased from Sept 2 , 1931, to Sept 2 , 1931					
I last saw h. alive on Sept 2 , 1931; death is said to have occurred on the date stated above, at 10 P m.					
The principal cause of death and related causes of importance were as follows:					
Prisoning child is poisoned cake taken for snack					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy? ✓					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) B. L. Hays , M. D.					
(Address) Ashton, Idaho					

Registrar.

RECEIVED OCT 9 1931

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No.

County of Gooding

Primary Registration District No. 74

City of "

(No. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Melville Rolland Owens

File No. 76583

Registered No. 163

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Married

6. DATE OF BIRTH

5 - 9 - 1858
(Month) (Day) (Year)

7. AGE

71 yrs. 3 mos. 18 ds.

IF LESS than 1 day
how many hrs. or
..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

Retired farmer

9. BIRTHPLACE

(State or Country) California

10. NAME OF FATHER

Lytle Owens

11. BIRTHPLACE OF FATHER

(State or Country) unknown

12. MAIDEN NAME OF MOTHER

Nancy Mason

13. BIRTHPLACE OF MOTHER

(State or Country) Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Archie Owens

(Address) Gooding, Ida

15.

Filed 9-31-31 J. H. Crumwell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 7 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1925 191... to 9-7- 1931

that I last saw him alive on 9-7- 1931, and that death occurred on the date stated above, at 9:40 P.M.

The CAUSE OF DEATH* was as follows:

Atherosclerosis
Thrombosis of coronary artery

(Duration) 10 yrs. mos. ds.

Contributory Thrombosis coronary artery
(Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Crumwell M. D.

9/30/1931 (Address) Gooding, Ida

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Gooding, Ida 9-9- 1931

20. UNDERTAKER ADDRESS

R. E. Thompson Gooding, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT-8-1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76584

PLACE OF DEATH

County of Idaho

City of Grangeville

Registration District No. 163

Primary Registration District No. 1001

Local Registrar's No. 34

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Anderson Seay

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Seay

6. DATE OF BIRTH (month, day and year) Dec 15 1866

7. AGE Years 64 Months 9 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Arkansas (State or country)

10. NAME OF FATHER David Seay

11. BIRTHPLACE OF FATHER (city or town) Georgia (State or Country)

12. MAIDEN NAME OF MOTHER Thompson

13. BIRTHPLACE OF MOTHER (city or town) Georgia (State or Country)

14. Informant Mrs. Clara A. Seay (Address) Grangeville Idaho

15. Filed 10-1-1931 B. Chipman Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 15 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-12-1930 to 9-15-1931 that I last saw him alive on 9-15-1931 and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Intermittent (duration) 17 yrs. mos. ds.

(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Paralysis

(Signed) B. Chipman M. D. 9-18-1931 (Address) Grangeville Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal M. Idaho Idaho Date of Burial 9-17-1931

20. Undertaker Hancock M. Co. Address Grangeville

RECEIVED OCT 3 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76585

PLACE OF DEATH

County of IdahoCity of Grangeville

CERTIFICATE OF DEATH

Registration District No. 103Primary Registration District No. 21001(No. At Home)

(If death occurred in a hospital or institution; give its name instead of street and number.)

Local Registrar's No. 332. FULL NAME James P. Rush(a) Residence. No. Grangeville, Idaho. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Widowed
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of**Widowed**6. DATE OF BIRTH (month, day and year) Sept. 25, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	11	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ark.
(State or country)

10. NAME OF FATHER

John Rush11. BIRTHPLACE OF FATHER (city or town) Ark.
(State or Country)12. MAIDEN NAME OF MOTHER **Emly Meeks**13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)14. Informant Children
(Address)15. Filed 10-1-, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 10, 1930, to 9-1-, 1931
that I last saw him alive on 9-1-, 1931and that death occurred, on the date stated above, at 8 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis(duration) 3 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Homan findings(Signed) B. Chipman, M. D.9-10-, 1931 (Address) Grangeville, Ida.

19. Place of Burial, Cremation, or Removal

Grangeville

Date of Burial

9/4 1931

20. Undertaker

Ailor Mortuary

Address

Grangeville

RECEIVED OCT 8 1931
CERTIFICATE OF DEATHState of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of

City of

Registration District No.

Primary Registration District No.

(No.

St.)

File No.

Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

6. DATE OF BIRTH

7. AGE

IF LESS than 1 day

how many..... hrs.

or.....min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed

Sept. 5 1931

H. F. Orr per J. B.

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

17. I HEREBY CERTIFY, That I attended deceased from

Aug 1930, to Sept 4 1931

that I last saw her alive on Sept 4 1931

and that death occurred on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(Duration) 2 mos. 16 ds.

Contributory
(Secondary)

(Duration) 1 yr. 10 mos. 16 ds.

(Signed) E. A. Woodcock M. D.

9/5 1931 (Address) Cottonwood, Id.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death..... yrs..... mos..... days. In the State..... yrs..... mos..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cottonwood

Sept 6 1931

20. UNDERTAKER

ADDRESS

M. Orr

Cottonwood

RECEIVED OCT 8 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho
City of BendRegistration District No. 105
Primary Registration District No. 2183
(No. St.)File No. 76587
Registered No. 79

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Joseph Bies

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

married
(Write the word.)

6. DATE OF BIRTH

June 13 1867
(Month) (Day) (Year)

7. AGE

64 Yrs. 3 Mos. 8 ds.IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

Farmer

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country)

Sussexbury

10. NAME OF FATHER

Estim Bies

11. BIRTHPLACE OF FATHER

(State or Country)

Sussexbury

12. MAIDEN NAME OF MOTHER

Anna Bjornsen

13. BIRTHPLACE OF MOTHER

(State or Country)

Sussexbury

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pete Bies(Address) Cottonwood

15.

Filed Sept. 21 1931 H. F. Orr per 20
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

9 - 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

9 - 19 - 1931 to 9 - 20 - 1931that I last saw him alive on 9 - 20 - 1931and that death occurred on the date stated above, at 12:30 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic heart disease with
hypertension(Duration) Yrs. mos. 4 ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) B. A. Woodcock M. D.9 - 21 - 1931 (Address) Cottonwood, Id.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Bend, Idaho

DATE OF BURIAL

9 - 22 - 1931

20. UNDERTAKER

W. W.

ADDRESS

Granger, Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
98

DO NOT WRITE IN THIS SPACE

State File No. **76589**

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. _____
Primary Registration District No. 2176

Local Registrar's No. 16

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harla Colleen Hutchings.

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 18, 1931

7. AGE Years Months Days If LESS than 1 day,
0 0 0 10 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

10. NAME OF FATHER Edwin Millen Hutchings.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Utah.

12. MAIDEN NAME OF MOTHER Hariette LaVerne Lunt.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Utah

14. Informant E. M. Hutchings
(Address) Rigby, Idaho.

15. Filed 9/21, 1931 W. B. Chivers
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September 20, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Sept. 18, 1931, to Sept. 19, 1931,
that last saw him alive on Sept. 18, 1931
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

malformation, Spina bifida
low-lip, non-ossification of skull.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. R. East

9/21, 1931

(Address) Rigby, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Rigby, Idaho. Date of Burial 9/21/31

20. Undertaker W. B. Chivers Address Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76590

PLACE OF DEATH

County of Jefferson

City of Rigby

CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 14

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stephen Burtenshaw

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Divorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Bessie

6. DATE OF BIRTH (month, day and year) Mar. 4. 1855

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

76

6

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) England
(State or Country)

10. NAME OF FATHER

John Burtenshaw

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

England

12. MAIDEN NAME OF MOTHER

Sarah Lovland

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

England

14. Informant

(Address)

Stephen Burtenshaw
Idaho Falls, Idaho

15. Filed

9/19

1931

W. B. Burtenshaw

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 15, 1931

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept. 15, 1931, to

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Myocarditis
Sclerosis & gen. debility

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. A. West M. D.
9/21, 1931 (Address) Rigby, Idaho

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Shelton, Idaho 9/19 1931

20. Undertaker Address
W. B. Burtenshaw Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, IN FIGURES. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 76591

PLACE OF DEATH
County of Jefferson
City of Lewisville

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 15

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rufus Dudley Tucker.

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred, 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Sarah M. Tucker.		
6. DATE OF BIRTH (month, day and year) July 10, 1862		
7. AGE 69	Years 2	Months 9
Days If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Physician (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer Self.		
9. BIRTHPLACE (city or town) Tenn. (State or country)		

PARENTS

10. NAME OF FATHER Malcolm McCurry Tucker.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) North Carolina.
12. MAIDEN NAME OF MOTHER Lucretia Hartman.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Tenn.

14. Informant. Firth, Idaho.
(Address)

15. Filed 9/21, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
September 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9/15, 1931, to 9/19, 1931, that I last saw him alive on 9/19, 1931, and that death occurred, on the date stated above, at 8 p. m. The CAUSE OF DEATH was as follows:
Cerebral hemorrhage

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? 7046
(Signed) C. E. Firth, M. D.
9-21, 1931 (Address) Rigby, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal
Lewisville. Idaho
Date of Burial 9/23/31 19

20. Undertaker
Rigby

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76592

State File No.

PLACE OF DEATH

County of Jerome

CERTIFICATE OF DEATH

City of

Registration District No. 18

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harold Donald Harding

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept 3 - 19297. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 11 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Jerome Idaho
(State or country)10. NAME OF FATHER Carl Harding11. BIRTHPLACE OF FATHER (city or town) St. Collins Colo.
(State or Country)12. MAIDEN NAME OF MOTHER Anna Kulm13. BIRTHPLACE OF MOTHER (city or town) Washington
(State or Country)14. Informant (Address) Carl Harding
Jerome Idaho15. Filed 8/15, 1931 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 13 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
July 15, 1931, to Aug 13, 1931
that I last saw him alive on Aug 13, 1931
and that death occurred, on the date stated above, at 1 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Spinal Medullary
Leukemia(duration) yrs. 4 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Blood exam(Signed) C. F. Zeller, M. D.
8/15, 1931 (Address) Jerome19. Place of Burial, Cremation, or Removal Jerome Cemetery Date of Burial Aug 16 193120. Undertaker L. Harrison Address Jerome

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76593

State File No.

PLACE OF DEATH

County of Jerome

City of

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Hineman

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>widowed</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLate Mary Ellen Hineman

6. DATE OF BIRTH (month, day and year)

7. AGE <u>About 71</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.
---------------------------	-------	--------	------	-------------------------------------

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer)

Broker

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Michigan

10. NAME OF FATHER

Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown14. Informant (Address) Mrs. Buelah Hineman
Hampa Idaho15. Filed Aug. 1 1931 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
July 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19....., to 19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at 5 P.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

from Heart Trouble

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. P. Haley, coroner M. D.Jerome, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Jerome7-29 1931

20. Undertaker

Address

D. A. HarrisonJerome

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be fully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 2 1931
CERTIFICATE OF DEATHState of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Jerome
City of EdenRegistration District No. 23
Primary Registration District No. 2017
(No. St.)File No. 76594
Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Lusinda Edwards

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

FM

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED OR DIVORCED
widowed
(Write the word.)

6. DATE OF BIRTH

Dec 13 1836
(Month) (Day) (Year)

7. AGE

94 Yrs. 8 Mos. 20 ds.IF LESS than 1 day
how many..... hrs.
or..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Housekeeper

9. BIRTHPLACE

(State or Country)

N Carolina

10. NAME OF FATHER

Wm Brown

11. BIRTHPLACE OF FATHER

(State or Country)

N. Carolina

12. MAIDEN NAME OF MOTHER

Malinda Moss

13. BIRTHPLACE OF MOTHER

(State or Country)

N. Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

S Hopper

(Address)

Haystack, Ida

15.

Filed Oct 1 1931

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 3 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept 3 1931 to Sept 3 1931, that I last saw her alive on Sept 3 1931 and that death occurred on the date stated above, at 9:30 M.

The CAUSE OF DEATH* was as follows:

Haemiplegia of left side(Duration) Yrs. mos. 3 ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

S Hopper M. D.(Address) Haystack, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 2 yrs. 6 mos. In the days. State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Smiths Grove, Ky19

20. UNDERTAKER

ADDRESS

White Mortuary, IncIron Falls, Ida

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 2 1931
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76595

State File No.

County of JeromeCity of Hazelton

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Julia Thompson

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. 13 yrs. mos. ds.(If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Blair L. Thompson

6. DATE OF BIRTH (month, day, and year) Mar. 2-1861

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
70 6 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Thurman Co., Mo.
(State or country)

13. NAME Airam Johnson

14. BIRTHPLACE (city or town) Ky
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Ky
(State or country)

17. INFORMANT Mrs. L. Rainey
(Address) Hazelton, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Webb Co., Mo. Date 9-29, 1931

19. UNDERTAKER White Mortuary Inc.
(Address) Quinn & Gallagher Bldg.

20. FILED Oct 1, 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931 to Sept 16, 1931

I last saw him alive on Sept 16, 1931; death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:

arterio-sclerosis & mitral regurgitation

Date of onset

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) S. Hopper, M. D.(Address) Hazelton, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **76596**

PLACE OF DEATH

County of **Kootenai**
City of **Harrison**

Registration District No.
Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME **W. S. Slayton**

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M.** 4. COLOR OR RACE **W.** 5. Single, Married, Widowed, or Divorced (write the word) **Widowed**

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of **Julia Slayton**

6. DATE OF BIRTH (month, day and year) **1855-11-6**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
76 6 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Farmer**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) **Springwater N. Y.**

10. NAME OF FATHER **Fordner Slayton**

11. BIRTHPLACE OF FATHER (city or town) (State or Country) **N. Y.**

12. MAIDEN NAME OF MOTHER **Elizabeth Sager**

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) **N. Y.**

14. Informant **Ray Slayton**
(Address)

15. Filed **July 26, 1931** **N. W. Shryock**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
July 23, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **May 20, 1931**, to **July 23, 1931**

that I last saw him alive on **July 19, 1931**, and that death occurred, on the date stated above, at **7:45 A. M.**

The CAUSE OF DEATH* was as follows:
Carcinoma of the Stomach

Probably 8 Mo. duration, (duration) yrs. **8** mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? **No** Date of

Was there an autopsy? **No**

What test confirmed diagnosis?

(Signed) **Dr. McWall**, M. D.

July 23, 1931 (Address) **St. Maries, Idaho**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Harrison Ida.** Date of Burial **7-24 1931**

20. Undertaker **Cassidy Funeral Home** Address **Harrison**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 2 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76597 State File No.	
County of <u>Booleman</u>	City of <u>Rose Lake</u>	Registration District No. <u>123</u>	Primary Registration District No. <u>2201</u>	Local Registrar's No. <u>40</u>	
(No. <u>Residence</u>) (If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Wm. De Groff</u>					
(a) Residence No. <u>Rose Lake</u> St. <u>Rose Lake</u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Julia De Groff</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct-7-1874</u>					
7. AGE	Years <u>56</u>	Months <u>11</u>	Days <u>6</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Watchman</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rose Lake Lbr. Co.</u>				
	10. Date deceased last worked at this occupation (month and year) <u>4 yrs.</u>				
11. Total time (years) spent in this occupation <u>17</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Oyster Maine</u>					
MOTHER FATHER	13. NAME <u>Abner De Groff</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Oyster Maine</u>				
	15. MAIDEN NAME <u>Elizabeth Kendall</u>				
16. BIRTHPLACE (city or town) (State or country) <u>England</u>					
17. INFORMANT <u>Mrs. Julia De Groff</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rose Lake</u> Date <u>Sept 15, 1931</u>					
19. UNDERTAKER (Address) <u>W. C. Lindsey</u>					
20. FILED <u>Sept 30, 1931</u> <u>Mrs. Helen M. Burke</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 13, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from 1931, to 1931.					
I last saw him alive on <u>Sept 12</u> , 1931; death is said to have occurred on the date stated above, at <u>3 A.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Bronchitis pneumonia</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
<u>no</u> If so, specify <u>W. C. Lindsey</u> M.D.					
(Signed) <u>Wallace, Ida</u> (Address) <u>Idaho</u>					

Date of birth 1874

RECEIVED OCT 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76598

State File No.

PLACE OF DEATH

County of *Boolewai*
City of *Coeur d'Alene*

CERTIFICATE OF DEATH

Registration District No. *30*
Primary Registration District No. *1050*

Local Registrar's No. *145*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Warren Mc Connally

St. *Pore Lake Ida.*

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word.) *married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Annie Mc Connally

6. DATE OF BIRTH (month, day and year) *1894-12-20*

7. AGE Years Months Days If LESS than 1 day.
36 8 29 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Laborer in the Woods

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Helena*
(State or country) *Mont.*

10. NAME OF FATHER

Thos. Mc Connell

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

N.Y.

12. MAIDEN NAME OF MOTHER

Laura Anderson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Iowa.

14. Informant (Address) *Mrs. Chas H Jemison*

15. Filed *9/29* 19*31* *H. J. Sturges* Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 19 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 11 19*31*, to *Sept 19* 19*31*
that I last saw him alive on *Sept 19* 19*31*

and that death occurred, on the date stated above, at *4 p.m.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

CAUSE OF DEATH* was as follows:
Ch. Myocarditis

(duration) *1* yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? *Roadside, Idaho*

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *Exam. Sturges*

(Signed) *H. J. Sturges* M. D.
Sept. 21 19*31* (Address) *Coeur d'Alene*

19. Place of Burial, Cremation, or Removal Date of Burial
Forest Cem. Coe d'Alene *9-21* 19*31*

20. Undertaker Address
Cassidy Funeral Home *Coe d'Alene.*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76599

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 144

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

John A. Mohr.
(a) Residence, No. Honeysuckle Hill, Hayden Lake
(Usual place of abode.) St.
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of Laura F. Mohr.
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1863-11-5

7. AGE Years 67 Months 10 Days 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Allan Town, Penna

10. NAME OF FATHER Mohr

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't know

12. MAIDEN NAME OF MOTHER Helena

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Don't know

14. Informant (Address) Pauline Igua (Mrs. Robert Jones) Fairbanks, Alaska

15. Filed 9/29 1931 N. J. Sturgeon Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-6 1931, to 9-14 1931
that I last saw him alive on 9-14 1931
and that death occurred, on the date stated above, at 1 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 25-31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. H. Reed, M. D. 9-16 1931 (Address) Coeur d'Alene, Ida

19. Place of Burial, Cremation or Removal Forest Cem. Coeur d'Alene 9-16 1931

20. Undertaker Cassidy Funeral Home Coeur d'Alene, Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

NOT 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **76600**

PLACE OF DEATH
County of Boole
City of Boole
Registration District No. 30
Primary Registration District No. 1050
(No. _____)

Local Registrar's No. 143

2. FULL NAME James E. Hookens
(a) Residence No. Mill St. _____
(Usual place of abode.)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If death occurred in a hospital or institution, give its name instead of street and number.)
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widower</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH (month, day and year) <u>Oct 15 1853</u>				
7. AGE	Years <u>77</u>	Months <u>10</u>	Days <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired Miner</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				
9. BIRTHPLACE (city or town) (State or country) <u>England</u>				
PARENTS	10. NAME OF FATHER <u>James H. Hookens</u>			
	11. BIRTHPLACE OF FATHER (city or town) (State or Country) <u>England</u>			
	12. MAIDEN NAME OF MOTHER <u>Elyseth Ellis</u>			
	13. BIRTHPLACE OF MOTHER (city or town) (State or Country) <u>England</u>			
14. Informant (Address) <u>Mrs. Grace Jenkins</u> <u>Coeur d'Alene Ida.</u>				
15. Filed <u>9/29</u> , 19 <u>31</u> <u>N. J. Sturges</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH	<u>Sept 3</u> , 19 <u>31</u> (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from <u>Aug 26</u> , 19 <u>31</u> , to <u>Sept 1</u> , 19 <u>31</u> , that I last saw him alive on <u>Sept 1</u> , 19 <u>31</u> , and that death occurred, on the date stated above, at <u>10:30</u> am. *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH* was as follows: <u>Affoplexy</u> (duration) _____ yrs. _____ mos. <u>8</u> ds. CONTRIBUTORY <u>Atherosclerosis</u> (Secondary) (duration) _____ yrs. _____ mos. _____ ds. 18. Where was disease contracted if not at place of death? _____ Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? _____ (Signed) <u>C. H. Lund</u> M. D. <u>9-8-</u> , 19 <u>31</u> (Address) <u>Coeur d'Alene Ida.</u> 19. Place of Burial, Cremation, or Removal <u>Forest Cemetery</u> Date of Burial <u>Sept 6</u> , 19 <u>31</u> 20. Undertaker <u>R. B. Mooney</u> Address <u>Coeur d'Alene Ida.</u>	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECORDED OCT 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76601**

PLACE OF DEATH

County of BoonvilleCity of RathdrumRegistration District No. 30Primary Registration District No. 1931(No. Boonville County Hospital)

If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1422. FULL NAME Richard Dunlap(a) Residence. No. _____ St. Wiley Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) ✓5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept. 3 July 20-18567. AGE Years Months Days 75 1 15 if LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) _____
(State or country) ✓10. NAME OF FATHER ✓11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) ✓12. MAIDEN NAME OF MOTHER ✓13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country)14. Informant Mrs. L. Brown - Boonville County Hospital
(Address) Rathdrum Idaho15. Filed 9/29, 1931 N. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September 5th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 730 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Indolent death (duration) _____ yrs. mos. ds.

CONTRIBUTORY Heart Arterio Sclerosis
(Secondary) about 4 yrs. mos. ds.
(duration)18. Where was disease contracted _____
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Dr. Frank Henry M. D.
Sept. 6, 1931 (Address) Rathdrum Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Boonville Cemetery - Rathdrum 9-7 1931

20. Undertaker Address

Boonville Funeral Home Rathdrum

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76602

State File No.

PLACE OF DEATH

County of FootenaiCity of Power & Blue

Registration District No.

Primary Registration District No.

(No. Lakeside Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1412. FULL NAME T. S. Dier(a) Residence. No. Nelleton Gulch

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 2 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofT. S. Dier6. DATE OF BIRTH (month, day and year) April 2 1873

7. AGE

Years

Months

Days

If LESS than 1 day,

5852hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHouse Wife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town).....

(State or country)

Id.

10. NAME OF FATHER

John King

11. BIRTHPLACE OF FATHER (city or town).....

(State or Country)

Id.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town).....

(State or Country)

14.

Informant
(Address)T. S. Dier
Power & Blue Id.

15.

Filed

9/29, 1931N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at 1:30 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Paralytic ileus(duration) yrs. mos. 6 ds.CONTRIBUTORY
(Secondary)(duration) yrs. mos. 10 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of.....Was there an autopsy? noWhat test confirmed diagnosis? Operation(Signed) Harold J. Sturges M. D.Sept 14, 1931 (Address) Power & Blue

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest CemeterySept 5 1931

20. Undertaker

Address

R. B. Mearns Power & Blue

RECEIVED OCT 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76603

PLACE OF DEATH

County of GoodmanCity of Boise

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 148

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Louise Helphrey(a) Residence. No. 724 - E Garden St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofW. D. Helphrey6. DATE OF BIRTH (month, day and year) 1860-10-167. AGE Years 71 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Newton
(State or country) Jasper Co. Iowa

10. NAME OF FATHER

Will Newton11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Don't know

12. MAIDEN NAME OF MOTHER

Parker13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Don't know14. Informant W. D. Helphrey
(Address) and a15. Filed 9/29, 1931 N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1931, to Sept 13, 1931
that I last saw him alive on Sept 13, 1931and that death occurred, on the date stated above, at 6:45 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was, as follows:Cardiac Failure(duration) yrs. mos. ds.
CONTRIBUTORY Pharynx
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Ex. aut.(Signed) Harold Sturge, M. D.Sept 16, 1931 (Address) Idaho

19. Place of Burial, Cremation, or Removal

Forest Cem.

Date of Burial

9-17, 1931

20. Undertaker

Cassidy Funeral

Address

C. D. Allen

RECEIVED OCT 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

76604

PLACE OF DEATH

County of *Boole*City of *Colusa, Idaho*

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. *1050*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs. *1* mo. *23* ds.

St.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

August 5-1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

*1**23*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Colusa, Idaho

10. NAME OF FATHER

Christian Bjorvik

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Norway

12. MAIDEN NAME OF MOTHER

Dorothy Koppang

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Minnesota

14.

Informant (Address)

*Christian Bjorvik
851 E. 2nd St. Colusa, Idaho*

15.

Filed

*9/29, 1931**W. J. Sturges
Registrar.*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

*9**28**31*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

*9-3*19*31*,*9-28-*19*31*

that I last saw him alive on

9-13- 19*31*and that death occurred, on the date stated above, at *7 A.m.*

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

*E. H. Teel, M. D.**9-28-* 19*31*(Address) *Grand Island, Neb.*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Forest Cemetery - Colusa**9-29 1931*

20. Undertaker

Address

*Carroll Funeral Home**Colusa, Idaho*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76605

State File No.

PLACE OF DEATH

County of *Boo t nai*City of *Coenod'Alene*

CERTIFICATE OF DEATH

Registration District No. *30*Primary Registration District No. *1050*

(No.)

Local Registrar's No. *138*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Reuben M. Hurt*(a) Residence. No. *Culps Place*

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.*4. COLOR OR RACE *W.*5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Parlee Hurt-*6. DATE OF BIRTH (month, day and year) *1884-4-4*

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.*77**3**20*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Mo.*10. NAME OF FATHER *John Hurt*11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Don't Know*12. MAIDEN NAME OF MOTHER *Annie Stout*13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Don't Know*

14.

Informant (Address) *Ida B. Joseph*

15.

Filed *9/29*, 19*31**N. J. Sturges*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

9

(Month)

24

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 7, 19*31*, to *Sept 24*, 19*31*that I last saw him alive on *Sept 15*, 19*31*and that death occurred, on the date stated above, at *7 a.m.*

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Stroke of paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *E. H. Teed*, M. D.*9-24*, 19*31*(Address) *Coenod'Alene, Idaho*

19. Place of Burial, Cremation, or Removal

Date of Burial

*At Hol. Ida.**9-26*, 19*31*

20. Undertaker

Address

*Cassedy Funeral Home**Coenod'Alene*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76606

PLACE OF DEATH

County of Yolo
City of Pound Blaine

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
(No.)

Local Registrar's No. 137

2. FULL NAME Harry A. Campbell
(If death occurred in a hospital or institution, give its name instead of street and number.)

(a) Residence. No. 423 Pack Drive St. 90
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. 6 yrs. 6 mos. 0 ds. How long in U. S. if of foreign birth? 25 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Groce O Campbell
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 19 1883

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Superintending Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer The Texas Oil Co

9. BIRTHPLACE (city or town) Out Canada
(State or country)

10. NAME OF FATHER William Campbell

11. BIRTHPLACE OF FATHER (city or town) Scotland
(State or Country)

12. MAIDEN NAME OF MOTHER Patience Campbell

13. BIRTHPLACE OF MOTHER (city or town) Ireland
(State or Country)

14. Informant Mrs. Grace Campbell
(Address) Pound Blaine Ida

15. Filed 9/29, 1931 N. J. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 27, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-27-, 1931, to 9-27-, 1931.
did not see 9-27-, 1931.
that I last saw him alive on
and that death occurred, on the date stated above, at 9 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Leed, M. D.

9-28-, 1931 (Address) Pound Blaine Ida

19. Place of Burial, Cremation, or Removal Stobane N. Cremation Date of Burial 9/30, 1931

20. Undertaker Mooney Mortuary Address Pound Blaine Ida

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of KootenaiCity of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew A. Natwick(a) Residence. No. 770 Govt way St.

(Usual place of abode.)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S. if of foreign birth 65 yrs. — mos. — ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1944 NOV. 227. AGE Years 81 Months 5 Days 28 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Norway10. NAME OF FATHER andrew11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway12. MAIDEN NAME OF MOTHER anna Natwick13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Norway14. Informant (Address) Geo Natwick 70 Coeur d'Alene15. Filed 9/29, 1931 N. J. Sturgis Registrar.

DO NOT WRITE IN THIS SPACE

State File No.

76607

Local Registrar's No. 136

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 20, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1931, to Sept. 20, 1931
that I last saw him alive on Sept 20, 1931and that death occurred, on the date stated above, at 8 P m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Broncho pneumoniaCONTRIBUTORY (Secondary) Chronic myocardial degeneration
(duration) 8 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? usual(Signed) Edmond Wood M. D.Sept. 21, 1931 (Address) Coeur d'Alene19. Place of Burial, Cremation or Removal Forest Cemetery Date of Burial 7/22, 193120. Undertaker R. B. Mooney Address C. J. A.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76608

PLACE OF DEATH
County of Latah Registration District No. 64
City of Troy Primary Registration District No. 214 Local Registrar's No. 44
(No.)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gus Aron Gunnerson
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Mrs. L. A. Gunnerson
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1869-8-18

7. AGE Years 62 Months 8 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

10. NAME OF FATHER Gus Aron Gunnerson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Natasa

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant (Address) Mrs. L. A. Gunnerson
Troy Ida

15. Filed Sept 30, 1931 L. A. Gunnerson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 14, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1931, to Sept 14, 1931,
that I last saw him alive on Sept 13, 1931,
and that death occurred, on the date stated above, at 10 A. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of
Liver and Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 25th

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. A. Meyer, M. D.

(Address)

19. Place of Burial, Cremation, or Removal Dry creek cem Date of Burial Sept 16 1931

20. Undertaker John J. Pickard Address Troy Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76609**

PLACE OF DEATH
County of **Latah** Registration District No. **64**
City of **Troy** Primary Registration District No. **2144** Local Registrar's No. _____
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Nimrod Shephard**

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word.) **Married**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Maud Shephard

6. DATE OF BIRTH (month, day and year)

Jan 23 180

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
66 8 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

auctioneer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Ky

10. NAME OF FATHER

James R Shephard

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Ky

12. MAIDEN NAME OF MOTHER

Ellen Ryan

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Ky

14.

Informant (Address)

Mrs Maud Shephard

15.

Filed

Sept 30 1931

Lucy M Pickard

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 27th

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 1st 1931 to **Sept 27 1931**

that I last saw him alive on **Sept 27 1931**

and that death occurred, on the date stated above, at **11:30 P.M.**

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma

(duration) **1** yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? **Yes** Date of **Aug 14 1931**

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **Dr. A. Meyer** M. D. **Sept 28 1931** (Address) **Troy Idaho**

19. Place of Burial, Cremation, or Removal

Date of Burial

Moscow Ida

Sept 30 1931

20. Undertaker

Address

John J. Pickard

Troy Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76610

State File No.

PLACE OF DEATH

County of LatahCity of Troy

CERTIFICATE OF DEATH

Registration District No. 64Primary Registration District No. 2144

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew G. Westberg

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sept 26, 1852

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

7904

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Sweden

10. NAME OF FATHER

Gustafson Person

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Sweden

12. MAIDEN NAME OF MOTHER

Bigata Olson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Sweden

14.

Informant (Address)

C W. Barker

15.

Filed

Sept 22, 19441944Lucy M. Pickard

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept.3031

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

27 Sept 3031that I last saw him alive on Sept 3031and that death occurred, on the date stated above, at 59 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (3) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Hypertension(duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

Bas. A. Meyer

M. D.

Sept 30, 1944(Address) Troy, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Westdale cemOct 4 1944

20. Undertaker

Address

John J. PickardTroy, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every term of information should be carefully supplied. AGE should be stated EXACTLY.
Should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		Registration District No. <u>61</u>		State File No. <u>76612</u>	
City of <u>Moscow</u>		Primary Registration District No. <u>1011</u>		Local Registrar's No. <u>55</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Polly Ann Gustin</u>					
(a) Residence. No. St. (Usual place of abode)					
Length of residence in city or town where death occurred <u>40</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Daniel T. Gustin</u>					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 4, 1868</u>					
7. AGE <u>63</u>	Years <u>7</u>	Months <u>23</u>	Days <u>23</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife at home</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Not known</u> (State or country) <u>Utah</u>					
FATHER					
13. NAME <u>John R. Holden</u>					
14. BIRTHPLACE (city or town) <u>Not known</u> (State or country)					
MOTHER					
15. MAIDEN NAME <u>Cecilia Russell</u>					
16. BIRTHPLACE (city or town) <u>Not known</u> (State or country)					
17. INFORMANT <u>Gladie Gustin</u> (Address) <u>Moscow, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Moscow</u> Date <u>9-29</u> , 1931					
19. UNDERTAKER <u>H. R. Short</u> (Address) <u>Moscow, Ida.</u>					
20. FILED <u>9/10/31</u> , 1931 <u>W. J. Thompson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9/27/31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 26</u> , 1931, to <u>Sept 27</u> , 1931.					
I last saw her alive on <u>Sept 26</u> , 1931; death is said to have occurred on the date stated above, at <u>3 P.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Diabetic Coma</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of <u>None</u>					
What test confirmed diagnosis? <u>Diabetic</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>W. J. Thompson</u> , M. D. (Address) <u>Moscow, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		CERTIFICATE OF DEATH		State File No. <u>76613</u>	
City of <u>Moscow</u>		Registration District No. <u>61</u>		Local Registrar's No. <u>54</u>	
		Primary Registration District No. <u>1011</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Frank Lathram Moore</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>34</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Vina Moore</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 6, 1863</u>					
7. AGE <u>68</u>	Years <u>7</u>	Months <u>13</u>	Days <u>13</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year) <u>Sept. 1931</u>					
11. Total time (years) spent in this occupation <u>40 years</u>					
12. BIRTHPLACE (city or town) <u>Douglas Co. Minn.</u> (State or country)					
13. NAME <u>Rueben Moore</u>					
14. BIRTHPLACE (city or town) <u>New York</u> (State or country)					
15. MAIDEN NAME <u>Adelle Bucklin</u>					
16. BIRTHPLACE (city or town) <u>New York</u> (State or country)					
17. INFORMANT <u>Gladys Moore at 288 Eugene Oregon</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Moscow</u> Date <u>Sept. 23 1931</u>					
19. UNDERTAKER <u>H.R. Short</u> (Address) <u>Moscow, Ida.</u>					
20. FILED <u>10/2</u> , 1931, <u>Paul E. Short</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 19, 1931</u>					
22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 1931. <u>Have attended deceased professionally.</u>					
I last saw him alive on <u>Sept. 19</u> , 1931; death is said to have occurred on the date stated above, at <u>7 A.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Acute myocarditis</u> <u>Sudden death</u> <u>from heart failure</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>W. A. Armstrong</u> , M. D.					
(Address) <u>Moscow, Ida.</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		CERTIFICATE OF DEATH		76614	
City of <u>MOSCOW</u>				State File No.	
		Registration District No. <u>61</u>		Local Registrar's No. <u>53</u>	
		Primary Registration District No. <u>1011</u>			
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mary Ellen Tate</u>					
(a) Residence. No. St.					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. <u>4</u> mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced, (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Gerald Russell Tate</u>					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 11, 1915</u>					
7. AGE Years <u>16</u>		Months <u>7</u>		Days <u>4</u>	
				If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year)			
		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Billings Mont.</u> (State or country)					
FATHER		13. NAME <u>Vernon Shea</u>			
		14. BIRTHPLACE (city or town) <u>Iowa</u> (State or country)			
		15. MAIDEN NAME <u>Lillian Barber</u>			
MOTHER		16. BIRTHPLACE (city or town) <u>Mont.</u> (State or country)			
		17. INFORMANT <u>Mrs. R. M. Shea</u> (Address) <u>Moscow, Ida.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Moscow, Ida.</u> Date <u>9/17</u> , 193 <u>1</u>					
19. UNDERTAKER <u>H. R. Short</u> (Address) <u>Moscow</u>					
20. FILED <u>10/2</u> , 193 <u>1</u> <u>Harry Canhouse</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9/15/31</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 9</u> , 193 <u>1</u> , to <u>Sept 15</u> , 193 <u>1</u> .					
I last saw her alive on <u>Sept 15</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>12 30</u> p.m.					
The principal cause of death and related causes of importance were as follows: <u>Brightlands of Mercury poisoning</u>					
<u>Suicide probable</u>					
<u>Denied by relatives.</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of <u>Admitted to hospital</u>					
What caused death? <u>Admitted to hospital</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 193 <u>1</u> .					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify:					
(Signed) <u>Harry Canhouse</u> , M. D.					
(Address) <u>Moscow Ida</u>					

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76615

State File No.

PLACE OF DEATH

County of Latah Registration District No. 61

City of Moscow Primary Registration District No. 10 11 Local Registrar's No. 52

(No.)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Iver Dragstedt

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda 'Dragstedt

6. DATE OF BIRTH (month, day and year) April 5th 1884

7. AGE Years 47 Months 3 Days 11 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

10. NAME OF FATHER Janne Johansson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Mathilda Kelberg

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden

14. Informant (Address) Mrs Hilda Dragstedt

15. Filed 10/2 1931 Haukenhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 19th 31 to Sept 14 1931

that I last saw him alive on Sept 14 1931

and that death occurred, on the date stated above, at 10 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis
Secondary Anemia

(duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis & Fatigue
Compensation (duration) yrs. 8 mos. ds.

18. Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Traps & Bacteriological

(Signed) Dr. M. J. Mager M. D.

Sept 15 1931 (Address) Moscow

19. Place of Burial, Cremation, or Removal Burnt Ridge Troy Date of Burial 15 1931

20. Undertaker John J. Pickard Troy

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		76616	
City of <u>Moscow</u>		Registration District No. <u>61</u>		Primary Registration District No. <u>1011</u>		State File No. _____	
		(No. _____)		Local Registrar's No. <u>51</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Sophia Hanson</u>							
(a) Residence. No. _____ St. _____							
(Usual place of abode)							
Length of residence in city or town where death occurred <u>18</u> yrs. mos. ds. How long in U. S., if of foreign birth? <u>18</u> yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Hans Hanson</u>							
6. DATE OF BIRTH (month, day, and year) <u>June 3, 1851</u>							
7. AGE Years <u>80</u>		Months <u>3</u>		Days <u>2</u>		If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>					
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>							
MOTHER		13. NAME <u>Not Known</u>					
		14. BIRTHPLACE (city or town) (State or country)					
		15. MAIDEN NAME " "					
		16. BIRTHPLACE (city or town) (State or country)					
		17. INHERITANCE <u>Mrs. Andrew Mortenson</u> (Address) <u>Moscow, Ida.</u>					
		18. BURIAL, CREMATION, OR REMOVAL Place <u>Moscow</u> Date <u>9/6</u> , 193 <u>1</u>					
		19. UNDERTAKER <u>H. R. Short</u> (Address) <u>Moscow</u>					
		20. FILED <u>10/2</u> , 193 <u>1</u> <u>John E. Johnson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>9/5/31</u> 193 <u>1</u>							
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 <u>0</u> , to <u>Aug 5</u> , 193 <u>1</u> .							
I last saw her alive on <u>Aug 5</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>2:45</u> a.m.							
The principal cause of death and related causes of importance were as follows: <u>Carcinoma of left breast</u>							
Date of onset							
Other contributory causes of importance:							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> .							
Where did injury occur? _____ (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____							
(Signed) <u>W. C. Blair</u> , M. D. (Address) <u>Moscow Idaho</u>							

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76617	
County of <u>Latah</u>		CERTIFICATE OF DEATH		State File No.	
City of <u>Moscow (rural)</u>		Registration District No. <u>61</u>		Local Registrar's No. <u>50</u>	
		Primary Registration District No. <u>1011</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Sarah Elizabeth Tyrrell</u>					
(a) Residence. No. St.					
Length of residence in city or town where death occurred <u>35</u> yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced, (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Alfred Tyrrell</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 5, 1860</u>					
7. AGE <u>71</u> Years	<u>7</u> Months	Days	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Clark County Iowa</u> (State or country)					
13. NAME <u>Millis E. Carr</u>					
14. BIRTHPLACE (city or town) <u>Not known</u> (State or country)					
15. MAIDEN NAME <u>Elizabeth Hodson</u>					
16. BIRTHPLACE (city or town) <u>Not known</u> (State or country)					
17. INFORMANT <u>Alfred Tyrrell</u> (Address) <u>Moscow, Ida.</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Moscow</u> Date <u>9/7</u> , 193 <u>1</u>					
19. UNDERTAKER <u>A. R. Short</u> (Address) <u>Moscow, Ida.</u>					
20. FILED <u>10/12</u> , 193 <u>1</u> <u>Paul E. Embury</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9/5</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 2</u> , 193 <u>1</u> , to <u>Sept 5</u> , 193 <u>1</u> .					
I last saw him alive on <u>Sept 31</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>5 a.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Senility</u>					
Other contributory causes of importance: <u>Senile Dementia</u>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193 <u>1</u> .					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify					
(Signed) <u>Paul A. Meyer</u> , M.D. (Address) <u>Tracy, Ida.</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76618 State File No.	
PLACE OF DEATH			
County of <u>Latah</u>			
City of <u>Moscow</u>		Registration District No. <u>61</u>	
		Primary Registration District No. <u>1011</u> Local Registrar's No. <u>49</u>	
(No. <u>County Home</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Albert F. Hofer</u>			
(a) Residence. No.		St.	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. <u>8</u> yrs. <u></u> mos. <u></u> ds.		How long in U. S., if of foreign birth? yrs. <u></u> mos. <u></u> ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>July 1, 1869</u>			
7. AGE <u>62</u>	Years <u>2</u>	Months <u>2</u>	Days <u>2</u>
If LESS than 1 day, hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Farmer</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Monroe County</u> (State or country) <u>Ohio</u>			
13. NAME <u>Fred Hofer</u>			
14. BIRTHPLACE (city or town) <u>Switzerland</u> (State or country)			
15. MAIDEN NAME <u>Elizabeth Marty</u>			
16. BIRTHPLACE (city or town) <u>Switzerland</u> (State or country)			
17. INFORMANT <u>Philip Hofer</u> (Address) <u>Moscow, Ida.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Moscow, Ida.</u> Date <u>Sept. 5, 1931</u>			
19. UNDERTAKER <u>H. R. Stark</u> (Address) <u>Moscow</u>			
20. FILED <u>10/2</u> , 1931 <u>Hauptenbush</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Sept. 3</u> , 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 10</u> , 1931, to <u>Sept 2</u> , 1931.			
I last saw him alive on <u>Sept 2</u> , 1931; death is said to have occurred on the date stated above, at <u>12.30 p.m.</u>			
The principal cause of death and related causes of importance were as follows:			
<u>Brain Hemorrhage</u>			Date of onset <u>Aug 3^d</u>
Other contributory causes of importance: <u>High Blood Pressure</u> <u>Arterio Sclerosis</u>			
Name of operation		Date of	
What test confirmed diagnosis? <u>Chemical</u>		Was there an autopsy? <u>NO</u>	
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide?		Date of injury	
Where did injury occur?		(Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased?			
<u>NO</u> If so, specify			
(Signed) <u>F. W. Leitch</u>		M. D.	
(Address) <u>Moscow Idaho</u>			

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 8 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		CERTIFICATE OF DEATH Registration District No. <u>61</u> Primary Registration District No. <u>10.11</u>		State File No. <u>76619</u>	
City of <u>Moscow (Rural)</u>				Local Registrar's No. <u>48</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>John I. Heick</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>44</u> yrs. mos. ds. How long in U. S., if of foreign birth? <u>56</u> yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Eliza Heick</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>July, 17, 1853</u>					
7. AGE	Years <u>78</u>	Months <u>1</u>	Days <u>16</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) <u>June 1931</u>				
	11. Total time (years) spent in this occupation <u>44 yrs.</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Agerskov, Denmark</u>					
MOTHER FATHER	13. NAME <u>John Heick</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>				
	15. MAIDEN NAME <u>Annie Bundensen</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>				
17. INFORMANT <u>C. Arthur Heick</u> (Address) <u>Moscow, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Moscow</u> Date <u>Sept. 6, 1931</u>					
19. UNDERTAKER <u>H. B. Short</u> (Address) <u>Moscow, Ida.</u>					
20. FILED <u>10/2</u> , 1931, <u>Paul Embourg</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 3, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>on Sept 3, 1931, to July, 1931</u> , 1931.					
I last saw him live on <u>Sept. 3, 1931</u> ; death is said to have occurred on the date stated above, at <u>10 P. m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Myocarditis Chronic Unknown</u>					Date of onset
Other contributory causes of importance:					
<u>Nephritis Chronic Unknown</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis <u>Clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Paul Embourg</u> , M.D. (Address) <u>Moscow, Ida.</u>					

RECEIVED OCT 8 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76620

PLACE OF DEATH

County of Latah
City of Moscow

Registration District No. 61

Primary Registration District No. 1011

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Franklin Senter

(a) Residence. No. St. Leviston Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1915

7. AGE Years 16 Months ✓ Days ✓ If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) High school

(c) Name of employer

9. BIRTHPLACE (city or town) Spokane
(State or country) Ida

10. NAME OF FATHER R. W. Senter

11. BIRTHPLACE OF FATHER (city or town) Okla.
(State or Country)

12. MAIDEN NAME OF MOTHER Etta Rurey

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant R. W. Senter
(Address) Leviston Idaho

15. Filed 10/2, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from
....., 19....., to....., 19.....
that I last saw him..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Killed in auto collision
Chest crushed

.....(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)
.....(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) H. R. Short Coroner
8-30, 1931 (Address) Idaho

19. Place of Burial, Cremation, or Removal Leviston Idaho Date of Burial 8/30 1931

20. Undertaker Howver - Wm. Leviston
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

PHYSICIAN

Please mail
this Remittance Permit

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 8 1931

STATE OF IDAHO

PLACE OF DEATH

 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76621

County of LemhiCity of SalmonRegistration District No. 4Primary Registration District No. 2116

State File No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Debever

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced.

HUSBAND of
(or) WIFE ofWidower

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or min.78

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Quartz miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Penn.

MOTHER FATHER

13. NAME

Not known.

14. BIRTHPLACE (city or town) (State or country)

Penn.

15. MAIDEN NAME

Not known.

16. BIRTHPLACE (city or town) (State or country)

Penn.

17. INHERITANCE (Address)

Bertha N. Ross

18. BURIAL, CREMATION, OR REMOVAL Place

Date Salmon 1931

19. UNDERTAKER (Address)

Wm C. Daube
Salmon, Ida.

20. FILED

Oct 5, 1931Chas Bellamy

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1st, 1931, to Aug 7, 1931I last saw him alive on Aug 7, 1931; death is saidto have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance

were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No(Signed) F. B. Hughes, M. D.(Address) Salmon

STATE OF IDAHO

RECEIVED OCT 8 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76622

State File No.

PLACE OF DEATH

CERTIFICATE OF DEATH

County of

City of SalmonRegistration District No. 241Primary Registration District No. 2176

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Calvin H. Allen

(a) Residence, No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Boy 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 16, 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER Lee Allen11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mayland New York12. MAIDEN NAME OF MOTHER Edith G. Howe13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Binghamton New York14. Informant (Address) Lee Allen15. Filed Oct 5, 1931 Chas. L. Bella Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 8 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1931, to Apr 8, 1931,
that I last saw him alive on Apr 8, 1931,
and that death occurred, on the date stated above, at 3 P.m.*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Hydrocephalus(duration) yrs. 2 mos.ds.CONTRIBUTORY
(Secondary)

(duration) yrs.mos.ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? FB Wright(Signed) FB Wright M. D.19. (Address) Salmon

19. Place of Burial, Cremation, or Removal Date of Burial

20. Undertaker Address

19

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 8 1931

DO NOT WRITE IN THIS SPACE

State File No. **76623**

State File No.

Local Registrar's No.

(No. _____)
 occurred in a hospital or institution, give its name instead of street and number.)

131

St

(Usual place of abode)				(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.	yrs.	mos.	ds.	How long in U. S., if of foreign birth?	yrs.	mos.	ds.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 1931

22a. I HEREBY CERTIFY, That I attended deceased from
December, 1928, to August 9, 1931

I last saw him alive on Aug 100 193 death is said

to have occurred on the date stated above at 1-12

The principal cause of death and related causes of importance

Whereas follows: *which serial* Date of onset

Sister: Mary

[Handwritten signature]

15000 01030400 192

.....

.....

[Handwritten signature]

China's contribution to the cause of human rights is of great importance.

1980

4/20/66 - 1st day

16-1092

Name of operation 2010

Name of operation..... *Amman* Date of..... *7*

What test confirmed diagnosis? ECG Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193..

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

10. If so, specify 2/15/77

(Signed) *[Signature]*

(Signed) _____, M. D.

Address 12000 1st Ave. S.W.

P. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 8 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of LincolnCity of SalmonRegistration District No. 41Primary Registration District No. 2116State File No. 76624

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anthony G. Nichols(a) Residence. No. Salmon Idaho St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of Dunnead
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) August 18-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>75</u>			<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North River, Nova Scotia13. NAME Samuel Nichols14. BIRTHPLACE (city or town) (State or country) Nova Scotia15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) (State or country) Not known17. INFORMANT George Nichols
(Address) Salmon Ida.18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 8/29, 193119. UNDERTAKER Wm. C. Hoebel
(Address) Salmon Idaho20. FILED Box 5, 1931 Chas. E. Bellamy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug-28-193122. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931 to Aug 26, 1931I last saw him alive on Aug 26, 1931; death is saidto have occurred on the date stated above, at 2:55 p.m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Mitral regurgitation

Other contributory causes of importance:

Bright's Disease

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) E. D. Wright, M. D.(Address) Salmon Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of San Juan
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76625

State File No.

Registration District No. 4/1
Primary Registration District No. 2/16

Local Registrar's No.

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Valentine Abbey(a) Residence. No. Salmon Ida St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 4, 1854

7. AGE Years 77 Months 0 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) Perm.
(State or country)

13. NAME Not known

14. BIRTHPLACE (city or town) Perm.
(State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Perm.
(State or country)

17. INFORMANT (Address) Mrs. John Webb, Salmon Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Date, 193

19. UNDERTAKER (Address) W. C. Jacobs, Salmon Idaho.

20. FILED Box 5, 193 Cliff Bell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 193, to _____, 193.

I last saw him alive on _____, 193: death is said

to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance

were as follows:

Date of onset

I never examined this man
only examined his recent
history of care from daughter
probably had cause of bladder

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) P. D. Wright, M. D.

(Address) Salmon

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76626

PLACE OF DEATH

County of Leemhi
City of Nichols

Registration District No. 47
Primary Registration District No. 2/16

Local Registrar's No. 471

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kate Thomas Breasale

(a) Residence. No. Family home on Ranch

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Bertur Breasale
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 21 - 1874

7. AGE Years 57 Months 4 Days 15
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Burnet
(State or country) Texas

10. NAME OF FATHER Frank Thomas

11. BIRTHPLACE OF FATHER (city or town) Kentucky
(State or Country)

12. MAIDEN NAME OF MOTHER Elvira Roundtree

13. BIRTHPLACE OF MOTHER (city or town) Texas
(State or Country)

14. Informant Bertur Breasale
(Address) Nichols Idaho

15. Filed Oct 5, 1931 Chas C Bellamy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 6, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19
that I last saw her alive on , 19

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Breast & Esophagus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carl Ows, M. D.

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Burnet Texas Date of Burial Aug 14 1931

20. Undertaker F. F. M Han Address Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		BUREAU OF VITAL STATISTICS		76627	
County of <u>Lewis</u>	City of <u>Winchester</u>		Registration District No. <u>60</u>		State File No. <u>76627</u>
			Primary Registration District No. <u>717</u>		Local Registrar's No. <u>13</u>
(No. <u>46</u> death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Frances Boxleitner</u> BOXLEITNER					
(a) Residence. No. <u>Winchester, Ida.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Married</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years <u>41</u>	Months	Days <u>2</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation <u>—</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Germany</u>					
MOTHER	13. NAME <u>Jos. Geis</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				
	15. MAIDEN NAME <u>Frances Geis</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				
17. INFORMANT <u>Alois Boxleitner</u>					
(Address)					
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Funerary</u> Date <u>9/13</u> , 1931					
19. UNDERTAKER <u>Craigmont & Co.</u>					
(Address) <u>Craigmont & Co.</u>					
20. FILED <u>9/12</u> , 1931 <u>Q-G Smuch</u>					
Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9-12-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 12</u> , 1931, to <u>Sept 12</u> , 1931.					
I last saw him alive on <u>Sept 12</u> , 1931; death is said to have occurred on the date stated above, at <u>10:45 AM</u>					
The principal cause of death and related causes of importance were as follows: <u>Carcinoma of descending colon & rectum.</u>					
Other contributory causes of importance: <u>Exhaustion</u>					
Name of operation <u>Operated</u> Date of <u>1928</u>					
What test confirmed diagnosis? <u>There was there an autopsy?</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>Not so, spec.</u>					
(Signed) <u>E. M. Langhlin</u> M. D.					
(Address) <u>Winchester Ida</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		RECEIVED OCT 13 1931	
County of <u>Spencer</u>		Registration District No. <u>0</u>		DO NOT WRITE IN THIS SPACE 76628	
City of <u>Shoshone</u>		Primary Registration District No. <u>016</u>		State File No. _____	
		Local Registrar's No. <u>21</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Sarah Elizabeth Hickman</u>					
(a) Residence. No. <u>Residence</u> St. <u>75</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Edward Hickman</u>					
6. DATE OF BIRTH (month, day, and year) <u>Nov 28-1866</u>					
7. AGE Years <u>64</u>		Months <u>9</u>		Days <u>22</u>	
				If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Hartsville</u> (State or country) <u>Tenn.</u>					
13. NAME <u>Marion Ward</u>					
14. BIRTHPLACE (city or town) <u>Tenn.</u> (State or country)					
15. MAIDEN NAME <u>Louise Newton</u>					
16. BIRTHPLACE (city or town) <u>Ind.</u> (State or country)					
17. INFORMANT <u>Mrs. Martin Garner</u> (Address) <u>Shoshone Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Shoshone Ida</u> Date <u>Sept 21, 1931</u>					
19. UNDERTAKER <u>B. E. Hickok</u> (Address) <u>Shoshone Idaho</u>					
20. FILED <u>Sept 21, 1931</u> Registrar. <u>J. L. Fuller</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 20, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 14</u> , 1931, to <u>Sept 20</u> , 1931.					
I last saw him alive on <u>Sept 19</u> , 1931; death is said to have occurred on the date stated above, at <u>2 4</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Paralysis</u>					
Other contributory causes of importance: <u>Arterio sclerosis</u>					
Name of operation <u>No</u> Date of _____					
What test confirmed diagnosis <u>Skull</u> Was there an autopsy <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>No</u> Date of injury _____, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Shoshone Idaho</u> M. D.					
(Address) <u>Shoshone Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED OCT 13 1931	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
COUNTY OF <u>Lincoln</u>		CITY OF <u>Shoshone</u>		State File No. <u>76629</u>	
REGISTRATION DISTRICT NO. <u>16</u>		PRIMARY REGISTRATION DISTRICT NO. <u>1016</u>		LOCAL REGISTRAR'S NO. <u>20</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.) (No. _____)					
2. FULL NAME <u>Allen Bryant Arnold</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>1</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>May 13, 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>—</u>	<u>3</u>	<u>11</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Shoshone</u> (State or country) <u>Idaho</u>					
FATHER	13. NAME <u>Edward Bryant</u>				
	14. BIRTHPLACE (city or town) <u>Willow Creek</u> (State or country) <u>Idaho</u>				
MOTHER	15. MAIDEN NAME <u>Mattie Bams</u>				
	16. BIRTHPLACE (city or town) <u>South Carolina</u> (State or country)				
17. INFORMANT <u>Mrs. Mattie Bryant</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL <u>Gooding Ida</u> Place. Date <u>9-13</u> , 1931					
19. UNDERTAKER <u>C. E. Husk</u> (Address)					
20. FILED <u>Sept 10, 1931</u> <u>J. L. Fuller</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 12</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931. I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>History of Cholera</u> <u>and</u> <u>Babies died without medical attendance</u>					
Other contributory causes of importance: <u>Malnutrition</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>F. E. Burnett</u> , M. D. (Address) <u>Shoshone, Ida</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76630 State File No.	
County of <u>Madison</u>		CITY OF <u>Refburg</u>		Registration District No. <u>99</u> Primary Registration District No. <u>2177</u>	
City of <u>Refburg</u>		(No.)		Local Registrar's No. <u>393</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Catherine Legulia Wewel</u> <u>161a</u>					
(a) Residence. No. <u>St Anthony</u> St. <u>Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>—</u>					
6. DATE OF BIRTH (month, day, and year) <u>Sept 27, 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, <u>4</u> hrs. or <u>—</u> min.	
<u>Sept 27</u>					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>					
10. Date deceased last worked at this occupation (month and year) <u>—</u>					
11. Total time (years) spent in this occupation <u>—</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Refburg, Idaho</u>					
MOTHER					
13. NAME <u>Larry J. Wewel</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Newport Neb.</u>					
15. MAIDEN NAME <u>Marie Jiles</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Nebraska</u>					
17. INFORMANT (Address) <u>Father</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>St Anthony</u> Date <u>Sept 28, 1931</u>					
19. UNDERTAKER (Address) <u>none</u>					
20. FILED <u>Sept 28, 1931</u> <u>W. M. Krumm</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 27, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 27, 1931</u> , to <u>Sept 27, 1931</u>					
I last saw him alive on <u>Sept 27, 1931</u> ; death is said to have occurred on the date stated above, at <u>3:30 P.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Patent Foreman Ore</u> <u>Premature (twin)</u> <u>6 1/2 mo.</u>					
Date of onset <u>—</u>					
Other contributory causes of importance: <u>—</u>					
Name of operation <u>Blue Bag</u> Date of <u>—</u>					
What test confirmed diagnosis? <u>—</u> Was there an autopsy? <u>—</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 1931					
Where did injury occur? <u>—</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>—</u>					
Manner of injury <u>—</u>					
Nature of injury <u>—</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>—</u>					
If so, specify <u>—</u>					
(Signed) <u>W. M. Krumm</u> M. D.					
(Address) <u>Refburg Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Madison</u>		CERTIFICATE OF DEATH		State File No. <u>76631</u>	
City of <u>Barburg</u>		Registration District No. <u>100</u>		Local Registrar's No. <u>49</u>	
		Primary Registration District No. <u>2178</u>			
(No. <u>92</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>John Edward Swendsen</u>					
(a) Residence No. <u> </u>		St. <u> </u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Effie Black Swendsen</u> (or) WIFE of <u> </u>					
6. DATE OF BIRTH (month, day, and year) <u>July 28-1895</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>56</u>	<u>7</u>	<u>25</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Himself</u>					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
<u> </u>			<u> </u>		
12. BIRTHPLACE (city or town) <u>Partridge, Utah</u> (State or country)					
13. NAME <u>Lewis P. Swendsen</u>					
14. BIRTHPLACE (city or town) <u>Partridge, Utah</u> (State or country)					
15. MAIDEN NAME <u>Ellen M. Gibbs</u>					
16. BIRTHPLACE (city or town) <u>Partridge, Utah</u> (State or country)					
17. INFORMANT (Address) <u>Charles P. Swendsen, Barburg, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Barburg City</u> Date <u>9/21</u> , 193 <u>1</u>					
19. UNDERTAKER (Address) <u>Barburg, Idaho</u>					
20. FILED <u>9/25</u> , 193 <u>1</u> <u>W. J. Young</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9-23</u> , 193 <u>1</u>					
I HEREBY CERTIFY, That I attended deceased from <u>Sept 23</u> , 193 <u>1</u> , to <u>Sept 23</u> , 193 <u>1</u> .					
I last saw him alive on <u>Sept 23</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>9:25</u> p. m.					
The principal cause of death and related causes of importance were as follows:					
<u>Coronary embolism</u> <u>9-23-31</u>					
<u>origin undetermined</u> <u>possibly mesenteric veins</u> <u>as said was referred to abdomen</u> Other contributory causes of importance: <u>Yield bladder removed</u> <u>several years ago.</u> <u>Deceased had hypertrophic prostate</u>					
Name of operation <u> </u> Date of <u> </u>					
What test confirmed diagnosis <u>Symptoms</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 193 <u>1</u> .					
Where did injury occur? <u> </u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u> </u>					
Manner of injury <u> </u>					
Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u> </u>					
(Signed) <u>Lois St. Rich</u> , M. D.					
(Address) <u>Barburg, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED OCT 8 1931	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Madison</u>		BUREAU OF VITAL STATISTICS		76632	
City of <u>Sugar City</u>		CERTIFICATE OF DEATH		State File No.	
Registration District No. <u>100</u>		Primary Registration District No. <u>2178</u>		Local Registrar's No. <u>48</u>	
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Emma Jones</u>					
(a) Residence. No. <u>Sugar City</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
<u>Female</u>	<u>White</u>	<u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 16, 1844</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>87</u>	<u>3</u>	<u>1</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Illinois</u> (State or country)					
13. NAME <u>J. U. Cox</u>					
14. BIRTHPLACE (city or town) <u>Kentucky</u> (State or country)					
15. MAIDEN NAME <u>Sarah Pyles</u>					
16. BIRTHPLACE (city or town) <u>U. S. A.</u> (State or country)					
17. INFORMANT <u>Jay Jones</u> (Address) <u>Sugar City, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Sugar City</u> Date <u>9/21</u> , 1931					
19. UNDERTAKER <u>Russell R. Flamm</u> (Address) <u>Refugio</u>					
20. FILED <u>9/19</u> , 1931 <u>Refugio</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 17</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 10</u> , 1931, to <u>Sept. 17</u> , 1931.					
I last saw him alive on <u>Sept. 16</u> , 1931; death is said to have occurred on the date stated above, at <u>12:45</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
<u>Bronchopneumonia</u>					
Other contributory causes of importance: <u>Uremic Coma</u>					
Name of operation <u>None</u> Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.					
Nature of injury.					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Ed Allison</u> M. D.					
(Address) <u>St. Anthony Idaho</u>					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED OCT 8 1931	
County of <u>Madison</u>		CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
City of <u>Hibbard</u>		Registration District No. <u>100</u>		State File No. <u>76633</u>	
		Primary Registration District No. <u>2178</u>		Local Registrar's No. <u>47</u>	
(No. <u>1019</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Opal Rock</u>					
(a) Residence. No. <u>Opal Rock</u> St. <u>1019</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Single			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Oct. 27, 1908					
7. AGE 22	Years	Months 10	Days 22	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) Sept 1931				
11. Total time (years) spent in this occupation 3 Yrs					
12. BIRTHPLACE (city or town) Hibbard (State or country)					
FATHER	13. NAME Harry Rock				
	14. BIRTHPLACE (city or town) Utah (State or country)				
	15. MAIDEN NAME Ella Jensen				
MOTHER	16. BIRTHPLACE (city or town) Utah (State or country)				
	17. INFORMANT Harry Rock (Address) Rexburg R.F.D. # 3				
18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date 9/22 , 1931					
19. UNDERTAKER Russell T. Lamm (Address) Rexburg					
20. FILED 9/20 , 1931 J. R. Young Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 9/19 , 1931					
22. I HEREBY CERTIFY, That I attended deceased from Sept 15 , 1931, to Sept 19 , 1931					
I last saw her alive on Sept 19 , 1931; death is said to have occurred on the date stated above, at 10:30 a.m.					
The principal cause of death and related causes of importance were as follows:					
Severe Pneumonia 9/15/31 (1) Coronary Embolism					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury....., 1931					
Where did injury occur?..... (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.....					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify.....					
(Signed) J. R. Young , M.D.					
(Address) Rexburg, Idaho					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Madison</u>		CERTIFICATE OF DEATH		State File No. <u>76634</u>	
City of <u>Burton</u>		Registration District No. <u>100</u>		Local Registrar's No. <u>46</u>	
		Primary Registration District No. <u>2178</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Dewey Maugham Jensen</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>S.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>July, 12, -1929</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or min.	
	<u>2</u>	<u>2</u>	<u>1</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Burton Ida.</u> (State or country)					
FATHER					
13. NAME <u>Welford Jensen</u>					
14. BIRTHPLACE (city or town) <u>Preston Ida.</u> (State or country)					
MOTHER					
15. MAIDEN NAME <u>Georgia Maugham</u>					
16. BIRTHPLACE (city or town) <u>Preston Ida.</u> (State or country)					
17. INFORMANT (Address) <u>Welford Jensen, Burpurg 10790, 21.</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Burton Ida.</u> Date <u>Sept. 16, 1931.</u>					
19. UNDERTAKER (Address) <u>Wm J. Keller, Burpurg Idaho.</u>					
20. FILED <u>9/14</u> , 1931 <u>J. R. Young</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9/13</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>9-13</u> , 1931, to <u>9-13</u> , 1931.					
I last saw him <u>alive</u> <u>dead</u> <u>9-13</u> , 1931; death is said to have occurred on the date stated above, at <u>1:50</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Accidental drowning</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>✓</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>✓</u>					
If so, specify _____ (Signed) <u>Russell H. H. H.</u> M. D.					
(Address) <u>Burpurg Idaho</u>					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of Madison		CERTIFICATE OF DEATH		State File No. 76635	
City of Thornton		Registration District No. 100		Local Registrar's No. 45	
		Primary Registration District No. 2178			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Fred R. Statham					
(a) Residence. No.		St.		749	
(Usual place of abode)				(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos.		ds. How long in U. S., if of foreign birth? yrs. mos.		ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Married			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florinda Statham					
6. DATE OF BIRTH (month, day, and year)					
7. AGE 47	Years	Months 5	Days 7	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation Life			
12. BIRTHPLACE (city or town) Rexburg (State or country)					
13. NAME George H. Statham					
14. BIRTHPLACE (city or town) England (State or country)					
15. MAIDEN NAME Sarah Ann Rowberry					
16. BIRTHPLACE (city or town) Utah (State or country)					
17. INFORMANT Florinda Statham (Address) Rexburg R.F.D. 1					
18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date Sept 1 , 1931					
19. UNDERTAKER Russell Flamm (Address) Rexburg Idaho					
20. FILED 9/9 , 1931 J. H. Young Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 9 - 8 - 1931					
22. I HEREBY CERTIFY, That I attended deceased from Feb , 1930, to Sept , 1931.					
I last saw WM alive on Sept 1 , 1931; death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
Cerebral hemorrhage 6-1-31					
Neuritis since 1928.					
Other contributory causes of importance: Cardio-vascular renal disease since 1928.					
Name of operation none Date of ✓					
What test conducted symptoms Was there an autopsy? No					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) John J. Rich M. D.					
(Address) Rexburg Idaho					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nadson</u>		CERTIFICATE OF DEATH		State File No. <u>76636</u>	
City of <u>Reyburg</u>		Registration District No. <u>100</u>		Local Registrar's No. <u>44</u>	
		Primary Registration District No. <u>2178</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Stout</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced* (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept 2</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, <u>6</u> hrs. or _____ min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) _____ (State or country) <u>Reyburg</u>					
FATHER					
13. NAME <u>William Baby Stout</u>					
14. BIRTHPLACE (city or town) _____ (State or country) <u>Reyburg</u>					
MOTHER					
15. MAIDEN NAME <u>Ada Baber</u>					
16. BIRTHPLACE (city or town) _____ (State or country) <u>Salt Lake City Utah</u>					
17. INFORMANT <u>Father</u> (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Reyburg, Ida</u> Date <u>Sept 4</u> , 1931					
19. UNDERTAKER <u>W. D. Walker</u> (Address) <u>Reyburg, Ida</u>					
20. FILED <u>9/3</u> , 1931 <u>Reyburg</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9/3</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 2</u> , 1931, to <u>Sept. 3</u> , 1931.					
I last saw her alive on <u>Sept 3</u> , 1931; death is said to have occurred on the date stated above, at <u>12:30 P.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Premature (7 mos.)</u> <u>Mother had big tumor</u> <u>and was worried & had severe</u> <u>headaches & think</u>					
Date of onset _____					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>W. D. Walker</u> , M. D.					
(Address) <u>Reyburg</u>					

RECEIVED OCT 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76637

State File No.

PLACE OF DEATH

County of MinidokaCity of Heyburn

CERTIFICATE OF DEATH

Registration District No. 19Primary Registration District No. 2015Local Registrar's No. 51

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louisa St. Clair

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of William L. St. Clair
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 29-18667. AGE Years 65 Months 4 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pine Grove
(State or country) Penn.10. NAME OF FATHER Benj. Rowe11. BIRTHPLACE OF FATHER (city or town) Nova Scotia
(State or Country)12. MAIDEN NAME OF MOTHER Mary L. L.13. BIRTHPLACE OF MOTHER (city or town) Penn.
(State or County)14. Informant (Address) W. L. St. Clair
Heyburn Ida15. Filed 9-8, 1931 E. H. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....

that I last saw him alive on, 19.....

and that death occurred, on the date stated above, at 3:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Probable Perforated Ulcer
of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Autopsy(Signed) E. H. Elmore, M. D.Sept 1, 1931 (Address) Heyburn19. Place of Burial, Cremation, or Removal Heyburn Ida Date of Burial Sept 2, 193120. Undertaker W. E. Johnson Address Heyburn

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PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. 76638	
County of <u>Minidoka</u>	City of <u>Rupert</u>	Registration District No. <u>19</u>	Primary Registration District No. <u>2015</u>	Local Registrar's No. <u>50</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Floy Junior Walker</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Mar 20 1918</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>13</u>	<u>5</u>	<u>9</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Preston ID</u> (State or country)					
MOTHER					
13. NAME <u>Floy E Walker</u>					
14. BIRTHPLACE (city or town) <u>Preston ID</u> (State or country)					
15. MAIDEN NAME <u>Edna Womble</u>					
16. BIRTHPLACE (city or town) <u>ID</u> (State or country)					
17. INFORMANT <u>Floy E Walker</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rupert ID</u> Date <u>9/31, 1931</u>					
19. UNDERTAKER <u>W. A. Goodman</u> (Address) <u>Rupert</u>					
20. FILED <u>8-31, 1931</u> <u>Ed E. Moore</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 29 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 24, 1931</u> , to <u>Aug 29, 1931</u>					
I last saw him alive on <u>Aug 29, 1931</u> ; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Acute Pericarditis</u>					
<u>Appendicitis</u>					
Other contributory causes of importance: <u>none</u>					
Date of onset <u>8-23-31</u>					
Name of operation <u>Appendectomy</u> Date of <u>8-29-31</u>					
What test confirmed diagnosis? <u>Operation</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Ed E. Moore</u> , M.D.					
(Address) <u>Rupert, Ida</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <i>Mandakea</i>		CERTIFICATE OF DEATH		State File No. <i>76639</i>	
City of <i>Rupert</i>		Registration District No. <i>19</i>		Local Registrar's No. <i>49</i>	
		Primary Registration District No. <i>2015</i>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <i>Ernest J. Jullion</i>					
(a) Residence. No. _____		St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <i>Nov 29 1862</i>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<i>69</i>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <i>France</i> (State or country)					
FATHER	13. NAME <i>Joseph Jullion</i>				
	14. BIRTHPLACE (city or town) _____ (State or country)				
	15. MAIDEN NAME <i>Leont 12now</i>				
MOTHER	16. BIRTHPLACE (city or town) <i>France</i> (State or country)				
	17. INFORMANT <i>Mary Jullion</i> (Address)				
18. BURIAL, CREMATION, OR REMOVAL Place <i>Buried Idaho Sept 28 1931</i>					
19. UNDERTAKER <i>W. A. Goodman</i> (Address)					
20. FILED <i>10-1</i> , 1931 <i>E. H. Elmore</i> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>Sept 24 1931</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>July 27</i> , 1931, to <i>Sept 24</i> , 1931.					
I last saw him alive on <i>Sept 24</i> , 1931; death is said to have occurred on the date stated above, at <i>10:00 a.m.</i>					
The principal cause of death and related causes of importance were as follows: <i>Pyelitis + Cystitis</i>					
Date of onset _____					
Other contributory causes of importance: <i>Enlarged and obstructing Prostate Gland</i>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <i>Autopsy</i> Was there an autopsy? <i>yes</i>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <i>E. H. Elmore</i> , M. D.					
(Address) <i>Rupert Idaho</i>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1931

PLACE OF DEATH

County of MinidokaCity of PaulSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 19Primary Registration District No. 2015(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME William E. Staker

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos.

(If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 76 Months 5 Days 6 If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Utah
(State or country)13. NAME John Staker14. BIRTHPLACE (city or town) Canada
(State or country)15. MAIDEN NAME Wiggins16. BIRTHPLACE (city or town) Do not know
(State or country)17. INFORMANT
(Address)18. BURIAL, CREMATION, OR REMOVAL shipment
Place Garden, Utah Date Sept. 22, 193119. UNDERTAKER W. A. Goodman
(Address) Rupert, Idaho20. FILED 9-22, 1931 Ed Elmore
Registrar.

DO NOT WRITE IN THIS SPACE

76640

State File No. _____

Local Registrar's No. 48

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 21, 193122. I HEREBY CERTIFY, That I attended deceased from April 16, 1931, to Sept. 21, 1931.I last saw him alive on July 16, 1931; death is said to have occurred on the date stated above, at 11:15 P. M.
The principal cause of death and related causes of importance were as follows:apoplexyDate of onset
9-20-31

Other contributory causes of importance:

Arteriosclerosis and
chronic nephritisName of operation none Date of _____What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 1931.Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Ed Elmore, M. D.(Address) Rupert, Idaho

RECEIVED OCT 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76641

PLACE OF DEATH

County of *Minidoka*
City of *Rupert*

CERTIFICATE OF DEATH

Registration District No. *19*
Primary Registration District No. *2015*

Local Registrar's No. *47*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Frank Pleasant Noble*

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. Single, Married, Widowed, or Divorced (write the word.) *S*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *April 18 - 1927*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
4 4 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Rupert, Ida.*
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) *Rupert, Ida.*
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) *Rupert, Ida.*
(State or Country)

14. Informant (Address) *J. L. Noble, Rupert, Ida.*

15. Filed *9-8*, 1931. *E. H. Elmore* Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Sept. 7*, 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Sept 7*, 19*31*, to *Sept 7*, 19*31*
that I last saw him alive on *Sept 7*, 19*31*
and that death occurred, on the date stated above, at *8:30 p.m.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Diphtheria

(duration) yrs. mos. *8* ds.

CONTRIBUTORY (Secondary) *none*
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *E. H. Elmore* M. D.
9-8, 19*31* (Address) *Rupert, Ida.*

19. Place of Burial, Cremation, or Removal *Rupert, Ida.* Date of Burial *Sept 8*, 19*31*

20. Undertaker *W. E. Johnson* Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

EXACTLY.

should state

CAUSE OF DEATH

in plain terms,

so that it may be properly classified.

Exact statement of OCCUPATION is very important.

See instructions on back.

PHYSICIAN

EXACTLY.

should state

CAUSE OF DEATH

in plain terms,

so that it may be properly classified.

Exact statement of OCCUPATION is very important.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76642

PLACE OF DEATH

County of Blaine
City of Rupert

Registration District No. _____

Primary Registration District No. _____

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest Fred Gumow

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLavon Gumow6. DATE OF BIRTH (month, day and year) Feb 28 - 19067. AGE Years 25 Months 7 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Harrison Ill.
(State or country)10. NAME OF FATHER Fred Gumow11. BIRTHPLACE OF FATHER (city or town) Ill.
(State or Country)12. MAIDEN NAME OF MOTHER Mac Wischke13. BIRTHPLACE OF MOTHER (city or town) Wisconsin
(State or Country)14. Informant (Address) Fred Gumow #4
Burley N. I. D.

15. Filed _____ 19 _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 28, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 22, 1931, to Sept 28, 1931that I last saw him alive on Sept 27, 1931and that death occurred, on the date stated above, at 1:15 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Appendicitis Ac. Sup(duration) _____ yrs. _____ mos. 8 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of Sept 23-31Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Leander F. Rogers, M. D._____, 19____ (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley Ida. Oct. 2 1931

20. Undertaker

Address

D. E. Johnson Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76643

PLACE OF DEATH

County of *Minidoka*City of *Hayburn*

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Thomas Vincent Jordan*

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
--------------------	------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Bertha R Jordan*

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
--------	-------	--------	------	--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Id.

10. NAME OF FATHER

George Jordan

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant (Address)

Amos Jordan
Burley

15.

Filed

*10-5-31**J. H. Cutter*

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 28, 19*31*
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Sept 28, 19*31*, to *Sept 28*, 19*31*that I last saw him alive on *Sept 28*, 19*31*and that death occurred, on the date stated above, at *4:15* p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

*Cepatitis*CONTRIBUTORY (Secondary) *Enlarged Prostate*
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

Sept 29, 19*31* (Address) *Burley*

19. Place of Burial, Cremation, or Removal

Date of Burial

Hayburn Id. *Oct 2*, 19*31*

20. Undertaker

Address

W. E. Johnson *Burley*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

76644

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1009(No. Frye Hotel.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Lydon.

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sept. 29th, 1896.

7. AGE

Years

Months

Days

If LESS than 1 day.

34.11.5......hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workSection hand.(b) General nature of industry,
business, or establishment in
which employed (or employer)Camas Prairie Railroad.

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Galway,
Ireland.

10. NAME OF FATHER

Not known.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Not known.

12. MAIDEN NAME OF MOTHER

Not known.13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Not known.

14.

Informant
(Address)Camas Prairie Railway Records.Lewiston, Idaho.

15.

Filed

10-5-31

by

J. M. Kyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

September 4th, 1931.

(Month)

(Day)

19.....

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Personed by drinking
Carbolic Acid.
Suicidal.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Emilio J. Brown9/5/31.

19.....

(Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Norwood, Mass.

19.....

20. Undertaker

Address

Brower-Wann Company.Lewiston, Idaho.

RECEIVED OCT 13 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76645

PLACE OF DEATH

County of Nez Perce
City of Lapwai

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Jack Allen(a) Residence. No. _____ St. Lapwai Idaho
(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Indian 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 5/8/307. AGE Years Months Days If LESS than 1 day,
1 3 23 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lapwai, Idaho
(State or country)10. NAME OF FATHER Wm Allen11. BIRTHPLACE OF FATHER (city or town) Oregon
(State or Country)12. MAIDEN NAME OF MOTHER Lena McCormack13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or County)14. Informant Wm Allen
(Address) Lapwai15. Filed 10-6, 1931
J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 31, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Aug-30-, 1931, to Aug-31, 1931that I last saw him alive on Aug-30-, 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Enteritis & Influenza

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted Hood River Ore
if not at place of death?Did an operation precede death? no Date of 6Was there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) J. M. Lyle, M. D.9-3-, 1931 (Address) Hood River Ore19. Place of Burial, Cremation, or Removal Lapwai Idaho Date of Burial 9/1/3120. Undertaker Brown-Wann & Lennister Id Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

Dr Mcahan
RECEIVED OCT 13 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 76646

PLACE OF DEATH
County of Nez Perce
City of Lewiston
CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009
(No. Whites Hospital)
Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie Anderson

(a) Residence. No. 1123 9th Street St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 1 1/2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 9 1928

7. AGE Years Months Days If LESS than 1 day.
2 11 15 _____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Clarkston
(State or country) Washington

10. NAME OF FATHER

Elmer Anderson

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Colorado

12. MAIDEN NAME OF MOTHER

Amie Odell

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Colorado

14. Informant Elmer Anderson
(Address) Lewiston Idaho.

15. Filed 9-16-31 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug. 26, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

8-11-23, 1931, to 8-21-31, 1931
that I last saw her alive on 8-21-31, 1931

and that death occurred, on the date stated above, at 8.30 P.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Infective diarrhoea

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

_____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) W. Mcahan, M. D.

9-12-31, 1931 (Address) Lewiston Ida.

19. Place of Burial, Cremation, or Removal
Normal Hill

Date of Burial
8/28/31 1931

20. Undertaker
Vassar Mortuary Inc

Address
Lewiston

RECEIVED OCT 13 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of Naz Perce.City of Lewiston.Registration District No. 96Primary Registration District No. 1009State File No. 76647

Local Registrar's No. _____

(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Marion Hanks.(a) Residence. No. _____ St. Lenore, Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced. (write the word) Married.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) March 14th, 18767. AGE Years Months Days If LESS than 1 day, hrs. or min.
55. 6. 14.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky.13. NAME Frank Hanks.14. BIRTHPLACE (city or town) (State or country) Ky.15. MAIDEN NAME Elizabeth Gibbs.16. BIRTHPLACE (city or town) (State or country) Ky.17. INFORMANT (Address) Mr. J. M. Hanks
Lenore, Idaho.18. BURIAL, CREMATION, OR REMOVAL Place Lenore, Idaho. Date Sept. 30th 193119. UNDERTAKER (Address) Brower-Wann Company,
Lewiston, Idaho.20. FILED 10-7, 1931, J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 28th, 193122. I HEREBY CERTIFY, That I attended deceased from Sept 23rd 1931 to Sept 24th 1931I last saw him alive on Sept 26th 1931; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Intestinal obstruction

Other contributory causes of importance:

Chronic appendicitisName of operation appendectomy Date of 9-24-31What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) J. M. Lyle, M. D.(Address) Lewiston, Idaho.

110N is very important. See instruction on back of certificate.

DrHabel

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
76648
State File No.

PLACE OF DEATH

County of Nez Perce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009 Local Registrar's No.(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Ester James(a) Residence. No. Sweetwater Idaho St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Female 4. COLOR OR RACE Indian 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 31 1913

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
18 4 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER Nathan Loot11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Kate Smith13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Josephine James
(Address) Sweetwater Idaho15. Filed 10-1 1931 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1931, to Sept. 28, 1931that I last saw her alive on Sept. 28, 1931and that death occurred, on the date stated above, at 330 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Intestinal Hemorrhage

(duration) yrs. mos. 3 ds.
Enteric Fever

CONTRIBUTORY
(Secondary)(duration) yrs. mos. 3 ds.18. Where was disease contracted Mooskia, Ida.
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis Widal(Signed) J. M. Lyle, M. D.
Sept. 29, 1931 (Address) Lewiston19. Place of Burial, Cremation, or Removal Kooskia Idaho Date of Burial Oct 1. 193120. Undertaker Vassar Mortuary Inc Address Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76649

State File No.

PLACE OF DEATH

County of Nez PerceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009 Local Registrar's No.(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank X. Cole(a) Residence. No. 516 5th Ave St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S. if of foreign birth? 70 yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Margaret Cole6. DATE OF BIRTH (month, day and year) Dec 17 1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>89</u>	<u>9</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Retired(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Germany

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Germany

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Germany14. Informant Cameron King
(Address) Lewiston Idaho15. Filed 10-1-1931 Dr. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 27, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 12, 1931, to Sept 27, 1931
that I last saw him alive on Sept 27, 1931and that death occurred, on the date stated above, at 1 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Fractured femur(duration) yrs. 1 mos. 6 ds.CONTRIBUTORY Chronic Nephritis
(Secondary)Osseous (duration) yrs. mos. ds.18. Where was disease contracted at place of death
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Autopsy(Signed) Dr. M. Lyle, M. D.
Sept 29, 1931 (Address) Lewiston Idaho19. Place of Burial, Cremation, or Removal
Normal HillDate of Burial
Sept 30. 3120. Undertaker
Vassar Mortuary Inc.Address
Lewiston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

MARGIN RESERVED FOR DIVIDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76650	
County of <u>New Perce.</u>		City of <u>Lewiston.</u>		State File No.	
Registration District No. <u>96</u>		Primary Registration District No. <u>1009</u>		Local Registrar's No.	
(No. <u>St. Joseph Hospital.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Orville Kenneth Ryther.</u>					
(a) Residence. No. <u>Lewiston Orchards.</u> St. <u>89</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widower.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>July 17th, 1871.</u>					
7. AGE Years <u>60.</u>		Months <u>1.</u>		Days <u>5.</u>	
If LESS than 1 day, hrs. or min.					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Mo.</u>					
MOTHER					
13. NAME <u>Orville James Ryther.</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Ohio.</u>					
15. MAIDEN NAME <u>Carrie Davis.</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Missouri.</u>					
17. INFORMANT <u>C. E. Ryther</u> (Address) <u>Lewiston, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston, Idaho.</u> Date <u>9/24/1931</u>					
19. UNDERTAKER <u>Brower-Wann Company,</u> (Address) <u>Lewiston, Idaho.</u>					
20. FILED <u>10-1</u> , 1931, <u>9/24/31</u> <u>J. M. Lyle</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 22nd 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 17, 1931</u> , to <u>Sept. 22, 1931</u> . I last saw him alive on <u>Sept. 22, 1931</u> . Death is said to have occurred on the date stated above, at <u>6 p.</u> m. The principal cause of death and related causes of importance were as follows: <u>Ludwig's Angina.</u> Other contributory causes of importance: <u>arteriosclerosis of heart following perfect heart</u> Name of operation <u>✓</u> Date of <u>✓</u> What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>220</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 1931. Where did injury occur? <u>✓</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>✓</u> Manner of injury <u>✓</u> Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>J. M. Lyle</u> (Signed) <u>J. M. Lyle</u> , M. D. (Address) <u>Lewiston, Idaho.</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

REC-777 OUT - 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76651

State File No.

PLACE OF DEATH

County of Nez Perce

CERTIFICATE OF DEATH

City of LewistonRegistration District No. 96Primary Registration District No. 1009

Local Registrar's No.

(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gearadine Eneas(a) Residence. No. Lapwai Idaho St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Indian</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Singles</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 12 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>2</u>	<u>14</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston Idaho
(State or country)

10. NAME OF FATHER

Daniel Eneas11. BIRTHPLACE OF FATHER (city or town) Genesee
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Rebecca Morris13. BIRTHPLACE OF MOTHER (city or town) Kamiah
(State or Country) Idaho

PARENTS

14. Informant Daniel Eneas
(Address) Lapwai Idaho15. Filed 10-2-, 1931

J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 26, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 26, 1931, to Sept 26, 1931
that I last saw him alive on Sept 26, 1931
and that death occurred, on the date stated above, at 9:20 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Infantile Convulsions

(duration) yrs. mos. 1 ds.
CONTRIBUTORY *Acute Enteritis*
(Secondary)

(duration) yrs. mos. 1 ds.

18. Where was disease contracted
if not at place of death? Lapwai IdahoDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical exam(Signed) J. M. Lyle, M. D.9/30/31, 19 (Address) Lewiston Idaho

19. Place of Burial, Cremation, or Removal

Lapwai Idaho

Date of Burial

Sept 28 31

20. Undertaker

Vassar Mortuary Inc.

Address

Lewiston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 76652	
County of <u>Myers</u>		Registration District No. <u>96</u>		State File No.	
City of <u>Lewiston</u>		Primary Registration District No. <u>1009</u>		Local Registrar's No.	
(No. (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>J. H. Cochran</u>					
(a) Residence. No. <u>Dayton, Wash.</u> St. <u>Dayton Wash.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. <u>2</u> mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 27th 1907</u>					
7. AGE	Years <u>24</u>	Months <u>4</u>	Days <u>22</u>	If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Assistant Ranger</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U.S. Forest Service</u>				
	10. Date deceased last worked at this occupation (month and year) <u>July 13, 1931</u>				
	11. Total time (years) spent in this occupation <u>4 years</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Cottage Grove, Oregon.</u>					
FATHER	13. NAME <u>J. H. Cochran</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Cottage Grove, Oregon</u>				
MOTHER	15. MAIDEN NAME <u>Mary E. Peyton</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Iowa</u>				
17. INFORMANT (Address) <u>J. H. Cochran, Dayton, Wash.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Walla Walla</u> Date <u>9/22/1931</u>					
19. UNDERTAKER (Address) <u>Bruce Wagon, Lewiston, Ida.</u>					
20. FILED <u>9-22</u> , 1931 <u>J. M. Lyle</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 1931					
HEREBY CERTIFY, That I attended deceased from <u>Sept 15</u> , 1931, to <u>Sept 19</u> , 1931.					
I last saw him alive on <u>Sept 19</u> , 1931; death is said to have occurred on the date stated above, at <u>7 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Acute Pyogenic Infection, Septic</u>					Date of onset <u>1931</u>
Other contributory causes of importance:					
Name of operation <u>none</u> Date of <u>✓</u>					
What test confirmed diagnosis? <u>Urine</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>✓</u> Date of injury,, 1931.					
Where did injury occur? <u>✓</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify					
(Signed) <u>E. G. Bissard</u> , M. D.					
(Address) <u>Lewiston, Idaho</u>					

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76653

State File No.

PLACE OF DEATH

County of My Page
City of LewistonRegistration District No. 98Primary Registration District No. 1009(No. 2193)

Local Registrar's No.

2. FULL NAME William Ellsworth Grayson
 (a) Residence. No. 15th & Elm Clarkston Ave. St. Clarkston Ave
 (Usual place of abode.) (If nonresident give city or town and State.)
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 20 1866

7. AGE Years Months Days If LESS than 1 day.
64 9 25 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Switchman

(b) General nature of industry, business, or establishment in which employed (or employer) Ry.

(c) Name of employer Camas Prairie Ry Co

9. BIRTHPLACE (city or town) Illinois
 (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Indiana
 (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) unknown
 (State or Country)

14. Informant Mrs. Thelma E. Grayson
 (Address) Clarkston Ave.

15. Filed 9-17, 1931 Wm. Lyle
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 15, 1931
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
 _____, 19____, to _____, 19____
 that I last saw him alive on _____, 19____
 and that death occurred, on the date stated above, at 8:45 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 The CAUSE OF DEATH* was as follows:

Fracture Skull (Base)

R.R. accident

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY
(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted
 if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Ellie Brown Coroner

9/16, 1931 (Address) Lewiston Idaho

19. Place of Burial, Cremation or Removal

Date of Burial

Lewiston Idaho

9/18 1931

20. Undertaker

Address

Brown & Hume Co.

Lewiston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76654

PLACE OF DEATH

County of Nez PerceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. Lewiston Orchards R.F.D. # 2)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Wallace(a) Residence. No. Lewiston Orchardw Route # 2 St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced, (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of I.H. Wallace6. DATE OF BIRTH (month, day and year) July 28 18677. AGE Years 64 Months 1 Days 17 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Dale
(State or country) Indiana

10. NAME OF FATHER

C.C. Brown11. BIRTHPLACE OF FATHER (city or town) Dale
(State or Country) Indiana12. MAIDEN NAME OF MOTHER Susan Turnham13. BIRTHPLACE OF MOTHER (city or town) Kentucky
(State or County)14. Informant R.S. Willoughby
(Address) Lewiston Idaho15. Filed 9-16-31 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 15, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Sept 15, 1931,
that I last saw him alive on Sept 13, 1931,
and that death occurred, on the date stated above, at 2:28 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Uremia - (Coma)(duration) yrs. mos. ds. 10
CONTRIBUTORY Arteriosclerosis & Chronic
(Secondary) Interstitial Nephritis
(duration) yrs. mos. ds.18. Where was disease contracted -
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Cardiac Symptoms(Signed) E. H. White M. D.
9-15, 1931 (Address) Lewiston 2da

19. Place of Burial, Cremation, or Removal

Normal Hill

Date of Burial

Sept 17 31

20. Undertaker

Vassar Mortuary Inc.

Address

LewistonMARGIN RESERVED FOR PRINTING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nez Perce.</u>		CERTIFICATE OF DEATH		State File No. <u>76655</u>	
City of <u>Lewiston.</u>		Registration District No. <u>96</u>		Local Registrar's No. _____	
Primary Registration District No. <u>1009</u>		(No. <u>1712 8th, Avenue.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>George Thomas Gilson.</u>					
(a) Residence. No. <u>1712 8th, Avenue.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widower.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>June 22nd, 1866.</u>					
7. AGE <u>65.</u>	Years	Months <u>2.</u>	Days <u>22.</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Building contractor.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Illinois.</u>					
13. NAME <u>William Gilson.</u>					
14. BIRTHPLACE (city or town) (State or country) <u>England.</u>					
15. MAIDEN NAME <u>Unknown.</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Unknown.</u>					
17. INFORMANT (Address) <u>E. R. Gilson</u> <u>Lewiston, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston, Idaho.</u> Date <u>Sept 16th, 1931.</u>					
19. UNDERTAKER <u>Brower-Wann Company,</u> (Address) <u>Lewiston, Idaho.</u>					
20. FILED <u>10-7</u> , 1931. <u>J. M. Lyall</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 14th, 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 1</u> , 1930, to <u>Sept 14th</u> , 1931.					
I last saw him alive on <u>Sept. 14</u> , 1931; death is said to have occurred on the date stated above, at <u>1 A.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>myocarditis *</u>					
Date of onset _____					
Other contributory causes of importance: <u>Emphysema *</u> <u>Chronic Bronchitis</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>Physical findings</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury <u>✓</u>					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____					
(Signed) <u>Paul G. Harry</u> M. D.					
(Address) <u>Lewiston, Idaho.</u>					

RECEIVED OCT 13 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76656

State File No.

PLACE OF DEATH

County of Boz PerceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bona Jean Rowland(a) Residence. No. Lewiston, Orchard

(Usual place of abode.)

Length of residence in city or town where death occurred. 3 yrs. 1 mo. 1 ds. How long in U. S. if of foreign birth? yrs. mo. ds.St Joseph Hospital

(If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 11, 19277. AGE Years 3 Months 10 Days 21 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston Idaho
(State or country)

10. NAME OF FATHER

Mark Rowland11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho

12. MAIDEN NAME OF MOTHER

Wilma Miller13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Wash.

14.

Informant
(Address)J. H. Miller
City

15.

Filed

9-4-31J. M. Lyle
Regist.

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 30, 1931, to Sept 2, 1931
that I last saw him alive on Sept 2, 1931and that death occurred, on the date stated above, at 11:30 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Gastro enteritis acute(duration) yrs. mos. 5 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) E. E. Brown M. D.Sept 4, 1931 (Address) Lewiston Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston Idaho9/4 1931

20. Undertaker

Address

Brown & Vance Co Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nezperce</u>		CERTIFICATE OF DEATH Registration District No. <u>96</u> Primary Registration District No. <u>1009</u>		State File No. <u>76657</u>	
City of <u>Lewiston</u>					
		(No. <u>Whites</u>)		Local Registrar's No. <u>1119</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Donald Dexter Hansen</u>					
(a) Residence. No. <u>1315 Bridge</u> St. <u>Clarkston, Wash.</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept 10, 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
			<u>4</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Lewiston, Ida.</u> (State or country)					
FATHER					
13. NAME <u>Albert Hansen</u>					
14. BIRTHPLACE (city or town) <u>St. Louis, Mo.</u> (State or country)					
MOTHER					
15. MAIDEN NAME <u>Grace Strueman</u>					
16. BIRTHPLACE (city or town) <u>Delano, Minn.</u> (State or country)					
17. INFORMANT <u>Albert Hansen</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Clarkston, Ind.</u> Date <u>9/15/31</u> 1931					
19. UNDERTAKER <u>E. R. Merchant</u> (Address) <u>Clarkston, Wash.</u>					
20. FILED <u>9-14</u> , 1931 <u>J. M. Lyle</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 14</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 10</u> , 1931, to <u>Sept 14</u> , 1931.					
I last saw him live on <u>Sept 14</u> , 1931; death is said to have occurred on the date stated above, at <u>3:30</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Patent foramen ovale</u>					
<u>(Blue baby)</u>					
Other contributory causes of importance:					
Date of onset					
Name of operation <u>None</u> Date of operation					
What test confirmed diagnosis? <u>Cardiac symptoms</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 1931.					
Where did injury occur? <u>—</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>—</u>					
Manner of injury <u>—</u>					
Nature of injury <u>—</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u>E. R. Merchant</u> , M. D.					
(Signed) <u>E. R. Merchant</u> (Address) <u>Clarkston, Ind.</u>					

RECEIVED OCT 13 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76658**

PLACE OF DEATH

County of Nez Perce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 46
Primary Registration District No. 1009
(No. 1916 Idaho Street)

Local Registrar's No. 45

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Morris Wesley Ammer Clare

(a) Residence. No. 1016 Idaho Street St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 19 1847

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
83 83 10 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Teacher

(c) Name of employer

9. BIRTHPLACE (city or town) Climar New York
(State or country)

10. NAME OF FATHER

John Clare

11. BIRTHPLACE OF FATHER (city or town) Sutton Mallet
(State or Country) England

12. MAIDEN NAME OF MOTHER

Mary Ammer

13. BIRTHPLACE OF MOTHER (city or town) London
(State or Country) England

14. Informant Dr Hattie A Clare
(Address) 1016 Idaho St

15. Filed 9-4 1931 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 18 1931 to Aug 29 1931
that I last saw him alive on Aug 29 1931

and that death occurred, on the date stated above, at 9.45 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma of
breast
(duration) 3 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physician's Report

(Signed) J. M. Lyle M. D.

Sept 5 1931 (Address) Lewiston

19. Place of Burial, Cremation, or Removal
Cremation
Spokane Wash.

Date of Burial

19

20. Undertaker

Vassar Mortuary

Address

Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

Dr Carssow

RECEIVED OCT 13 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76659

State File No.

PLACE OF DEATH

County of Nez PerceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. St Joseph Hospital)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Sauer(a) Residence. No. Asotin Washington St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Aug 23 1845

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.86020

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workRetired farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Germany
(State or country)

10. NAME OF FATHER

Not Obtainable11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Germany

12. MAIDEN NAME OF MOTHER

Not Obtainable13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Germany14. Informant Mrs George A. Tuttle
(Address) Richland Washington

15.

Filed

9-16-1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept131931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended decedent from

Sept 91931Sept 131931

that I last saw him alive on

Sept 131931and that death occurred, on the date stated above, at 9:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Prostatic Hypertrophy(duration) + yrs. mos. ds.CONTRIBUTORY Arteriosclerosis
(Secondary)(duration) + yrs. mos. ds.18. Where was disease contracted Asotin Wash
if not at place of death?Did an operation precede death? Yes Date of Sept 13 31Was there an autopsy? NoWhat test confirmed diagnosis? Physical signs(Signed) O. B. Carssow, M. D.Sept 15, 1931 (Address) Lewiston Id

19. Place of Burial, Cremation, or Removal

natone Wash.

Date of Burial

Sept 16 1931

20. Undertaker

Vassar Mortuary Inc

Address

Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED OCT 18 1931	
County of <u>Nezperce</u>		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
City of <u>Lewiston</u>		BUREAU OF VITAL STATISTICS		76661	
		CERTIFICATE OF DEATH		State File No.	
Registration District No. <u>96</u>		Primary Registration District No. <u>1009</u>		Local Registrar's No.	
(No. <u>Whites</u>)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>John Romane</u>					
(a) Residence. No. <u>St. Anatone, Wash.</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 3, 1847</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>84</u>	<u>3</u>	<u>7</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year) <u>Sept 1, 1931</u>					
11. Total time (years) spent in this occupation <u>Life</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Marshalltown Ida.</u>					
13. NAME <u>Not known</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Not known</u>					
15. MAIDEN NAME <u>Not known</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Not known</u>					
17. INFORMANT (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Clarkston</u> Date <u>Sept 1, 1931</u>					
19. UNDERTAKER (Address) <u>H. P. Merchant, Clarkston, Wash.</u>					
20. FILED <u>10-14</u> , 1931 <u>J. M. Lytle</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9/10/31</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>9/6/31</u> , 193, to <u>9/10/31</u> , 193.					
I last saw him alive on <u>9/10/31</u> , 193; death is said to have occurred on the date stated above, at <u>8 P. m.</u>					
The principal cause of death and related causes of importance were as follows:					
Cerebral Hemorrhage					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>J. M. Lytle</u> , M. D.					
(Address) <u>Asotin, Wash</u>					

749

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Oneida</u>		CERTIFICATE OF DEATH		State File No. <u>76662</u>	
City of <u>Malad</u>		Registration District No. <u>26</u>		Local Registrar's No. <u>41</u>	
		Primary Registration District No. <u>2069</u>			
(No. _____) (If death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>Henry LaMar Buchler</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>June 25 1906</u>					
7. AGE Years <u>25</u>		Months <u>3</u>		Days _____ If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Togon Utah</u>					
FATHER	13. NAME <u>Henry L. Buchler</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Beauregard Idaho</u>				
MOTHER	15. MAIDEN NAME <u>Mary A. Mangham</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Togon Utah</u>				
17. INFORMANT <u>Henry L. Buchler</u> (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Togon</u> Date <u>Sept 27 1931</u>					
19. UNDERTAKER <u>J. E. Ryan</u> (Address) <u>Beauregard Idaho</u>					
20. FILED <u>9/30</u> , 1931 <u>J. M. Hurst</u> <u>Regist.</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 25 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 20</u> , 1931, to <u>Sept 25</u> , 1931					
I last saw him alive on <u>Sept 25</u> , 1931; death is said to have occurred on the date stated above, at <u>4 a. m.</u>					
The principal cause of death and related causes of importance were as follows: <u>chronic influenza with pneumonia</u>					
Date of onset <u>Sept 15</u>					
Other contributory causes of importance: <u>no</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify <u>no</u>					
(Signed) <u>W. M. Hurst</u> , M. D.					
(Address) <u>Malad Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

76663

State File No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

Date of onset

Other contributory causes of importance:

(Signed) M.D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. 76664	
County of <u>Owyhee</u>		City of <u>_____</u>		Registration District No. <u>7</u>	
Primary Registration District No. <u>2006</u>		Local Registrar's No. <u>103</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Anna J. Westfall</u>					
(a) Residence. No. _____ St. <u>90</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>3-11-50</u>					
7. AGE	Years <u>82</u>	Months <u>6</u>	Days <u>3</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Michigan</u>					
MOTHER FATHER	13. NAME <u>Bennett</u>				
	14. BIRTHPLACE (city or town) (State or country) _____				
	15. MAIDEN NAME _____				
	16. BIRTHPLACE (city or town) (State or country) _____				
17. INFORMANT (Address) <u>Mrs Emma Tiffan</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Caldwell</u> Date _____, 193 _____					
19. UNDERTAKER (Address) <u>F. R. Robinson</u>					
20. FILED <u>9-17</u> , 193 _____, Registrar. <u>Dr. Thompson</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9-14</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 _____, to _____, 193 _____					
I last saw h. _____ alive on <u>Sept 14</u> , 193 _____; death is said to have occurred on the date stated above, at <u>9 P</u> m.					
The principal cause of death and related causes of importance were as follows: <u>consulted but never saw patient</u>					
Date of onset _____					
<u>she was dropped + had some form of valvular heart trouble.</u>					
Other contributory causes of importance: _____					
Name of operation <u>no</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 193 _____					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury <u>✓</u>					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Dr. Thompson</u> , M. D.					
(Address) <u>Thompson Dr</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. <u>76666</u>	
County of <u>Payette</u>	City of <u>Payette</u>	Registration District No. <u>4</u>	Primary Registration District No. <u>1008</u>	Local Registrar's No. <u>30</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Jennie Elizabeth Dancer</u>					
(a) Residence. No. <u>75</u> <u>no.</u> <u>9th</u> St. (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>			
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>John A. Dancer</u>					
6. DATE OF BIRTH (month, day, and year) <u>1-19-1875</u>					
7. AGE	Years <u>56</u>	Months <u>8</u>	Days <u>14</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation		12. BIRTHPLACE (city or town) (State or country) <u>Medina, Ohio</u>			
FATHER	13. NAME <u>Trazer</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Medina, Ohio</u>				
MOTHER	15. MAIDEN NAME <u>Marion Sneyd</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Medina, Ohio</u>				
17. INFORMANT (Address) <u>J. D. Lawrence</u> <u>Payette, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Hampden, Idaho</u> Date <u>Sept 4, 1931</u>					
19. UNDERTAKER (Address) <u>Wm. C. Franklin</u> <u>Payette, Idaho</u>					
20. FILED <u>Sept 3/1931</u> <u>J. C. Woodward</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 2</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 2</u> , 1931, to <u>Sept 2</u> , 1931.					
I last saw her alive on <u>Sept 2</u> , 1931; death is said to have occurred on the date stated above, at <u>3 Pm.</u>					
The principal cause of death and related causes of importance were as follows: <u>Suicide by hanging</u>					
Date of onset					
Other contributory causes of importance: <u>Insanity</u>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy? <u>yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>Suicide</u> Date of injury <u>Sept 2, 1931</u>					
Where did injury occur? <u>Payette, Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Home</u>					
Manner of injury <u>Suicide by hanging</u>					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify (Signed) <u>Edith Pandem</u> County Coroner, (Address) <u>Payette, Idaho</u>					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76667

PLACE OF DEATH

County of PayetteCity of Brundage

CERTIFICATE OF DEATH

Registration District No. 4Primary Registration District No. 1008Local Registrar's No. 29

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Hokes

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofE. D. Hokes6. DATE OF BIRTH (month, day and year) May 9 1871

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.60319

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Ill

10. NAME OF FATHER

Albert Fellows11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ill

12. MAIDEN NAME OF MOTHER

Margaret Haines13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Ill

14.

Informant
(Address)Mrs Frank Nichols

15.

Filed

Aug 31, 1931J. C. Woodward
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 28

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 1 1928 to Aug 28 1931
that I last saw him alive on Aug 25 1931and that death occurred, on the date stated above, at 3 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of
Stomach(duration) yrs. 8 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ✓Did an operation precede death? yes Date of July 23 1931Was there an autopsy? yesWhat test confirmed diagnosis? ✓(Signed) Chas E Palmer, M. D.Aug 31, 1931 (Address) Ontario, Ore

19. Place of Burial, Cremation, or Removal

Date of Burial

New Plymouth Aug 30 1931

20. Undertaker

Address

J. H. Adair
Robinson Turn Co Payette Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76668

State File No.

PLACE OF DEATH

County of Payette

City of Payette

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 28

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr 19 1852

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
79 4 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

10. NAME OF FATHER H. R. Givens

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Mary Carpenter

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho

14. Informant (Address) L. E. Surber

15. Filed Aug 30 1931 J. C. Woodward

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from

Aug 24 1931 to Aug 25 1931
that I last saw him alive on Aug 25 1931
and that death occurred, on the date stated above, at 11 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apoplexy

.....(duration)yrs.mos.ds.

CONTRIBUTORY (Secondary)

.....(duration)yrs.mos.ds.

18. Where was disease contracted if not at place of death? same

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. P. Reese M. D.

Aug 27 1931 (Address) Payette, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Payette Cemetery Aug 27 1931

20. Undertaker J. A. Anderson Address Payette, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Payette</u>		CERTIFICATE OF DEATH		State File No. <u>76669</u>	
City of <u>Pruitland</u>		Registration District No. <u>4</u>		Local Registrar's No. <u>27</u>	
(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Norma Lee Hill</u>					
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>none</u>					
6. DATE OF BIRTH (month, day, and year) <u>May 7-1923</u>					
7. AGE	Years <u>8</u>	Months <u>3</u>	Days <u>14</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>school girl</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Pruitland Idaho</u> (State or country)					
FATHER	13. NAME <u>Lee Hill</u>				
	14. BIRTHPLACE (city or town) <u>Nevada</u> (State or country)				
MOTHER	15. MAIDEN NAME <u>Eva Mae Smith</u>				
	16. BIRTHPLACE (city or town) <u>France</u> (State or country)				
17. INFORMANT <u>Mrs. Lee Hill</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>New Plymouth</u> Date <u>Aug 23 1931</u>					
19. UNDERTAKER <u>James E. Padden</u> (Address) <u>Payette Idaho</u>					
20. FILED <u>Aug 25 1931</u> <u>J. C. Woodward</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 22 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 22</u> , 1931, to <u>Aug 22</u> , 1931.					
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at <u>2:30 P. M.</u>					
The principal cause of death and related causes of importance were as follows: <u>accident by auto.</u> <u>unavoidable.</u>					
Date of onset					
Other contributory causes of importance: <u>instantly killed by auto truck</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury <u>8-22 1931</u>					
Where did injury occur? <u>Pruitland Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Public high way</u>					
Manner of injury <u>auto accident</u>					
Nature of injury <u>hit by truck</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>Edith Jordan</u> Examiner					
(Address) <u>Payette Idaho</u>					

RECEIVED SEP 23 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

76670

PLACE OF DEATH

County of PayetteCity of Hamlet

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

Local Registrar's No.

2. FULL NAME

(a) Residence. No.

St.

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 21 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 30, 1931, to Aug 21, 1931
that I last saw her alive on Aug 21, 1931

and that death occurred, on the date stated above, at 6 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 21. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B. C. Paxton M.

Aug 24, 1931 (Address) Fruitland Id.

19. Place of Burial, Cremation, or Removal

Date of Burial

Payette Riverside Aug 22, 1931

20. Undertaker

Address

Pherson Farm Co Payette Id.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED SEP 23 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76671

State File No.

PLACE OF DEATH

County of PayetteCity of New Plymouth

CERTIFICATE OF DEATH

Registration District No. 4Primary Registration District No. 1008Local Registrar's No. 25

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clyde A. Wilson

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day and year) Nov 1 - 1912

7. AGE Years Months Days If LESS than 1 day.
19 7 3 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Helper at Store

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wendell, Idaho
(State or country)10. NAME OF FATHER Le Roy R. Wilson11. BIRTHPLACE OF FATHER (city or town) Warsaw, Missouri
(State or Country)12. MAIDEN NAME OF MOTHER Hannah E. Ford13. BIRTHPLACE OF MOTHER (city or town) New Windsor, Colo.
(State or Country)14. Informant Le Roy R. Wilson
(Address) New Plymouth, Idaho15. Filed Aug 6 1931 J. C. Woodward
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 24 1931, to Aug 4 1931,
that I last saw him alive on Aug 4 1931,
and that death occurred, on the date stated above, at 7 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis(duration) 10 yrs. — mos. — ds.CONTRIBUTORY Tonsilectomy
(Secondary)(duration) 0 yrs. 0 mos. 18 ds.18. Where was disease contracted —
if not at place of death?Did an operation precede death? yes Date July 7-31Was there an autopsy? NoWhat test confirmed diagnosis? Examination(Signed) W. C. Ford, M. D.
Aug 6 1931 (Address) New Plymouth, Idaho19. Place of Burial, Cremation, or Removal New Plymouth, Idaho Date of Burial Aug 6 - 193120. Undertaker John C. Ford Address Payette, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED STATE OF IDAHO SEP 23 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76672

PLACE OF DEATH

County of *Payette*
City of *New Plymouth*

CERTIFICATE OF DEATH

Registration District No. *4*
Primary Registration District No. *1008*
(No.)

Local Registrar's No. *24*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Sarah Bell Barnett*

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word.) *widow*

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of *J. R. Barnett*

6. DATE OF BIRTH (month, day and year) *June 12 - 1865*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
64 1 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *house wife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Julesburg*
(State or country) *Ohio*10. NAME OF FATHER *Wm. Hogue*11. BIRTHPLACE OF FATHER (city or town) *Oil City*
(State or Country) *Penn.*12. MAIDEN NAME OF MOTHER *Euretta Holles*13. BIRTHPLACE OF MOTHER (city or town) *Penn.*
(State or Country)14. Informant *Lenora Applegate*
(Address) *New Plymouth, Ida.*15. Filed *Aug 1* 1931 *J. C. Woodward*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *July 28* 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *July 27* 1931, to *July 28* 1931, that I last saw him alive on *July 27* 1931, and that death occurred, on the date stated above, at *10 A.* m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(duration) *0* yrs. *0* mos. *2* ds.
CONTRIBUTORY *Arterio-sclerosis*
(Secondary) (duration) *5* yrs. *-* mos. *-* ds.

18. Where was disease contracted if not at place of death? *-*Did an operation precede death? *no* Date of *-*Was there an autopsy? *no*What test confirmed diagnosis? *Examination*

(Signed) *W. J. Kelley* M. D.
July 28 1931 (Address) *New Plymouth, Ida.*

19. Place of Burial, Cremation, or Removal *New Plymouth* Date of Burial *July 30 1931*

20. Undertaker *Glenn C. Sanders* Address *Payette, Ida.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		76673	
PLACE OF DEATH Power		County of		State File No.	
City of American Falls		Registration District No. 2572		Local Registrar's No. 26	
Primary Registration District No. 2572		(No.)		(If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME John Fredrick Cassman		(a) Residence No. Am Falls, Ida		St. American Falls, Idaho	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.		(If nonresident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) married			
5a. If married, widowed, or divorced HUSBAND of Katherine Borth Cassman (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Nov 10 - 1876					
7. AGE 54 Years	10 Months	22 Days	If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) Sept 26, 1931				
MOTHER FATHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) Sagata, Bessarabien, (State or country) South Russia				
	13. NAME Fredrick Cassman				
MOTHER FATHER	14. BIRTHPLACE (city or town) Not known (State or country)				
	15. MAIDEN NAME				
	16. BIRTHPLACE (city or town) not known (State or country)				
17. INFORMANT Eddie Cassman (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place I. C. O. Cemetery Date Sep 29, 1931					
19. UNDERTAKER H. Davis (Address) American Falls, Ida					
20. FILED 228, 1931 Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Sept 26 1931					
22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1931, to Sept 26, 1931.					
I last saw him alive on Sept 26, 1931; death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows: Michael Cordine Stenosis					
Date of onset					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify V. G. Stenosis (Signed) M. D. (Address) Am Falls, Idaho					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
76674
State File No.

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Shoshone
City of Stellings

Registration District No. 123
Primary Registration District No. 2201

Local Registrar's No. 42

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Baby West

(a) Residence. No.

St.

(If nonresident give city or town and State.)
yrs. mos. ds.

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sept 19, 31

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Stellings, Ida

10. NAME OF FATHER

Warren West

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Fern Hodges

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Washington

14.

Informant (Address)

Warren West
Stellings, Ida

15.

Filed

Sept. 30, 1931

Mrs. Helen M. Bird
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 19th, 1931, to Sept 19, 1931
that I last saw him alive on Sept 19, 1931

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Birth injury

CONTRIBUTORY (duration) yrs. mos. ds.
Persistent postnatal pre-
sentation (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Instrumental

Did an operation precede death?

yes Date of delivery

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed) M. C. Lunday M. D.
Sept 21 st, 1931 (Address) Stellings, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Stellings, Ida Sept 21, 1931

20. Undertaker

Address

M. C. Thornhill Stellings, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 2 1937

PLACE OF DEATH

County of ShoshoneCity of KelloggSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

76675

State File No. _____

Local Registrar's No. 41(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Energy J. Teskey(a) Residence. No. Wirecreek St. 90

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFrank Teskey6. DATE OF BIRTH (month, day, and year) Mar 13 - 1894

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.476-

OCCUPATION

8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denver, Cal.
(State or country)

13. NAME

Edith M. T.14. BIRTHPLACE (city or town)
(State or country)Carpenter

15. MAIDEN NAME

Energy16. BIRTHPLACE (city or town)
(State or country)Canada17. INFORMANT
(Address)Frank Teskey
Kellogg, Idaho18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg, Idaho Date Sept. 15, 193719. UNDERTAKER
(Address)P. S. Smith
Kellogg, Idaho20. FILED Sept. 30, 1937Mrs. Helen M. B. B.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/13, 193722. I HEREBY CERTIFY, That I attended deceased from 6/23, 1937, to 9/13, 1937.I last saw him alive on 6/23, 1937; death is saidto have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:Heart trouble
Mitral

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify G. R. Mason(Signed) G. R. Mason, M. D.(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Thoshone</u>		BUREAU OF VITAL STATISTICS		State File No. <u>76676</u>	
City of <u>Idaho</u>		Registration District No. <u>123</u>		Local Registrar's No. <u>39</u>	
Primary Registration District No. <u>2291</u>					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>George S. Decker</u>					
(a) Residence. No. <u>Idaho</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Alice Decker</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>54</u>	<u>7</u>	<u>20</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>miner</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation <u>30yr</u>					
12. BIRTHPLACE (city or town) <u>Kenia, Illinois</u> (State or country)					
MOTHER FATHER	13. NAME <u>Frank Decker</u>				
	14. BIRTHPLACE (city or town) <u>Ohio</u> (State or country)				
	15. MAIDEN NAME <u>Mary Cymb</u>				
16. BIRTHPLACE (city or town) <u>Illinois</u> (State or country)					
17. INFORMANT <u>J. H. Decker</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u></u> Date <u></u> , 193 <u></u>					
19. UNDERTAKER <u>H. B. Thornhill</u> (Address)					
20. FILED <u>Sept. 30, 1935</u> <u>Dr. Helen M. Bude</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>193</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u></u> , 193 <u></u>					
I last saw him on <u>Sept 11</u> , 193 <u></u> ; death is said to have occurred on the date stated above, at <u></u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Apparently heart failure</u>					
<u>frustrated in</u>					
<u>and Sept 13</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of <u></u>					
What test confirmed diagnosis? <u></u> Was there an autopsy? <u></u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>No</u> Date of injury <u></u> , 193 <u></u>					
Where did injury occur? <u></u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u></u>					
Manner of injury <u></u>					
Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u></u> (Signed) <u>W. H. Corbly</u> <u>Wallace</u> (Address)					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 2 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of

City of

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

76677

State File No.

Local Registrar's No. 38

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

St.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR, OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14.

Informant
(Address)

15.

Filed

Sept. 30, 1931

1931

Mrs. Helen M. Bude
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from
Sept 9th, 1931, to Sept 10th, 1931
that I last saw her alive on Sept 10th, 1931

and that death occurred, on the date stated above, at 8 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Prematurity

Blue baby

(duration) yrs. mos. 1 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? History & appearance

(Signed)

Sept 11th, 1931, (Address) Kellogg Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

19

20. Undertaker

Address

L. B. Thornhill

Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>		CERTIFICATE OF DEATH		State File No. <u>76678</u>	
City of <u>Kellogg</u>		Registration District No. <u>123</u>		Local Registrar's No. <u>37</u>	
(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Candy Schustead Kellogg, Idaho</u>					
(a) Residence. No. _____		(Usual place of abode) <u>No particular place, lived in boarding houses</u>			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S. if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word) <u>DIVORCED</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>60²</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Quartz lead mine</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country)					
MOTHER FATHER	13. NAME				
	14. BIRTHPLACE (city or town) (State or country)				
	15. MAIDEN NAME				
	16. BIRTHPLACE (city or town) (State or country)				
17. INFORMANT (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place Date, 193					
19. UNDERTAKER (Address) <u>H. B. Thornhill Kellogg, Idaho</u>					
20. FILED <u>Sept. 30, 1931</u> <u>Mrs. Helen M. Bride</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9-14-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to <u>9-13</u> , 1931.					
I last saw h. (Male) on <u>9-13</u> , 1931; death is said to have occurred on the date stated above, at <u>10 a. m.</u>					
The principal cause of death and related causes of importance were as follows:					
					Date of onset
<u>Pulmonary tuberculosis Un-</u>					<u>certain</u>
Other contributory causes of importance:					
<u>Siderosis</u>					
Name of operation Date of					
What test confirmed diagnosis? <u>X Ray</u> . Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 193					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
Yes If so, specify <u>Siderosis caused by</u>					
(Signed) <u>John T. Kinnert</u> , M. D.					
(Address) <u>Kellogg, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>	City of <u>Wallace</u>	Registration District No. <u>20</u>	Primary Registration District No. <u>1011</u>	State File No. <u>76679</u>	
		(No. <u>Providence Hospital</u>)		Local Registrar's No. <u>83</u>	
If death occurred in a hospital or institution, give its name instead of street and number.					
2. FULL NAME <u>Mildred Salma Bernardy</u>					
(a) Residence. No. <u>Wallace Idaho</u> St. _____					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced (or) WIFE of <u>HUSBAND of Joseph Bernardy</u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan - 21 - 1908</u>					
7. AGE	Years <u>23</u>	Months <u>8</u>	Days <u>8</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
12. BIRTHPLACE (city or town) (State or country) <u>Spokane Wash</u>		11. Total time (years) spent in this occupation			
FATHER	13. NAME <u>E. E. Drake</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Calif.</u>				
MOTHER	15. MAIDEN NAME <u>Minnie Burtfield</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Mo.</u>				
17. INFORMANT <u>Joseph Bernardy</u> (Address) <u>Wallace Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Spokane Wash</u> Date <u>Oct 2, 1931</u>					
19. UNDERTAKER <u>G. A. Bower, (Ward and Co)</u> (Address) <u>Wallace Idaho</u>					
20. FILED <u>Oct 2, 1931</u> Registrar. <u>F. L. Drigley</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 29, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 9, 1931</u> to <u>Sept 29, 1931</u>					
I last saw him live on <u>Sept 27, 1931</u> ; death is said to have occurred on the date stated above, at <u>11:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Embolism Cerebral</u> Date of onset _____					
Other contributory causes of importance: <u>Burns 3rd degree</u>					
<u>Edema</u>					
<u>Nephritis Suppur</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis <u>toxic</u> Was there an autopsy <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Dated in year <u>1931</u>					
Where did injury occur? <u>Wallace Idaho</u> (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. <u>at home</u>					
Manner of injury <u>Explosion</u>					
Nature of injury <u>Extensive Burns 3rd degree</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
(Signed) <u>Dr. F. L. Drigley</u> M. D.					
(Address) <u>Wallace Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of

City of

DO NOT WRITE IN THIS SPACE

76680

State File No.

Registration District No.

Primary Registration District No.

(No. of death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME

(a) Residence. No.

Length of residence in city or town where death occurred.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed or divorced

6. DATE OF BIRTH (month, day, and year)

7. AGE

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 76681 State File No.	
County of	Shoshone	Registration District No.	70	Local Registrar's No. 81	
City of	Wallace	Primary Registration District No.	10.11		
(No. Residence) If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Charlotte Richardson					
(a) Residence. No. 12 - High St. St.					
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 90 yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
Female	White	Widowed			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed					
6. DATE OF BIRTH (month, day, and year) June 11-1829					
7. AGE		Years	Months	Days	IF LESS than 1 day, hrs. or min.
101		5	5		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) Hastings, England					
FATHER	13. NAME George Waters				
	14. BIRTHPLACE (city or town) (State or country) England				
MOTHER	15. MAIDEN NAME Sarah Stevens				
	16. BIRTHPLACE (city or town) (State or country) England				
17. INFORMANT Fred Richardson (Address) Burke, Ida.					
18. BURIAL CREMATION, OR REMOVAL Place Wallace, Idaho Date Sept 18, 1931					
19. UNDERTAKER J. A. Burr (Ward and Co.) (Address) Wallace, Idaho					
20. FILED Sept 18, 1931 L. L. Zwigley Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Sept 16, 1931					
22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1931					
I last saw her alive on Sept 16, 1931; death is said to have occurred on the date stated above, at 4:30 A.M.					
The principal cause of death and related causes of importance were as follows: Myocarditis Chf. Several months ago					
Other contributory causes of importance: None					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? No					
If so, specify (Signed) M. W. D. (Address) Wallace, Idaho					

RECEIVED OCT 13 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

76682

PLACE OF DEATH

County of Shoshone
City of AveryRegistration District No. 70Primary Registration District No. 1011Local Registrar's No. 80

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 127 Mill St.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 22 1902

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.29224

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workLaborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Des Moines Ia
(State or country)

10. NAME OF FATHER

F. W. Rolfs MD11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Le Claire
Iowa

12. MAIDEN NAME OF MOTHER

Lois E Parker13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Le Claire Ia14. Informant
(Address)F. W. Rolfs MD
Mullan Id

15. Filed

Sept 17, 1931J. L. Quigley

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept141931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19

, to

, 19

that I last saw him alive on

, 19

and that death occurred, on the date stated above, at

m.

The CAUSE OF DEATH* was as follows:

Drowned in Snake
River body not
found till after 4 mo.
Accidental (duration) 4 yrs. 0 mos. 0 ds.CONTRIBUTORY
(Secondary)(duration) 0 yrs. 0 mos. 0 ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What was confirmed diagnosis?

(Signed)

19

(Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Spokane WashSept 17 1931

20. Undertaker

Address

B. W. WarrickWallace

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF RECEIVED OCT 13 1931		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		76683	
County of <u>Shoshone</u>		Registration District No. <u>20</u>		State File No.	
City of <u>Wallace</u>		Primary Registration District No. <u>1011</u>		Local Registrar's No. <u>29</u>	
(No. <u>County Hospital</u>)					
2. FULL NAME <u>Nicholas Delich</u>					
(a) Residence. No. <u>Mullan, Idaho</u> St. <u>Mullan, Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>5</u> yrs. mos. ds. How long in U. S., if of foreign birth? <u>30</u> yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Anna Delich</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>56</u>					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lead Mining</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation <u>5 years</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Tugo Slavia</u>					
MOTHER					
13. NAME <u>Chris Delich</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Tugo Slavia</u>					
15. MAIDEN NAME <u>Anna Serich</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Tugo Slavia</u>					
17. INFORMANT <u>Mrs. Anna Delich</u> (Address) <u>Mullan, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Butte Mont.</u> Date <u>Sept 8, 1931</u>					
19. UNDERTAKER (Address) <u>A. B. Buer, (Ward and Co.)</u> <u>Wallace, Idaho</u>					
20. FILED <u>Sept 8, 1931</u> <u>L. L. Riegle</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 7, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 3, 1931</u> , to <u>Sept 7, 1931</u> .					
I last saw him alive on <u>Sept 6, 1931</u> ; death is said to have occurred on the date stated above, at <u>4:30 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
Mycarditis recent					
Pulmonary tuberculosis about 3 months					
Other contributory causes of importance:					
Sclerosis 30 years					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>yes</u>					
If so, specify <u>Miners Consumption</u>					
(Signed) <u>James R. Dean</u> , M. D.					
(Address) <u>Wallace</u>					

RECEIVED OCT 14 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76684

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 155

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ullin Kessinger

(a) Residence. No. Deell's Cigar Store.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 3 yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

April 15th 1907

7. AGE

23

Years

Months

4

Days

24

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work Clerk

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Deell's Cigar Store

9. BIRTHPLACE (city or town)
(State or country)

Missouri

10. NAME OF FATHER

Matt. Kessinger.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Arkansas

12. MAIDEN NAME OF MOTHER

Eva White

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

Missouri

14.

Informant
(Address)

J. I. Shockley, Jerome Idaho

15.

Filed 9/14, 1931

Elizabeth J. Smith

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

September 9th 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 9, 1931, to Sept 9, 1931

that I last saw him alive on Sept 9, 1931

and that death occurred, on the date stated above, at 9:10 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Drowned in low line Canal
2 miles west 1 mile south
of Teller

(duration) 15 min.

yrs. mos. ds.

CONTRIBUTORY
(Secondary)Car ran into bridge
side and went over
into Canal (duration) yrs. mos. ds.

18. Where was disease contracted

if not at place of death? at place of accident

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) H. M. Lute, Coroner, M. D.

9-12, 1931 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Pomona Missouri

19

20. Undertaker

Address

S. C. Phillips. Twin Falls Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO RECEIVED OCT 14 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76685

State File No.

PLACE OF DEATH

County of Blaine, FallsCity of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1086Local Registrar's No. 1576

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geo. W. Munson(a) Residence. No. 312 Walnut, Idaho Falls St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Widow5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 10 / 18497. AGE Years Months Days If LESS than 1 day, hrs. or min.
81 10 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Vermont10. NAME OF FATHER Alfred Munson11. BIRTHPLACE OF FATHER (city or town) (State or Country) Vermont12. MAIDEN NAME OF MOTHER Margaret Standish13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Vermont

14.

Informant (Address) Louis Munson
Idaho Falls

15.

Filed 9/14, 1931.Elizabeth G. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 9 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from June 9th 1931, to Sept 9th 1931,
that I last saw him alive on Sept 9th 1931,
and that death occurred, on the date stated above, at 3:15 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Nephritis Interstitial Chronic
(Arteriosclerosis general)(duration) 2 yrs. mos. ds.CONTRIBUTORY (Secondary) Hypercarditis Chronic(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? Autopsy(Signed) Louis G. Standish M. D.Sept 10th 1931 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho FallsSept 11 193120. Undertaker F. E. Drake

Address

Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 76686Local Registrar's No. 157

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alta V. Rosen
(a) Residence. No. 415 - 2nd Ave N. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 23-1911

7. AGE Years 20 Months 4 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paris (State or country) Idaho

13. NAME Alfred Rosen

14. BIRTHPLACE (city or town) Switzerland (State or country)

15. MAIDEN NAME Rosa Hoffman

16. BIRTHPLACE (city or town) Switzerland (State or country)

17. INFORMANT (Address) J. A. Rosen
Route #2 Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Place Paris, Idaho Date 9/2, 1931

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho

20. FILED 9/14, 1931. Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/9 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1931, to Sept 9, 1931.

I last saw her alive on Sept 9, 1931; death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Strychnine Poisoning

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. H. Scott, M.D.

(Address)

RECEIVED OCT 14 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76687**

PLACE OF DEATH

County of Swin FallsCity of Swin Falls, Ida

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2083

(No.)

Local Registrar's No. 151

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Samuel Weighall(a) Residence No. Hansen Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofwidowed

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

83

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14.

Informant
(Address)Frank L. Weighall

15.

Filed Oct 16, 1931.Hansen, Idaho
Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

Sept. 8, 1931

17. I HEREBY CERTIFY, That I attended deceased from

July, 1931, to Sept 8, 1931that I last saw him alive on Sept. 7, 1931

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic cystitis following removal of adenoid glands

(duration)yrs.mos.ds.

CONTRIBUTORY

(Secondary)

Seneca (duration)yrs.mos.ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of operationWas there an autopsy? yes J. R. MorganWhat test confirmed diagnosis? work tests(Signed) W. D. Weaver, M. D.7/15, 1931 (Address) Swin Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Rock Creek Sept 11, 1931

20. Undertaker

Address

Dr. Phillips

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Twin Falls</u>		CITY OF <u>Twin Falls</u>		State File No. <u>76688</u>	
Registration District No. <u>37</u>		Primary Registration District No. <u>1.2.25</u>		Local Registrar's No. <u>15-3</u>	
2. FULL NAME <u>Charles Edgar Potter</u> (If death occurred in a hospital or institution, give its name instead of street and number.)					
(a) Residence. No. <u> </u> St. <u> </u>		(Usual place of abode)			
Length of residence in city or town where death occurred, <u>18</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Ratherine Potter</u> (or) WIFE of <u>Ratherine Potter</u>					
6. DATE OF BIRTH (month, day, and year) <u>FEB 18 - 1884</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>47</u>	<u>6</u>	<u>21</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Real Estate Man</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>					
10. Date deceased last worked at this occupation (month and year) <u> </u>					
11. Total time (years) spent in this occupation <u> </u>					
12. BIRTHPLACE (city or town) <u>Edna</u> (State or country) <u>Kan</u>					
13. NAME <u>F. C. Potter</u>					
14. BIRTHPLACE (city or town) <u>Ind.</u> (State or country) <u> </u>					
15. MAIDEN NAME <u>Ellen Sears</u>					
16. BIRTHPLACE (city or town) <u>Ind.</u> (State or country) <u> </u>					
17. INFORMANT <u>Russell Potter</u> (Address) <u>1326 Maple Ave</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Twin Falls</u> Date <u>9-10</u> 1931					
19. UNDERTAKER <u>White Mortuary Inc</u> (Address) <u>Twin Falls, Ida</u>					
20. FILED <u>9/14</u> , 1931 <u>Elizabeth G. Smith</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9-8-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 16, 1928</u> , 1931, to <u>Sept 8th</u> , 1931.					
I last saw him alive on <u>Sept 8th</u> , 1931; death is said to have occurred on the date stated above, at <u>6:57 AM</u> . The principal cause of death and related causes of importance were as follows:					
<u>Chronic Interstitial Nephritis</u>					
Other contributory causes of importance: <u>Hypertension + + +</u>					
Name of operation <u>None</u> Date of <u> </u>					
What test confirmed diagnosis? <u>Sub + X-ray</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>No</u> Date of injury <u> </u> , 1931.					
Where did injury occur? <u>No</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>No</u>					
Manner of injury <u>No</u>					
Nature of injury <u>No</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u> </u>					
(Signed) <u>Myer and Alexander</u>					
(Address) <u>Twin Falls Ida</u>					

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. R.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

RECEIVED OCT 14 1931
CERTIFICATE OF DEATHState of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Twin Falls*
City of *Twin Falls*Registration District No. *37*Primary Registration District No. *1085*

(No. _____ St.)

File No. *76689*Registered No. *152*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Segale Reta Bennett

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

*White*5. SINGLE, MARRIED, WID-
OWED OR DIVORCED.*Single*
(Write the word.)

6. DATE OF BIRTH

Feb 13 1900
(Month) (Day) (Year)

7. AGE

31 Yrs. *6* Mos. *21* ds.IF LESS than 1 day
how many _____ hrs. or
_____ min.)

8. OCCUPATION

(a) Trade, profession or
particular kind of work...
(b) General nature of in-
dustry, business, or estab-
lishment in which employ-
ed (or employer).....*None*

9. BIRTHPLACE

(State or Country) *Lebanon, Mo.*10. NAME OF
FATHER11. BIRTHPLACE
OF FATHER(State or Country) *Lebanon, Mo.*12. MAIDEN NAME
OF MOTHER13. BIRTHPLACE
OF MOTHER(State or Country) *Lebanon, Mo.*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) *Mrs. Lloyd Bennett*(Address) *235 Ramoast Twin Falls*

15.

Filed *9/14* 19*31* *Elizabeth Smith*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 1929 to *9/4* 19*31*
that I last saw her alive on *9/4* 19*31*
and that death occurred on the date stated above, at *6:30 P. M.*

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis(Duration) *7* Yrs. _____ mos. _____ ds.Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) *E. D. Weaver* M. D.

19. (Address) _____

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1)
MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)At place of death _____ yrs. _____ mos. _____ days In the
State _____ yrs. _____ mos. _____ daysWhere was disease contracted
if not at place of death? _____Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Twin Falls

DATE OF BURIAL

9/5 19*31*

20. UNDERTAKER

L. J. Johnson

ADDRESS

Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76690

State File No. 151

PLACE OF DEATH

County of Idaho FallsCity of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Felix

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Dec 16 / 1876

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Maid County Hospital

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mississippi10. NAME OF FATHER Peter Yokem11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio12. MAIDEN NAME OF MOTHER Sophia Smeltz13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14.

Informant (Address) C. N. Felix
Idaho Falls

15.

Filed 9/14, 1931.Elizabeth G. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 3

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May, 1931, to Sept 3, 1931that I last saw him alive on Sept 2, 1931and that death occurred, on the date stated above, at 5:30 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Hernia Ventral with Strangulation
& Surgery

(duration) yrs. 3 1/2 mos. ds.CONTRIBUTORY (Secondary) Surgery & Adiposity

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. John R. Morgan, M. D.9/13/31, 1931 (Address) Idaho Falls, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho FallsSept 5, 1931

20. Undertaker

Address

Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED OCT 14 1931 DO NOT WRITE IN THIS SPACE 76691	
County of	Twin Falls	Registration District No.		37	
City of	Twin Falls	Primary Registration District No.		1086	
		(No. Residence)		Local Registrar's No. 150	
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME		Sophia Murphy			
(a) Residence. No.		332-2nd St.		St.	
(Usual place of abode)		Length of residence in city or town where death occurred		20 yrs. mos. ds.	
				(If nonresident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
female	White	Married			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank W. Murphy					
6. DATE OF BIRTH (month, day, and year) Dec 28 1859					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	71	8	5		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
					11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) New York					
MOTHER FATHER	13. NAME Alexander Minnick				
	14. BIRTHPLACE (city or town) (State or country) ✓				
	15. MAIDEN NAME ✓				
	16. BIRTHPLACE (city or town) (State or country) ✓				
17. INFORMANT Frank W. Murphy (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Ida. Date 9-4, 1931					
19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Ida.					
20. FILED 9/14, 1931 Elizabeth J. Smith Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Sept 3 1931					
22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1931, to Sept 2, 1931.					
I last saw him alive on Sept 3, 1931; death is said to have occurred on the date stated above, at 4:00 A.M.					
The principal cause of death and related causes of importance were as follows:					
Causes of both acute and chronic nature. I cannot say what form of cancer I got. I got a probable growth of cancer cells. I believe to injury in earlier life. Date of onset 2 years ago from what I got. Injury					
Other contributory causes of importance: Fracture of growth of cancer cells. I believe to injury in earlier life.					
Name of operation _____ Date of _____					
What test confirmed diagnosis? Physical examination and autopsy? ✓					
23. If death was due to external causes (violence) give in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? No. If so, specify _____					
(Signed) H. N. Leete M. D.					
(Address) Twin Falls, Ida.					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 15 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76693

County of Laramie FallsCity of BuhlRegistration District No. 34Primary Registration District No. 2-0-17

State File No.

Local Registrar's No.

(No. (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Wheeler Mahannah

(a) Residence. No.

St.

(Usual place of abode)

Length of residence in city or town where death occurred. 11 yrs. 0 mos. 0 ds.(If nonresident give city or town and state)
How long in U. S., if of foreign birth? 11 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of Mattie Mahannah (or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug. 15 18477. AGE Years 84 Months 1 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio (State or country)13. NAME Leopamine Mahannah14. BIRTHPLACE (city or town) Barma (State or country)15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) Not Known (State or country)17. INFORMANT Clayde Mahannah (Address) Buhl18. BURIAL, CREMATION, OR REMOVAL Place Buhl Date 9-25, 193119. UNDERTAKER W. J. Mahannah (Address) Buhl Ida.20. FILED 9-25, 1931 Registrar J. H. Murtley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-22, 193122. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1931, to Sept 22, 1931.I last saw him alive on Sept 20, 1931; death is said to have occurred on the date stated above, at 7:30 P.M. The principal cause of death and related causes of importance were as follows:Cancer face & throat Date of onset 1928

Other contributory causes of importance:

SenilityName of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. E. Shultz, M. D.(Address) Buhl Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH PLACE OF DEATH <u>Swain Falls</u> County <u>Buhl</u> City of <u>Buhl</u> Registration District No. <u>34</u> Primary Registration District No. <u>2-081</u> Local Registrar's No. _____ (No. <u>Lucia</u> (If death occurred in a hospital or institution, give its name instead of street and number.)		State File No. <u>76695</u>	
2. FULL NAME <u>Marion</u> <u>Steve Little</u> (a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>9/10/31</u> <u>Buhl, Ida</u>			
7. AGE	Years	Months	Days
<u>1</u>	<u>1</u>	<u>1</u>	<u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>			
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>✓</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Buhl, Ida</u>			
FATHER			
13. NAME <u>Marion Leo Little</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Burley, Ida</u>			
MOTHER			
15. MAIDEN NAME <u>Geneva Kippbridge</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Swain Falls, Ida</u>			
17. INFORMANT (Address) <u>B. L. Little</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Buhl, Ida</u> Day <u>9/16</u> 1931			
19. UNDERTAKER (Address) <u>J. J. Johnson</u> <u>Buhl, Ida</u>			
20. FILED <u>9-15</u> , 1931 <u>J. H. Murphy</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>15-Sept</u> 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>10-Aug-</u> , 1931, to <u>15-Aug-</u> , 1931. I last saw <u>her</u> alive on <u>15-Aug-</u> , 1931; death is said to have occurred on the date stated above, at <u>12:15</u> P. M. The principal cause of death and related causes of importance were as follows: <u>atelectasis</u> <u>Birth</u>			
Other contributory causes of importance: _____			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>✓</u> Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> . If so, specify _____ (Signed) <u>James M. Munn</u> , M. D. (Address) <u>Buhl, Idaho</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		State File No. 76696	
PLACE OF DEATH		COUNTY OF <u>Lincoln</u>		CITY OF <u>Buhl</u>	
Registration District No. <u>34</u>		Primary Registration District No. <u>2087</u>		Local Registrar's No. _____	
(If death occurred in a hospital or institution, give its name instead of street and number.) (No. _____)					
2. FULL NAME <u>Epuram W. King</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>26</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Margamite Louis King</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>July 21-1884</u>					
7. AGE	Years <u>84</u>	Months <u>1</u>	Days <u>23</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
MOTHER	11. Total time (years) spent in this occupation _____				
	12. BIRTHPLACE (city or town) (State or country) <u>Virginia</u>				
	13. NAME <u>Geo. King</u>				
FATHER	14. BIRTHPLACE (city or town) (State or country) <u>Virginia</u>				
	15. MAIDEN NAME <u>Sarah Pierrie</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Virginia</u>				
17. INFORMANT <u>Mrs. J. R. Lutz</u> (Address) <u>Buhl</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Chapel</u> Date <u>9-16</u> , 1931					
19. UNDERTAKER <u>Chapman</u> (Address) <u>Chapel</u>					
20. FILED <u>9-15</u> , 1931 <u>J. H. Winkler</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9/13</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>12-1</u> , 1930, to <u>9-13</u> , 1931					
I last saw him alive on <u>9-13</u> , 1931; death is said to have occurred on the date stated above, at <u>11:30</u> A.M.					
The principal cause of death and related causes of importance were as follows: <u>Chronic Parenchymatous nephritis and organic heart disease.</u>					
Other contributory causes of importance: _____					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>Aut.</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>Geo. Jennings</u> , M.D.					
(Address) <u>Buhl</u>					

RECEIVED OCT 15 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of ShoshoneCity of BoiseRegistration District No. 39Primary Registration District No. 2087

DO NOT WRITE IN THIS SPACE

State File No. 76697Local Registrar's No. 41(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Elizabeth Jewell

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced Widowed5a. If married, widowed, or divorced
HUSBAND of Lewis Jewell
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Apr. 4 - 18677. AGE
Years 64 Months 5 Days 4 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gayra
(State or country)13. NAME Emmanuel S. Jewell14. BIRTHPLACE (city or town) Ohio
(State or country)15. MAIDEN NAME Mary Price16. BIRTHPLACE (city or town) Indiana
(State or country)17. INFORMANT Mrs. J. A. Wilson
(Address) Boise18. BURIAL, CREMATION, OR REMOVAL
Place Boise Date 9/9, 193119. UNDERTAKER L. J. Johnson
(Address) Boise20. FILED 9-9, 1931 J. A. Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-8 193122. I HEREBY CERTIFY, That I attended deceased from June, 1931, to 8-Sept, 1931.I last saw him alive on 8-Sept, 1931; death is said to have occurred on the date stated above, at 7:00 a.m.The principal cause of death and related causes of importance were as follows: ExhaustionCarcinoma uteri caused by degeneration of fibroidsDate of onset 19 June 1931

Other contributory causes of importance:

Name of operation Lab. Date of 9-8What test confirmed diagnosis? Lab. Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 9-8, 1931.Where did injury occur? ✓
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. ✓Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) J. A. Wilson, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 15 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 76698

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 59
Primary Registration District No. 2087

Local Registrar's No. 44

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Syrenus Webber
(a) Residence. No. Buhl - 429-12th St.
(Usual place of abode)
Length of residence in city or town where death occurred. 6 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M- 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widower
5a. If married, widowed, or divorced
HUSBAND of widowed
(or) WIFE of widowed
6. DATE OF BIRTH (month, day and year) July 10-1850
7. AGE Years Months Days If LESS than 1 day, ✓ hrs. or min.
81 2 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9. BIRTHPLACE (city or town) Noble - O - Ohio
(State or country)

10. NAME OF FATHER John Webber

11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)

12. MAIDEN NAME OF MOTHER Wiana Ogil

13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or Country)

14. Informant Mrs H. C. Welch
(Address)

15. File Sept 4 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept - 3 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct, 1930, to Sept 3, 1931
that I last saw him alive on Sept 2, 1931
and that death occurred, on the date stated above, at 3 PM m.
The CAUSE OF DEATH* was as follows:
Carcinoma Rectum

(duration) 11 yrs. 0 mos. 0 ds.

CONTRIBUTORY
(Secondary)

(duration) 0 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death? Buhl Ida

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Rect. Specimen

(Signed) R. E. Smith M. D.
Sept. 4, 1931 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery Date of Burial 9/4 1931

20. Undertaker W. H. Rugg Address Buhl Ida

PARENTS

RECEIVED OCT 14 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

76699

PLACE OF DEATH

County of Twin Falls Registration District No. 37City of Twin Falls Primary Registration District No. 2085Local Registrar's No. 159

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dean Goertz

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address)

15. Filed Oct 18, 1931Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 29

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

9-261931to 9-291931that I last saw him alive on Sept 28, 1931and that death occurred, on the date stated above, at 5:30 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Sho. colitis(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 11Was there an autopsy? NoWhat test confirmed diagnosis? Sho. colitis only(Signed) Sho. colitis only M. D.

19. Place of Burial, Cremation, or Removal

Crem. Tally.Date of Burial Oct. 30 193120. Undertaker J. D. DrakeAddress Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

FORM V. No. 5-25-M. 1-16-13

CERTIFICATE OF DEATH.

76700

State of
BOARD OF
Bureau of Vital

1. PLACE OF DEATH.

Registration District No. 37

Primary Registration District No. 2085

File No.

Registered No. 160

County of Twin Falls

City of Rock Creek

If death occurs away from
usual residence, give facts
called for under special
information.

2. FULL NAME George Crockett

If death occurred in a h
pital, institution or camp,
give its NAME instead of
street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED.

Married

(Write the word.)

6. DATE OF BIRTH.

August
(Month)18th. 1879
(Day) (Year)

7. AGE

53 Yrs. 1 Mos. 12 ds.

IF LESS than 1 day
how many hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work.
(b) General nature of in-
dustry, business, or estab-
lishment in which employ-
ed (or employer).

Farmer and stock raiser

9. BIRTHPLACE

(State or Country)

Grouse Creek, Utah.

10. NAME OF
FATHER

Edw. M. Crockett

11. BIRTHPLACE
OF FATHER

(State or Country)

Maine,

12. MAIDEN NAME
OF MOTHER

Phoebe Davis

13. BIRTHPLACE
OF MOTHER

(State or Country)

Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs George Crockett.

(Address) Rock Creek, Ida.

15.

Filed

October 10th 1931

Elizabeth G. Smith

Local Registrar

16. DATE OF DEATH

Sept.
(Month)30th.
(Day)1931
(Year)17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~
on 9/30 1931 to 1931that I last saw him alive on after death 1931
and that death occurred on the date stated above, at M.The CAUSE OF DEATH* was as follows:
Shot himself with a rifle
while crawling through
a barbed wire fence.
(Duration) InstantaneousContributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) E. J. Weaver M. D.

19 (Address) Twin Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1)
MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted
if not at place of death?.....Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Rock Creek, Ida.

10-3- 1931

20. UNDERTAKER

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1 OCT 1931

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of *Twin Falls*
City of *Twin Falls*Registration District No. *37*Primary Registration District No. *1085*

(No. _____ St.)

File No. *76701*Registered No. *13*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Jamey Thompson

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

(Write the word)

6. DATE OF BIRTH.

May 9 1874
(Month) (Day) (Year)

7. AGE

57 Yrs. *4* Mos. *20* ds.

IF LESS than 1 day how many _____ hrs. or _____ min.

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).*at home*

9. BIRTHPLACE

(State or Country)

Creston Iowa

10. NAME OF FATHER

Edw. L. Thompson

11. BIRTHPLACE OF FATHER

(State or Country)

Pennsylvania

12. MAIDEN NAME OF MOTHER

Catharine Bridge

13. BIRTHPLACE OF MOTHER

(State or Country)

Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

Mrs C. C. Nable

(Address)

Twin Falls

15.

Filed

*Oct. 9th 1931**1931**Elizabeth J. Smith*

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

9-29-31
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from *July 20th 1928* to *Sept 29th 1931*that I last saw him alive on *Sept 28 1931* and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Injury to Brain - (Pituitary)(Duration) *4* Yrs. _____ mos. _____ ds.

Contributory (Secondary)

Epilepsy(Duration) *20* Yrs. _____ mos. _____ ds.

(Signed)

Amelia H. Alexander M. D.

(Address)

Twin Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Twin Falls**1931*

20. UNDERTAKER

ADDRESS

*L. J. Johnson**Twin Falls*

RECEIVED OCT 14 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76702

PLACE OF DEATH

County of *Elgin Falls*

Registration District No. 37

City of *Elgin Falls*

Primary Registration District No. 2085

Local Registrar's No. 15-8

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

*Dr. Alex*2. FULL NAME *Lloyd Byron Johnson*(a) Residence No. *Filer County Hospital St.*

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. Single, Married, Widowed, or Divorced (write the word.) <i>Married</i>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *Jan 6 / 1899*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>34</i>		<i>8</i>	<i>19</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Oregon

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant (Address)

15.

Filed *Oct 1st* 1931*Elizabeth J. Smith*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 25 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *June 12th* 1931, to *Sept 25* 1931, that I last saw him alive on *Sept 25* 1931

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myocarditis acute
(Atherosclerosis acute)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

Nephritis acute
Paronychia (duration) yrs. mos. 3 ds.18. Where was disease contracted if not at place of death? *Y2S*Did an operation precede death? *Y2S* Date of *Sept 15 1931*
superficial and abscess
Was there an autopsy? *No*What test confirmed diagnosis? *Clinical*
(Signed) *Amos C. St. Francis* M. D.*9-26/31* (Address) *Filer Falls Ida*

19. Place of Burial, Cremation, or Removal

Date of Burial

Filer Cemetery *Sept 27* 1931

20. Undertaker

Address

J. E. Drake *Filer Falls*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

EXACTLY.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

CERTIFICATE OF DEATH

RECEIVED OCT 14 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Twin Falls*
City of *Kimberly*

Registration District No.

Primary Registration District No. *2081*

(No. St.)

File No. *76703*Registered No. *157*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME *Henry Wm Dapson*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Single
(Write the word.)

6. DATE OF BIRTH

July 22 1916
(Month) (Day) (Year)

7. AGE

15 Yrs. *2* Mos. *3* ds.IF LESS than 1 day
how many hrs. or
..... min.)

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)*At School*

9. BIRTHPLACE

(State or Country)

Twin Falls. Ida.

10. NAME OF FATHER

Charles Dapson

11. BIRTHPLACE OF FATHER

(State or Country)

Massachusetts

12. MAIDEN NAME OF MOTHER

Long McIntyre

13. BIRTHPLACE OF MOTHER

(State or Country)

Gerard Kau.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

Charles Dapson
Kimberly Ida

(Address)

15.

Filed *Oct. 1st* 1931*Elyse J. Smith*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept. 18 1931, to *Sept. 24 1931*,
that I last saw him alive on *Sept. 24 1931*,
and that death occurred on the date stated above, at *2 am* M.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic Fever(Duration) Yrs. mos. *8* ds.Contributory
(Secondary)*Endocarditis*(Duration) yrs. mos. *6* ds.

(Signed)

Hurwison M. D.(Address) *Twin Falls Idaho*

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Twin Falls.

DATE OF BURIAL

9/27 1931

20. UNDERTAKER

H. Hurwison *Twin Falls*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED OCT 14 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76704

State File No.

PLACE OF DEATH

County of Twin FallsCity of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085(No. County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1562. FULL NAME Emma Brennen(a) Residence. No. 310 4th Ave St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Divorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

July 14 187. AGE 54 Years

Months

2

Days

10

If LESS than 1 day,

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Iowa

10. NAME OF FATHER

Walter Aman

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Penna

12. MAIDEN NAME OF MOTHER

Emily Morgan

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Don't Know

14.

Informant (Address)

Ed. R. Brennen
123 - 3rd Ave East

15.

Filed

Oct 1st1931Eliott J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 241931

17. I HEREBY CERTIFY, That I attended deceased from

Sept 1 1927, to Sept 24 1931that I last saw him alive on Sept 24 1931and that death occurred, on the date stated above, at 7 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Embolicism in lung

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Cholecystitis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

at homeDid an operation precede death? yes Date of Sept 17 31Was there an autopsy? no

What test confirmed diagnosis?

clinical

(Signed)

H. C. Lamb

M. D.

9-25, 1931 (Address) Twin Falls, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls, IdaSept 24 1931

20. Undertaker

Address

D. C. Phillips

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76705

State File No.

PLACE OF DEATH

County of Blaine

Registration District No. 37

City of Blaine

Primary Registration District No. 1085

Local Registrar's No. 13-5

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sept 14 / 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

..... hrs. or
..... min.

—

—

5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

—

(b) General nature of industry, business, or establishment in which employed (or employer)

—

(c) Name of employer

—

9. BIRTHPLACE (city or town)
(State or country)

Idaho

10. NAME OF FATHER

Wm Allen

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Margaret Forsham

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Idaho

14.

Informant
(Address)

Wm Allen
Blaine

15.

Filed

Oct 1st

1931

Elizabeth J. Smith

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 24

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 19, 1931, to Sept 24, 1931

that I last saw him alive on Sept 24, 1931

and that death occurred, on the date stated above, at 10:30 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Haemorrhage Cerebral

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. 1 ds.

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Calypical

(Signed) Dr. Russell Stearns, M. D.

Sept 24, 1931 (Address) Blaine

19. Place of Burial, Cremation, or Removal

Date of Burial

Blaine Sept 24 1931

20. Undertaker

Address

F. E. Drake Blaine

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE State File No. 76706	
County of <u>Twin Falls</u>		Registration District No. <u>37</u>		Local Registrar's No. <u>134</u>	
City of <u>Twin Falls</u>		Primary Registration District No. <u>2085</u>		(No. <u>Twin Falls County Gen Hospital</u>)	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Jacob D. Kautz</u>					
(a) Residence No. <u>Twin Falls</u> <u>R.R. 20</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>10</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Amanda J. Kautz</u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan 29-1848</u>					
7. AGE <u>83</u> Years	<u>7</u> Months	<u>17</u> Days	If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
MOTHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>				
	13. NAME <u>Unknown</u>				
FATHER	14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				
	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				
17. INFORMANT (Address) <u>Mrs. Amada J. Kautz</u> <u>304 - 7th Ave N</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Twin Falls</u> Date <u>9-18</u> 1931					
19. UNDERTAKER <u>White Mortuary Inc</u> (Address) <u>Twin Falls, Ida</u>					
20. FILED <u>Oct-1st</u> , 1931 <u>Elizabeth J. Smith</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 16</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 7th</u> , 1931, to <u>Sept 16th</u> , 1931.					
I last saw him alive on <u>Sept 16th</u> , 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Cardiovascular Renal Disease</u>					
Other contributory causes of importance: <u>Ch. Prostatitis</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>Chemical</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify (Signed) <u>H. E. Lamb</u> , M. D. (Address) <u>Twin Falls, Ida</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76707

State File No.

PLACE OF DEATH

County of Swin FallsCity of Swin Falls IdahoRegistration District No. 37Primary Registration District No. 2085

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Dora G. Smyth

(a) Residence. No.

(Usual place of abode.)

Hazelton Idaho

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs. 15 mos.

ds.

How long in U. S. if of foreign birth?

yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

July 16 1886

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

4523

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Canada

10. NAME OF FATHER

Joe Smith11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Canada

12. MAIDEN NAME OF MOTHER

Dora Smith13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Canada

14.

Informant
(Address)Mrs Dewitt Schue
Eden Ida

15.

Filed Oct 1st, 1931.Elizabeth J. Smith

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 13, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 1st, 1931, to Sept 13th, 1931
that I last saw h. u. alive on Sept 13th, 1931and that death occurred, on the date stated above, at 3:00 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

myocarditis(duration) one yrs. mos. ds.CONTRIBUTORY
(Secondary)and cyst of the pancreas
(duration) one yrs. mos. ds.18. Where was disease contracted
if not at place of death?at homeDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? chemical

(Signed)

H. P. Smith, M. D.
Sept 13, 1931 (Address) Twin Falls Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin FallsSept 17, 1931

20. Undertaker

Address

L. C. Phillips

Address

RECEIVED OCT 14 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76709

State File No.

PLACE OF DEATH

County of Swin FallsCity of Swin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amanda Cobbley

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mo.

da.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs.

mo.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar 24 - 18767. AGE Years 55 Months 5 Days 17 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pleasant Grove
(State or country) Id.10. NAME OF FATHER William Anderson11. BIRTHPLACE OF FATHER (city or town) Denmark
(State or Country)12. MAIDEN NAME OF MOTHER Cecilia Christensen13. BIRTHPLACE OF MOTHER (city or town) Denmark
(State or Country)14. Informant (Address) Ida15. Filled Oct 14, 1931, by Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) Sept(Day) 11(Year) 193117. I HEREBY CERTIFY, That I attended deceased from Hug 7th, 1931, to Sept 11th, 1931
that I last saw her alive on Sept 11th, 1931and that death occurred, on the date stated above, at 10 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Goiter Adenoma Toxic (acutobes)
(Heart Dilation Acute)(duration) 9 yrs. mo. da.CONTRIBUTORY
(Secondary)Hypertensive Chronic Toxic.(duration) 3 yrs. mo. da.18. Where was disease contracted Doclo Ida.
if not at place of death?Did an operation precede death? Yes Date of Sept 8 1931Was there an autopsy? NoWhat test confirmed diagnosis? Libratory Bm Rate(Signed) Amelia L. Alexander(Address) Swin Falls Id19. Place of Burial, Cremation, or Removal Doclo Ida

Date of Burial

9-13 193120. Undertaker H. E. Johnson

Address

Burley

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 14 1931

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Twin Falls</u>		CERTIFICATE OF DEATH		State File No. <u>76710</u>	
City of <u>Twin Falls</u>		Registration District No. <u>37</u>		Local Registrar's No. <u>158</u>	
		Primary Registration District No. <u>1095</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>May E. Vasberg</u>					
(a) Residence, No. <u>Twin Falls, Ida.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred, <u>15</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced <u>HUSBAND of</u> <u>Geo. R. Vasberg</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Mch 16-1859</u>					
7. AGE Years <u>79</u>		Months <u>5</u>		Days <u>24</u>	
If LESS than: 1 day, _____ hrs. or min.					
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year)			
		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Penn</u>					
MOTHER FATHER		13. NAME <u>David Swoley</u>			
		14. BIRTHPLACE (city or town) (State or country) <u>Pa</u>			
		15. MAIDEN NAME <u>Ellena S. Betts</u>			
		16. BIRTHPLACE (city or town) (State or country) <u>Pa</u>			
17. INFORMANT (Address) <u>D. B. Vasberg</u> <u>Twin Falls, Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Twin Falls</u> Date <u>9-13</u> , 1931					
19. UNDERTAKER <u>Whit Mortuary Inc</u> (Address) <u>Twin Falls, Ida</u>					
20. FILED <u>9/14</u> , 1931 <u>Elizabeth J. Smith</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 10, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept</u> , 19 <u>30</u> , to <u>Sept 10</u> , 193 <u>1</u> .					
I last saw him alive on <u>Aug 15</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>8 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Valvular Heart Disease</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>40</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>3</u> .					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify _____					
(Signed) <u>Howardson</u> , M. D.					
(Address) <u>Twin Falls, Ida</u>					

RECEIVED OCT 14 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76711**

PLACE OF DEATH

County of Twin Falls
City of Twin Falls Idaho

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1086Local Registrar's No. 154

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nathan E Jones(a) Residence. No. 137 Van Buren St Twin Falls Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMarried Nona Jones6. DATE OF BIRTH (month, day and year) Oct. 27, 18987. AGE Years Months Days If LESS than 1 day, hrs. or min.
31 10 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Arkansas
(State or country)

10. NAME OF FATHER

J W Jones11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Arkansas

12. MAIDEN NAME OF MOTHER

Elizabeth Osborne13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Arkansas

14.

Informant Mrs. A H Jorgensen
(Address) 280 Quincy St

15.

Filed 9/14, 1931.Twin Falls IdahoElizabeth J Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 9th 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 9 31 to Sept 9 31
that I last saw him alive on Sept 9 31
and that death occurred, on the date stated above, at 9:15 pm.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Drowned in low
Cine Canal 2 miles west 1 mile
Smithy 7.6, Idaho(duration) yrs. mos. ds. 15 Min

CONTRIBUTORY

(Secondary) Car ran into
bridge side and went over
with canal (duration) yrs. mos. ds. 6 hours18. Where was disease contracted
if not at place of death? at place of accidentDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical

(Signed)

9-12-31, 1931 (Address) 280 Quincy St
Twin Falls

19. Place of Burial, Cremation, or Removal

Date of Burial Sept 13th 193120. Undertaker S C Phillips

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED OCT 7 1931

DO NOT WRITE IN THIS SPACE

76712

State File No.

PLACE OF DEATH

County of ValleyCity of Cascade

Registration District No.

Primary Registration District No.

Local Registrar's No. 15

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Jean Kitley

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant

(Address)

15. Filed

Aug 27 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug. 25 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 24, 1931, to Aug 25, 1931that I last saw her alive on Aug 25, 1931and that death occurred, on the date stated above, at 10⁰⁰P m.

The CAUSE OF DEATH* was as follows:

Congenital ventral hernia.
(strangulated)(duration) 0 yrs. 0 mos. 1 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of YesWas there an autopsy? YesWhat test confirmed diagnosis? None

(Signed)

Cascoe Edward, M. D.
8-26, 1931 (Address) Cascade Idaho*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Cascade IdahoAug 26 1931

20. Undertaker

Address

R. D. Robb

TION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED OCT 7 1931

DO NOT WRITE IN THIS SPACE

State File No.

76713

PLACE OF DEATH

County of Valley

City of Roseberry Idaho

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Theodore Sult

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 10-1853

7. AGE 78 Years

Months

Days

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Farming

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Peru, Ind.

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Peru, Ind.

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant

(Address)

L R Sult

15. Filed Sept 24 1931

1931

Katherine Sultner
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept.

22

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 22, 1931, to Sept 22, 1931

that I last saw him alive on Sept 22, 1931

and that death occurred, on the date stated above, at 500 P m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

CONTRIBUTORY
(Secondary)

(duration) 0 yrs. 3 mos. 0 ds.

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No

Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed)

Roscoe B. Ward M. D.
9-26, 1931 (Address) Valley County Courthouse
Cascade Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Roseberry Idaho

Sept 27 1931

20. Undertaker

Address

W D Noble

Cascade Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

RECEIVED OCT 7 1931 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Valley
City of Cascade

Registration District No.
Primary Registration District No.
(No. St.)

State File No. 76714
Local Registrar's No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Benton William Storey

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(Write the word)

6. DATE OF BIRTH Jan 9th 1882
(Month) (Day) (Year)

7. AGE 49 Yrs. 8 Mos. 2 ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Medical Plastering
(b) General nature of industry, business or establishment in which employed (or employer) Mining

9. BIRTHPLACE (State or Country) Benton Arkansas

10. NAME OF Father George Storey

11. BIRTHPLACE OF FATHER (State or Country) Arkansas

12. MAIDEN NAME OF MOTHER Marguerite Wolf

13. BIRTHPLACE OF MOTHER (State or Country) Arkansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William M. Storey
(Address) Valley Idaho

15. Filed Sept 11 19 31 Benton Arkansas
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September 11th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-11 1931 to 9-11 1931,
that I last saw h. — alive at all 19...
and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Accidental death occurring on mine dump.
Chest crushed & left lung punctured
(Duration) yrs. mos. ds.

Contributory (Secondary) None
(Duration) yrs. mos. ds.

(Signed) George O. Ward M. D.
Valley County, Idaho
9-11-1931 (Address) Cascade Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place In the
of death yrs. mos. days. State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Hayley Cemetery DATE OF BURIAL Sept 14 1931

20. UNDERTAKER Harris & Amos ADDRESS Hayley Id.

RECEIVED OCT 8 1931
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Washington
City of Wenatchee

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Registration District No. 86
Primary Registration District No. 2112
(No. _____, St.)State of Idaho
BOARD OF HEALTH
Bureau of Vital StatisticsFile No. 76715
Registered No. 15

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wlt 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
(Write the word.)

6. DATE OF BIRTH

March 20 1849
(Month) (Day) (Year)

7. AGE

82 Yrs. 6 Mos. 4 ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Farmer

9. BIRTHPLACE

(State or Country)

Mo.

10. NAME OF FATHER

John Turnidge

11. BIRTHPLACE OF FATHER

(State or Country)

Don't Know

12. MAIDEN NAME OF MOTHER

Colley

13. BIRTHPLACE OF MOTHER

(State or Country)

Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Oliver Turnidge

(Address)

Wenatchee Idaho

15.

Filed Sept. 25 1931 M. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 24 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Spring 1920 to Sept. 24 1931
that I last saw him alive on Sept. 24 1931
and that death occurred on the date stated above, at 9 A.M.
The CAUSE OF DEATH* was as follows:Uremia(Duration) 6 yrs. 6 mos. 4 ds.Contributory
(Secondary)Senility(Duration) 1 yrs. 0 mos. 0 ds.

(Signed)

M. R. Hamilton M. D.25 1931(Address) Wenatchee Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Richcrest Cemetery

DATE OF BURIAL

9-26 1931

20. UNDERTAKER

H. C. Northman

ADDRESS

Wenatchee Idaho

RECEIVED OCT 8 1931
CERTIFICATE OF DEATHState of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Washington
City of Weiser

Registration District No.

Primary Registration District No.

(No. St.)

File No. 76716

Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Sarah A. Smith

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
(Write the word.)

6. DATE OF BIRTH

Sept 14 85
(Month) (Day) (Year)

7. AGE

79 Yrs. 11 Mos. 3 ds.IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer)Invalid 8 years

9. BIRTHPLACE

(State or Country)

Ohio

10. NAME OF FATHER

Bonetta Brown

11. BIRTHPLACE OF FATHER

(State or Country)

New Hampshire

12. MAIDEN NAME OF MOTHER

Anna Lerch

13. BIRTHPLACE OF MOTHER

(State or Country)

Vermont
Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Mrs Ross Coburn
Weiser Idaho

15.

Filed

Sept 12 1931M. R. Hawthorn
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 11 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from May 1925, to September 11, 1931that I last saw her alive on June 19 31, and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Uremia(Duration) 6 yrs. 6 mos. 6 ds.Contributory Chronic Interstitial Nephritis
(Secondary)(Duration) 6 yrs. 6 mos. 6 ds.(Signed) M. R. Hawthorn M. D.9-11 1931 (Address) Weiser, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Weiser Cemetery9-24-1931

20. UNDERTAKER

ADDRESS

L. E. NorthmanWeiser Idaho

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Washington
City of WeiserRegistration District No. 86
Primary Registration District No. 1010
(No. _____ St.)File No. 76717
Registered No. 13

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Maria Labele Page

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed
(Write the word.)

6. DATE OF BIRTH

Oct 18 1848
(Month) (Day) (Year)

7. AGE

82 Yrs. 10 Mos. 0 ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).Housework

9. BIRTHPLACE

(State or Country)

Kansas

10. NAME OF FATHER

Hess.

11. BIRTHPLACE OF FATHER

(State or Country)

Don't Know

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER

(State or Country)

Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Anna Miller

(Address)

Weiser Idaho

15.

Filed

Sept 22 1931W. R. Hamilton

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 16 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept 16 1931 to Sept 16 1931, that I last saw him alive on Sept 16 1931 and that death occurred on the date stated above, at 10 9 A.M.
The CAUSE OF DEATH* was as follows:Senility

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

W. A. Marshall M. D.

(Address)

Weiser

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Fullerton Cemetery9-20-1931

20. UNDERTAKER

ADDRESS

L. B. MorthamWeiser Idaho

RECEIVED OCT 8 1931
CERTIFICATE OF DEATHState of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 86
County of Washington Primary Registration District No. 1010
City of Wesley (No. _____ St.)File No. 76718
Registered No. 12

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Julia B. Richardson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED married
(Write the word.)6. DATE OF BIRTH July 7 1
(Month) (Day) (Year)7. AGE 57 Yrs. 2 Mos. 11 ds. IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Nurse

9. BIRTHPLACE

(State or Country)

Iowa

10. NAME OF FATHER

John Bodier

11. BIRTHPLACE OF FATHER

(State or Country)

Don't know

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER

(State or Country)

Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Kenneth Richardson

(Address)

Wesley Idaho

15.

Filed Sept 22 1931

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 18 31
Month Day Year17. I HEREBY CERTIFY, That I attended deceased from July 1 - 1931, to Sept 18 - 1931
that I last saw him alive on Sept 16 - 1931
and that death occurred on the date stated above, at 12:00 M.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus(Duration) 1 Yrs. _____ mos. _____ ds.Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

F. Schmitt

M. D.

Sept 1931 (Address) Wesley Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Hillcrest Cemetery

DATE OF BURIAL

9-22-1931

20. UNDERTAKER

L. B. Northam

ADDRESS

Wesley Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED OCT 8 1931
CERTIFICATE OF DEATHSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of

City of

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No.)

(St.)

State File No.

Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-
OWER OR DIVORCED

6. DATE OF BIRTH

7. AGE

IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

10. NAME OF
Father11. BIRTHPLACE
OF FATHER

(State or Country)

12. MAIDEN NAME
OF MOTHER13. BIRTHPLACE
OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed

Sept. 22

1931

W. R. Hamilton

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
August 7 1931, to August 12 1931,
that I last saw h. a. alive on Aug 12 1931,
and that death occurred on the date stated above, at 3:35 A.M.
The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(Duration)

45 yrs.

mos.

ds.

Contributory
(Secondary)

Cardiac Decompensation

(Duration)

Unknown

yrs.

mos.

ds.

(Signed)

9/13 1931

(Address)

Hyden Hawcher M. D.
Weiser, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place

In the

of death

yrs.

mos.

days

State

yrs.

mos.

ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cambridge Ida

8-14-1931

20. UNDERTAKER

L. B. Northam

ADDRESS

Weiser Ida

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH
RECEIVED OCT 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of

City of

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No.

St.)

State File No.

Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

M

Wht

married

(Write the word)

6. DATE OF BIRTH

Nov

27

1861

(Month)

(Day)

(Year)

7. AGE

69

Yrs.

8

Mos.

19

ds.

IF LESS than 1 day how many
.....hrs. or
.....min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

Stockman

9. BIRTHPLACE

(State or Country)

Ireland

10. NAME OF Father

John Brasnan

11. BIRTHPLACE OF FATHER

(State or Country)

Ireland

12. MAIDEN NAME OF MOTHER

Johanna Kiffin

13. BIRTHPLACE OF MOTHER

(State or Country)

Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs J. J. Brasnan

(Address)

Weiser Ida

15.

Filed Sept. 22 1931 W. R. Hamilton

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug

16

31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 15 1931, to Aug 16 1931, that I last saw him alive on Aug 14 1931, and that death occurred on the date stated above, at 5:50 A.M. The CAUSE OF DEATH* was as follows:

Chronic Myelogenous Leukemia

(Duration) unknown yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed)

Hyden Hancher M. D.

8/17 1931

(Address) Weiser 2 dots

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Ontario Oregon

8-18-31

20. UNDERTAKER

ADDRESS

L. B. Northrup

Weiser Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of

City of

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No.

St.)

State File No.

Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

M

Wht

married

(Write the word)

6. DATE OF BIRTH

July 10 1855
(Month) (Day) (Year)

7. AGE

76 Yrs. 1 Mos. 2 ds.

IF LESS than 1
day how many
.....hrs. or
.....min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

Farmer

9. BIRTHPLACE

(State or Country)

Tenn.

10. NAME OF
Father

Thomas Walling

11. BIRTHPLACE
OF FATHER

(State or Country)

Tenn.

12. MAIDEN NAME
OF MOTHER

Mary Beach

13. BIRTHPLACE
OF MOTHER

(State or Country)

Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

T. H. Walling
Weiser Idaho

15.

Filed

Oct 9

1931

W. R. Hamilton

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from
Aug 1 - 1931, to Sept 1 1931,
that I last saw him alive on Aug 30 1931,
and that death occurred on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(Duration)

yrs.

6 mos.

ds.

Contributory
(Secondary)

(Duration)

yrs.

0 mos.

ds.

(Signed)

F. Schmidt M. D.

Sept 1 1931 (Address) Weiser I.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Jerome Idaho

19.....

20. UNDERTAKER

L. B. Northam

ADDRESS

Weiser Ida

M. H. H.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

Registration District No. 18

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 74
 Township _____ or Village _____ 76722 or
 City Sandpoint No. Barnell Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 2 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

William Franklin Henry 76
 (a) Residence: No. 616 Washington St., _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys Evelyn Henry
 6. DATE OF BIRTH (month, day, and year) July 6, 1885
 7. AGE Years 46 Months 2 Days 7 If LESS than 1 day, ____ hrs. or ____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Sept. 16, 1931 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Owensburg
 (State or country) Kentucky

13. NAME Unknown

14. BIRTHPLACE (city or town) Kentucky
 (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
 (State or country)

17. INFORMANT Mrs. H. M. F. Henry
 (Address) 616 Washington St.

18. BURIAL, CREMATION, OR REMOVAL Sandpoint
 Place Sanctuary Cemetery Date Sept. 16, 1931

19. UNDERTAKER H. E. Messal
 (Address) West River Idaho

20. FILED Sept. 16, 1931 Viola Adams
Idaho Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 13, 1931

22. I HEREBY CERTIFY That I attended deceased from July -, 1931, to Sept 13, 1931

I last saw him alive on Sept. 12, 1931; death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

General paresis of insane

Date of onset

Other contributory causes of importance:

Poor Nutrition

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Floyd G. Wendle, M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bremont</u>	City of <u>St. Anthony</u>	CERTIFICATE OF DEATH		State File No. 76726	
Registration District No. <u>99</u>		Primary Registration District No. <u>2177</u>		Local Registrar's No. <u>131</u>	
(If death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>John T. D. Clark</u>					
(a) Residence. No. <u>St. Anthony Idaho</u> St. <u>Idaho</u> (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Fannie Clark</u> (or) WIFE of <u>Fannie Clark</u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan. 28-1850</u>					
7. AGE	Years <u>81</u>	Months <u>7</u>	Days <u>19</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Virginia</u>					
MOTHER FATHER	13. NAME <u>John Clark</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>America</u>				
	15. MAIDEN NAME <u>Lizzie Litz</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>America</u>				
17. INFORMANT <u>Mrs. Fannie Clark</u> (Address) <u>St. Anthony Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place: <u>Helford</u> Date: <u>Sept. 19, 1931</u>					
19. UNDERTAKER <u>N. M. Deane</u> (Address) <u>St. Anthony Idaho</u>					
20. FILED <u>Sept. 18, 1931</u> <u>N. M. Deane</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 17 - 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 1st</u> , 1931, to <u>Sept. 17</u> , 1931.					
I last saw him alive on <u>Sept. 17, 1931</u> ; death is said to have occurred on the date stated above, at <u>7:20 a. m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Post-operative "Prostatectomy"</u>					
Other contributory causes of importance: <u>Residual urine.</u> <u>Advanced age.</u> <u>High Blood pressure</u>					
Name of operation <u>Prostatectomy</u> Date of <u>Sept. 2, 31</u>					
What test confirmed diagnosis? <u>Cystoscopy</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>P. M. Kelly</u> M. D.					
(Address) <u>St. Anthony, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH		State File No. 76727	
City of <u>Boise</u>		Registration District No. <u>8</u>		Local Registrar's No. <u>82</u>	
		Primary Registration District No. <u>2004</u>			
		(No. <u>V.A., Boise, Idaho</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>WEYBRIGHT, Kenneth N.</u>					
(a) Residence. No. <u>908 Krall Street,</u>		St. <u>Boise, Idaho</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Mrs. Hazel Weybright</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 7, 1896</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>35</u>	<u>8</u>	<u>13</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>XX</u>				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)		<u>Ohio</u>			
MOTHER FATHER	13. NAME <u>XX</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>XX</u>				
	15. MAIDEN NAME <u>XX</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>XX</u>				
17. INFORMANT <u>M. A. White</u> (Address) <u>V. A., Boise, Idaho</u>					
18. BURIAL, Place <u>Boise, Idaho</u> Date <u>10-22-31</u> , 193 <u>1</u>					
19. UNDERTAKER <u>McBratney Funeral Home</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>10-23</u> , 193 <u>1</u> <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 20 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>October 18</u> , 193 <u>1</u> , to <u>October 20</u> , 193 <u>1</u> .					
I last saw him alive on <u>October 20</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>1.00pm</u> . The principal cause of death and related causes of importance were as follows:					
Date of onset					
<u>Concussion of brain with oedema</u>					
Other contributory causes of importance:					
<u>Fracture facial & cranial bones, multiple.</u>					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis <u>clinical</u> Was there an autopsy <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>10-18-31</u> Where did injury occur? <u>Boise, Ada County, Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>Auto accident, Car went over grade</u>					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
<u>No</u> If so, specify					
(Signed) <u>F. C. SMITH, Reg. Med. Off.</u> , M. D. (Address) <u>V. A., Boise, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH Registration District No. <u>8</u> Primary Registration District No. <u>2004</u> (No. <u>V.A., Boise, Idaho</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		76728 State File No. <u>78</u>	
City of <u>Boise</u>					
2. FULL NAME <u>PILATI, Luigi</u>					
(a) Residence. No. <u>P.O. Box 270</u>		St. <u>Murray, Utah</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>XX</u>					
6. DATE OF BIRTH (month, day, and year) <u>July 22, 1886</u>					
7. AGE <u>45</u>	Years	Months <u>2</u>	Days <u>22</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>XX</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Italy</u> (State or country)					
FATHER	13. NAME <u>XX</u>				
	14. BIRTHPLACE (city or town) <u>XX</u> (State or country)				
MOTHER	15. MAIDEN NAME <u>XX</u>				
	16. BIRTHPLACE (city or town) <u>XX</u> (State or country)				
17. INFORMANT <u>M.A. White</u> (Address) <u>V.A., Boise, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salt Lake City, Utah</u> Date <u>10-16, 1931</u>					
19. UNDERTAKER <u>McBratney Funeral Home.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>10-15, 1931</u> <u>W. H. Rhider</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-14, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 10, 1930</u> , to <u>Oct. 14, 1931</u> .					
I last saw him alive on <u>Oct. 14, 1931</u> ; death is said to have occurred on the date stated above, at <u>7.00pm</u> .					
The principal cause of death and related causes of importance were as follows:					
Pulmonary tuberculosis					
Other contributory causes of importance:					
Tuberculous Meningitis					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis <u>clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>F. C. Smith</u> M. D.					
(Address) <u>V.A. Boise, Idaho</u>					

76728

31

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Lemhi</u>		CERTIFICATE OF DEATH		76729	
City of <u>Solomon</u>		Registration District No. <u>4</u>		State File No. _____	
		Primary Registration District No. <u>2 116</u>		Local Registrar's No. _____	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mr. Horace J. Micham</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year)					
7. AGE <u>40</u>		Years		Months Days If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>✓</u>					
FATHER	13. NAME				
	14. BIRTHPLACE (city or town) (State or country)				
MOTHER	15. MAIDEN NAME				
	16. BIRTHPLACE (city or town) (State or country) <u>✓</u>				
17. INFORMANT (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Solomon Cemetery</u> Date <u>Sept 20</u> , 1931					
19. UNDERTAKER <u>Wm. E. Dabbs</u> (Address) <u>Solomon Idaho</u>					
20. FILED <u>Oct. 29</u> , 1931 <u>Chas. F. Hanner</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 19</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him alive on <u>Sept 18</u> , 1931; death is said to have occurred on the date stated above, at <u>about 5 m.</u>					
The principal cause of death and related causes of importance* were as follows: <u>Pulmonary tuberculosis</u> Date of onset _____					
Other contributory causes of importance: <u>Acute alcoholism</u> <u>10 days duration</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>no</u>					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____					
(Signed) <u>Chas. F. Hanner</u> , M. D. (Address) <u>Acting coroner</u>					

B1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1931

PLACE OF DEATH

County of Ada

City of _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 8
Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE

76730

State File No. _____

Local Registrar's No. 80

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James. J. Tierney.(a) Residence. No. 5 Miles West of Boise. St. Residence Spokane Wash.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Unknown.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
About 35.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown.

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Clyde/ E. Summers. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane, Wn. Date 10-16, 1931

19. UNDERTAKER (Address) Summers & Krebs Boise Idaho

20. FILED 10-16, 1931 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 15, 193122. I HEREBY CERTIFY, That I deceased deceased from _____Oct 15, 1931, to _____, 1931I did saw him alive on dead Oct 15, 1931; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance

were as follows: Apoplexy Date of onset _____Found deadOther contributory causes of importance: High blood pressure

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Clyde E. Summers M.D.(Address) Boise Idaho

RECEIVED NOV 9 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76731**

PLACE OF DEATH

County of **Franklin**

City of **Preston**

CERTIFICATE OF DEATH

Registration District No. **27**

Primary Registration District No. **2119**

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Clayton Austin Martin**

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **white** 5. Single, Married, Widowed, **married** (write the word.)

5a. If married, widowed, or divorced
HUSBAND of **Virginia Martin**
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Mar 16 1899**

7. AGE Years **32** Months **7** Days **19** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Sheet Metal worker**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Eureka Utah**
(State or country)

10. NAME OF FATHER **Geo H? Martin**

11. BIRTHPLACE OF FATHER (city or town) **Dont Know**
(State or Country)

12. MAIDEN NAME OF MOTHER **Emma Marble**

13. BIRTHPLACE OF MOTHER (city or town) **Unknown**
(State or Country)

14. Informant **Virginia Martin**
(Address) **Salt Lake City Utah**

15. Filled **Nov 8 1931** **G. W. States**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **Oct 30 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Oct. 29 1931** to **Oct. 30 1931**
that I last saw him alive on **Oct 30 1931**
and that death occurred, on the date stated above, at **3 P. m.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

2nd & 3rd degree burns of body and legs

(duration) yrs. mos. ds.

CONTRIBUTORY **Shock**
(Secondary) **Fell in vat of hot steaming solution**
(duration) yrs. mos. ds.

18. Where was disease contracted **Leg with Rank**
if not at place of death?

Did an operation precede death? **no** Date of

Was there an autopsy? **no**

What test confirmed diagnosis? **Physical Exam**

(Signed) **O. A. Copley** M. D.
Oct. 30 1931 (Address) **Preston Idaho**

19. Place of Burial, Cremation, or Removal **Salt Lake City Utah** Date of Burial **Oct 30 1931**

20. Undertaker **M. W. Hundert** Address **Preston**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

FORM V. S. No. 1-15-11 RECEIVED NOV 7 1931

CERTIFICATE OF DEATH

Handwritten 76733
 State of Idaho
 BOARD OF HEALTH
 Bureau of Vital Statistics
 File No. **76733**
 Registered No. **76733**

1. PLACE OF DEATH

County of Washington
 City of Wesley

Registration District No. 86
 Primary Registration District No. 2112
 (No. _____, St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Abraham L Riggs

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
 (Write the word.)

6. DATE OF BIRTH

Dec 22 1863
 (Month) (Day) (Year)

7. AGE

67 Yrs. 10 Mos. — ds.

IF LESS than 1 day
 how many _____ hrs.
 or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
 (b) General nature of industry, business or establishment in which employed (or employer)

Farmer

9. BIRTHPLACE

(State or Country)

Illinois

10. NAME OF FATHER

Benj A Riggs

11. BIRTHPLACE OF FATHER

(State or Country)

W. J.

12. MAIDEN NAME OF MOTHER

Synthia Lee

13. BIRTHPLACE OF MOTHER

(State or Country)

Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ida May Riggs

(Address)

Wesley Idaho

15.

Filed

November 4, 1931

W. R. Hamilton

Local Registrar

m m m

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 22 1931
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 11 1931 to Oct 22 1931
 that I last saw him alive on Oct 22 1931
 and that death occurred on the date stated above, at 3:20 P.M.
 The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Unknown (Duration) _____ Yrs. _____ mos. _____ ds.

Contributory (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

Hyden Hancher M. D.

Oct 28, 1931 (Address) Wesley - Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Heelerest Cemetery

DATE OF BURIAL

10-27-1931

20. UNDERTAKER

L. G. Northman

ADDRESS

Wesley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH		State File No. <u>76734</u>	
City of <u>Boise.</u>		Registration District No. <u>3</u>		Local Registrar's No. <u>300</u>	
		Primary Registration District No. <u>1004</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Avanel Sadie Silver.</u>					
(a) Residence. No. <u>528. S. 16 th Street.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>17</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX		4. COLOR OR RACE		5. Single, Married, Widowed, or Divorced (write the word)	
<u>Female.</u>		<u>White.</u>		<u>Single.</u>	
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 11. 1914</u>					
7. AGE		Years		Months	
<u>17.</u>		<u>0</u>		<u>22</u>	
		Days		If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Williston. North Dakota.</u>					
(State or country)					
13. NAME <u>John Silver.</u>					
14. BIRTHPLACE (city or town) <u>Camden, Indiana.</u>					
(State or country)					
15. MAIDEN NAME <u>Edith Aldrich.</u>					
<u>Indiana.</u>					
16. BIRTHPLACE (city or town)					
(State or country)					
17. INFORMANT <u>Mrs. Edith Silver.</u>					
(Address) <u>528. S. 16 th St Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cemetery</u> Date <u>Nov. 5. 1931.</u>					
19. UNDERTAKER <u>Summers & Krebs.</u>					
(Address) <u>Boise, Idaho.</u>					
20. FILED <u>11-4</u> , 1931 <u>W. H. Rhodes</u>					
Registral.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 3</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 3</u> , 1931, to <u>Nov. 3</u> , 1931.					
I last saw him <u>dead</u> <u>Nov. 3</u> , 1931; death is said to have occurred on the date stated above, at <u>11 A</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Suicide. Shot herself in front with 25 Caliber revolver</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation					
Date of					
What test confirmed diagnosis?					
Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>Suicide.</u> Date of injury					
Where did injury occur?					
(Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Chas E Summers</u> Coroner					
(Address) <u>Boise Idaho</u> Adams County					

76734

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76735

State File No.

PLACE OF DEATH

County of AdaCity of MeridianRegistration District No. 11Primary Registration District No. 2003Local Registrar's No. 19

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (Write the word)

Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sept 9, 1849

7. AGE

82 YearsMonths 0Days 1(If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant

(Address)

15. Filed

9-11, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 10th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

7-15, 1931, to 7-15, 1931that I last saw him alive on 7-15, 1931and that death occurred, on the date stated above, at 820 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. F. Neal, M. D.
9-11, 1931 (Address) Meridian*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Joplin Cemetery9-13 1931

20. Undertaker

B. W. Robinson

Address

Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76736**

PLACE OF DEATH

County of Ada
City of Meridian

CERTIFICATE OF DEATH

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 21

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edith Louise Bradley(a) Residence. No. _____ St. 182

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) March 25 1929

7. AGE Years 2 Months 7 Days 10 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Greenwater
(State or country) Oregon10. NAME OF FATHER Ralph Bradley11. BIRTHPLACE OF FATHER (city or town) Silver City
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Edith Woods13. BIRTHPLACE OF MOTHER (city or town) Harrison
(State or Country) Ark.14. Informant (Address) Mrs Edith Carter
Meridian Idaho15. Filed Nov 4, 1931 J F Neuf
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 4 1931, to Nov 4 1931,
that I last saw her alive on Nov 4 1931,
and that death occurred, on the date stated above, at 12 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Accidental drowned
in irrigation ditch.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY _____
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? YesWhat test confirmed diagnosis? Coronary(Signed) Clyde E. Summers Ada CountyNov. 4 1931 (Address) Boise Idaho19. Place of Burial, Cremation, or Removal Meridian Cemetery Date of Burial 1920. Undertaker N S Matus Address Meridian Id

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76737

State File No.

PLACE OF DEATH

County of Ada

City of

Registration District No. 2Primary Registration District No. 2006Local Registrar's No. 113

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James H Chambers(a) Residence. No. Near Kuna, Idaho. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Alice Chambers
(or) WIFE of6. DATE OF BIRTH (month, day and year) April. 3. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>72</u>		<u>6</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Virginia
(State or country)10. NAME OF FATHER David Chambers11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Virginia12. MAIDEN NAME OF MOTHER Magdeline Roadcap13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Virginia14. Informant Mrs Jas H Chambers
(Address) Kuna, Idaho.15. Filed 10-17, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

<u>Oct</u>	<u>15</u>	19 <u>31</u>
(Month)	(Day)	(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 25, 1931 to Oct 18, 1931
that I last saw him alive on Sept 30, 1931
and that death occurred, on the date stated above, at 10:45 A.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris(duration) 0 yrs. mos. ds.CONTRIBUTORY
(Secondary)(duration) 0 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) Geo. A. Proctor M. D.10-16, 1931(Address) Nampa, Ida*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kuna, IdahoOct. 18 1931

20. Undertaker

Address

F. H. RobinsonNampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE State File No. 76738	
PLACE OF DEATH			
County of <u>Ada</u>			
City of <u>Boise</u>			
Registration District No. <u>3</u>			
Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>293</u>	
(No. <u>1706. N. 23. Street.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Clara B. Melish.</u>			
(a) Residence. No. <u>1706 N. 23 St.</u> St. _____			
(Usual place of abode)			
Length of residence in city or town where death occurred. <u>11</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced, (write the word) <u>Married.</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Clifford C. Melish</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Nov. 17. 1877.</u>			
7. AGE <u>53</u> Years	<u>11</u> Months	<u>12</u> Days	If LESS than 1 day, hrs. or min.
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
		10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Muscantine</u> (State or country) <u>Iowa</u>			
13. NAME <u>Wm. Richie.</u>			
14. BIRTHPLACE (city or town) <u>Iowa.</u> (State or country)			
15. MAIDEN NAME <u>Johns</u>			
16. BIRTHPLACE (city or town) <u>unknown</u> (State or country)			
17. INFORMANT <u>Clifford C. Melish</u> (Address) <u>1706 N. 23 St. Boise Ida.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill</u> Date <u>Nov. 1, 1931</u>			
19. UNDERTAKER <u>Summers & Krebs.</u> (Address) <u>Boise Idaho</u>			
20. FILED <u>10-30, 1931</u> <u>W. E. Rhodes</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Oct. 29th 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>July</u> , 193 <u>1</u> , to <u>October 29</u> , 193 <u>1</u> . I last saw him alive on <u>October 29</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Epochal Insanity</u> Date of onset <u>June 1931</u>			
Other contributory causes of importance: <u>Myocardial Degeneration</u> <u>Sept. 1931</u>			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>Arnold W. St. Germain</u> , M.D. (Address) <u>Boise, Idaho</u>			

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH		State File No. <u>76739</u>	
City of <u>Boise</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>291</u>	
		Primary Registration District No. <u>1004</u>			
		(No. <u>St. Lukes Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Oliphant</u>					
(a) Residence. No. <u>R.D. # 1</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 27. 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
			<u>2</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Boise, Idaho</u> (State or country)					
FATHER	13. NAME <u>David. A. Oliphant</u>				
	14. BIRTHPLACE (city or town) <u>Scotland</u> (State or country)				
MOTHER	15. MAIDEN NAME <u>Agns. Howis</u>				
	16. BIRTHPLACE (city or town) <u>Scotland</u> (State or country)				
17. INFORMANT <u>David. A. Oliphant</u> (Address) <u>R.D. # 1, Boise, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cemetery. 10-89-31</u>					
19. UNDERTAKER <u>Summers & Krebs</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>10-29, 1931</u> <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 29. 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 27</u> , 1931, to <u>Oct 28</u> , 1931.					
I last saw him alive on <u>Oct 28</u> , 1931; death is said to have occurred on the date stated above, at <u>11 P</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Prematurity</u> <u>Weight 4 lbs.</u>					Date of onset
Other contributory causes of importance:					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>Obt. finding</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>Wm. H. Rhodes Jr.</u> , M.D.					
(Address) <u>Boise Idaho</u>					

161a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE						
County of <u>Ada</u>		CERTIFICATE OF DEATH		76740						
City of <u>Boise</u>		Registration District No. <u>3</u>		State File No. _____						
		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>290</u>						
(No. <u>St Luke Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)										
2. FULL NAME <u>Thomas. M. Starrh.</u>										
(a) Residence. No. <u>Pinney Bldg.</u> St. _____										
(Usual place of abode)										
Length of residence in city or town where death occurred. <u>15</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.										
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH						
3. SEX <u>Male.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced.</u>						
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____										
6. DATE OF BIRTH (month, day, and year) <u>Dec. 19. 1874</u>										
7. AGE Years <u>56</u>		Months <u>10</u>		Days <u>9</u>						
				If LESS than 1 day, hrs. or min.						
OCCUPATION										
						8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist.</u>				
						9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation								
12. BIRTHPLACE (city or town) <u>Salt Lake City.</u> (State or country) <u>Utah.</u>										
MOTHER FATHER										
						13. NAME <u>Thomas. A. Starrh.</u>				
						14. BIRTHPLACE (city or town) <u>England.</u> (State or country)				
15. MAIDEN NAME <u>Mary Ann Mc Lelland.</u>										
16. BIRTHPLACE (city or town) <u>Salt Lake City.</u> (State or country) <u>Utah.</u>										
17. INFORMANT <u>Mrs. Irene Starrh Beal.</u> (Address) <u>1409. State St. Boise Idaho</u>										
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wobris Hill Cemetery.</u> Date <u>10-29-33</u>										
19. UNDERTAKER <u>Summers & Krebs.</u> (Address) <u>Boise, Idaho.</u>										
20. FILED <u>10-29, 1931</u> <u>W. H. Rhodes</u> Registrar.										
21. DATE OF DEATH (month, day, and year) <u>Oct 28</u> 1931				22. I HEREBY CERTIFY, That I attended deceased from <u>Jan</u> , 1930, to <u>Oct 28</u> , 1931.						
				I last saw him live on <u>Oct 27</u> , 1931; death is said to have occurred on the date stated above, at <u>12:45 p.m.</u>						
				The principal cause of death and related causes of importance were as follows:						
				<u>Uremia</u> <u>supp.</u>						
				Other contributory causes of importance:						
				Name of operation _____ Date of _____						
				What test confirmed diagnosis? <u>Uremia</u> Was there an autopsy? <u>Yes</u>						
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.										
Where did injury occur? _____ (Specify city or town, county, and State)										
Specify whether injury occurred in industry, in home, or in public place.										
Manner of injury _____										
Nature of injury _____										
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u>										
If so, specify _____										
(Signed) <u>W. H. Rhodes</u>				M. D.						
(Address) <u>309 Mc Conity Bldg.</u>										

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NOV 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76741

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 2004(No. St. Alphonsus)Local Registrar's No. 389

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Warrell Deming(a) Residence. No. Bruneau, Idaho

(Usual place of abode.)

St. Bruneau, Idaho

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug. 2, 1929

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.2116

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Mt. Home Ida.

10. NAME OF FATHER.

Granville Deming11. BIRTHPLACE OF FATHER (city or town)
(State or Country)S. F. City Ut.

12. MAIDEN NAME OF MOTHER

Margaret Kidd13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Privetown
Utah.

14.

Informant
(Address)Bruneau Ida.

15.

Filed

10-29 1931W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 18
(Month)18
(Day)1931
(Year)17. I HEREBY CERTIFY, That I attended deceased from
Sept. 18, 1931, to Sept. 18, 1931that I last saw him alive on Sept. 18, 1931and that death occurred, on the date stated above, at 6 A. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute AnhydremiaCONTRIBUTOR (Secondary)
Epidemic enterocolitis
(duration) yrs. mos. 1 ds.18. Where was disease contracted
if not at place of death? Bruneau, IdahoDid an operation precede death? No. Date ofWas there an autopsy? Yes.What test confirmed diagnosis? History and autopsy(Signed) Warren Deming, 19 (Address) Bruneau Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Bruneau Ida. 9/20 1931

20. Undertaker

Address

G. S. Zucker Mt. Home Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1931

PLACE OF DEATH

County of AdaCity of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Stevens Langfitt(a) Residence. No. Mountain Home, Idaho St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elva Langfitt6. DATE OF BIRTH (month, day, and year) 12/25/797. AGE Years 51 Months 9 Days 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Owner10. Date deceased last worked at this occupation (month and year) 3/31 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town) Kentstville, Mo. (State or country)13. NAME Langfitt14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) " (State or country)17. INFORMANT J. B. Langfitt (Address) Barber, Idaho.18. BURIAL, CREMATION, OR REMOVAL Place Mt. Home, Ida. Date 10/19, 193119. UNDERTAKER G. C. Zacher (Address) Mt. Home, Idaho20. FILED 10-26-1931 W. S. Rhodes Registrar.

DO NOT WRITE IN THIS SPACE

76742

State File No. 288

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/16, 193122. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1931, to Oct 15, 1931I last saw him alive on Oct 15, 1931; death is said to have occurred on the date stated above, at 4:45 P. M.The principal cause of death and related causes of importance were as follows: Complete left-sided hemiplegia from brain tumor. Date of onset June 1931

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) W. S. Rhodes, M. D.(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1931

PLACE OF DEATH

County of AdaCity of BoiseSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 76743Local Registrar's No. 287(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Martha Jane Gallap.(a) Residence. No. 1601. Harrison Blvd. St. _____

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Widow.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) June. 8. 18767. AGE Years 55 Months 4 Days 14. If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Ashville,
(State or country) North Carolina.13. NAME Donovan.14. BIRTHPLACE (city or town) Unknown.
(State or country)15. MAIDEN NAME Unknown.16. BIRTHPLACE (city or town) Unknown.
(State or country)17. INFORMANT Mrs. Dorothy Wardrop.
(Address) 738. E. Carlithers St.18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery Date Oct. 24. 1931.19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.20. FILED 10-23, 1931.Registrar. W. H. Rhoades

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 22 193122. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1931, to Oct 22, 1931.I last saw deceased Oct 22, 1931; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Apoplexy
ruptured blood

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Chas E Summers Coroner(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DO NOT WRITE IN THIS SPACE

State File No. **76744**

Registration District No. 2
Primary Registration District No. 1004

Local Registrar's No. 286

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Lewis Seaver

(a) Residence No. Idanha Hotel. Boise, Idaho.

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

3. SEX Male.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word) Married.
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21. DATE OF DEATH (month, day, and year) 10/18/31 193

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Kate D.B. Seaver.

22. I HEREBY CERTIFY, That I attended deceased from.....

Sept 19, 1931, to Oct 17, 1931

I last saw him alive on oct 17 -, 1931: death is said

to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

6. DATE OF BIRTH (month, day, and year) March 4-1871

7. AGE	Years	Months	Days	If LESS than 1 day,..... hrs. or - - - min.
	60	7	13	

8. Trade, profession, or particular kind of work done, as spinner, Mining Man.
sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.....

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town).....Charles City, Ia.
(State or country)

13. NAME Unknown.

FAT 14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME	
-----------------	--

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Kate Seaver.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cem. Date 10/24/31 1931

19. UNDERTAKER.....Wm. McBratney.
(Address).....Boise, Id.

20. FILED 10-22, 1931 W. N. Rhodes
Registrar

were as follows:

Chronic nephritis with uraemia:	Date of onset: about
------------------------------------	-------------------------

about
2 years
ago

Other contributory causes of importance:
Chronic myocardial
degeneration and
Circulatory insufficiency

Name of operation..... none Date of..... -

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury, 193..

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

20 If so, specify _____

(Signed) J. S. Spence M.D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76745	
PLACE OF DEATH County of <u>Ada</u> City of <u>Boise</u>		Registration District No. <u>3</u> Primary Registration District No. <u>1004</u> Local Registrar's No. <u>285</u>	
(No. <u>St. Lukes Hospital</u>) If death occurred in a hospital or institution, give its name instead of street and number.			
2. FULL NAME <u>BENJAMIN WILLIAM WALKER</u>			
(a) Residence. No. <u>1104 WARM SPRINGS AVE</u> St. _____ (Usual place of abode)			
Length of residence in city or town where death occurred. <u>44</u> yrs. mos. ds. How long in U. S., if of foreign birth? <u>44</u> yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>MARRIED</u>	
5a. If married, widowed, or divorced HUSBAND of <u>IRENE COFFMAN WALKER</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>DEC. 13th 1868</u>			
7. AGE	Years	Months	Days
<u>62</u>	<u>02</u>	<u>10</u>	<u>2</u>
If LESS than 1 day, hrs. or min.			
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>MERCHANT</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>PRODUCE AND COMMISSION</u>			
10. Date deceased last worked at this occupation (month and year) <u>Dec - 1931</u>			
11. Total time (years) spent in this occupation <u>12</u>			
12. BIRTHPLACE (city or town) (State or country) <u>HAMILTON - BERMUDA</u>			
MOTHER FATHER			
13. NAME <u>BENJAMIN WILLIAM WALKER</u>			
14. BIRTHPLACE (city or town) (State or country) <u>HAMILTON - BERMUDA</u>			
15. MAIDEN NAME <u>OLIVE JANE WILLIAMS</u>			
16. BIRTHPLACE (city or town) (State or country) <u>HAMILTON - BERMUDA</u>			
17. INFORMANT <u>IRISH COFFMAN</u> (Address) <u>BOISE IDAHO</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>BOISE IDAHO</u> Date <u>OCT 15, 1931</u>			
19. UNDERTAKER <u>Schubert & Wm. Gamm</u> (Address) <u>Boise</u>			
20. FILED <u>10-20, 1931</u> <u>W. H. Rhodes</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>10-13, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>4-10-</u> , 193 <u>0</u> , to <u>Oct. 13,</u> , 193 <u>1</u> . I last saw him live on <u>Oct. 13,</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>2:20 PM</u> . The principal cause of death and related causes of importance were as follows: <u>(1) Coronary Thrombosis 10/9/31</u> <u>(2) Essential Hypertension April 1929</u> Other contributory causes of importance:			
Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Electrocardiogram</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 193 <u>1</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Wm. E. Lumbough</u> M. D. (Address) <u>Boise, Idaho</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1931

PLACE OF DEATH

County of Ada.City of Boise.STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1004(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas L. Cary.(a) Residence. No. 422 - S. 10th St Boise St.

(Usual place of abode)

Length of residence in city or town where death occurred. 12 yrs. mos.(If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) March. 5. 1843.7. AGE Years 88 Months 7 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.13. NAME unknown14. BIRTHPLACE (city or town) (State or country) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) unknown17. INFORMANT Dr. A. B. Boeck,
(Address) 315 N. 8th St. Boise Ida.18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date Oct. 15, 193119. UNDERTAKER Summers & Krebs.
(Address) Boise Idaho.20. FILED 10-14, 1931 W. T. Rhodes
Registrar.

DO NOT WRITE IN THIS SPACE

76746

State File No. 284Local Registrar's No. 749

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 12. 193122. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1931, to Oct. 12, 1931.I last saw him alive on Oct. 12, 1931; death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance

were as follows: Cerebral hemorrhage Date of onset

Other contributory causes of importance:

Chronic interstitial nephritis.Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. A. B. Boeck M. D.(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1931
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76747

State File No.

County of AdaCity of Boise.Registration District No. 3Primary Registration District No. 1004Local Registrar's No. 283(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Mrs. Ella Younger.(a) Residence. No. 2121 Main Street.

St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 4 mos.(If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word)
married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofW. A. Younger.6. DATE OF BIRTH (month, day, and year) June 28-1858

7. AGE Years

73

Months

3

Days

13If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Iowa.

MOTHER FATHER

13. NAME

George Slavens.14. BIRTHPLACE (city or town)
(State or country)Don't know

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)W. A. Younger.
Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL
PlaceMyssa Cemetery. Date 10/13/31 193119. UNDERTAKER
(Address)Wm. McBratney.
Boise, Idaho.

20. FILED

10-13 1931W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/11/31 193122. I HEREBY CERTIFY, That I attended deceased from
Oct 5, 1931, to Oct 11, 1931.I last saw him alive on Oct 10, 1931; death is said
to have occurred on the date stated above, at 2:10 P.M.
The principal cause of death and related causes of importance
were as follows:

Date of onset

Arterio Sclerosis

Other contributory causes of importance:

Myocarditis
EdemaName of operation none Date ofWhat test confirmed diagnosis? lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Boise, Idaho.

, M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76748 State File No.	
PLACE OF DEATH County of <u>Ada.</u> City of <u>Boise.</u>		CERTIFICATE OF DEATH Registration District No. <u>2</u> Primary Registration District No. <u>1004</u> Local Registrar's No. <u>281</u> (No. <u>1104 O'Farrell.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <u>Mrs. Laura Lee Noland.</u> (a) Residence. No. <u>1104 O'Farrell.</u> St. (Usual place of abode) Length of residence in city or town where death occurred <u>27</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		746	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>	
5a. If married, widowed, or divorced HUSBAND of <u>W. H. Noland.</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Aug. 11-1867</u>			
7. AGE	Years	Months	Days
<u>64</u>	<u>0</u>	<u>29</u>	<u>11</u> LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Ohio.</u> (State or country)			
MOTHER	13. NAME <u>Richard Turner.</u>		
	14. BIRTHPLACE (city or town) <u>Ohio.</u> (State or country)		
	15. MAIDEN NAME <u>Elizabeth Powell.</u>		
16. BIRTHPLACE (city or town) <u>Ohio.</u> (State or country)			
17. INFORMANT <u>W. H. Noland.</u> (Address) <u>Boise, Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem.</u> Date <u>10-13-31</u> 1931			
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>			
20. FILED <u>10-13</u> , 1931 <u>W. H. Rhodes</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>10/10/31</u> 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 7</u> , 1931, to <u>Oct 10</u> , 1931. I last saw her alive on <u>Oct 10</u> , 1931; death is said to have occurred on the date stated above, at <u>10:30 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Paralysis following cerebral hemorrhage</u> <u>Pulmonary oedema</u>			
			Date of onset <u>1928</u>
Other contributory causes of importance: <u>Dec 7/31</u>			
Name of operation <u>none</u> Date of			
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify			
(Signed) <u>W. H. Holmson</u> , M. D. (Address) <u>Boise, Idaho.</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada.
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76749**

Registration District No. 3
Primary Registration District No. 1004
(No. 523 South 14th street.)

Local Registrar's No. 280

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel McFarlane.

(a) Residence. No. 523 South 14th St. 90
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced, (write the word) Married.

5a. If married, widowed, or divorced
HUSBAND of Jennie McFarlane.
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 5-1859

7. AGE Years Months Days
72 6 6
If less than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millwright.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canada.
(State or country)

13. NAME McFarlane.

14. BIRTHPLACE (city or town) Scotland.
(State or country)

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Scotland.
(State or country)

17. INFORMANT Mrs. Jennie McFarlane.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Monroe Hill Cemetery. Date 10-14-31, 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 10-13, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/11/31 193

22. I HEREBY CERTIFY, That I attended deceased from 10/11, 1931, to 10/11, 1931.

I last saw him alive on 10/11, 1931; death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Dilatation of Heart 3 yrs

Other contributory causes of importance:

Mitral Insufficiency 3 yrs

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1931.

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) W. S. Allen, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada.
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76750**

Registration District No. 3
Primary Registration District No. 1004
(No. 1206 N. 25th Street.)

Local Registrar's No. 379

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Margaret Smith.

(a) Residence. No. 1206 N. 25th St. 30 yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(Usual place of abode) (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Divorced.

5a. If married, widowed, or divorced
HUSBAND of William Smith.
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 21-1869

7. AGE Years 61 Months 11 Days 20 If LESS than 1 day, hrs. 0 min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

13. NAME Xavier Weinschenk

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany.
(State or country)

17. INFORMANT Mrs. Viola B. Robb.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place St. John's Cem. Date 10-14, 1931

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 10-13, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/11/31 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1931, to Oct 11, 1931.

I last saw her alive on Oct 11, 1931, at 9:30 P.M. death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia & cardiac failure.

Date of onset

Oct 5-1931

Other contributory causes of importance:

Contracted cold. Developed Influenza.

Name of operation None. Date of None.What test confirmed diagnosis? Chy. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None. Date of injury None., 1931.Where did injury occur? None.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. None.Manner of injury None.Nature of injury None.24. Was disease or injury in any way related to occupation of deceased? noIf so, specify None.(Signed) Arthur T. Parker M. D.(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1931

PLACE OF DEATH

Ada.

County of

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Otho Leonard.(a) Residence. No. 1109.N.21 street.

(Usual place of abode)

Length of residence in city or town where death occurred. 6 yrs. mos. ds.St.

(If nonresident give city or town and state)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) April 27. 1923

7. AGE <u>8</u>	Years	Months <u>5</u>	Days <u>11</u>	If LESS than 1 day, <u></u> hrs. or <u></u> min.
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8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Student9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Des Moines
Iowa13. NAME Valentine A. Leonard14. BIRTHPLACE (city or town)
(State or country)Shelbyville
Ill.15. MAIDEN NAME Ruth A. Rea.16. BIRTHPLACE (city or town)
(State or country)Los Angeles.
Calif.17. INFORMANT Valentine A. Leonard.
(Address) 1109.N.21. street Boise.18. BURIAL, CREMATION, OR REMOVAL
Place Morris HillDate Oct. 11, 193119. UNDERTAKER Summers & Krebs
(Address) Boise Idaho.20. FILED 10-10, 1931 W. H. Rhodes

Registrar.

DO NOT WRITE IN THIS SPACE

State File No.

76751Local Registrar's No. 278

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 8 1931

22. I HEREBY CERTIFY, That I attended deceased from

10-8, 1931, to 10-8, 1931.I last saw him alive on 6:30 p., 1931; death is saidto have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Basal Skull
Fracture10-8-31

Other contributory causes of importance:

Cerebral
HæmorrhageName of operation none Date of What test confirmed diagnosis? 7 S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10-8, 1931Where did injury occur? State St. Boise
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place. Public placeManner of injury Struck by carNature of injury Skull Fracture

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) W. H. Rhodes, M.D.(Address) Boise

RECEIVED NOV 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76752

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1004
(No. St. Alphonsus Hospital)
Local Registrar's No. 277

2. FULL NAME

(a) Residence. No. 117 North 13th St St.

(Usual place of abode.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJoseph Branstetter6. DATE OF BIRTH (month, day and year) February 8-18587. AGE Years Months Days If LESS than 1 day, hrs. or min.
79 9 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pierre du Chene, Wyo

10. NAME OF FATHER

Pascal Mallette

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

St. Louis, Mo

12. MAIDEN NAME OF MOTHER

not obtainable

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

St. Louis, Mo.14. Informant (Address) Bernice Chapman
1146 Rec St. Boise Idaho15. Filed 10-8 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 5 1931, to Oct 4 1931
that I last saw her alive on Oct 4 1931and that death occurred, on the date stated above, at 5 P m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:apoplexy
+ High Blood pressure
hereditary haemorrhageCONTRIBUTORY (Secondary) age - brittle high pressure
(duration) yrs. mos. ds.18. Where was disease contracted if not at place of death? HomeDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Blond Report(Signed) J. H. Hinkle M. D.
Oct 5 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

St. John's Cemetery 10-7 1931

20. Undertaker Address

Schreiber & W. Baum Boise, Id.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1931

PLACE OF DEATH

Ada.

County of.....

City of.....Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No.....2

Primary Registration District No.....1004

(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Adaline Rosegrante Gray.

(a) Residence. No. 1101 N. 15th Street. Boise. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Widow
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 20. 1846.

7. AGE 84	Years 9	Months 14	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

13. NAME Stewart Rosegrante.

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Caroline Brown

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Mrs. Henry Whitson (Address) 1101 N. 15th Street Boise.

18. BURIAL, CREMATION, OR REMOVAL Place Cadillac Mich. Date Oct. 9, 1931

19. UNDERTAKER Summers & Krebs (Address) Boise Idaho.

20. FILED 10-5, 1931 W. H. Rhodes Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 76753

Local Registrar's No. 276

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 4 1931

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 13, 1931, to October 4, 1931.

I last saw him alive on Oct. 4, 1931; death is said

to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Other contributory causes of importance:

Broncho-Pneumonia

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1931.

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Harold W. Stone, M.D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1931

PLACE OF DEATH

County of AdaCity of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1004(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Louise Baker.(a) Residence. No. Boise, Idaho. 6th and Orchard.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCharles F. Baker.6. DATE OF BIRTH (month, day, and year) Apr. 5-1875

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.56529

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia.

MOTHER FATHER

13. NAME

John Eiman.

14. BIRTHPLACE (city or town) (State or country)

Switzerland.

15. MAIDEN NAME

Unknown.

16. BIRTHPLACE (city or town) (State or country)

Switzerland.

17. INFORMANT (Address)

Mrs. Carolyn Reese.
Los Angeles, Cal.

18. BURIAL, CREMATION, OR REMOVAL Place

Morris Hill Cem. 10-4, 1931.

19. UNDERTAKER (Address)

Wm. McBratney.
Boise, Idaho.

20. FILED

10-2

1931

W. H. Rhodes
Registrar.

DO NOT WRITE IN THIS SPACE

76754

State File No.

Local Registrar's No. 375

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/1/31 1931

22. I HEREBY CERTIFY, That I attended deceased from

Aug 14, 1931, to October 1, 1931.I last saw her alive on Oct 1, 1931; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cancer of Liver & Endocrine GlandsAug 14, 1931

Other contributory causes of importance:

Chronic NephritisName of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

(Address)

Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
(No. St Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 76755Local Registrar's No. 2742. FULL NAME John Edmund Mc Donnell.(a) Residence. No. 110. W. Bannock Street. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Mrs. Nellie Mc Donnell.6. DATE OF BIRTH (month, day and year) May. 27. 1858.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
73 5 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Auditor Public Utilities(b) General nature of industry, business, or establishment in which employed (or employer) Commission.

(c) Name of employer

9. BIRTHPLACE (city or town) Winona Flat.
(State or country) California.

10. NAME OF FATHER John. D. Mc Donnell.

11. BIRTHPLACE OF FATHER (city or town) Ireland.
(State or Country)

12. MAIDEN NAME OF MOTHER Amelia Kessler.

13. BIRTHPLACE OF MOTHER (city or town) Penn.
(State or Country)

14. Informant Donnell. E. Mc Donnell.(Address) 110. W. Bannock Street, Boise, Idaho. Morris Hill Cemetery. Oct. 1. 31.

15. Filed 10-1, 19 31 W. N. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-27 1931, to 9-29 1931

that I last saw him alive on 9-29 1931
and that death occurred, on the date stated above, at 4:10 p. m.

The CAUSE OF DEATH* was as follows:

Gastric hemorrhage

(duration) 4 yrs. mos. ds.
CONTRIBUTORY Gastric ulcer
(Secondary)

(duration) 4 yrs. mos. ds.
18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis? hand
(Signed) Summers, M. D.

(Address) Boise

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery. Oct. 1. 31.

20. Undertaker Address

Summers & Krebs, Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH		State File No. <u>76756</u>	
City of					
Registration District No. <u>8</u>		Primary Registration District No. <u>2004</u>		Local Registrar's No. <u>85</u>	
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Annie Marie Linck.</u>					
(a) Residence. No. <u>5 miles west of Boise.</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>2</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widow.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 3. 1837.</u>					
7. AGE Years <u>94</u>		Months <u>8</u>		Days <u>21.</u>	
If LESS than 1 day, hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>At Home.</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Berne</u> (State or country) <u>Switzerland.</u>					
13. NAME <u>Jacob. Weirman.</u>					
14. BIRTHPLACE (city or town) <u>Switzerland.</u> (State or country)					
15. MAIDEN NAME <u>Unknown.</u>					
16. BIRTHPLACE (city or town) <u>Unknown.</u> (State or country)					
17. INFORMANT <u>Mrs. Emma Tueller.</u> (Address) <u>R.D. # 2. Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cemetery.</u> Date <u>Oct. 27.</u>					
19. UNDERTAKER <u>Summers & Krebs.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>10-26, 1931</u> <u>W.H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 24</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 15</u> , 1931, to <u>Oct 24</u> , 1931.					
I last saw him alive on <u>Oct 10</u> , 1931; death is said to have occurred on the date stated above, at <u>12:45</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Scurvy - with</u> <u>severe delirium -</u> <u>swelling of body and</u> <u>paralyzed</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Cause of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>W.H. Rhodes</u> , M. D.					
(Address) <u>Boise, Idaho.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76757	
County of <u>Ada.</u>		Registration District No. <u>8</u>		State File No. <u>84</u>	
City of <u>Boise.</u>		Primary Registration District No. <u>2004</u>		Local Registrar's No. <u>129</u>	
		(No. <u>Ada County Hospital.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mrs. Evelyn Rockwell.</u>					
(a) Residence. No. <u>Meridian, Idaho.</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Jeff Rockwell.</u>					
6. DATE OF BIRTH (month, day, and year) <u>July 15-1875</u>					
7. AGE Years <u>56</u>		Months <u>3</u>		Days <u>7</u>	
If LESS than 1 day, hrs. or min.					
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Nebraska</u> (State or country)					
MOTHER		13. NAME <u>Henry Boyer.</u>			
		14. BIRTHPLACE (city or town) <u>Ohio</u> (State or country)			
		15. MAIDEN NAME <u>Mary Ellen Loomis.</u>			
		16. BIRTHPLACE (city or town) <u>Ohio.</u> (State or country)			
		17. INFORMANT <u>S. L. Boyer.</u> (Address) <u>Star, Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Kohler Lawn,ampa, Ida.</u> Date <u>10/25/31</u> 1931					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>10-26</u> , 1931 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10/22/31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 1</u> , 1931, to <u>Oct 22</u> , 1931.					
I last saw her alive on <u>Oct 22</u> , 1931, death is said to have occurred on the date stated above, at <u>2:30 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Chronic Nephritis</u> <u>& Chronic myocardial Degeneration</u>					
Date of onset					
Other contributory causes of importance: <u>Pulmonary Edema</u>					
Name of operation <u>None</u> Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>W. H. Rhodes</u> , M. D. (Signed) <u>Boise, Idaho.</u> (Address)					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76758 State File No. _____			
County of <u>Ada</u>		City of _____		Registration District No. <u>8</u> Primary Registration District No. <u>2004</u> Local Registrar's No. <u>83</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Margaret Budden</u>							
(a) Residence. No. <u>5 Miles West of Boise</u> St. _____ (Usual place of abode)							
Length of residence in city or town where death occurred. <u>2</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>					
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____							
6. DATE OF BIRTH (month, day, and year) <u>Nov. 25, 1920</u>							
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.			
	<u>10</u>	<u>10</u>	<u>26</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.						
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
	10. Date deceased last worked at this occupation (month and year) _____						
11. Total time (years) spent in this occupation _____					21. DATE OF DEATH (month, day, and year) <u>Nov 10-21 1931</u>		
12. BIRTHPLACE (city or town) (State or country) <u>Lexington Oregon</u>					22. I HEREBY CERTIFY, That I attended deceased from _____ <u>Oct 21</u> 1931, to _____, 1931 I last saw him alive <u>dead Oct 21</u> , 1931; death is said to have occurred on the date stated above, at <u>5:20 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Fractured skull.</u> <u>Hit by Automobile.</u> <u>on Boise-Nampa Highway</u>		
13. NAME <u>William. H. Budden</u>					Other contributory causes of importance: _____		
14. BIRTHPLACE (city or town) (State or country) <u>Boise, Idaho</u>					Name of operation _____ Date of _____		
15. MAIDEN NAME <u>Hazel Reaney</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____		
16. BIRTHPLACE (city or town) (State or country) <u>Lexington, Oregon</u>					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of death <u>Oct 21</u> , 1931 Where did injury occur? <u>5 miles W of Boise</u> (Specify city or town, county, and State)		
MOTHER FATHER	17. INFORMANT (Address) <u>William. H. Budden</u> <u>1501. W. Bannock St.</u>					Specify whether injury occurred in, industry, in home, or in public place. <u>Public Highway</u>	
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem.</u> Date <u>Oct. 24, 1931</u>					Manner of injury <u>Hit by Automobile</u>	
	19. UNDERTAKER <u>Summers & Krebs</u> (Address) <u>Boise, Idaho</u>					Nature of injury <u>Fractured skull</u>	
20. FILED <u>10-23 1931</u> <u>W. H. Rhodes</u> Registrar.					24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Clyde E. Summers</u> <u>Coroner</u> (Address) <u>Boise Idaho</u>		

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1931

PLACE OF DEATH

County of AdaCity of Boise.STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8Primary Registration District No. 2004

(No. State Penitentiary Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Hodge.(a) Residence. No. Mullan Idaho.

(Usual place of abode)

St. Mullan IdahoLength of residence in city or town where death occurred. yrs. 1 mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

1883.

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.
or min.48

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ohio.

MOTHER FATHER

13. NAME

J. T. Hodge.

14. BIRTHPLACE (city or town) (State or country)

Unknown.

15. MAIDEN NAME

Unknown.

16. BIRTHPLACE (city or town) (State or country)

Unknown.

17. INFORMANT (Address)

R. E. Thomas.
State Penitentiary Boise.

18. BURIAL, CREMATION, OR REMOVAL

Place PenitentiaryDate Oct. 22, 1931

19. UNDERTAKER

Summers & Krebs.

(Address)

Boise, Idaho.

20. FILED

10-21, 1931W. H. Rhodes

Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 76759Local Registrar's No. 81

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-18 1931

22. I HEREBY CERTIFY, That I attended deceased from

Oct 10, 1931, to Oct 18, 1931I last saw him alive on Oct 18, 1931; death is saidto have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis1 yr ago

Other contributory causes of importance:

Chronic
Myocarditis5 yrsName of operation none Date ofWhat test confirmed diagnosis? Spit Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify miner J. B. ?

(Signed)

F. D. Almond M. D.

(Address)

Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV

6 1931 STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of AdaCity of BoiseRegistration District No. 8Primary Registration District No. 2004Local Registrar's No. 79(No. Boise Barracks)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME William J. Rafferty(a) Residence. No. Boise Barracks St. 2Length of residence in city or town where death occurred. 20 yrs. mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Sept. 25-18867. AGE Years 47 Months — Days 19 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City
(State or country)13. NAME William Rafferty14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Alie Edwards16. BIRTHPLACE (city or town) Salt Lake City Utah
(State or country)17. INFORMANT Mrs. A. J. Chambers
(Address) R. O. #418. BURIAL, CREMATION, OR REMOVAL
Place St. John's Cem Date 10-16, 193119. UNDERTAKER Schreiner & W. Baum
(Address) Boise, Idh20. FILED 10-16, 1931 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-14 193122. I HEREBY CERTIFY, That I attended deceased from 10/13/31, 1931, to 10/14/31, 1931.I last saw him alive on 10/14/31, 1931; death is said to have occurred on the date stated above, at 5:46 m.

The principal cause of death and related causes of importance were as follows:

Isthm. Bronchial Ch. Date of onset Begonwith acute dilatation 39 years ago.of heart duringparoxysm

Other contributory causes of importance:

Name of operation no Date of noWhat test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 1931.Where did injury occur? —
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. noManner of injury noNature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) W. S. Stalling, M. D.(Address) W. S. Stalling, Hailey

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76761	
PLACE OF DEATH			
County of <u>Adams</u>			
City of <u>Woodland</u>			
CERTIFICATE OF DEATH			
Registration District No. <u>71</u>		Local Registrar's No.	
Primary Registration District No.			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mary Margaret Lyons</u>			
(a) Residence. No. St.		(If nonresident give city or town and state)	
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. <u>2</u> mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Wm. M. Lyons</u>			
6. DATE OF BIRTH (month, day, and year) <u>July 23, 1890</u>			
7. AGE	Years <u>41</u>	Months <u>3</u>	Days <u>3</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Missouri</u>			
MOTHER FATHER	13. NAME <u>Aaron J. McGuire</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Missouri</u>		
	15. MAIDEN NAME <u>Lucy Ludington</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>		
17. INFORMANT (Address) <u>Husband Wm. M. Lyons.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Weiser Idaho</u> Date <u>Oct. 28 1931</u>			
19. UNDERTAKER (Address) <u>Huddleston Cambridge.</u>			
20. FILED <u>Nov. 10 1931</u> <u>Oliver D. Huddleston</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Oct 26 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 18</u> , 193 <u>1</u> , to <u>Oct 26</u> , 193 <u>1</u> . I last saw him <u>her</u> alive on <u>Oct 26</u> , 193 <u>1</u> . death is said to have occurred on the date stated above, at <u>12:45 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Acute exacerbation of chronic Pulmonary Tuberculosis</u> Other contributory causes of importance: <u>Lobar Pneumonia</u>			
			Date of onset <u>10/18/31</u> <u>8-10 yrs</u> <u>10/23/31</u>
Name of operation <u>no</u> Date of <u>0</u>			
What test confirmed diagnosis? <u>Physical</u> Was there an autopsy <u>0</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>0</u> Date of injury, 193 <u>1</u> Where did injury occur? <u>0</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>0</u> Manner of injury <u>0</u> Nature of injury <u>0</u>			
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>0</u> (Signed) <u>Oliver D. Huddleston</u> , M.D. (Address) <u>Cambridge</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Adams</u>		CERTIFICATE OF DEATH		State File No. <u>76762</u>	
City of <u>Council</u>		Registration District No. <u>71</u>		Local Registrar's No. _____	
		Primary Registration District No. _____			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Wilbur Gilmer</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>16</u> yrs. <u>7</u> mos. <u>12</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>March 7, 1915</u>					
7. AGE	Years <u>16</u>	Months <u>7</u>	Days <u>12</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>schoolboy</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Council Idaho</u> (State or country)					
MOTHER FATHER	13. NAME <u>G.C. Gilmer</u>				
	14. BIRTHPLACE (city or town) <u>Payette Idaho</u> (State or country)				
	15. MAIDEN NAME <u>Myrtle Staley</u>				
	16. BIRTHPLACE (city or town) <u>Wallace Kansas</u> (State or country)				
17. INFORMANT <u>Mother, Mrs. Gilmer-Nichols</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Council</u> Date <u>Oct 21</u>					
19. UNDERTAKER <u>Robt. Young</u> (Address)					
20. FILED <u>Nov 10</u> , 1931 <u>Alvin S. Thurst</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 19, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>October 1, 1931</u> , <u>Oct 19</u> , 1931					
I last saw him live on <u>Oct. 19</u> , 1931; death is said to have occurred on the date stated above, at <u>4:30 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Influenza</u> <u>with terminal pneumonia</u>					
Other contributory causes of importance:					
<u>Chronic Endocarditis</u> <u>8 yrs</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Physical</u> Was there an autopsy? <u>0</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>0</u> Date of injury <u>0</u> , 1931					
Where did injury occur? <u>0</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>0</u>					
Manner of injury <u>0</u>					
Nature of injury <u>0</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) <u>Alvin S. Thurst</u> , M. D.					
(Address) <u>Council</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 12 1931

PLACE OF DEATH

 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76763

State File No.

County of AdamsCity of CouncilRegistration District No. 71

Primary Registration District No.

Local Registrar's No.

 (No. _____)
 (If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME -----Newcomb.

(a) Residence. No. _____ St. _____

 (Usual place of abode)
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) S,

 5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Oct. 8, 1931
 7. AGE Years Months Days If LESS than 1 day 6 hrs. or 35 min.
 - - - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

 12. BIRTHPLACE (city or town) Council Idaho
 (State or country)

 13. NAME Vern Lester Newcomb

 14. BIRTHPLACE (city or town) Spokane Wash
 (State or country)
15. MAIDEN NAME Edith Knot Newcomb.
 16. BIRTHPLACE (city or town) state of Washington
 (State or country)

 17. INFORMANT Father. Council.
 (Address)

 18. BURIAL, CREMATION, OR REMOVAL
 Place Kesler cemetery Date Oct. 9, 1931

 19. UNDERTAKER W. Young.
 (Address)
20. FILED Nov 10, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____

October 8, 1931, to Oct. 8, 1931I last saw him alive on 4:30 P.M., 1931; death is saidto have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance

were as follows: _____ Date of onset _____

Premature birthGestation of Seven months.

Other contributory causes of importance:

unknown.Second time for this mother.Name of operation O Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Alvin S. Thurston, M.D.(Address) Council.

RECEIVED NOV 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76764

State File No.

PLACE OF DEATH

County of *Bannock*City of *Hatch*

CERTIFICATE OF DEATH

Registration District No. *84*Primary Registration District No. *2161*Local Registrar's No. *234*

2. FULL NAME

(a) Residence No. *Thatcher Idaho*

St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word.) *Married*

5a. If married, widowed or divorced

HUSBAND of
(or) WIFE of
*Wife of**Jos. B. Wright*6. DATE OF BIRTH (month, day and year) *June 20-1866*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
65 2 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *house wife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Berryville Mo.*
(State or country)10. NAME OF FATHER *William G. Ellis*11. BIRTHPLACE OF FATHER (city or town)
(State or Country)12. MAIDEN NAME OF MOTHER *Margaret Erwin*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) *Alabama*14. Informant (Address) *Kenneth Wright
Thatcher Idaho*15. Filed *Sept 19 1931* *Mr. G. J. Smith* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *September 18* 19*31*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *November 26 1930* to *Sept 18* 19*31*
that I last saw her alive on *Sept 18* 19*31*
and that death occurred, on the date stated above, atm.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Cerebral Hemorrhage*(duration) yrs. *3* mos. ds.
CONTRIBUTORY *Cerebral Hemorrhage*
(Secondary)(duration) yrs. *6* mos. ds.18. Where was disease contracted *✓*
if not at place of death?Did an operation precede death? *yes* Date of *April 10, 1931*Was there an autopsy? *no*What test confirmed diagnosis? *Pathological Lab.*(Signed) *Wm. K. Smith*, M. D.*Sept 19* 19*31* (Address) *Idaho Springs*

19. Place of Burial, Cremation, or Removal Date of Burial

Idaho Springs Idaho *Sept 21 1931*

Unmistaken Address

Wm. K. Smith *Idaho Springs*

45

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1931

STATE OF IDAHO

PLACE OF DEATH
County of Bannock
City of Pocatello

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76765

Registration District No. 28
Primary Registration District No. 2167

Local Registrar's No. 179(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Bonita Palmer(a) Residence. No. 1033 West Fremont St. 41

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Milton R. Palmer
(or) WIFE of Wife of

6. DATE OF BIRTH (month, day, and year) June 28, 1908

7. AGE Years 23 Months 4 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri13. NAME Walter C. Tushfarber14. BIRTHPLACE (city or town) (State or country) Kansas15. MAIDEN NAME Essie Calhoun16. BIRTHPLACE (city or town) (State or country) Oaklahoma17. INFORMANT Milton R. Palmer
(Address) Pocatello, Idaho.18. BURIAL CREMATION, OR REMOVAL On Arrival
Place Platte, Kansas Date 193119. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.20. FILED Nov. 2., 1931. J C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 31, 1931.22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Oct 31, 1931

I last saw her alive on Oct 31, 1931; death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

Date of onset 6. m.Other contributory causes of importance: PyelitisName of operation Lab Date of 7. m.What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1931.Where did injury occur? —
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify W. W. Brooker, M. D.(Signed) W. W. Brooker, M. D.(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of BlaineCity of BlackfootRegistration District No. 2Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

76766

State File No. _____

Local Registrar's No. 178

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David A. Johnson(a) Residence. No. Blackfoot R.F. #3 St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Aug 1st 18657. AGE Years 66 Months 2 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Scotland13. NAME Peter J. Johnson14. BIRTHPLACE (city or town) (State or country) Scotland15. MAIDEN NAME Isabella Archibald16. BIRTHPLACE (city or town) (State or country) Scotland17. INFORMANT Mabel Call (Address) Blackfoot, Ida R.F. #118. BURIAL, CREMATION, OR REMOVAL Place Blackfoot, Ida Date Oct 31, 193119. UNDERTAKER E. T. Park (Address) Blackfoot, Idaho20. FILED 10-30-31 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-28 193122. I HEREBY CERTIFY, That I attended deceased from 10-12, 1931, to 10-28, 1931.I last saw him alive on 10-28, 1931; death is saidto have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis.

Other contributory causes of importance:

ProstatitisName of operation no Date of _____What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) J. P. Hanning M.D.(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		RECEIVED NOV 10 1931 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		City of <u>Pocatello</u>		State File No. <u>76767</u>	
Registration District No. <u>28</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>177</u>	
(No. <u>Residence</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Charles Schneider</u>		<u>92</u>			
(a) Residence. No. <u>Pocatello</u> , <u>Idaho</u> . <u>R. 7. S. St.</u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred <u>19</u> yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Husband of Della Gregg</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Mar. 14, 1873.</u>					
7. AGE Years <u>58</u>	Months <u>7</u>	Days <u>14</u>	If LESS than 1 day, hrs. or min.		
OCCUPATION		11. Total time (years) spent in this occupation			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>					
10. Date deceased last worked at this occupation (month and year)					
12. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>					
13. NAME <u>John Schneider</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>					
15. MAIDEN NAME					
16. BIRTHPLACE (city or town) (State or country)					
17. INFORMANT <u>Frank G. Schneider</u> (Address) <u>Pocatello, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>Oct. 29, 1931.</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho</u>					
20. FILED <u>Oct. 28, 1931.</u> <u>J. C. Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 27, 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 1</u> , 19 <u>31</u> , to <u>Oct 27</u> , 19 <u>31</u> . I last saw him alive on <u>Oct 27</u> , 19 <u>31</u> ; death is said to have occurred on the date stated above, at <u>8 a. m.</u> The principal cause of death and related causes of importance were as follows:					
					Date of onset
<u>Coronary thrombosis</u>					<u>Oct 27</u>
Other contributory causes of importance:					
<u>Angina pectoris</u>					<u>4 yrs.</u>
Name of operation <u>Cholecystectomy</u> Date of <u>Nov 1</u>					
What test confirmed diagnosis? <u>Cholecystectomy</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 19 <u>31</u> . Where did injury occur? <u>None</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>None</u> Manner of injury <u>None</u> Nature of injury <u>None</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>None</u> (Signed) <u>W. A. Brothers</u> M. D. (Address) <u>Pocatello, Idaho.</u>					

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 1 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76768

State File No.

PLACE OF DEATH

County of Bannock
City of Parlatello

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

(No. no)

Local Registrar's No. 176

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Clarence Edward Johnson

(a) Residence No. 445 N. Lincoln St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. 2 mos. 5 ds. How long in U. S. if of foreign birth? yrs. no mos. no ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Single

6. DATE OF BIRTH (month, day and year)

Sept 24-1907

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

24

1

1

X

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

Farming

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Castage
So. Dakota

10. NAME OF FATHER

Ellis Johnson

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Sweden

12. MAIDEN NAME OF MOTHER

Anna Petersons

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

Sweden

14.

Informant
(Address)

Ludwig Pollak
445 N. Lincoln

15.

Filed 10-28 1931

D. C. Ray

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October 27

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 20 1931, to Oct 27 1931

that I last saw him alive on Oct 26 1931

and that death occurred, on the date stated above, at 4 A. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

ulcerative endo car
ditis-

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Rheumatism

(duration) 10 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

D. C. Ray

M. D.

19 (Address) Parlatello, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Mt. View cemetery

10 1931

20. Undertaker

Address

H. L. McLean

Parlatello
Idaho

RECEIVED NOV 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76769

State File No.

PLACE OF DEATH

County of BannockCity of Paracello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 175(No. 129 No. Johnson)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert L. Glenn(a) Residence. No. 124 N. Johnson St.

(Usual place of abode.)

Length of residence in city or town where death occurred 30 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed,
or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Mrs. R. L. Glenn6. DATE OF BIRTH (month, day and year) June 12 - 1865

7. AGE

Years 66Months 4Days 12

If LESS than 1 day,

hrs. or
1 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work R. R. Switchman(b) General nature of industry,
business, or establishment in
which employed (or employer) Railroad Co.(c) Name of employer U. S. L. P. R.9. BIRTHPLACE (city or town)
(State or country) Berea
Kentucky10. NAME OF FATHER James Arthur Glenn11. BIRTHPLACE OF FATHER (city or town)
(State or Country) North Carolina12. MAIDEN NAME OF MOTHER Rachel Rodgers13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Chattanooga
Tennessee

14.

Informant
(Address) Mrs. R. L. Glenn
124 N. Johnson

15.

Filed 10-26-31Registrar D. C. Ray

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 24, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

10/24, 1931, to 10-24, 1931that I last saw him alive on 10-24, 1931and that death occurred, on the date stated above, at B. A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Angina Pectoris -

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of -Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) J. H. Young M. D.10-26, 1931 (Address) Paracello

19. Place of Burial, Cremation, or Removal

Date of Burial

Mt. View Cemetery10/26/1931

20. Undertaker

Address

J. L. McLean217 So. 10th

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76770**

PLACE OF DEATH
County of **Bannock**
City of **Pocatello**

Registration District No. **28**Primary Registration District No. **2161**Local Registrar's No. **174**(No. **Rail Road Track one mile East**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **John Palmer White**(a) Residence. No. **Idaho Falls** St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. Single, Married, Widowed, or Divorced (write the word) **Single**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) **January 1906**

7. AGE Years **25** Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Farm Laborer**

10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **New York**
(State or country) **N. Y.**

13. NAME **Frank White**

14. BIRTHPLACE (city or town) **Unknown**
(State or country)

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (city or town) **Unknown**
(State or country)

17. INFORMANT **J. L. White**
(Address) **Idaho Falls**

18. BURIAL, CREMATION, OR REMOVAL
Place **Pocatello** Date **Oct 24, 1931**

19. UNDERTAKER **Hall Mortuary**
(Address) **Pocatello**

20. FILED **10-26-1931** **D. C. Ray**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Oct 22 1931**

22. I HEREBY CERTIFY, That I attended deceased from
....., 193....., to , 193.....

I last saw h..... alive on , 193..... : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Brushed head run over by freight train probably (Accidental)

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? **accident** Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) **Arthur W. Hall** **G. H. Brown**(Address) **Pocatello**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO 1931		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		CERTIFICATE OF DEATH		State File No. 76771	
County of <u>Bannock</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>172</u>	
City of <u>Pocatello</u>		Primary Registration District No. <u>2166</u>			
		(No. <u>656 W. Sublett</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Friedel</u>					
(a) Residence. No. <u>156 W. Sublett</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct., 15, '31</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
			<u>0</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country)					
MOTHER FATHER	13. NAME <u>Marcus Friedel</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Pocatello Idaho</u>				
	15. MAIDEN NAME <u>Geneva Leinen</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>				
17. INFORMANT (Address) <u>Marcus Friedel Pocatello</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain View</u> Date <u>Oct., 16, 1931</u>					
19. UNDERTAKER <u>Schrymacker, Pocatello</u> (Address)					
20. FILED <u>10-22, 1931</u> <u>D. C. Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct., 15, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 15, 1931</u> to <u>Oct. 15, 1931</u>					
I last saw him alive on <u>Oct. 15, 1931</u> ; death is said to have occurred on the date stated above, at <u>10:00</u> m.					
The principal cause of death and related causes of importance were as follows:					
Premature (5 mo)					
Other contributory causes of importance:					
Albuminuria of mother sub					
Name of operation <u>Chin</u> Date of <u></u>					
What test confirmed diagnosis <u>Chin</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) <u>W. T. Groves</u> M. D.					
(Address) <u>Pocatello, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76772

State File No.

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 172(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fern H. Mathews(a) Residence. No. 229 East Benton St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Wife of L. J. Mathews
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 22, 1909.

7. AGE Years Months Days If LESS than 1 day, hrs. min.
21 11 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ammon, Idaho.

13. NAME D. B. Hatch

14. BIRTHPLACE (city or town) (State or country) Utah.

15. MAIDEN NAME Susan Kelly

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT L. J. Mathews
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Moreland, Ida. Date Oct. 22, 1931.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Oct. 21, 1931. D. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 20, 1931.22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1931, to Oct 20, 1931.

I last saw her alive on Oct 20, 1931; death is said to have occurred on the date stated above, at 2:40 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis
Oct 19

Other contributory causes of importance:

Calcium Tuberculosis
1899

Name of operation _____ Date of _____

What test confirmed diagnosis Cholera Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. W. Butcher M. D.(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76773

State File No.

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 171(No. 646 West Sublett St.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Isaac Cornwall(a) Residence. No. 646 West Sublett St. 49

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced Martha Ann
HUSBAND of Husband of Wheeler
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 29, 1873

7. AGE Years 58 Months 5 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Utah.
(State or country)

13. NAME Amos Cornwall

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Elizabeth Shaffer

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT Lester Cornwall
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Idaho, Ida. Date Oct. 21, 1931
Place

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Oct. 21, 1931. J. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1931, to Oct. 19, 1931.

I last saw him alive on Oct. 17, 1931; death is said to have occurred on the date stated above, at 18 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of lung

Other contributory causes of importance:

Metastatic carcinoma of throat & liver.

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. C. Burtchett M. D.(Address) Pocatello, Idaho.

RECEIVED NOV 10 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76774

State File No.

PLACE OF DEATH

County of Barnack
City of Rosetown

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

(No. 712 N. Harrison)

Local Registrar's No. 170

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louise M. Mayes

(a) Residence No. 712 N. Harrison St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 29, 1853

7. AGE Years 77 Months 11 Days 15 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House wife (b) General nature of industry, business, or establishment in which employed (or employer) at home (c) Name of employer

9. BIRTHPLACE (city or town) (State or country) New York State

10. NAME OF FATHER Hopkins

11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York State

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) France

14. Informant (Address) Walter A. Mayes
Rosetown, N. C.

15. Filed Oct 15, 1931 A. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 14 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 11 1931, to Oct 14 1931, that I last saw him alive on Oct 13 1931, and that death occurred, on the date stated above, at 19 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Coronary
of Artery

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edgar J. ... M. I. 10/15/31 (Address) Rosetown

19. Place of Burial, Cremation, or Removal Date of Burial

Rosetown, N. C. Oct 16 1931

20. Undertaker Address

McTear and Co. Rosetown

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1931
STATE OF IDAHO

PLACE OF DEATH

County of Bannock
City of Pocatello

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

76775

State File No.

Local Registrar's No. 169

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter P. Fisch

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug., 23, 1859

7. AGE Years Months Days If LESS than
74 1 21 1 day, _____ hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town) France
(State or country)

13. NAME unknown

14. BIRTHPLACE (city or town) France
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) France
(State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain View Co. Date Oct., 16, 1931

19. UNDERTAKER Schumacher & Beasley
(Address) Pocatello, Idaho

20. FILED 10-19, 1931 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct., 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931, to Oct 14, 1931

I last saw him live on Oct 13, 1931; death is said
to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance
were as follows:

Myocardial infarction
Date of onset

Other contributory causes of importance:

ageName of operation no Date of noWhat test confirmed diagnosis? Ex. am Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1931.

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place. none

Manner of injury noneNature of injury none

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) D C Ray, M. D.(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 76777 State File No.	
County of <u>Bannock</u>	City of <u>Pocatello</u>	Registration District No. <u>28</u>	Primary Registration District No. <u>2161</u>	Local Registrar's No. <u>167</u> <u>185</u>	
(No. <u>Gen. Hosp.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>George Count</u>					
(a) Residence. No. St. <u>McCammon</u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>B</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years <u>55</u>	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>unknown</u>					
MOTHER FATHER	13. NAME				
	14. BIRTHPLACE (city or town) (State or country)				
	15. MAIDEN NAME				
	16. BIRTHPLACE (city or town) (State or country)				
17. INFORMANT (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain View</u> Date <u>Oct. 12</u> 1931					
19. UNDERTAKER <u>Schumacher & Beasley</u> (Address) <u>Pocatello Idaho</u>					
20. FILED <u>10-19</u> , 1931 <u>D C Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 7</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 7</u> , 1931, to <u>Oct 7</u> , 1931					
I last saw him alive on <u>Oct 7</u> , 1931; death is said to have occurred on the date stated above, at <u>5 P</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>accidental injury by falling under wheel of train</u> <u>amputation of foot</u> <u>at home</u> Other contributory causes of importance: <u>Shrap</u>					
Name of operation <u>Secondary amputation</u> Date of <u>Oct 7-31</u>					
What test confirmed diagnosis? <u>7</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? <u>accident</u> Date of injury <u>Oct 7, 1931</u>					
Where did injury occur? <u>McCammon Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Public place</u>					
Manner of injury <u>Railroad train</u>					
Nature of injury <u>amputation</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>shrapnel</u>					
If so, specify <u>shrapnel</u>					
(Signed) <u>W. C. Ray</u> M. D.					
(Address) <u>Pocatello Idaho</u>					

PHYSICIAN

EXACTLY.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
RECEIVED NOV 10 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
76778
State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 212
(No.)

Local Registrar's No. 106

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank W. Myers

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)
yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 9, 1864

7. AGE 65 Years Months Days If LESS than 1 day, hrs. or min. 11 H

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired R.R. Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Steeling Co.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Stirling Ill.

10. NAME OF FATHER Henry Myers

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn.

12. MAIDEN NAME OF MOTHER Johanna Corolas

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penn.

14. Informant (Address) Edna Myers
Pocatello Idaho

15. Filed Oct 14 1931 Registrar R. C. Ray

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1931, to Oct 13 1931
that I last saw him alive on 10-13 1931
and that death occurred, on the date stated above, at 2 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of stomach - (inoperable)

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) 7

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. H. Myers M. D.

10/10 1931 (Address) Pocatello

19. Place of Burial, Cremation, or Removal Pocatello Idaho Date of Burial Oct 13 1931

20. Undertaker McHan Undertaking Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76779	
County of <u>Bannock</u>	City of <u>Pocatello</u>	Registration District No. <u>28</u>	Primary Registration District No. <u>2161</u>	Local Registrar's No. <u>165</u>	
(No. <u>Lynn Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Daniel Manuel</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>Philippine</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept., 1908</u>					
7. AGE	Years <u>23</u>	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Philippine Is.</u>					
MOTHER FATHER	13. NAME <u>Daniel Manuel</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Philippine Is.</u>				
	15. MAIDEN NAME				
16. BIRTHPLACE (city or town) (State or country) <u>Philippine Is.</u>					
17. INFORMANT (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello Cal.</u> Date <u>Oct 19</u> , 1931					
19. UNDERTAKER <u>Schumacher & Beasley</u> (Address) <u>Pocatello Idaho</u>					
20. FILED <u>10-19</u> , 1931 <u>I C Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 22</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 22</u> , 1931, to <u>Sept 22</u> , 1931					
I last saw him alive on <u>Sept 22</u> , 1931; death is said to have occurred on the date stated above, at <u>3 P</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>punctured left lung</u> <u>ruptured left kidney</u>					
Other contributory causes of importance: <u>auto accident</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>X-ray</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>no</u> Date of injury <u>9-22</u> , 1931					
Where did injury occur? <u>Pocatello Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>on Highway</u>					
Manner of injury <u>auto accident</u>					
Nature of injury <u>lung punctured & ruptured left kidney</u>					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify <u>no</u>					
(Signed) <u>D. Lynn</u> M. D.					
(Address) <u>Pocatello Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		RECEIVED NOV 10 1931	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		76780	
PLACE OF DEATH County of <u>Bannock</u>		State File No.	
City of <u>Pocatello</u>		Registration District No. <u>28</u>	
Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>164</u>	
(No. <u>Pocatello General Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Infant (Twinn) Buckendorf</u>			
(a) Residence. No. <u>Pocatello, Idaho.</u> St.			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced. (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Oct. 16, 1931.</u>			
7. AGE	Years	Months	Days
If LESS than 1 day, ... hrs. or <u>30</u> min.			
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Pocatello, Idaho.</u>			
MOTHER FATHER			
13. NAME <u>J. W. Buckendorf</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Colorado.</u>			
15. MAIDEN NAME <u>Polly Jones</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Malad, Idaho.</u>			
17. INFORMANT <u>J. W. Buckendorf</u> (Address) <u>Fort Hall, Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>Oct. 17, 1931.</u>			
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>			
20. FILED <u>10/16/</u> , 1931. <u>D. C. Ray</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Oct. 16, 1931.</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 16</u> , 1931, to <u>Oct. 16</u> , 1931.			
I last saw him alive on <u>Oct. 16</u> , 1931; death is said to have occurred on the date stated above, at <u>10 a.m.</u>			
The principal cause of death and related causes of importance were as follows:			
<u>Immature birth</u>			
<u>from 4 weeks gestation</u>			
Other contributory causes of importance			
<u>mother's health</u>			
Name of operation Date of			
What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931.			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? If so, specify			
(Signed) <u>O. T. Taylor</u> M. D. (Address) <u>Pocatello, Idaho.</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1931

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
Bureau of Vital Statistics		BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		State File No. 76781	
County of	Bannock	Registration District No.	28	Primary Registration District No.	2161	Local Registrar's No.	163
City of	Pocatello	(No. Pocatello General Hospital)					
(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME		Infant (Twinn) Buckendorf					
(a) Residence. No.		Pocatello, Idaho, St.					
(Usual place of abode)		(If nonresident give city or town and state)					
Length of residence in city or town where death occurred.		yrs.		mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)					
Male	White	Single					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) Oct. 16, 1931							
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		None					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Infant					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.							
13. NAME		J. W. Buckendorf					
14. BIRTHPLACE (city or town) (State or country)		Colorado.					
15. MAIDEN NAME		Polly Jones					
16. BIRTHPLACE (city or town) (State or country)		Malad, Idaho.					
17. INFORMANT		J. W. Buckendorf					
(Address)		Fort Hall, Idaho.					
18. BURIAL, CREMATION, OR REMOVAL		Pocatello, Ida. Date Oct. 17, 1931					
Place		Date					
19. UNDERTAKER		Arthur W. Hall					
(Address)		Pocatello, Idaho.					
20. FILED		10/16, 1931					
		D. C. Ray					
		Registrar					
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) Oct. 16, 1931							
22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1931 to Oct. 16, 1931							
I last saw him alive on Oct. 16, 1931; death is said to have occurred on the date stated above, at 4 a.m.							
The principal cause of death and related causes of importance were as follows:							
Premature							
Twinn 6 mths							
Other contributory causes of importance:							
Grand Mother							
Died 4 weeks							
Name of operation							
Date of							
What test confirmed diagnosis? Was there an autopsy?							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? Date of injury, 1931							
Where did injury occur? (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury							
Nature of injury							
24. Was disease or injury in any way related to occupation of deceased?							
If so, specify							
(Signed) O. C. Seal							
Pocatello, Idaho. M. D.							
(Address)							

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76782	
County of <u>Bannock</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>162</u>	
City of <u>Facatello</u>		Primary Registration District No. <u>2161</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>James H. Malcomson</u>					
(a) Residence. No. <u>1238 N. Harrison</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>		4. COLOR OR RACE <u>W</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 20, 1856</u>					
7. AGE Years <u>73</u>		Months <u>11</u>		Days <u>23</u>	
				If LESS than 1 day, _____ hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter in D. L. L. Shop</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) <u>1926</u>					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Jefferson Ohio</u>					
13. NAME _____					
14. BIRTHPLACE (city or town) (State or country) _____					
15. MAIDEN NAME _____					
16. BIRTHPLACE (city or town) (State or country) _____					
17. INFORMANT (Address) <u>George Green Facatello Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain View</u> Date <u>Oct. 13 1931</u>					
19. UNDERTAKER (Address) <u>Schumacher & Beasley Facatello Idaho</u>					
20. FILED <u>10-17</u> , 1931 <u>D. C. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 12 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>April</u> , 1931, to <u>Oct 12</u> , 1931					
I last saw him alive on <u>10/12</u> , 1931; death is said to have occurred on the date stated above, at <u>4:30 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Hemorrhage - Aortic aneurism Ruptured into R. lung</u>					
Other contributory causes of importance: <u>Syphilis</u>					
Name of operation <u>0</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? (Specify city or town, county, and State) _____					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____					
(Signed) <u>J. R. Young</u> M. D.					
(Address) <u>Facatello Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		CERTIFICATE OF DEATH		<div style="font-size: 2em; font-weight: bold;">76783</div>	
County of <u>Bannock</u>		Registration District No. <u>28</u>		State File No. _____	
City of <u>Pocatello</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>161</u>	
		(No. <u>234 North Seventh Ave.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Caroline Gaw Raymond</u>					
(a) Residence. No. <u>234 North Seventh Ave. St.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Widow of Charles A. Raymond</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 5, 1869.</u>					
7. AGE	Years <u>62</u>	Months <u>8</u>	Days <u>4</u>	If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>England</u>					
MOTHER FATHER	13. NAME <u>John Gaw</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>England</u>				
	15. MAIDEN NAME <u>Eliza Clayton</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>England</u>				
17. INFORMANT <u>Mrs. Joseph Heath</u> (Address) <u>Pocatello, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>Oct. 11, 1931.</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>Oct. 10, 1931.</u> <u>D C Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 9, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 15, 1931, to Oct 9, 1931.</u>					
I last saw him alive on <u>Oct 9, 1931</u> ; death is said to have occurred on the date stated above, at <u>7 a. m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Chronic Nephritis</u>					Date of onset <u>1925</u>
Other contributory causes of importance: <u>Isaangren right shoulder 1 week.</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify <u>F. D. Miller</u> , M. D. (Signed) <u>Pocatello Idaho.</u> (Address) _____					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of	Bannock	Registration District No. 28		State File No. 76784	
City of	Pocatello	Primary Registration District No. 2161		Local Registrar's No. 160	
		(No. Residence)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME		Daniel B. Ames			
(a) Residence. No.		Portneuf South of Pocatello St.			
(Usual place of abode)					
Length of residence in city or town where death occurred.		30 yrs. mos.		(If nonresident give city or town and state) yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
Male	White	Married			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		Anna Nelson			
6. DATE OF BIRTH (month, day, and year)		August 8, 1868			
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	63	1	28		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	Farmer				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country)		Portage Utah			
MOTHER FATHER	13. NAME				
	Clarke Ames				
	14. BIRTHPLACE (city or town) (State or country)				
	Ohio				
15. MAIDEN NAME					
Francis Bevans					
16. BIRTHPLACE (city or town) (State or country)					
England					
17. INFORMANT					
(Address) Mrs. D. B. Ames Pocatello, Idaho					
18. BURIAL, CREMATION, OR REMOVAL					
Place Pocatello Date Oct 9, 1931					
19. UNDERTAKER					
(Address) Hall Mortuary Pocatello					
20. FILED					
10-9, 1931 D C Ray Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) October 6, 1931					
22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1931, to Oct 6, 1931					
I last saw him alive on 10-6, 1931; death is said to have occurred on the date stated above, at 2 P. M.					
The principal cause of death and related causes of importance were as follows:					
Infection from parapneumonia, side + throat Cerebral hemorrhage					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) D C Ray, M. D.					
(Address)					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1931

STATE OF IDAHO

PLACE OF DEATH
County of Bannock
City of Pocatello

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76785

State File No.

Registration District No. 21Primary Registration District No. 2161Local Registrar's No. 159(No. Brick Plant North of City)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ella R. Overland(a) Residence. No. Brick Plant North of City St.

(Usual place of abode)

Length of residence in city or town where death occurred, 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Neeley Overland
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 24, 1905

7. AGE Years 26 Months 10 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

13. NAME Peter Kealakehonua

14. BIRTHPLACE (city or town) Hawaii
(State or country)

15. MAIDEN NAME Sarah Evanson

16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT Neeley Overland
(Address) Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello Date Oct 9, 1931

19. UNDERTAKER Hall Mortuary
(Address) Pocatello Idaho

20. FILED 10-9, 1931 O C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 5, 193122. I HEREBY CERTIFY, That I attended deceased from July 19, 1931, to Oct 6, 1931Last saw him alive on Oct 6, 1931; death is saidto have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance

were as follows: General Date of onsetSept 1931

Other contributory causes of importance:

premature birthJuly 19, 1931pyelitis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O C Ray M. D.(Address) Pocatello Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
76786
State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 158
(No. St. Anthony Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Budoly Washington
(a) Residence. No. 624 North 4th St. (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. 14 yrs. 6 mos. 15 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Mr. Anna Washington
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 22/1911

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
20 6 15 X

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Pugilist
(b) General nature of industry, business, or establishment in which employed (or employer) X
(c) Name of employer X

9. BIRTHPLACE (city or town) Carrington
(State or country) Texas

10. NAME OF FATHER Charles Washington

11. BIRTHPLACE OF FATHER (city or town) Texas
(State or Country)

12. MAIDEN NAME OF MOTHER Lucy Rinn

13. BIRTHPLACE OF MOTHER (city or town) Texas
(State or Country)

14. Informant Mrs. Anna Washington
(Address)

15. Filed 10/8 1931 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 7 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 28 1931, to Oct 7 1931
that I last saw him on Oct 7 1931
and that death occurred, on the date stated above, at 12 35 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Abscess

(duration) yrs. mos. 20 ds.
CONTRIBUTORY Astigmatism of right
(Secondary) lower maxillary (duration) yrs. 9 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Aug 6

Was there an autopsy? no

What test confirmed diagnosis?
(Signed) John J. Reed
Oct 8 1931 (Address) Pocatello Idaho

19. Place of Burial, Cremation, or Removal Mt View Cemetery Date of Burial 10/11 1931

20. Undertaker H. L. McHardy Address Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
Bannock		BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		76787	
County of	Bannock	Registration District No.		28		State File No.	
City of	Pocatello	Primary Registration District No.		2161		Local Registrar's No.	
		(No. Lynn Brothers Hospital)				157	
2. FULL NAME		John Henry Steed				201	
(a) Residence. No.		Inkom, Idaho.		St.			
(Usual place of abode)						(If nonresident give city or town and state)	
Length of residence in city or town where death occurred.		yrs. mos.		ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)					
Male	White	Married					
5a. If married, widowed, or divorced							
HUSBAND of (or) WIFE of Husband of Mary E. Chandler							
6. DATE OF BIRTH (month, day, and year) Sept. 22, 1863.							
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.			
	68	0	11				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.							
Farmer							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (month and year)							
11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) (State or country) Farmington, Utah.							
13. NAME James Henry Steed							
14. BIRTHPLACE (city or town) (State or country) Iowa.							
15. MAIDEN NAME Violet Richardson							
16. BIRTHPLACE (city or town) (State or country) Iowa.							
17. INFORMANT A. L. Steed (Address) Pocatello, Idaho.							
18. BURIAL, CREMATION, OR REMOVAL Place Inkom, Idaho. Date Oct. 4, 1931							
19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.							
20. FILED Oct. 4, 1931. D. C. Ray Registrar.							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) Oct. 2, 1931.							
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Oct 2, 1931.							
I last saw him alive on Oct 2, 1931; death is said to have occurred on the date stated above, 5:35 p.m.							
The principal cause of death and related causes of importance were as follows:							
Skull Fracture depressed							
Other contributory causes of importance:							
Name of operation Left Rib Bone Date of Oct 1-31							
What test confirmed diagnosis? Exam Was there an autopsy? no							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, homicide? yes Date of injury Oct 1, 1931							
Where did injury occur? Pocatello, Bannock County (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place. In public (Highway)							
Manner of injury Auto struck wagon							
Nature of injury Fractured Skull							
24. Was disease or injury in any way related to occupation of deceased?							
If so, specify yes Driving wagon							
(Signed) J. H. Brown M. D.							
(Address) Pocatello, Idaho.							

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
Bureau of Vital Statistics		BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		State File No. 76788	
County of Bannock	City of Pocatello	Registration District No. 28	Primary Registration District No. 2161	Local Registrar's No. 156			
(No. Residence)		(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Ann Nicholson Fisher							
(a) Residence. No. 315 West Halliday		St. 44					
(Usual place of abode)		(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. 6 mos. 0 ds.		How long in U. S., if of foreign birth? yrs. 0 mos. 0 ds.					
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Widowed					
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Geo F. Fisher							
6. DATE OF BIRTH (month, day, and year) Nov 19, 1860							
7. AGE Years 70	Months 10	Days 12	If LESS than 1 day, hrs. 0 min. 0				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired							
10. Date deceased last worked at this occupation (month and year)							
11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) Carbonville (State or country) Pennsylvania							
13. NAME John Nicholson							
14. BIRTHPLACE (city or town) England (State or country)							
15. MAIDEN NAME Nancy Drummond							
16. BIRTHPLACE (city or town) England (State or country)							
17. INFORMANT Mrs Raymond A. Siglin (Address) 315 West Halliday							
18. BURIAL, CREMATION, OR REMOVAL Place Carbonville Penn Date Oct 3, 1931							
19. UNDERTAKER Hall Mortuary (Address) Pocatello Idaho							
20. FILED 10-2, 1931 D C Perry							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) Oct 2, 1931							
22. I HEREBY CERTIFY, That I attended deceased from 9-30, 1931 , to Oct 2, 1931							
I last saw deceased live on 9-30, 1931 ; death is said to have occurred on the date stated above, at 19 m.							
The principal cause of death and related causes of importance were as follows:							
Carcinoma of liver 1926							
Other contributory causes of importance:							
Name of operation None Date of None							
What test confirmed diagnosis Chemical Was there an autopsy? No							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide Yes Date of injury —, 1931							
Where did injury occur? (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury —							
Nature of injury —							
24. Was disease or injury in any way related to occupation of deceased? Yes							
If so, specify W. W. Brothers, M.D.							
(Signed) Pocatello Idaho							
(Address)							

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bear Lake</u>		CERTIFICATE OF DEATH Registration District No. <u>53</u> Primary Registration District No. _____		State File No. <u>76789</u>	
City of <u>Bloomington</u>					
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Beryl Nelson</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Dec 12, 1928</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	
<u>2</u>	<u>9</u>	<u>21</u>			
OCCUPATION			8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		
			9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
			10. Date deceased last worked at this occupation (month and year) _____		
			11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
13. NAME <u>Lavorn Nelson</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Eudora Christensen</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT (Address) <u>Mr. Beryl Nelson Bloomington Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 193 _____					
19. UNDERTAKER <u>Dellard Nelson</u> (Address) <u>Bloomington Idaho</u>					
20. FILED <u>Oct 29 1931</u> <u>Dr. C. W. Moore</u> Registrar.					
21. DATE OF DEATH (month, day, and year) 193 _____					
22. I HEREBY CERTIFY, That I attended deceased from _____					
<u>Sept 30</u> , 193 <u>1</u> , to <u>Oct 3</u> , 193 <u>1</u>					
I last saw her alive on <u>Oct 3</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>2 P</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Cervical Adenitis</u>					
Date of onset <u>9/26/31</u>					
Other contributory causes of importance: <u>Acute Myocarditis</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>clinical findings</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 _____					
Where did injury occur? (Specify city or town, county, and State) _____					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>C. W. Moore</u> , M. D.					
(Address) <u>Paris Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Paris

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 53
Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 76790Local Registrar's No. 175

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Ruel Francis Crawford
(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Lena Crawford
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 23 1880

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
51 6 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Evansville Ky
(State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT X E. H. Crawford
(Address) Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Paris Idaho Date Oct 3rd, 1931

19. UNDERTAKER D. L. Price
(Address) Paris Idaho

20. FILED Oct 29th, 1931 Dr. C. O. Moore
Registrar. Rev. Mrs. A. H. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1931, to Sept 30, 1931.

I last saw him alive on Sept 30, 1931; death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular

Renal Disease

Other contributory causes of importance:

Name of operation None Date of Sept 30

What test confirmed diagnosis Findings Was there an autopsy? No

23. If death was due to external causes (violence) in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. O. Moore, M. D.

(Address) Paris Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76791

State File No.

PLACE OF DEATH

County of Bennett
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049

Local Registrar's No. 35

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Jane Hilton(a) Residence. No. 401 - Seventh St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. 2 yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 15th 1849

7. AGE Years Months Days If LESS than 1 day,
82 8 15 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work school teacher - part mistress(b) General nature of industry, business, or establishment in which employed (or employer) on Long Island. N. Y.

(c) Name of employer

9. BIRTHPLACE (city or town) Augusta - Maine
(State or country)10. NAME OF FATHER James Mantor Hilton11. BIRTHPLACE OF FATHER (city or town) Augusta
(State or Country) Maine12. MAIDEN NAME OF MOTHER Sarah Cecelia Blacker13. BIRTHPLACE OF MOTHER (city or town) Boston
(State or Country) Mass.14. Informant (Mrs) Elizabeth M. V. Garland
(Address) 401-7th St. St Maries Idaho15. Filed Nov 12, 1931 Walter Coberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

10/30, 1931, to 10/30, 1931
that I last saw her alive on 10/30, 1931

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage(duration) yrs. mos. 1 ds.CONTRIBUTORY Age
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoneWhat test confirmed diagnosis? Clinical(Signed) Catlin, M. D.11/2, 1931 (Address) St Maries, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Spokane, Wa Date of Burial 1920. Undertaker Geo. E. Mitchell Address St. Maries

RESTATE OF IDAHO NOV 16 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76792**

PLACE OF DEATH

County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049

Local Registrar's No. 24

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Charles Erickson

(a) Residence. No. _____ St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) ✓
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) _____
7. AGE 59 Years Months Days If LESS than 1 day, _____ hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Timberman
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country)

Unknown

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant Geo. E. Mitchell(Address) St. Maries, Ida

15.

Filed Nov. 12, 1931Walter Bohrer

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

10 24 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, between 3+8 a m.

The CAUSE OF DEATH was as follows:

Heck broken accidentally by falling off high walk

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

Intoxication

(duration) _____ yrs. _____ mos. 1 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Gold's test for lead

(Signed) Geo. E. Mitchell M. D.

10/26, 1931 (Address) St. Maries, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

St Maries IdaOct 29 1931

20. Undertaker

Address

Geo E MitchellSt Maries

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 16 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **76793**

PLACE OF DEATH

County of Bennah
City of St. Maries

Registration District No. 32

Primary Registration District No. 2049

(No. St. Maries Hospital)

Local Registrar's No. 33

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Larrah Josephine Mac Dugal

(a) Residence. No. 344-111th St.

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Emmett Mac Dugal

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
74 4 7 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed, (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Vinton, Iowa
(State or country)

10. NAME OF FATHER

James Speer

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Ripley Co. Indiana

12. MAIDEN NAME OF MOTHER

Melissa Gibson

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Ripley Co. Indiana

14. Informant J. Brackett

(Address) St. Maries Idaho

15. Filed

Nov. 12, 1931

Walter Coburn
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October 19, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

October 18, 1931, to October 19, 1931

that I last saw her alive on October 19, 1931

and that death occurred, on the date stated above, at 5:50 P. m.

The CAUSE OF DEATH* was as follows:

Tubercle mellitus

(duration) 5 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed)

J. Brackett

M. D.

10/20/31, 19 (Address) St. Maries, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

St. Maries

Oct. 22 1931

20. Undertaker

Address

Edw. Mitchell

St. Maries

RECEIVED NOV 16 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Benewah
City of St. Maries, IdahoRegistration District No. 32Primary Registration District No. 2049(No. 7th St. above Boundary)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 76794Local Registrar's No. 322. FULL NAME Ophya Elsie Tammis Ellis(a) Residence. No. Recent St. above Boundary St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

~~HUSBAND of~~
(or) WIFE of R. O. Ellis6. DATE OF BIRTH (month, day and year) Nov 13 - 18877. AGE Years 43 Months 11 Days 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife(b) General nature of industry, business, or establishment in which employed (or employer) —(c) Name of employer —9. BIRTHPLACE (city or town) Hemphston
(State or country) N. D.10. NAME OF FATHER Jerome Tammis11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Janice Zant13. BIRTHPLACE OF MOTHER (city or town) N. D.
(State or Country)14. Informant Ralph O. Ellis
(Address) St. Maries15. Filed Nov 12, 1931 Halter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 18, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr 27, 1931, to Oct 18, 1931
that I last saw her alive on Sept 23, 1931
and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis
(involving liver, vertebrae column, etc.)(duration) yrs. 10 mos. ds.

CONTRIBUTORY

Carcinoma of breast, said to have been removed by emulsi-
on diagnosis by (duration) yrs. mos. ds.
pathological laboratory - 192918. Where was disease contracted
if not at place of death?Did an operation precede death? None since 1929Was there an autopsy? NoWhat test confirmed diagnosis? clinical

(Signed)

Caroline M. D.
10/19/31 (Address) St. Maries, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St. Maries Date of Burial Oct 21 1931
20. Undertaker E. & Mitchell Address St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76795

State File No.

PLACE OF DEATH

County of Bennett
City of H. Mains

Registration District No. 32
Primary Registration District No. 2049

Local Registrar's No. 31

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

174

2. FULL NAME George B. Brown(a) Residence. No. Deer Lodge, Mont. St. Deer Lodge, Mont.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Annie Brown
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 37 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railway Trainman(b) General nature of industry, business, or establishment in which employed (or employer) Railway(c) Name of employer B. M. S. P. & P. R. Co.9. BIRTHPLACE (city or town) Alberton, Mont.
(State or country)10. NAME OF FATHER Henry Brown11. BIRTHPLACE OF FATHER (city or town) Pennsylvania
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country)

14. Informant G. E. Cornwall
(Address) Alberton, Mont.

15. Filed Nov. 12, 1931 Walter Bobing
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct. 17, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from on Oct. 17, 1931, to Oct. 17, 1931,
that I last saw him alive on Oct. 17, 1931,
and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Accidental burn from explosion of can containing gasoline
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) W. E. Brown, M. D.Oct. 17, 1931 (Address) Amity, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Missoula Mont. Oct. 20, 1931

20. Undertaker

Address

Edna Mitchell St. Maries

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76796

State File No.

PLACE OF DEATH

County of Benewah
City of St. Maries

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 30

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Beaton

(a) Residence. No. 317-9th St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Wm Beaton deceased

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 11 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Hamilton
(State or country) Ontario

10. NAME OF FATHER James Beaton

11. BIRTHPLACE OF FATHER (city or town) Scotland
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant Edwin J. Beaton

(Address) St Maries

15. Filed Nov 12 1931 Walter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1931, 1931, to October 6 1931

that I last saw h. or alive on October Sept 30 1931
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of July 29, 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) St. Lawrence, M. D.

10/13/31, 1931 (Address) St. Maries, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St Maries Ida Date of Burial Oct 8 1931

20. Undertaker Bro. Mitchell Address St Maries

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76797

State File No.

PLACE OF DEATH

County of Benedict
City of St. Maries

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 29

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Miller

(a) Residence. No. 126 - main Ave St.

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) married

5a If married, widowed, or divorced

HUSBAND of Walter Miller
(or) WIFE of

6 DATE OF BIRTH (month, day and year) July 1st. 1878

7 AGE 53 Years 3 Months 3 Days 1 If LESS than 1 day, min. hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cadott
(State or country) Wisconsin

10 NAME OF FATHER Charles Thorphus

11 BIRTHPLACE OF FATHER (city or town) Sherwood
(State or country) Wisconsin

12 MAIDEN NAME OF MOTHER Rosothy Theopold

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Walter Miller
(Address) St. Maries, Ida.

15 Filled Oct. 7, 1931 Walter Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 4 31
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1931, to Oct 4th, 1931, that I last saw her alive on Oct 4th, 1931, and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Right Lobes Pneumonia
and acute Nephritis

(duration) yrs. mos. ds. 10
CONTRIBUTORY Hypertrophy of Liver
(Secondary) with aneurysm
(duration) yrs. mos. ds. 6

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of no
Was there an autopsy? no
What test confirmed diagnosis? clinical symptoms
(Signed) Chas. J. Platt M. D.
10/5, 1931 (Address) St. Maries, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Woodlawn Date of Burial Oct 7 1931

20. Undertaker W. J. Boberg Address Spokane

615-W-4. ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		RECEIVED NOV 7 1931	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		State File No. 76798	
PLACE OF DEATH County of <u>Bingham</u> City of <u>Blackfoot</u>		CERTIFICATE OF DEATH Registration District No. <u>121</u> Primary Registration District No. <u>1007</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>183</u>	
2. FULL NAME <u>James Madison Johnston</u>		<u>182</u>	
(a) Residence. No. <u>716 South Shilling</u> St. <u>Blackfoot Idaho</u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. <u>3</u> mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.		(If nonresident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Oct 20, 1928</u>			
7. AGE Years <u>3</u> Months <u>5</u> Days <u>10</u> If LESS than 1 day, _____ hrs. _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		10. Date deceased last worked at this occupation (month and year) _____	
11. Total time (years) spent in this occupation _____		12. BIRTHPLACE (city or town) (State or country) <u>Salt Lake City Utah</u>	
13. NAME <u>James M. Johnston</u>		14. BIRTHPLACE (city or town) (State or country) <u>Bay City Michigan</u>	
15. MAIDEN NAME <u>Irene M. Chamberlain</u>		16. BIRTHPLACE (city or town) (State or country) <u>Marquette Michigan</u>	
17. INFORMANT (Address) <u>John Johnston</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u>Salt Lake City</u> Date <u>Nov 1, 1931</u>	
19. UNDERTAKER (Address) <u>E. T. Ryck</u>		20. FILED <u>Nov 1, 1931</u> <u>Mr. Walter E. Pattee</u>	
21. DATE OF DEATH (month, day, and year) <u>Oct 30 1931</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 30, 1931, to Oct 30, 1931.</u> I last saw him <u>live on my arrival</u> <u>about 5:15 P.M.</u> death is said to have occurred on the date stated above, at _____ The principal cause of death and related causes of importance were as follows: <u>Drowned - accidental</u>	
Other contributory causes of importance: _____		Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accidental</u> of injury <u>10/30/1931</u> Where did injury occur? <u>Blackfoot Idaho</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>In irrigation canal</u> Manner of injury <u>Accidentally fell into</u> Nature of injury <u>canal</u>			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>W. W. Beck</u> M. D. (Address) <u>Blackfoot, Idaho</u>			

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED NOV 7 1931

DO NOT WRITE IN THIS SPACE

76799

State File No.

PLACE OF DEATH

County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194

Local Registrar's No. 182

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rois Elaine Yorgeson

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. / mos. 7 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day and year) Sept 22, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 7 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Basalt Idaho

10. NAME OF FATHER Reverend Yorgeson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Shelley, Ida

12. MAIDEN NAME OF MOTHER Gladys Johnson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Shelley Ida

14. Informant Reverend Yorgeson (father)
(Address) Shelley Idaho

15. Filed Oct 31, 1931 Mrs. Walter E. Kuhn
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 30th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 29th, 1931, to Oct. 30, 1931

that I last saw him alive on Oct. 29th, 1931

and that death occurred, on the date stated above, at 2:40 a. m.

The CAUSE OF DEATH* was as follows:

Infantile

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) B. G. Christensen, M. D.

Oct. 30, 1931 (Address) Shelley, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Basalt, Idaho Date of Burial Oct 31, 1931

20. Undertaker None. Address _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH County of <u>Bingham</u> City of <u>Blackfoot</u>		CERTIFICATE OF DEATH State File No. <u>76800</u>	
Registration District No. <u>121</u> Primary Registration District No. <u>2194</u> (No. <u>STATE HOSPITAL SOUTH</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>181</u> <i>CP16</i>	
2. FULL NAME <u>MARTIN LEGARRA</u>			
(a) Residence. No. _____ St. <u>MOUNTAIN HOME</u> (Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. <u>5</u> yrs. <u>2</u> mos. <u>17</u> ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced. (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of _____ Do not know (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Do not know</u>			
7. AGE <u>47</u>	Years	Months	Days
If LESS than 1 day, _____ hrs. or min.			
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shepherd</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>Unknown</u>	
12. BIRTHPLACE (city or town) (State or country) <u>Spain</u>			
MOTHER FATHER			
13. NAME <u>do not know</u>			
14. BIRTHPLACE (city or town) (State or country) <u>--</u>			
15. MAIDEN NAME <u>Do not know</u>			
16. BIRTHPLACE (city or town) (State or country) <u>--</u>			
17. INFORMANT <u>Records of State Hosp. So. Blackfoot, Ida.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain Home, Ida.</u> Date <u>Oct 26 1931</u>			
19. UNDERTAKER <u>Blackfoot, Idaho</u>			
20. FILED <u>Oct 26 1931</u> <u>Mr. M. E. Baker</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Oct 26 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Apr. 15 1931</u> to <u>Oct 26 1931</u>			
I last saw him alive on <u>Oct 23 1931</u> ; death is said to have occurred on the date stated above, at <u>1:15 AM</u>			
The principal cause of death and related causes of importance were as follows:			
<u>ARTHRITIS DEFORMANS</u>			
Duration at least since <u>1929</u>			
Other contributory causes of importance:			
Name of operation <u>None</u> Date of _____			
What test confirmed diagnosis? <u>Clinical symptoms</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? <u>---</u> Date of injury <u>---</u> , 1931			
Where did injury occur? <u>---</u> (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. <u>---</u>			
Manner of injury <u>---</u>			
Nature of injury <u>---</u>			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify <u>---</u>			
(Signed) <u>Chas. R. Lawrence</u> , M. D.			
(Address) <u>Blackfoot, Ida.</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		76801	
PLACE OF DEATH		CERTIFICATE OF DEATH		State File No.	
County of <u>Bingham</u>		Registration District No. <u>101</u>		Local Registrar's No.	
City of <u>Blackfoot</u>		Primary Registration District No. <u>1007</u>			
		(No. <u>M^cMillon County Hospital</u>)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Willie Kallam</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. <u>8</u> mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>- - - 1909</u>					
7. AGE	Years <u>22</u>	Months	Days	If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Shay N.C.</u>					
MOTHER FATHER	13. NAME <u>Edward Kallam</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Don't Know</u>				
	15. MAIDEN NAME <u>Don't Know</u>				
	16. BIRTHPLACE (city or town) (State or country)				
17. INFORMANT (Address) <u>H. G. Leim Hancock</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Shay N.C.</u> Date <u>Oct 27</u> , 193 <u>1933</u>					
19. UNDERTAKER (Address) <u>E. T. Park</u>					
20. FILED <u>Oct 27</u> , 193 <u>1933</u> Registrar. <u>Walter E. Patric</u> (Address) <u>Blackfoot</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-28-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>10-24</u> , 193 <u>1</u> , to <u>10-24</u> , 193 <u>1</u> . I last saw him alive on <u>10-24</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>9 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>acute endocarditis</u> Date of onset <u>9-15-31</u>					
Other contributory causes of importance:					
Name of operation <u>physical</u> Date of <u>10-28-31</u>					
What test confirmed diagnosis? <u>Washner's autopsy</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 193 <u>1</u> . Where did injury occur? <u>✓</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>no</u> (Signed) <u>J. G. Thompson</u> (M. D.) (Address) <u>Blackfoot</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76802 State File No.	
County of <u>Bingham</u>		CERTIFICATE OF DEATH			
City of <u>Blackfoot</u>		Registration District No. <u>121</u>		Local Registrar's No. <u>179</u>	
		Primary Registration District No. <u>1007</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>James Young</u>					
(a) Residence. No. <u>488 West Pacific</u> St. (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Josephine Young</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>March 12, 1874</u>					
7. AGE	Years <u>57</u>	Months <u>7</u>	Days <u>12</u>	If LESS than 1 day, hrs. min. or	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Civil Engineer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Springfield, Mo.</u> (State or country)					
FATHER	13. NAME <u>David Young</u>				
	14. BIRTHPLACE (city or town) <u>New York</u> (State or country)				
	15. MAIDEN NAME <u>Ananda Roberts</u>				
	16. BIRTHPLACE (city or town) <u>Ill.</u> (State or country)				
MOTHER	17. INFORMANT <u>Josephine Young</u> (Address) <u>Blackfoot Idaho</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Grove City Cem.</u> Date <u>10-28-1931</u>				
	19. UNDERTAKER <u>E. T. Beck</u> (Address) <u>Blackfoot Idaho</u>				
	20. FILED <u>Oct 26, 1931</u> <u>Mrs. Martin E. Lohr</u> Registrar.				
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-24-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased <u>on</u> <u>10-24</u> , 1931, to 1931 I last saw <u>him</u> alive on <u>10-24</u> , 1931; death is said to have occurred on the date stated above, at <u>9:40 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Angina pectoris</u> Date of onset <u>10-24-31</u>					
Other contributory causes of importance: <u>Hyperleissemia</u> <u>6-1-28</u>					
Name of operation <u>clinical</u> Date of <u>✓</u> What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>✓</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 1931 Where did injury occur? <u>✓</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>✓</u> If so, specify <u>no</u> (Signed) <u>J. H. Hargreaves</u> M. D. (Address) <u>Blackfoot Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76803	
County of <u>Bingham</u>	City of <u>Pingree</u>	Registration District No. <u>121</u>	Primary Registration District No. <u>2194</u>	State File No. _____	
				Local Registrar's No. <u>178</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Samuel Bea</u>					
(a) Residence. No. <u>Pingree, Idaho</u> St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. <u>3</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Dec 28 1857</u>					
7. AGE	Years <u>73</u>	Months <u>9</u>	Days <u>24</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retiree</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Quincy O. Mo.</u>					
MOTHER FATHER	13. NAME <u>Wm. Bea</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Don't know</u>				
	15. MAIDEN NAME <u>Sofia A. Wade</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Indianapolis Ind.</u>					
17. INFORMANT <u>Miles A. Pingree</u> (Address) <u>Pingree Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Funeral Home</u> Date <u>Oct 27</u> , 1931					
19. UNDERTAKER (Address) <u>Funeral Home</u>					
20. FILED <u>Oct 27 1931</u> Registrar <u>M. H. Miller</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 22</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased <u>from Oct 22</u> , 1931, to <u>Oct 22</u> , 1931, to _____, 1931.					
I last saw him alive on <u>Oct 22</u> , 1931; death is said to have occurred on the date stated above, at <u>6 p. m.</u>					
The principal cause of death and related causes of importance were as follows: <u>myocardial infarction</u>					
Other contributory causes of importance: <u>chronic myocardial infarction</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>physical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 1931.					
Where did injury occur? <u>✓</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury <u>✓</u>					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>✓</u>					
If so, specify _____ (Signed) <u>J. O. Humphrey</u> M. D.					
(Address) <u>Blanchard</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED NOV 7 1931	
BINGHAM		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
County of		BUREAU OF VITAL STATISTICS		76804	
City of BLACKFOOT		CERTIFICATE OF DEATH		State File No.	
Registration District No. 121		Primary Registration District No. 2194		Local Registrar's No. 1772	
(No. STATE HOSPITAL SOUTH)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME CHARLES WESTROPE					
(a) Residence. No. Boise, Idaho					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
Male	White	Single			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) July 19 1902					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
29		3	1		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation Unknown					
12. BIRTHPLACE (city or town) Elliott Iowa					
(State or country)					
13. NAME Charles H. Westrope					
14. BIRTHPLACE (city or town) Belmont, Wis.					
(State or country)					
15. MAIDEN NAME Mary Fuller					
16. BIRTHPLACE (city or town) Maine					
(State or country)					
17. INFORMANT Records of State Hosp South Blackfoot					
(Address)					
18. BURIAL, CREMATION, OR REMOVAL					
Place Date , 193					
19. UNDERTAKER E. J. Peak					
(Address)					
20. FILED Oct. 20, 1931					
Regist. Registrar. (Address) Blackfoot, Idaho					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Oct 20 1931					
22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1931 to Oct 20th, 1931					
I last saw him alive on Oct. 20th, 1931; death is said to have occurred on the date stated above, at 2:45 PM					
The principal cause of death and related causes of importance were as follows:					
Date of onset					
CHRONIC MYOCARDITIS (duration at least as long as he has been in hospital)					
Other contributory causes of importance:					
CATATONIC EXCITEMENT (duration at least as long as he has been in hospital)					
Name of operation None Date of 00					
What test confirmed diagnosis? Clinical symptoms					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? No Date of injury , 193					
Where did injury occur? None (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. ---					
Manner of injury None					
Nature of injury None					
24. Was disease or injury in any way related to occupation of deceased? --- If so, specify ---					
(Signed) Chas. R. Lowe, M.D.					
(Address) Blackfoot, Idaho					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of BINGHAM
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 76805

Registration District No. 121
Primary Registration District No. 2191

Local Registrar's No. 176

(No. State Hospital South)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

ANNA SOPHIA GORSUCH

(a) Residence. No. _____

St. Nampa, Ida

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. Single, Married, Widowed, or Divorced (write the word) SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 23 1871

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
60 2 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Titusville
(State or country) Penna

13. NAME J.W. Gorsuch

14. BIRTHPLACE (city or town) Zainsville,
(State or country) Ohio

15. MAIDEN NAME Sarah Alcorn

16. BIRTHPLACE (city or town) Titusville,
(State or country) Penna

17. INFORMANT (Address) RECORDS of STATE HOSP SOUTH
Blackfoot

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa, Ida. Date on arrival 193 1

19. UNDER-SIGNER (Address) Marion Telars
Blackfoot, Idaho

20. FILED Oct. 20, 193 1 M. E. Patis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 19 193 1

22. I HEREBY CERTIFY, That I attended deceased from May 23rd, 193 1, to Oct. 19th, 193 1

I last saw her alive on Oct 19, 1931; death is said to have occurred on the date stated above, at 12 midnight. The principal cause of death and related causes of importance were as follows:

BRONCHIAL PNEUMONIA Date of onset 10 hrs

Other contributory causes of importance:

DIARRHOEA (Oct 3rd to 13 days
Oct. 16th)

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193 1.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Chas R. Lowry, M.D.

(Address) Blackfoot, Idaho

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76806	
County of <u>Bingham</u>	City of <u>Shelley</u>	Registration District No. <u>121</u>	Primary Registration District No. <u>2194</u>	Local Registrar's No. <u>175</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>La Tina Lee K</u>		St. <u>Shelley Rd #1</u>			
(a) Residence. No. <u>30</u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred <u>30</u> yrs. mos.		ds. How long in U. S., if of foreign birth? <u>1</u> yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced <u>W</u> (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>William Lee K</u>					
6. DATE OF BIRTH (month, day, and year) <u>March 9, 1846</u>					
7. AGE	Years <u>85</u>	Months <u>6</u>	Days <u>13</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
MOTHER FATHER	11. Total time (years) spent in this occupation <u>England</u>				
	12. BIRTHPLACE (city or town) (State or country)				
	13. NAME <u>James Lawson</u>				
MOTHER FATHER	14. BIRTHPLACE (city or town) (State or country) <u>England</u>				
	15. MAIDEN NAME <u>Jane Gibson</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>England</u>				
17. INFORMANT <u>Mrs Mary G. Miller</u> (Address) <u>Shelley Rd #1</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Grant</u> Date <u>Oct 16, 1931</u>					
19. UNDERTAKER <u>Jack G. W. Goddard</u> (Address) <u>Idaho Falls, Idaho</u>					
20. FILED <u>Oct. 16, 1931</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 13, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 4</u> , 1931, to <u>Oct 13</u> , 1931					
I last saw her alive on <u>Oct 12</u> , 1931; death is said to have occurred on the date stated above, at <u>1:30 PM</u> .					
The principal cause of death and related causes of importance were as follows:					
<u>Broken Left hip</u> Date of onset <u>Sept 4-31</u>					
Other contributory causes of importance:					
<u>Old age</u>					
Name of operation <u>None</u> Date of <u>None</u>					
What test confirmed diagnosis? <u>X-ray</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide <u>Shelley Idaho</u> Date of injury <u>Sept 4</u> , 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Home</u>					
Manner of injury <u>Fall</u>					
Nature of injury <u>Broken hips</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u>No</u>					
(Signed) <u>W. G. Goddard</u> , M. D.					
(Address) <u>Shelley Idaho</u>					

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76807

State File No.

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194

Local Registrar's No. 174

(No. 994)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carles Mae Hammer

(a) Residence. No. Rd. # 1 St.

(Usual place of abode)

Length of residence in city or town where death occurred. 0 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 2-31

7. AGE Years Months Days If LESS than 1 day,
0 1 4 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9. BIRTHPLACE (city or town) Shelley, Rd. 1
(State or country)

10. NAME OF FATHER Floyd Hammer

11. BIRTHPLACE OF FATHER (city or town) Shelley, Ida Rd. 1
(State or Country)

12. MOTHER NAME OF MOTHER North, C. E. person

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Floyd Hammer
(Address) Shelley, Ida

15. Filed Oct. 8, 1931 Mr. Walter E. Votrie
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1931, to Oct 6, 1931,
that I last saw him alive on Oct 6, 1931,
and that death occurred, on the date stated above, at 3:00 P.M.
The CAUSE OF DEATH* was as follows:

Intussusception

(duration) 0 yrs. 0 mos. 1 ds.
CONTRIBUTORY Lobar Pneumonia
(Secondary)

(duration) 0 yrs. 0 mos. 1 1/2 ds.

18. Where was disease contracted
if not at place of death? At place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) H. B. Bennett, M. D.

Oct 7, 1931 (Address) Shelley, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Idaho Date of Burial Oct 8 - 1931

20. Undertaker Keller-Hays Address Ida. Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		CERTIFICATE OF DEATH		State File No. <u>76808</u>	
City of <u>Blackfoot</u>		Registration District No. <u>121</u>		Local Registrar's No. <u>173</u>	
		Primary Registration District No. <u>2191</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Johanna Christenia Larson Jones</u>					
(a) Residence. No. <u>Overton Nevada</u> St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. <u>3</u> mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Jan. 1, 1854</u>					
7. AGE	Years <u>77</u>	Months <u>9</u>	Days <u>4</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Malino</u> (State or country) <u>Sweden</u>					
FATHER	13. NAME <u>Andrew Pearsen Larson</u>				
	14. BIRTHPLACE (city or town) <u>Sweden</u> (State or country)				
MOTHER	15. MAIDEN NAME <u>Don't Know</u>				
	16. BIRTHPLACE (city or town) <u>Sweden</u> (State or country)				
17. INFORMANT <u>O P Hallister</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Overton, Nevada</u> Date _____, 193					
19. UNDERTAKER <u>G S Funk</u> (Address) <u>Blackfoot, Idaho</u>					
20. FILED <u>Oct. 5, 1931</u> <u>Miss Mattie E. Peltie</u> Registrar. (Address) <u>Blackfoot, Idaho</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 5, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____ <u>July 1, 1931</u> , to <u>Oct 5, 1931</u> I last saw her alive on <u>Aug 15, 1931</u> ; death is said to have occurred on the date stated above, at <u>5:30 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Cancer of Liver</u> <u>Jan 1, 1931</u>					
Other contributory causes of importance: _____					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>W W Beck</u> M.D. (Address) <u>Blackfoot, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76809	
County of <u>Buykane</u>		Registration District No. <u>121</u>		Local Registrar's No. <u>172</u>	
City of <u>Junction</u>		Primary Registration District No. <u>2194</u>			
(No. <u>162</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Twila Ruth Tephla</u>					
(a) Residence. No. <u>Junction Ida</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
1. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 3-1930</u>					
7. AGE		Years <u>1</u>	Months <u>4</u>	Days	If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Junction Ida.</u>					
13. NAME <u>Willis Tephla</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					
15. MAIDEN NAME <u>Ethel Hardy</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					
17. INFORMANT (Address) <u>Willis Tephla Junction Ida.</u>					
18. BURIAL, CREMATION, OR REINTERMENT Place <u>Bushnell</u> Date <u>Oct 4</u> , 1931					
19. UNDERTAKER (Address) <u>Reber & Payne Idaho Falls Ida</u>					
20. FILED <u>Oct 4</u> , 1931, <u>Mrs. Helen E. Catnic</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 29</u> , 1931					
22. I HEREBY CERTIFY, That I am a deceased from <u>Oct 29</u> , 1931, to <u>Oct 29</u> , 1931.					
I last saw him alive on <u>Oct 25</u> , 1931; death is said to have occurred on the date stated above, at <u>2:30 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Cholera Infantum</u> Date of onset <u>Sept 15-23</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of <u>✓</u>					
What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>✓</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 1931.					
Where did injury occur? <u>✓</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>✓</u> (Signed) <u>F. W. Catnic</u> , M.D.					
(Address) <u>Shelley Ida</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH BINGHAM		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE RECEIVED NOV 8 1931	
County of		Registration District No. 121		State File No.	
City of BLACKFOOT		Primary Registration District No. 2194		Local Registrar's No. 171	
(No. STATE HOSPITAL SOUTH) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME JAMES MCCORMICK					
(a) Residence. No. St. Custer County					
(Usual place of abode)					
Length of residence in city or town where death occurred. 9 yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX MALE	4. COLOR OR RACE WHITE	5. Single, Married, Widowed, or Divorced (write the word) SINGLE			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Do not know					
7. AGE 81	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation Do not know					
12. BIRTHPLACE (city or town) Kentucky (State or country)					
FATHER					
13. NAME Do not know					
14. BIRTHPLACE (city or town) Do not know (State or country)					
MOTHER					
15. MAIDEN NAME Do not know					
16. BIRTHPLACE (city or town) Do not know (State or country)					
17. INFORMANT Records of State Hosp. So. (Address) Blackfoot, Idaho.					
18. BURIAL, CREMATION, OR REMOVAL Place Date 1931					
19. UNDERTAKER (Address) Mrs. Walter E. Tatie					
20. FILED 1931 Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Oct. 8, 1931					
22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th 1931, to Oct. 2nd, 1931.					
I last saw him alive on Oct. 2nd, 1931; death is said to have occurred on the date stated above, at 4:30 PM.					
The principal cause of death and related causes of importance were as follows:					
SENILE DEMENTIA 12-30-31					
Other contributory causes of importance:					
Name of operation None Date of					
What test confirmed diagnosis? Clinical symptoms					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury, 1931.					
Where did injury occur? None (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) Chas. R. Lowry, M. D.					
(Address) Blackfoot, Idaho					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED NOV 3 1931	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		City of <u>Aberdeen</u>		State File No. <u>76811</u>	
Registration District No. <u>116</u>		Primary Registration District No. <u>2125</u>		Local Registrar's No. <u>12</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Ralph Thomas Pierce, Jr.</u>					
(a) Residence. No. <u>Aberdeen</u> St. <u>Idaho</u> (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. <u>1</u> mos. <u>19</u> ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>August 31/31</u>					
7. AGE Years _____ Months <u>1</u> Days <u>19</u>	If LESS than 1 day, _____ hrs. _____ min.				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>				
	10. Date deceased last worked at this occupation (month and year) _____				
MOTHER FATHER	11. Total time (years) spent in this occupation _____				
	12. BIRTHPLACE (city or town) <u>Aberdeen, Idaho</u> (State or country)				
	13. NAME <u>Ralph Thomas Pierce, Sr.</u>				
14. BIRTHPLACE (city or town) <u>Salem, Utah</u> (State or country)					
15. MAIDEN NAME <u>Grace Elenora Carr</u>					
16. BIRTHPLACE (city or town) <u>Hamletton, Utah</u> (State or country)					
17. INFORMANT (Address) <u>Ralph Thomas Pierce, Sr.</u> <u>Aberdeen, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Aberdeen, Idaho</u> Date <u>10/21, 1931</u>					
19. UNDERTAKER (Address) <u>None</u>					
20. FILED <u>10/19/31</u> <u>M. C. Mark Union</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10/19 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.					
I last saw h_____ alive on _____, 193____; death is said to have occurred on the date stated above, at <u>2 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Unknown</u> <u>Died suddenly while on an auto trip</u>					Date of onset
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____ (Signed) <u>M. C. Mark Union</u> , M. D. (Address) <u>Aberdeen, Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 76812 State File No.	
County of <u>Blaine</u>	City of <u>Hailey</u>	Registration District No. <u>57</u>	Primary Registration District No. <u>2022</u>	Local Registrar's No. <u>23</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mary Ellen Farrell</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Michael Farrell</u>					
6. DATE OF BIRTH (month, day, and year) <u>Aug 30-1856</u>					
7. AGE	Years <u>75</u>	Months <u>1</u>	Days <u>27</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Penn</u>					
FATHER	13. NAME <u>Matthew Keifer</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				
	15. MAIDEN NAME				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				
	17. INFORMANT <u>Charles J. Grall</u> (Address) <u>Hailey, Idaho</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>F.O.E. Cemetery</u> Date <u>Oct 30, 1931</u>				
19. UNDERTAKER <u>Harvey & Agnes</u> (Address) <u>Hailey, Idaho</u>					
20. FILED <u>10-31</u> , 1931 <u>J. H. Wright</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 27, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 1</u> , 1931, to <u>Oct 27</u> , 1931					
I last saw her alive on <u>Oct 27, 1931</u> ; death is said to have occurred on the date stated above, at <u>4:30</u> p. m.					
The principal cause of death and related causes of importance were as follows: <u>Acute yellow atrophy of liver</u> Date of onset <u>1930</u>					
Other contributory causes of importance: <u>Chronic Pericarditis (continued 2 yrs. prior at death)</u> <u>1 yr</u>					
Name of operation <u>clinical</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____					
(Signed) <u>E. W. F.</u> M. D. (Address) <u>Hailey, Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Blaine</u>	City of <u>Hailey</u>	Registration District No. <u>57</u>	Primary Registration District No. <u>2022</u>	State File No. <u>76813</u>	Local Registrar's No. <u>22</u>
(No. <u>57</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Emma Storey</u>					
(a) Residence. No. <u>57</u> St. <u>Wright</u>					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>X</u>					
6. DATE OF BIRTH (month, day, and year) <u>Apr 24-1876</u>					
7. AGE	Years <u>55</u>	Months <u>5</u>	Days <u>13</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Chillicothe</u>					
FATHER	13. NAME <u>John Clinte</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Mo</u>				
MOTHER	15. MAIDEN NAME <u>Clinte</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
17. INFORMANT <u>Mrs. Hattie Palmer</u> (Address) <u>East Lake City, Utah</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Calvary Plot</u> Date <u>Oct 8, 1931</u>					
19. UNDERTAKER <u>Harris & Ames</u> (Address) <u>Hailey, Idaho</u>					
20. FILED <u>10-31, 1931</u> <u>O. H. Wright</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 6 - 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>9-20, 1931</u> , to <u>10-6, 1931</u> . I last saw her alive on <u>10-6, 1931</u> ; death is said to have occurred on the date stated above, at <u>12</u> m. The principal cause of death and related causes of importance were as follows: <u>Diabetes mellitus</u> <u>with Coma</u>					
Date of onset <u>2 yrs.</u>					
Other contributory causes of importance: <u>none</u>					
Name of operation <u>Amputation</u> Date of <u>10-20</u>					
What test confirmed diagnosis? <u>Amputation</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>no</u> , 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Robert H. Wright</u> , M.D. (Address) <u>Hailey, Idaho</u>					

RECEIVED NOV 13 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76814

State File No.

PLACE OF DEATH

County of Boise
City of Boise City

CERTIFICATE OF DEATH

Registration District No. Lewiston 211
Primary Registration District No. Lewiston 2003 Local Registrar's No. 32
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minor Venable(a) Residence. No. Eagle

St.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan-14-19137. AGE Years 18 Months 9 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Burley Id.
(State or country)10. NAME OF FATHER John Venable11. BIRTHPLACE OF FATHER (city or town) Texas
(State or Country)12. MAIDEN NAME OF MOTHER Ruth Lyon13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant John Venable
(Address) Base B-1 Idaho15. Filed 10-27-31 19.....
Registrar. H. H. Neal

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 25 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Accidental shot mistaken for a deer

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Shanahan Cor. M. B.

....., 19..... (Address)

19. Place of Burial, Cremation, or Removal Opplin Cemetery Date of Burial 10-28-193120. Undertaker W. S. Motter Address Meridian Id.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 23 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76815

State File No.

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Boise Registration District No. 12

City of Idaho City Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank C. Berry

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Divorced
----------------	---------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Clara DeClark

6. DATE OF BIRTH (month, day and year) Aug. 9, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Contractor

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Not Known
(State or country)

10. NAME OF FATHER

Benjamin C. Berry

11. BIRTHPLACE OF FATHER (city or town) Not Known
(State or Country)

12. MAIDEN NAME OF MOTHER

Van Eaton

13. BIRTHPLACE OF MOTHER (city or town) Not Known
(State or Country)

14. Informant
(Address)

John J. Hunt
Idaho

15.

Filed Oct 16, 1931

Miss Ed Robison
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Crushed Chest from

Automobile Accident

(Accidental Death)

.....(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

.....(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) J. E. Shanahan M. D.

....., 19..... (Address).....

19. Place of Burial, Cremation, or Removal

Date of Burial

Emmett Idaho Oct 4, 1931

20. Undertaker

C. H. Bucknum Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FOR BINDING

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 53
 Township _____ or Village _____ 76816 or
 City Sandpoint No. 1006 N. Florence St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 15 yrs. 8 mos. 1 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Dorothy Lois Wright 51
 (a) Residence: No. 1006 N. Florence St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14, 1916

7. AGE Years 15 Months 8 Days 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School
 10. Date deceased last worked at this occupation (month and year) Oct. 1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Sandpoint (State or country) Idaho

13. NAME Howard L. Wright

14. BIRTHPLACE (city or town) Idaho (State or country) _____

15. MAIDEN NAME Dora Shaffer

16. BIRTHPLACE (city or town) Washington (State or country) _____

17. INFORMANT H. L. Wright (Address) Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL TO ANOTHER CEMETERY Place Sandpoint, Idaho Date Oct. 18, 1931

19. UNDERTAKER Lois Shaffer (Address) Sandpoint, Idaho

20. FILED Oct 16, 1931 Viola Adkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jamney, 1928, to October 15, 1931
 I last saw him alive on October 15, 1931; death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

diabetes mellitus Date of onset 1926

Other contributory causes of importance:

Diabetic Coma Oct. 12-1931

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical & laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. B. Evans, M. D.

(Address) Sandpoint, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED NOV 7 1931		STANDARD CERTIFICATE OF DEATH		Registration District 75		DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	
County <u>Banner</u>		State <u>IDAHO</u>		Registered No. <u>76817</u>		or <u>166</u>	
Township <u>Sandpoint</u>		or Village		No. <u>331 S. Florence</u>		St., _____ Ward _____	
City <u>Sandpoint</u>		No. <u>331 S. Florence</u>		(If death occurred in a hospital or institution, give its name instead of street and number)			
Length of residence in city or town where death occurred <u>7</u> yrs. _____ mos. _____ ds.		How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.					
2. FULL NAME <u>Mrs. Jane Henry Oliver</u>		(a) Residence: No. <u>331 S. Florence</u> St., _____ Ward _____		(Usual place of abode)		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>			
5a. If married, widowed, or divorced <u>HUSBAND of (or) WIFE of</u>		<u>Martin Oliver</u>		21. DATE OF DEATH (month, day, and year) <u>Oct. 7, 1931</u>			
6. DATE OF BIRTH (month, day, and year) <u>June 24, 1914</u>		7. AGE		22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____			
Years <u>17</u>		Months <u>3</u>		I last saw him _____ alive on _____, 19____; death is said to have occurred on the date stated above, at <u>11:30 a.m.</u>			
Days <u>13</u>		If LESS than 1 day, _____ hrs. or _____ min.		The principal cause of death and related causes of importance were as follows: <u>Suicide by Corrosive Substances.</u> <u>strychnine alkaloid.</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own Home</u>		Date of onset _____			
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		Other contributory causes of importance: _____			
12. BIRTHPLACE (city or town) <u>Prescott</u> (State or country) <u>Washington</u>		13. NAME <u>Art J. Henry</u>		Name of operation _____ Date of _____			
14. BIRTHPLACE (city or town) <u>Washington</u> (State or country) <u>Washington</u>		15. MAIDEN NAME <u>Bessie Buckley</u>		What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>			
16. BIRTHPLACE (city or town) <u>New York</u> (State or country) <u>Unknown</u>		17. INFORMANT <u>Mrs. Art J. Henry</u> (Address) <u>331 S. Florence</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Suicide</u> Date of injury <u>Oct. 7, 1931</u> Where did injury occur? <u>Sandpoint Banner Co. Idaho</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>in home</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Crematorium</u> Date <u>Oct. 10, 1931</u>		19. UNDERTAKER <u>Lawrence G. Mason</u> (Address) <u>Sandpoint Idaho</u>		Manner of injury <u>Taking strychnine alkaloid</u> Nature of injury _____			
20. FILED <u>Oct. 8, 1931</u>		20. FILED <u>Oct. 8, 1931</u>		24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. L. S. Moon</u> <u>Coroner</u> (Address) <u>Sandpoint, Idaho</u>			

RECEIVED NOV 7 1931

Registration District No 78

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 52Township _____ or Village _____ 76818 orCity Sandpoint No. _____ St. _____ Ward _____Length of residence in city or town where death occurred 22 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? 19 yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 917 N. Boyer Ave St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed or divorced, HUSBAND of Carrie Frank (or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Apr. 27, 18727. AGE Years 59 Months 5 Days 11 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TAILOR9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Shop.10. Date deceased last worked at this occupation (month and year) Sept. 1931 11. Total time (years) spent in this occupation 4512. BIRTHPLACE (city or town) Bairen (State or country) Germany13. NAME Joseph Frank.14. BIRTHPLACE (city or town) Germany (State or country) _____15. MAIDEN NAME Catherine Shue16. BIRTHPLACE (city or town) Germany (State or country) _____17. INFORMANT Mrs. Carrie Frank (Address) 917 N. Boyer Ave, Sandpoint Idaho.18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Idaho Date Oct. 12, 193119. UNDERTAKER H. E. Moon (Address) Sandpoint Idaho.20. FILED Oct. 12, 1931 Viola Allers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 8, 193122. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Oct 8, 1931I last saw him alive on Oct 6, 1931; death is saidto have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic MyocarditisDate of onset
May 1, 1931

Other contributory causes of importance:

Name of operation no Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Wm F. Tyler M. D.(Address) Sandpoint Idaho.

c11-3184

MARGIN RESERVED FOR BINDING

8-2007
V. S. No. 58

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED NOV 7 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76819

State File No. _____

PLACE OF DEATH

County of BannerCity of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 78Primary Registration District No. 2155Local Registrar's No. 54

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Infant Murphy(a) Residence. No. Ponderay

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Oct 19 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

4

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Ponderay Idaho

10. NAME OF FATHER

Charles Murphy

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

IOWA.

12. MAIDEN NAME OF MOTHER

Martha Gronau

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

IOWA.

14.

Informant
(Address)Charles Murphy
Ponderay

15.

Filed

Oct 21, 1931Vigla Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct191931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 19, 1931, to Oct 19, 1931that I last saw him alive on Oct 19, 1931and that death occurred, on the date stated above, at 5 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Premature delivery
about 6 1/2 months gestation

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. F. Tyler, M. D.
Oct 20, 1931 (Address) Sandpoint, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Lakewood Cemetery10/20 1931

20. Undertaker

Address

Turnbull CoSandpoint

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76820

State File No.

PLACE OF DEATH

County of BonnerCity of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 76Primary Registration District No. 2155(No. 202 S First)Local Registrar's No. 65-

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Johnson(a) Residence No. 202 S First St.

(Usual place of abode.)

Length of residence in city or town where death occurred 31 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Bertha Johnson
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 11 18727. AGE Years 58 Months 10 Days 12 If LESS than 1 day, 0 hrs. or 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Attorney

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Iceland
(State or country)10. NAME OF FATHER John Johnson11. BIRTHPLACE OF FATHER (city or town) Iceland
(State or Country)12. MAIDEN NAME OF MOTHER unobtainable13. BIRTHPLACE OF MOTHER (city or town) Scotland
(State or County)14. Informant Mrs Bertha Johnson
(Address) Sandpoint, Idaho15. Filed Oct 26, 1931 Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 23 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from March 8, 1931 to Oct 23, 1931
that I last saw him alive on Oct 23, 1931and that death occurred, on the date stated above, at 9:30 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma of the esophagus.(duration) 7 yrs. 0 mos. 0 ds.CONTRIBUTORY
(Secondary)(duration) 0 yrs. 0 mos. 0 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No. Date ofWas there an autopsy? No.What test confirmed diagnosis? Specimen at Mayo Clinic(Signed) E. J. Vayg. M. D.
Oct 24, 1931 (Address) Sandpoint, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

LakeriewOct 26 1931

20. Undertaker

Address

Turnbull CoSandpoint.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76821

State File No.

PLACE OF DEATH

County of BonnerCity of Kootenai

CERTIFICATE OF DEATH

Registration District No. 76Primary Registration District No. 2153(No. Kootenai)Local Registrar's No. 86

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Alice Anderson(a) Residence. No. Kootenai St.

(Usual place of abode.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widow5a. If married, widowed, or divorced
HUSBAND of Alvin Anderson
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept 2 18767. AGE Years 55 Months 1 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Minn
(State or country)10. NAME OF FATHER Albert Anderson11. BIRTHPLACE OF FATHER (city or town) Sweden
(State or Country)12. MAIDEN NAME OF MOTHER Margaret Bowen13. BIRTHPLACE OF MOTHER (city or town) T.A.
(State or County)14. Informant Earl Anderson
(Address) Kootenai15. Filed Oct. 26, 1931 Viola Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 25, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
June 1, 1930, to Oct 25, 1931.
that I last saw him alive on Oct 25, 1931.
and that death occurred, on the date stated above, at 11:00 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Diabetic(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? chemical(Signed) Wm. F. Tyler, M. D.Oct 26, 1931 (Address) Sandpoint, Ida19. Place of Burial, Cremation, or Removal Lakeview Date of Burial 10/27 193120. Undertaker 1 minor Co Address Sandpoint

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

Registration District No. 74

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 67
Township _____ or Village _____ 76822 or
City Sandpoint No. Carnell Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Fred Pearson
(a) Residence: No. _____ St. _____ Ward. Priest River, Idaho
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Jan. 16, 1880

7. AGE Years 51 Months 9 Days 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prentiss, Illinois

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Carnell Hospital
(Address) Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Idaho Date Oct. 29, 1931
Emerson Cemetery

19. UNDERTAKER R. E. Hessa
(Address) Priest River, Idaho

20. FILED Oct. 29, 1931 Viola Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1931, to Oct. 27, 1931

I last saw him alive on Oct. 26, 1931; death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

Aortic aneurysm

Date of onset

hypertension
Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Floyd E. Allen M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 58
 Township _____ or Village 76823 or
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Emma Octavo Verback.
 (a) Residence: No. 820 Lake St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5a. If married, widowed or divorced HUSBAND of (or) WIFE of Roswell Verback.
 6. DATE OF BIRTH (month, day, and year) July 13, 1873
 7. AGE Years 58 Months 3 Days 14 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME George Shawver
 14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Baker
 16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address) Mrs. Pott, Black
820 Lake St. Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place Sandpoint, Idaho Date Oct. 30, 1931

19. UNDERTAKER

(Address) Dr. H. Noon
Sandpoint, Idaho

20. FILED

Oct. 29, 1931 Viola Allen
Sandpoint, Idaho Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 29, 1931
 22. I HEREBY CERTIFY, That I attended deceased from November, 1927 to Oct. 29, 1931
 I last saw him alive on October 5, 1931; death is said to have occurred on the date stated above, at 1:54 p.m.
 The principal cause of death and related causes of importance were as follows:

Nephrolithiasis Date of onset 1927

Other contributory causes of importance:

Pyelonephritis October 1931

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. P. Evans M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 2 1931

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

76824

County of *Bonner*

BUREAU OF VITAL STATISTICS

City of *Clark Fork*

CERTIFICATE OF DEATH

Registration District No. *80*Primary Registration District No. *2157*

State File No.

Local Registrar's No. *3*(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME *Mrs Eva J. Long*(a) Residence. No. *Clark Fork*

St.

(Usual place of abode)

Length of residence in city or town where death occurred. *10* yrs. *4* mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

*White*5. Single, Married, Widowed,
or Divorced. (write the word)*Widowed*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Widowed*
in Joel L. Long

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*83**2**16*

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Domestic*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town).
(State or country)*Spring Creek*
Idaho

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town).
(State or country)15. MAIDEN NAME *Eva J. Demming*16. BIRTHPLACE (city or town).
(State or country)17. INFORMANT
(Address)*Edward P. Clark*
*Clark Fork, Idaho*18. BURIAL, CREMATION, OR REMOVAL
PlaceDate *9-27, 1931*19. UNDERTAKER
(Address)*Mrs. Clara Roth, laid out body*
Clark Fork, Idaho

20. FILED

10-15, 1931
John L. Larson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *9-26th* 193122. I HEREBY CERTIFY, That I attended deceased from
....., 193....., to....., 193.....I last saw h..... alive on....., 193.....: death is said
to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance
were as follows:*Paralytic stroke*

Date of onset

Sept 24th

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Edward P. Clark*
(Address) *Clark Fork, Idaho*

RECEIVED NOV 2 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76825

State File No.

PLACE OF DEATH

County of BonnerCity of Hope

CERTIFICATE OF DEATH

Registration District No. 80Primary Registration District No. 2157

(No.)

Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Phoebe A Wilson(a) Residence. No. Hope Ida St. 179

(Usual place of abode.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Ambrose Wilson
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar 16 18537. AGE Years 78 Months 7 Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wisconsin
(State or country)10. NAME OF FATHER Russell M Franklin11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER Elizabeth Stenenson13. BIRTHPLACE OF MOTHER (city or town) N.Y.
(State or Country)14. Informant Ambrose Wilson
(Address) Hope Ida15. Filed 10-29-31 John Larson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 28, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Oct. 13, 1931, to Oct. 28, 1931,
that I last saw her alive on Oct. 24, 1931,
and that death occurred, on the date stated above, at 6:00 AM.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic interstitial nephritis
chronic myocarditis(duration) several yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Phoebe Wilson10-29-31, 1931 (Address) Sandpoint

19. Place of Burial, Cremation, or Removal

Date of Burial

Incineration10/29 1931

20. Undertaker

Address

Turnbull CoSandpointWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED NOV 2 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76826

State File No.

PLACE OF DEATH

County of Bonner
City of Priest River

CERTIFICATE OF DEATH

Registration District No. 85
Primary Registration District No. 2185
(No.)

Local Registrar's No. 23

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Everett Underwood

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed,
or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 25, 1931

7. AGE Years Months Days 1 If LESS than 1 day,
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Priest River
(State or country) Idaho

10. NAME OF FATHER

E. A. Underwood

11. BIRTHPLACE OF FATHER (city or town) Colville
(State or Country) Wash.

12. MAIDEN NAME OF MOTHER Urabell Sloan

13. BIRTHPLACE OF MOTHER (city or town) Denver
(State or Country) Colo.

14. Informant E. A. Underwood
(Address) Priest River, Idaho

15. Filed Oct. 28, 1931

R. E. Wessa
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October 26, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

10/25/, 1931, to 10/26/, 1931.that I last saw him alive on 10/26/31, 1931.and that death occurred, on the date stated above, at 10:45 P.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cranial Injuries

(duration) yrs. mos. ds.
CONTRIBUTORY Rapid labor of mother
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Symptoms & finding

(Signed) Harold C. Sawyer, M. D.
Oct. 28, 1931 (Address) Priest River, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

I. O. O. F. CemeteryOct. 28, 31

20. Undertaker

Address

E. A. Underwood, Father Priest River

RECEIVED NOV 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76827

State File No.

PLACE OF DEATH

County of Bonner

CERTIFICATE OF DEATH

City of Priest RiverRegistration District No. 85Primary Registration District No. 2187Local Registrar's No. 22

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Randolph

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 18 yrs. 5 mos.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJames Randolph6. DATE OF BIRTH (month, day and year) Oct. 18, 1849

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.811126

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.At home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Flagpond
(State or country) Tenn.

10. NAME OF FATHER

Ambros Lawing11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Tenn

12. MAIDEN NAME OF MOTHER

Sarah E. Deakinn13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Unknown

14.

Informant
(Address)H. H. Hensley
Priest River, Idaho.

15.

Filed

Oct. 15, 1931R. E. Wessa
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct.
(Month)14
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1931, to Oct 14, 1931
that I last saw her alive on Oct 12, 1931and that death occurred, on the date stated above, at 3:30 A. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:myocardial degenerationCONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

senility

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none

(Signed)

Oct. 15, 1931 (Address) L. J. Stauffer, M. D.
Priest River, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

L. O. O. F. Cemetery Oct. 16, 1931

20. Undertaker

Address

Moore Mortuary Priest River

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED NOV 4 1931
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 21
Township _____ or Village 76828 or
City Coolin No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Isaac Daugherty

(a) Residence: No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Ann Daugherty

6. DATE OF BIRTH (month, day, and year) Feb. 28, 1859

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
72 7 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jeddo
(State or country) Iowa

13. NAME A. J. Daugherty

14. BIRTHPLACE (city or town) Circleville
(State or country) Ohio

15. MAIDEN NAME Nancy Haner

16. BIRTHPLACE (city or town) Unknown
(State or country) Ohio

17. INFORMANT Dora Leonard
(Address) Albany, Oregon. R.R. 5

18. BURIAL, CREMATION, OR REMOVAL
Place Memorial Park Date Oct. 7, 1931

19. UNDERTAKER Brook Brothers
(Address) Brook Brothers

20. FILED Oct. 7, 1931
R. E. Wilson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from
October, 19____, to____, 19____

I last saw h_____ alive on____, 19____; death is said to have occurred on the date stated above, at 11: A m.

The principal cause of death and related causes of importance were as follows:

Unknown Chronic
Heart Disease
Natural Cause

Date of onset

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. E. Wilson

(Address) Sandpoint Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED NOV 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76829

State File No.....

PLACE OF DEATH

County of Bonner

City of Newport

Registration District No. 85

Primary Registration District No. 2185

Local Registrar's No. 20

(No.)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Joseph Shull

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

June 2, 1841

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

90

3

29

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Self

9 BIRTHPLACE (city or town) (State or country)

Pa.

10 NAME OF FATHER

Jacob Shull

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Pa.

12 MAIDEN NAME OF MOTHER

Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Not Known

14 Informant Mrs. John S. Savage

(Address) Newport, Wash.

15 Filled Oct. 1, 1931 R. E. Wessa

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct.
(Month)

1 st
(Day)

1931
(Year)

17 I HEREBY CERTIFY, That I attended deceased from

April 10, 1931, to Oct. 1, 1931

that I last saw him alive on Oct. 1, 1931

and that death occurred, on the date stated above, at 2:20 A.M.

The CAUSE OF DEATH was as follows:

Cerebral Thrombosis

(duration) yrs. 5 mos. 21 ds.

CONTRIBUTORY Arteriosclerosis
(Secondary) years

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. D. Schlatterman M. D.

Oct. 1, 1931 (Address) Newport, Wash.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

Newport, Wash

Oct. 4 1931

20. Undertaker

Address

Sherman & Davis

Newport, Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls.

RECEIVED NOV 7 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76830

Registration District No. 3
Primary Registration District No. 2-12-50

Local Registrar's No. 207

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Shippen

(a) Residence. No. 1246 Sage St.

(Usual place of abode)
Length of residence in city or town where death occurred. 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of Charles Wesley Shippen
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 13, 1843

7. AGE Years 87 Months 11 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nauvoo, Illinois.
(State or country)

13. NAME Stephen Nixon

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Harriet Rushton.

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Carl Shippen,
(Address) Idaho Falls,

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls, Date Oct. 30 1931

19. UNDERTAKER Jack A. Wood.
(Address) Idaho Falls,

20. FILED Oct 30, 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Oct 27, 1931.

I last saw him alive on Oct 10, 1931; death is said

to have occurred on the date stated above, at 1:20 A. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Chas. A. Wood, M. D.

(Address) _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Bonneville*
City of *Idaho Falls*Registration District No. *23*
Primary Registration District No. *2110*
(No. _____ St.)State File No. *76831*
Local Registrar's No. *202*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Andrus Philips

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED*Male* *white* *Infant*
(Write the word)

6. DATE OF BIRTH

Aug 27 *1931*
(Month) (Day) (Year)

7. AGE

IF LESS than 1
day how many
hrs. or
min.?

Yrs. Mos. ds.

25 min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF Father

John Philips

11. BIRTHPLACE OF FATHER

(State or Country)

Preston Idaho

12. MAIDEN NAME OF MOTHER

Miriam Philips

13. BIRTHPLACE OF MOTHER

(State or Country)

Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

John Philips
Idaho

15.

Filed

*Oct 29**1931**John Philips*

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 28 *1931*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Aug 28 *1931* to *Aug 28* *1931*,
that I last saw him alive on *Aug 28* *1931*,
and that death occurred on the date stated above, at *12:05* A. M.

The CAUSE OF DEATH* was as follows:

*Hemorrhage
Placental praevia
of mother*

(Duration) yrs. mos. ds.

Contributory
(Secondary)*Premature Birth
7 months*

(Duration) yrs. mos. ds.

(Signed)

8/28/1931 (Address) *Mrs. Philips
Idaho Falls*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. *12* days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Idaho *Aug 29* *1931*

20. UNDERTAKER

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76832	
County of <u>Bonneville</u>		City of <u>Neon</u>		Registration District No. <u>73</u> Primary Registration District No. <u>2117</u> Local Registrar's No. <u>201</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Samuel Taylor Robinson</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>46</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Mary A. Robinson</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>October 16, 1869</u>					
7. AGE Years <u>62</u>		Months <u>0</u>		Days <u>10</u>	
If LESS than 1 day, hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Hooper, Utah</u>					
13. NAME <u>Joseph Lee Robinson</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Vermont</u>					
15. MAIDEN NAME <u>Mary Taylor</u>					
16. BIRTHPLACE (city or town) (State or country) <u>England</u>					
17. INFORMANT <u>Mary A. Robinson</u> (Address) <u>Neon, Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Neon</u> Date <u>10/29, 1931</u>					
19. UNDERTAKER <u>Jack A. Wood</u> (Address) <u>Idaho Falls</u>					
20. FILED <u>Oct 28, 1931</u> <u>G. J. Hammond</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 26, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 5, 1929</u> , to <u>Oct 26, 1931</u>					
I last saw him alive on <u>Oct 10, 1931</u> ; death is said to have occurred on the date stated above, at <u>10 P. m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Chronic Myocarditis</u>					
Other contributory causes of importance: <u>Senile degeneration of Brain</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>Chemical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____					
(Signed) <u>G. J. Hammond</u> M. D. (Address) <u>Idaho Falls</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 7 1931

PLACE OF DEATH

County of Bonner
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76833

State File No.

Registration District No.

Primary Registration District No.

Local Registrar's No. 204

(No. L. D. S. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 2 mos.St. Hammer, Idaho (If nonresident give city or town and state)

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

not known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

45

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place

Date Oct 27 1931

19. UNDERTAKER (Address)

20. FILED

Oct 23, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 20 193122. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1931, to Oct 9, 1931.I last saw him alive on Oct 9, 1931; death is said to have occurred on the date stated above, at 1:30 p.m. The principal cause of death and related causes of importance were as follows:

Chronic Dyspepsia when a pyloric obstruction. He died suddenly on the 14th postoperative day.

Other contributory causes of importance:

Chronic Myocarditis and Chronic Nephritis

Date of onset

Name of operation Gastroenterostomy Date of Oct 6/1931What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

H. V. Hatch, M.D.
Idaho Falls, Idaho

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76835

State File No.

County of *Bonneville*

City of *Idaho Falls*

Registration District No. *23*

Primary Registration District No. *214-0*

Local Registrar's No. *202*

(No.

if death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Jacob Scheidegger*

(a) Residence No. *Water Ave* St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

male

White

Married

5a. If married, widowed, or divorced

HUSBAND of (or) *Wife*

Mrs. Bertha Scheidegger

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

7

84

4

14

June 14 - 1847

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Switzerland

13. NAME

Jacob Scheidegger

14. BIRTHPLACE (city or town) (State or country)

Switzerland

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (city or town) (State or country)

Switzerland

17. INFORMANT (Address)

Mrs. Bertha Scheidegger

18. BURIAL, CREMATION, OR OTHER PLACE

Idaho Falls, Ida.

19. UNDERTAKER (Address)

Idaho Falls, Ida.

20. FILED *Oct 22*, 1931

Continued

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *Oct 19*, 1931

22. I HEREBY CERTIFY, That I attended deceased from

Oct 16, 1931, to *Oct 19*, 1931

I last saw him alive on *Oct 19*, 1931; death is said

to have occurred on the date stated above, at *6 A.M.*

The principal cause of death and related causes of importance

were as follows:

Enteritis

Date of onset

Oct 16

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Yes

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

G. W. Pendleton, M.D.

(Address)

Idaho Falls, Idaho

Her Porter

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		76836	
PLACE OF DEATH		County of <u>Bonneville</u>		State File No.	
City of <u>Idaho Falls</u>		Registration District No. <u>73</u>		Local Registrar's No. <u>201</u>	
Primary Registration District No. <u>219-0</u>		(No.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Max Moellendorf</u>		<u>886</u>			
(a) Residence. No. <u>696 No. Water Ave.</u> St.					
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>?</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>67</u>				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Butcher and sausage maker</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country)		<u>Germany</u>			
13. NAME		<u>Not</u>			
14. BIRTHPLACE (city or town) (State or country)		<u>Known</u>			
15. MAIDEN NAME		<u>Not</u>			
16. BIRTHPLACE (city or town) (State or country)		<u>Known</u>			
17. INFORMANT (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Buried, Idaho</u> Date <u>Oct. 17, 1931</u>					
19. UNDERTAKER (Address) <u>Jack A. Woods, Idaho Falls</u>					
20. FILED <u>Oct 17, 1931</u> <u>C. J. ...</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 15, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 1931, to, 1931.					
I last saw him alive on, 1931; death is said to have occurred on the date stated above, at <u>6 P. m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Myocarditis Chronic</u>					
Other contributory causes of importance:					
<u>High Blood Pressure</u>					
Name of operation <u>Typhoid</u> Date of <u>...</u>					
What test confirmed diagnosis? <u>...</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Dr. B. J. Allen</u> <u>Idaho Falls, Idaho</u>					
(Address) <u>Idaho Falls, Idaho</u>					

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonnerville Co Registration District No. 73
City of Idaho Falls Primary Registration District No. 214-0
(No. _____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Lewis Richard BirdState File No. 76837
Local Registrar's No. 200

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(Write the word)

6. DATE OF BIRTH

July 23 1870
(Month) (Day) (Year)

7. AGE

61 Yrs. 3 Mos. _____ ds.

IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

Farming

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Mendon Utah

10. NAME OF FATHER

Kelsey Chas Bird

11. BIRTHPLACE OF FATHER

(State or Country)

York Co New York

12. MAIDEN NAME OF MOTHER

Eliza Jane Perry

13. BIRTHPLACE OF MOTHER

(State or Country)

Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Lewis R Bird
Rt 2

15.

Filed

Oct 7 '311931W J Fanning

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

10 - 8 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Oct 8 1931 to Oct 8 1931, that I last saw him alive on Oct 8 1931, and that death occurred on the date stated above, at 2 1/2 AM. The CAUSE OF DEATH* was as follows:Angina Pectoris(Duration) _____ yrs. _____ mos. 2 1/2 hrs

Contributory (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

10/8 1931

(Address)

Idaho Falls

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place

of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Rt 2 CemeteryOct 11 1931

20. UNDERTAKER

C. C. Hargis

ADDRESS

Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76838

State File No.

PLACE OF DEATH

County of Bonerville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 215-2

(No. W.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 199

2. FULL NAME John Lundberg

(a) Residence. No. P.O. #5 St.

(Usual place of abode)

Length of residence in city or town where death occurred. 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Julia Lundberg

6. DATE OF BIRTH (month, day and year)

July 26-1870

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

61

2

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Sweden

10. NAME OF FATHER

John Lundberg

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Sweden

12. MAIDEN NAME OF MOTHER

Carolina

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Sweden

14. Informant

(Address)

Julia Lundberg
Idaho Falls Ida.

15. Filed

Oct 15, 1931

Chambers

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct. 14

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 12, 1931, to Oct 14, 1931

that I last saw him alive on Oct 14, 1931

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

lobar pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. P. Soderstrom M.D.
Oct 15, 1931 (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls Ida Oct. 18 1931

20. Undertaker

Address

V. F. M. Han Idaho Falls Idaho

PLACE OF DEATH		IN THIS SPACE 76839	
County of <u>Bonanza</u>		Registration District No. <u>73</u>	
City of <u>Idaho Falls</u>		Primary Registration District No. <u>21 N-0</u>	
		Local Registrar's No. <u>194</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Frank Willard</u>			
(a) Residence. No. <u>Grand Hotel</u>		St. _____	
(Usual place of abode)		(If nonresident give city or town and State)	
Length of residence in city or town where death occurred.		How long in U. S., if of foreign birth?	
yrs. mos. ds.		yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>	
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>Coretta Willard</u>			
6. DATE OF BIRTH (month, day and year) <u>Sept. 13</u>			
7. AGE <u>46</u>	Years <u>1</u>	Months <u>0</u>	Days <u>0</u>
If LESS than 1 day, _____ hrs. or _____ min.			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____			
9. BIRTHPLACE (city or town) <u>Pittsburg</u> (State or country) <u>Pennsylvania</u>			
10. NAME OF FATHER <u>Unknown</u>			
11. BIRTHPLACE OF FATHER (city or town) <u>Unknown</u> (State or Country) _____			
12. MAIDEN NAME OF MOTHER <u>Unknown</u>			
13. BIRTHPLACE OF MOTHER (city or town) <u>Unknown</u> (State or Country) _____			
14. Informant <u>Mrs. Coretta Willard</u> (Address) <u>Island Park</u>			
15. Filed <u>Oct 14</u> , 19 <u>31</u> <u>Continued</u> Registrar _____			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH <u>October 13</u> , 19 <u>31</u> (Month) (Day) (Year)			
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____			
that I last saw him <u>live</u> on _____, 19____			
and that death occurred, on the date stated above, at <u>5 A.</u> m.			
The CAUSE OF DEATH* was as follows: <u>Suicide</u> <u>by strychnine</u> (duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.			
18. Where was disease contracted <u>not at place of death</u>			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? <u>Finding of strychnine</u> (Signed) <u>Dr. J. H. McMan</u> <u>Oct. 15, 1931</u> <u>Idaho Falls, Idaho</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
19. Place of Burial, Cremation, or Removal <u>Pocatello Idaho</u>		• Date of Burial <u>10/17</u> , 19 <u>31</u>	
20. Undertaker <u>V. F. McMan</u>		Address <u>Idaho Falls Idaho</u>	

165

RECEIVED NOV 7 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of BonervilleCity of Idaho FallsRegistration District No. 3Primary Registration District No. 2140

DO NOT WRITE IN THIS SPACE

State File No. 76840Local Registrar's No. 197(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Mary Ellen Mangum(a) Residence. No. Elmo St.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn A Mangum

6. DATE OF BIRTH (month, day and year)

January 1 - 1858

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

7399/11

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

Santa Clara, Utah

10. NAME OF FATHER

Hamilton Crow11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Mary Jane Stewart13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)North Carolina14. Informant
(Address)John A Mangum
Idaho Falls, Ida.

15. Filed

Oct 14, 1931W. F. M. Han

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 24, 1931, to Oct. 12, 1931that I last saw her alive on Oct. 11, 1931and that death occurred, on the date stated above, at 9:45 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac muscle disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY
(Secondary)Chronic myo carditis

(duration) ? yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Clinical course(Signed) W. F. M. Han, M. D.Oct. 14, 1931 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls, Ida. 10/14 1931

20. Undertaker

Address

W. F. M. Han, Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 76841 State File No.	
County of <u>Bonneville</u>		Registration District No. <u>73</u>		Local Registrar's No. <u>196</u>	
City of <u>Idaho Falls</u>		Primary Registration District No. <u>211</u>			
(No. <u>76841</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Abia Williams Duncyon</u>		St. <u>Leslie, Ida.</u>			
(a) Residence. No.		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. <u>2</u> mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>Eunice Duncyon</u>					
6. DATE OF BIRTH (month, day, and year) <u>June 4, 1868</u>					
7. AGE	Years <u>63</u>	Months <u>4</u>	Days <u>3</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day Laborer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Proper, Utah</u>					
13. NAME <u>John Lewis Duncyon</u>					
14. BIRTHPLACE (city or town) (State or country) <u>U. S. A.</u>					
15. MAIDEN NAME <u>Ann Brown</u>					
16. BIRTHPLACE (city or town) (State or country) <u>U. S. A.</u>					
17. INFORMANT <u>Mrs. A. W. Duncyon</u> (Address) <u>Leslie, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Moore, Ida.</u> Date <u>Oct. 11, 1931</u>					
19. UNDERTAKER <u>Jack A. Wood</u> (Address) <u>Idaho Falls, Ida.</u>					
20. FILED <u>Oct 10, 1931</u> <u>C. Cunningham</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 9, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 10</u> , 1931, to <u>Oct 9</u> , 1931.					
I last saw him alive on <u>Oct. 9</u> , 1931; death is said to have occurred on the date stated above, at <u>7:30 A.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Diabetes Mellitus</u>					
Date of onset <u>Several years.</u>					
Other contributory causes of importance:					
Name of operation <u>none</u> Date of <u>—</u>					
What test confirmed diagnosis? <u>—</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify (Signed) <u>A. B. Soper</u> M. D. (Address) <u>Idaho Falls, Ida.</u>					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **76842**

PLACE OF DEATH

County of Bonawille
City of Idaho Falls

Registration District No. 73Primary Registration District No. 1210-0(No. St. W. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 196-2. FULL NAME John Lee Simpson(a) Residence. No. 261-E. St. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. - mos. - ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Mrs. Fay Simpson (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 28 Months 4 Days 8 If LESS than 1 day, - hrs. or - min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Spencer Idaho (State or country)10. NAME OF FATHER John W. Simpson11. BIRTHPLACE OF FATHER (city or town) Scotland (State or Country)12. MAIDEN NAME OF MOTHER Elizabeth Lee13. BIRTHPLACE OF MOTHER (city or town) Tooele Utah (State or Country)14. Informant John W. Simpson (Address) Idaho Falls Idaho15. Filed Oct 8, 1931 Arthur Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 8 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1931, to Oct 8, 1931, that I last saw him alive on Oct 8, 1931, and that death occurred, on the date stated above, at 12:15 A.M.

The CAUSE OF DEATH* was as follows:

Acute Toxic Pneumonia(duration) 5 yrs. - mos. - ds.

CONTRIBUTORY (Secondary)

(duration) - yrs. - mos. - ds.18. Where was disease contracted if not at place of death? noDid an operation precede death? no Date of -Was there an autopsy? noWhat test confirmed diagnosis? laboratory(Signed) Arthur, M. D., 19- (Address) -

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida Date of Burial 9/11 193120. Undertaker W. F. M. Han Address Idaho Falls Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **76843**

County of Bonneville **CERTIFICATE OF DEATH**

City of Idaho Falls Registration District No. 3

Local Registrar's No. 194

Primary Registration District No. 2112

(No. H. H. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Edwin Robson

(a) Residence. No. Fourth Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? 1 yrs. 0 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) August 9 - 1902

7. AGE Years 29 Months 1 Days 22 If LESS than 1 day, 0 hrs. or 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Whitman Kansas (State or country)

10. NAME OF FATHER F. S. Robson

11. BIRTHPLACE OF FATHER (city or town) Iowa (State or Country)

12. MAIDEN NAME OF MOTHER Olive Crippen

13. BIRTHPLACE OF MOTHER (city or town) Walton Iowa (State or Country)

14. Informant Mrs Olive Robson (Address) Fourth Idaho

15. Filed Oct 6, 1931 C. F. M. Ham Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 26th, 1931, to Oct. 1st, 1931
that I last saw him alive on Oct. 1st, 1931

and that death occurred, on the date stated above, at 1:15 P. M.

The CAUSE OF DEATH was as follows:
Acute Lobar Pneumonia
(Primary)

(duration) 5 yrs. 0 mos. 5 ds.

CONTRIBUTORY (Secondary) none

(duration) 0 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. W. West M. D.
Oct. 3, 1931 (Address) Shelley, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Fourth Idaho Date of Burial 10/4 1931

20. Undertaker H. F. M. Ham Address Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 7 1931

PLACE OF DEATH

 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76844

County of BonnevilleCity of Idaho FallsRegistration District No. 73Primary Registration District No. 214-0

State File No.

Local Registrar's No. 1931

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Stephen V. Chambers

(a) Residence. No.

(Usual place of abode)

St. Cody, Utah

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE Colored 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 9, 1878
 7. AGE Years 53 Months 6 Days 24 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake, Utah
(State or country)13. NAME P. V. Chambers14. BIRTHPLACE (city or town) Mississippi
(State or country)15. MAIDEN NAME Mary Ann Fugate16. BIRTHPLACE (city or town) Salt Lake, Utah
(State or country)17. INFORMANT P. V. Chambers
(Address) Idaho Falls, Idaho18. BURIAL, CREMATION, OR REMOVAL Place Cody, Utah Date October 8, 193119. UNDERTAKER Jack G. ...
(Address) Idaho Falls, Idaho20. FILED Oct 6, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 3, 193122. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1931, to Oct 9, 1931I last saw him alive on Oct 2, 1931; death is said to have occurred on the date stated above, at midnight. The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart 10/3/31
Lead poisoning Feb 29
hypertension 10/1/31

Other contributory causes of importance:

Lack of proper diet

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. W. Cantorson, M. D.(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonville</u>	City of <u>Shals Falls</u>	<div style="text-align: center;"> CERTIFICATE OF DEATH RECEIVED NOV 7 1931 </div>		<div style="text-align: center;"> 76845 State File No. </div>	
Registration District No. <u>73</u>		Primary Registration District No. <u>2</u>		Local Registrar's No. <u>1920</u>	
(No. <u>L.D.S. Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Eugene Axel Benson</u>					
(a) Residence. No. <u>1915 Rt #1 Glen</u>		St. <u>Glen</u>			
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. <u>35</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 20, 1899</u>					
7. AGE	Years <u>11</u>	Months <u>11</u>	Days <u>9</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Shals Falls, Glen</u>					
FATHER	13. NAME <u>Lars Axel Benson</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Sandy, Utah</u>				
	15. MAIDEN NAME <u>Linnia Scolglund</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Salt Lake, City, Utah</u>				
MOTHER	17. INFORMANT <u>Lars Axel Benson</u> (Address) <u>Rt #1 Shals</u>				
	18. BURIAL, CREMATION, OR OTHER FINAL Place <u>Home</u> Date <u>Oct 2, 1931</u>				
19. UNDERTAKER <u>Jack G. Woods</u> (Address) <u>Shals Falls</u>					
20. FILED <u>1931</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 29, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 29</u> , 1931, to <u>Sept 29</u> , 1931.					
I last saw him alive on <u>Sept 29</u> , 1931; death is said to have occurred on the date stated above, at <u>5:30</u> a.m.					
The principal cause of death and related causes of importance were as follows: <u>Traumatic encephalitis</u> <u>Aug 1931</u>					
Other contributory causes of importance <u>Struck with out fork</u>					
Name of operation <u>Cranotomy</u> Date of <u>9.28.31</u>					
What test confirmed diagnosis? <u>etc</u> Was there an autopsy? <u>yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? <u>Home</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>W. Ray Ketchum</u> , M.D. (Address) <u>Shals Falls</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Camas</u>		CERTIFICATE OF DEATH		State File No. <u>76846</u>	
City of <u>Fairfield</u>		Registration District No. <u>58</u>		Local Registrar's No. <u>170</u>	
		(No. <u>170</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>John L. Bayler</u>					
(a) Residence No. <u> </u> St. <u> </u>					
(Usual place of abode)					
Length of residence in city or town where death occurred, <u>13</u> yrs. <u>26</u> mos. <u> </u> ds.		(If nonresident give city or town and state) <u> </u> yrs. <u> </u> mos. <u> </u> ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Martha Hutchins, Bayler,</u> (or) WIFE of <u> </u>					
6. DATE OF BIRTH (month, day, and year) <u> </u>					
7. AGE	Years <u>73</u>	Months <u>03</u>	Days <u>23</u>	If LESS than 1 day, <u> </u> hrs. <u> </u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own Farm</u>				
	10. Date deceased last worked at this occupation (month and year) <u> </u>				
11. Total time (years) spent in this occupation <u>Oct 25-1931</u>					
12. BIRTHPLACE (city or town) <u>Wisconsin</u> (State or country)					
MOTHER FATHER	13. NAME <u>Can't find out</u>				
	14. BIRTHPLACE (city or town) <u>England</u> (State or country)				
	15. MAIDEN NAME <u>don't know</u>				
	16. BIRTHPLACE (city or town) <u>don't know</u> (State or country)				
17. INFORMANT (Address) <u> </u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Fairfield Idaho</u> Date <u>Oct 27</u> , 1931					
19. UNDERTAKER <u>Vance McRay</u> (Address) <u>Fairfield Idaho</u>					
20. FILED <u>10-28</u> , 1931 <u>R.B. Parkinson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 26</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 26</u> , 1931, to <u>Oct 26</u> , 1931.					
I last saw him alive on <u>Oct 25</u> , 1931; death is said to have occurred on the date stated above, at <u>4 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Shot himself</u>					Date of onset <u>Oct 26, 1931</u>
Other contributory causes of importance: <u> </u>					
Name of operation <u> </u> Date of <u> </u>					
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>suicide</u> Date of injury <u>Oct 26</u> , 1931					
Where did injury occur? <u>at his home</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>my home</u>					
Manner of injury <u>Shot with pistol</u>					
Nature of injury <u>Shot through heart</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u> </u>					
(Signed) <u>M.B. Parkinson</u> , M.D.					
(Address) <u>Fairfield Idaho</u>					

RECEIVED NOV 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76847

PLACE OF DEATH

County of Canyon
City of Notus

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Phillip Jones(a) Residence. No. Caldwell, Idaho R#2 St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Wm E Jones6. DATE OF BIRTH (month, day and year) Nov 1-31

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Caldwell, Ida
(State or country)10. NAME OF FATHER Wm E Jones11. BIRTHPLACE OF FATHER (city or town) Ada Co
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Ruth Morris13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or Country)14. Informant (Address) Wm E Jones R#215. Filed 11-4-, 1931, John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to Nov 3, 1931that I last saw him alive on Nov 2, 1931and that death occurred, on the date stated above, at 9 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Colic
Symptoms of obstructed bowel.

(duration) yrs. mos. 1 ds.CONTRIBUTORY Premature
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical(Signed) C. R. WhittenbergerNov 4, 1931 (Address) Caldwell, Ida19. Place of Burial, Cremation, or Removal Canyon Hill Date of Burial Nov 4 193120. Undertaker C. V. Pickham Address Caldwell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN. Exact statement of OCCUPATION is very important. See instructions on back.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

26-31
920

MARGIN RESERVE FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **76848**

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 2005
(No. _____)
Local Registrar's No. 130

2. FULL NAME Charles B. Anderson
(a) Residence. No. Caldwell Idaho P# 31
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mrs. C. B. Anderson</u>		
6. DATE OF BIRTH (month, day and year) <u>June 6-1862</u>		
7. AGE <u>69</u>	Years <u>4</u>	Months <u>26</u>
Days <u>26</u>		
If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) (State or country) Sweeden

PARENTS	10. NAME OF FATHER <u>Andrew Johnson</u>
	11. BIRTHPLACE OF FATHER (city or town) (State or Country) <u>Sweeden</u>
	12. MAIDEN NAME OF MOTHER <u>Not known</u>
	13. BIRTHPLACE OF MOTHER (city or town) (State or Country) <u>Not known</u>

14. Informant (Address) Mrs C B Anderson
P# 31

15. Filed 11-5-, 1931 John B. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Nov 2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Oct 25, 1931, to Nov 2, 1931
that I last saw him alive on Nov 2, 1931
and that death occurred, on the date stated above, at 4:45 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Angina Pectoris

(duration) yrs. mos. ds. 1

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Symptoms

(Signed) M. C. [Signature], M.D.
11/3, 1931 (Address) Caldwell Idaho

19. Place of Burial, Cremation, or Removal
Canyon Hill Date of Burial 11-4, 1931

20. Undertaker
C. V. Beckham Address Caldwell Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76849

State File No.

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005Local Registrar's No. 129

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thurmon J. Frank(a) Residence. No. Wilder, Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. Dora Frank6. DATE OF BIRTH (month, day and year) Sept 7 - 1889

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
42 1 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wayne Co. Ohio
(State or country)10. NAME OF FATHER O. E. Frank11. BIRTHPLACE OF FATHER (city or town) Wayne Co. Ohio
(State or Country)12. MAIDEN NAME OF MOTHER Cecilia Wohlgamuth13. BIRTHPLACE OF MOTHER (city or town) Wayne Co. Ohio
(State or Country)14. Informant Mrs Dora Frank
(Address) Wilder, Ida15. Filed 11-1-, 1931 - John B. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct. 27, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 27, 1931, to Oct 27, 1931
that I last saw him alive on Oct 27, 1931

and that death occurred, on the date stated above, at 5 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Perforation of Stomach

Carcinoma (duration) yrs. mos. one 08

CONTRIBUTORY (Secondary) Cancer on liver
curvature (duration) 2 yrs. about 2 mos. about 2 ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of Oct 27Was there an autopsy? noWhat test confirmed diagnosis? Operation

(Signed) M. Montgomery, M. D.
Oct 30, 1931 (Address) Caldwell, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill Oct 29 1931

20. Undertaker

Address

C. V. Pickham Caldwell
Idaho

RECEIVED NOV 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76850

State File No.

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1005

(No.)

Local Registrar's No. 128

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edith Mae Chenoworth(a) Residence. No. 613 Belmont St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

April 14 1879

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.5261

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

Housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Idaho

10. NAME OF FATHER

Andrew Lewis

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Mary E. Doty

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Idaho

14.

Informant
(Address)R.P. Chenoworth
613 Belmont

15.

Filed

10-19-1931John H. Hayes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct.
(Month)15
(Day)31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 15, 1931, to Oct 15, 1931that I last saw him alive on Oct 15, 1931and that death occurred, on the date stated above, at 11:15 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Morphine
addict for past 20 years
Following abdominal
operation (duration) 20 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

Don't know

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) D. J. Jones, M. D.Oct 17, 1931 (Address) Caldwell
Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Middleton10-17 1931

20. Undertaker

Address

C. V. BeckhamCaldwell
Idaho

RECEIVED NOV 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76851

State File No.

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 127

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William A. Ross

(a) Residence. No. 1917 Everett St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
82

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

10. NAME OF FATHER Alexander Ross

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address) Mrs S E Ross

15. Filed 10-19- 1931 John H. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1931 to Oct 14 1931
that I last saw him alive on Oct 14 1931
and that death occurred, on the date stated above, at 4 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenza followed by 1931 State Pneumonia & age

(duration) yrs. mos. ds.

CONTRIBUTORY Age
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Culture

(Signed) J. H. Meyer M. D.

(Address) Caldwell

19. Place of Burial, Cremation, or Removal Date of Burial
Canyon Hill 10-16 1931

20. Undertaker Address
C. V. Beckham Caldwell
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVE FOR BINDING

RECEIVED NOV 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76852

State File No.

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005Local Registrar's No. 126

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charlie E. Grant(a) Residence. No. R. 4

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 10-13-1917

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

141129

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

OklaheOklahoma

10. NAME OF FATHER

Wm Howard Grant

11. BIRTHPLACE OF FATHER (city or town) (State or country)

AttalaAlabama

12. MAIDEN NAME OF MOTHER

Edith Wayne Love

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

WeatherfordTexas

14.

Informant (Address)

Wm Howard Grant
Caldwell R. 4 Idaho

15.

Filed

10-14-1931John L. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

10-12

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 20 1931, to Oct 12 1931that I last saw him alive on Oct 12 1931and that death occurred, on the date stated above, at 3:56 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Splenectomy -
Removal of spleen -
Shock -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Jaundice (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10-12-31Was there an autopsy? NoWhat test confirmed diagnosis? Laboratory test -(Signed) J. D. Warren M. D.19 (Address) Caldwell
Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill10-14 1931

20. Undertaker

Address

Paul L. Case Caldwell
Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76853**

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7Primary Registration District No. 7006Local Registrar's No. 120(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Louis Cartright Barlow(a) Residence. No. Kents Add St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

2-10-63

6. DATE OF BIRTH (month, day and year)

7. AGE 67 Years 10 Months 17 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ohio
(State or country)

10. NAME OF FATHER John W. Barlow

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant Mrs L. C. Barlow
(Address) Nampa Ida. R.F.D.

15. Filed 10-31, 1931 Dee H. Barlow
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

10-28-1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1931, to 1931

that I last saw him alive on 1931and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. E. Young M. D.10-30, 1931 (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Nampa Idaho 10-30 1931

20. Undertaker

Address

W. K. Robinson Nampa Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76854**

PLACE OF DEATH

County of Carson
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1172. FULL NAME Emmett James Tyler(a) Residence. No. 128

(Usual place of abode.)

St. Houston, Ida.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLaura Tyler6. DATE OF BIRTH (month, day and year) April 24th 1881

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Fairview
(State or country) Virginia10. NAME OF FATHER Dow Tyler11. BIRTHPLACE OF FATHER (city or town) unknown
(State or Country)12. MAIDEN NAME OF MOTHER Lucia Bloomer13. BIRTHPLACE OF MOTHER (city or town) Fairview
(State or County) Virginia14. Informant Mrs. Laura Tyler
(Address) R. 3 D. #1, Houston, Ida.15. Filed 10-27, 1931 Dr. H. C. Taylor
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct.27-1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct. 26

1931, to

Oct 27

1931

that I last saw him alive on Oct 26- 1931and that death occurred, on the date stated above, at 4:20 AM.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical & lab.(Signed) Samuel A. Swartz M.D.Oct. 27, 1931 (Address) Nampa, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Nampa

19

20. Undertaker

Address

Dr. H. C. Taylor

9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76855

State File No.

PLACE OF DEATH

County of CanyonCity of NampaRegistration District No. 7Primary Registration District No. 1006Local Registrar's No. 118

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred F Roberts(a) Residence. No. 519 - 14 Av N St.

(Usual place of abode)

Length of residence in city or town where death occurred. 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Bertha Roberts (or) WIFE of

6. DATE OF BIRTH (month, day and year) April 1. 1855

7. AGE Years 76 Months 6 Days 24 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pa (State or country)10. NAME OF FATHER Joseph L Roberts11. BIRTHPLACE OF FATHER (city or town) Conn (State or Country)12. MAIDEN NAME OF MOTHER Harriet Lines13. BIRTHPLACE OF MOTHER (city or town) Conn (State or Country)

14. Informant Mrs Mabel Thompson
(Address) Boise, Idaho.

15. Filed 10-26, 1931 Debra Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased fromOctober 24, 1931, to October 24, 1931that I last saw him live on October 24, 1931and that death occurred, on the date stated above, at 12:24 am.

The CAUSE OF DEATH* was as follows:

From Heart failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. D. Russell M.D.
Oct 26, 1931 (Address) Nampa, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Boise, Idaho Date of Burial Oct. 27 1931

20. Undertaker J. H. Robinson Address Nampa Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

76856

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006
(No. Mercy Hospital)
Local Registrar's No. 117

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Duan W. Miller

(a) Residence. No.

St. Dietrich, Idaho

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. 9 mos. 4 ds. How long in U. S. if of foreign birth? yrs. 49 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 18th 1918

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. school boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

10. NAME OF FATHER J. F. Miller

11. BIRTHPLACE OF FATHER (city or town) Hardin
(State or Country) Missouri

12. MAIDEN NAME OF MOTHER Lulu M. Shorts

13. BIRTHPLACE OF MOTHER (city or town) Kohoka
(State or County) Missouri

14. Informant J. F. Miller
(Address) Dietrich, Ida.

15. Filed 10-25 1931 D. F. Talley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 23 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1931, to Oct 23 1931
that I last saw him alive on Oct 23 1931
and that death occurred, on the date stated above, at 10:15 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Multiple trauma

(duration) 1 1/2 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) none

18. Where was disease contracted Koshore, Ida.
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) V. C. Bell
10-23 1931 (Address) Nampa, Ida.

19. Place of Burial, Cremation, or Removal Twin Falls, Ida. Date of Burial 10-25 1931

20. Undertaker Wm. D. Talley Address Nampa, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76857

State File No.

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
(No. Mercy Hospital)

Local Registrar's No. 16

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bailey O Dustin(a) Residence, No. Cascade . Idaho St.Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dustin

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
65

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Oregon10. NAME OF FATHER Milan Dustin11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known12. MAIDEN NAME OF MOTHER Not Known13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not Known14. Informant R A Carrey(Address) Cascade Idaho15. Filed 10-24-1931 Death Registry

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1931, to Oct 23, 1931, that I last saw him alive on Oct 23, 1931, and that death occurred, on the date stated above, at 9:20 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure following operation for goitre

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 22/31Was there an autopsy? noWhat test confirmed diagnosis? Physical signs(Signed) J H Koss, M. D.Oct 23, 1931 (Address) Nampa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Mc Coll. Idaho

19

20. Undertaker

Address

F H RobinsonNampa Idaho

RECEIVED NOV 9 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76858

State File No.

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 2006

(No.)

Local Registrar's No. 115

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Willis Stephenson(a) Residence. No. R F D 5

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of Mrs Sarah Stephenson
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 5 1861

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

70618

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Linden Ind
(State or country)

10. NAME OF FATHER

John M Stephenson11. BIRTHPLACE OF FATHER (city or town).
(State or Country)Ohio

12. MAIDEN NAME OF MOTHER

Mandy Dewey13. BIRTHPLACE OF MOTHER (city or town).
(State or County)Indiana

14.

Informant
(Address)Chas M. Stephenson
916-7 Ave N. Nampa

15.

Filed 11-26-1931Edith Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 23 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1930, to Oct 23, 1931that I last saw him alive on Oct 23, 1931and that death occurred, on the date stated above, at 10:40 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Hodgkins Disease

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted unknown
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) W.C. Holmes, M. D.11/24, 1931 (Address) Nampa, Id.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlawn Cemetery10-26-31 19

20. Undertaker

Address

Paul L. CaseCaldwell Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76859	
County of <u>Canyon</u>		Registration District No. <u>7</u>		Local Registrar's No. <u>114</u>	
City of <u>Nampa</u>		Primary Registration District No. <u>1006</u>			
(No. <u>Mersey Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Oscar DeLoedt</u>					
(a) Residence. <u>Near Meridian Ada Co.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred.		yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Emilia DeLoedt</u>					
6. DATE OF BIRTH (month, day, and year) <u>July 16-1897</u>					
7. AGE	Years <u>34</u>	Months <u>3</u>	Days <u>8</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Ada Co</u>					
13. NAME <u>S. D. DeLoedt</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Belgium</u>					
15. MAIDEN NAME <u>Maria Teresa ?</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Belgian</u>					
17. INFORMANT <u>Joe Vanderhinden</u> (Address) <u>R. 3. Meridian Ada Co.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Boise, Ida</u> (Place) <u>John G. Gentry</u> (Date) <u>10-26-1931</u>					
19. UNDERTAKER <u>Schreiber & W. Coym</u> (Address) <u>Boise, Ida</u>					
20. FILED <u>10-25</u> , 1931 <u>DeLoedt</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 22 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan</u> , 1931, to <u>Oct 22</u> , 1931. Last saw him alive on <u>Oct 22</u> , 1931; death is said to have occurred on the date stated above, at <u>5 1/2</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Myocardial degeneration and myocarditis</u>					
Other contributory causes of importance: <u>Severe influenza about 8 yrs ago</u>					
Name of operation <u>none</u> Date of <u>no</u>					
What test confirmed diagnosis? <u>Physical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931. Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>H. P. Ross</u> , M. D. (Signed) <u>Nampa, Ida</u> (Address)					

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76860

State File No.

PLACE OF DEATH

County of Canyon

City of

Registration District No. 7Primary Registration District No. 1006Local Registrar's No. 112

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ada P. Bernard

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>James E.</u>		
6. DATE OF BIRTH (month, day and year) <u>Apr 6 1845</u>		
7. AGE <u>86</u>	Years <u>6</u>	Months <u>7</u>
		Days <u>7</u>
If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (city or town) Indiana
(State or country)10. NAME OF FATHER Joas P. Cox11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country) N. Carolina12. MAIDEN NAME OF MOTHER Joys Harrison
Knott13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or Country) Va.14. Informant Mrs R J Gifford
(Address) Wilson Idaho15. Filed 10-14 1931 Bertha Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Oct 13 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Sept 15 1931 to Oct 13 1931
that I last saw her alive on Oct 12 1931
and that death occurred, on the date stated above, at 4:15 a.m.
The CAUSE OF DEATH* was as follows:Senility with
chronic myocarditis
(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) W. Montgomery M. D.10/13 1931 (Address) Coedville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Reynolds Idaho
Date of Burial Oct 16 193120. Undertaker H. K. Robinson
Address Norman Idaho

- STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76861**

PLACE OF DEATH
County of **Canyon**
City of _____

Registration District No. **7**
Primary Registration District No. **2006**

Local Registrar's No. **11**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Frederick Coburn**(a) Residence. No. **Melba, Idaho.** St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

5a. If married, widowed, or divorced
HUSBAND of **Emma** Coburn
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Aug. 4., 1860**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
71 2 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Farmer**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Rhode Island**
(State or country)10. NAME OF FATHER **John Coburn**11. BIRTHPLACE OF FATHER (city or town) **York Shire, England**
(State or Country)12. MAIDEN NAME OF MOTHER **Anna Preston**13. BIRTHPLACE OF MOTHER (city or town) **England**
(State or Country)14. Informant **Mrs Emma Coburn**
(Address) **Melba, Idaho.**15. Filed **10-26-1931** **Edith Conway**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

about 2 years 19____, to **about Jan** 19**30**
that I last saw him alive on **about Jan** 19**30**
and that death occurred, on the date stated above, at **2:00 P.M.**

The CAUSE OF DEATH* was as follows:

I presume heart failure.
He had a valvular disease
of the heart. I did not see the
body. (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) **Ben Cunningham**, M. D.19____ (Address) **Emmett Ida**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Emmett Idaho **10/17 1931**

20. Undertaker

Address

W. Buckner **Emmett Idaho**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Campan</u>	City of <u>Naupha</u>	CERTIFICATE OF DEATH		State File No. <u>76862</u>	
Registration District No. <u>7</u>		Primary Registration District No. <u>2006</u>		Local Registrar's No. <u>110</u>	
(No. <u>Sunny Ridge Road</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>August Engelhardt</u>					
(a) Residence. No. <u>Sunny Ridge Road</u> St. <u></u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug 19-69</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>62</u>	<u>2</u>	<u>2</u>	<u>2</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Ill</u>					
MOTHER FATHER					
13. NAME <u>John Engelhardt</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>					
15. MAIDEN NAME <u>Erbas</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>					
17. INFORMANT (Address) <u>Mrs. A. Engelhardt Naupha, Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Naupha</u> Date <u>10-9</u> , 1931					
19. UNDERTAKER (Address) <u>F. J. Roebuck Naupha, Ida</u>					
20. FILED <u>10-9</u> , 1931 <u>D. L. H. Campan</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-7</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 31st</u> , 1931, to <u>Oct. 7</u> , 1931.					
I last saw him alive on <u>10-7</u> , 1931; death is said to have occurred on the date stated above, at <u>6:10 P. M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Carcinoma of the pancreas. Complete obstruction of the common bile duct. Suppression of urine.</u>					
Other contributory causes of importance:					
Date of onset <u>Jan. 1, '31.</u>					
Name of operation <u>Exploratory Splanctomy</u> Date of <u>8/13/31</u>					
What test confirmed diagnosis? <u>Operation</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Dr. D. L. H. Campan</u> , M. D.					
(Address) <u>Naupha, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76863	
County of <u>Canyon</u>		CERTIFICATE OF DEATH		State File No.	
City of <u>Nampa</u>		Registration District No. <u>2006</u>		Local Registrar's No. <u>109</u>	
		Primary Registration District No. <u>2006</u>			
		(No. <u>Damaritan Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Charles Edgar Waite</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>4-10-58</u>					
7. AGE <u>73</u> Years		Months <u>1</u>		Days <u>26</u>	
				If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>(retired)</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Missouri</u> (State or country)					
MOTHER FATHER	13. NAME <u>James A. Waite</u>				
	14. BIRTHPLACE (city or town) <u>N.Y.</u> (State or country)				
	15. MAIDEN NAME <u>Julia Plaper</u>				
	16. BIRTHPLACE (city or town) <u>N.Y.</u> (State or country)				
17. INFORMANT <u>Mrs. Lola Jacobs</u> (Address) <u>Nampa, Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Fairview Cem</u> Date <u>10-7</u> , 193 <u>1</u>					
19. UNDERTAKER <u>F. K. Robinson</u> (Address) <u>Nampa, Ida</u>					
20. FILED <u>10-6</u> , 193 <u>1</u> <u>Edith ...</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-5</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>10-5</u> , 193 <u>1</u> , to <u>10-5</u> , 193 <u>1</u> .					
I last saw him alive on <u>10-4</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
<u>Nephritis</u>					
Other contributory causes of importance:					
<u>Enlarged Prostate gland</u>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury 193 <u>1</u> .					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>W. C. Mills</u> , M. D.					
(Address) <u>Nampa, Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		76864	
County of <u>Canyon</u>	City of <u>Nampa</u>	Registration District No. <u>7006</u>	Primary Registration District No. <u>7006</u>	State File No. <u>108</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Hugh W. Nichols</u>					
(a) Residence. No. <u>Nampa</u> St. <u>197</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>12-27-85</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>45</u>	<u>9</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Policeman</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
MOTHER FATHER	13. NAME <u>C. N. Nichols</u>				
	14. BIRTHPLACE (city or town) <u>Calif.</u> (State or country)				
	15. MAIDEN NAME <u>Ellen Bueens</u>				
16. BIRTHPLACE (city or town) <u>Calif.</u> (State or country)					
17. INFORMANT (Address) <u>Mrs. Hugh Nichols</u> <u>Nampa, Ida. R.F.D.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Nampa, Ida.</u> Date _____, 193 _____					
19. UNDERTAKER (Address) <u>F. R. Robinson</u> <u>Nampa, Ida.</u>					
20. FILED <u>11-7</u> , 193 <u>1</u> , <u>Death</u> Registrar <u>Nampa, Ida.</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-5</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 _____, to _____, 193 _____					
I last saw him alive on _____, 193 _____: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Lungshot wound in head piercing brain.</u>					
Other contributory causes of importance: <u>murder</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>homicide</u> Date of injury _____, 193 _____					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Peckham Cogswell</u>					
(Address) <u>Caldwell, Ida.</u>					

RECEIVED NOV 9 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76865

State File No.

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2006(No. 5 mi. no. Nampa)Local Registrar's No. 57

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roy Delmer Flory(a) Residence. No. 5 mi. no. Nampa St.

(Usual place of abode.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 30th 18997. AGE Years Months Days If LESS than 1 day, hrs. or min.
32 6 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work elementary teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Imperial
(State or country) Nebraska10. NAME OF FATHER G.W. Flory11. BIRTHPLACE OF FATHER (city or town) Iowa
(State or Country)12. MAIDEN NAME OF MOTHER Ida B. Forney13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or County)14. Informant Mrs. G.W. Flory
(Address) Nampa, Idaho15. Filed 10-2, 1931 Debra May
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10-2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 1931, on 10-2, 1931
that I last saw him alive on 10-2, 1931and that death occurred, on the date stated above, at 7 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:myocarditisCONTRIBUTORY (Secondary) Bronchitis Asthma
(duration) 15 yrs. mos. ds.(duration) 20 yrs. mos. ds.18. Where was disease contracted if not at place of death? ✓Did an operation precede death? ✓ Date of ✓Was there an autopsy? ✓What test confirmed diagnosis? ✓(Signed) Debra May, M. D.
10-23, 1931 (Address) Nampa19. Place of Burial, Cremation, or Removal Fairview Cemetery Date of Burial 10-25 193120. Undertaker Wm. D. Talley Address Nampa, IdahoWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76866

State File No.

PLACE OF DEATH

County of Adair
City of Nampa

Registration District No. 7Primary Registration District No. 1006Local Registrar's No. 106(No. Damascus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant son of Mr. & Mrs. F. C. Caffer(a) Residence No. 161-A

(Usual place of abode)

St. 161-A

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 10-1-31

7. AGE	Years	Months	Days	If LESS than 1 day, / hrs. or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Nampa Ida
(State or country)13. NAME F. C. Caffer14. BIRTHPLACE (city or town) Mo.
(State or country)15. MAIDEN NAME Bertha Manning16. BIRTHPLACE (city or town) Mo.
(State or country)17. INFORMANT F. C. Caffer
(Address) Nampa Ida18. BURIAL, CREMATION, OR REMOVAL 10-2-31
Place Nampa Ida Date 10-2-31, 19319. UNDERTAKER Dr. C. C. Conway
(Address) Nampa Ida20. FILED 10-2, 1931, Dr. C. C. Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 1, 193122. I HEREBY CERTIFY, That I attended deceased from 10-1, 1931, to 10-1, 1931I last saw him alive on Oct. 1, 1931; death is said
to have occurred on the date stated above, at 1 m.The principal cause of death and related causes of importance
were as follows:

Date of onset

Premature birth 7 months

Other contributory causes of importance:

Mother's Nephritis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193

Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) F. C. Caffer, M. D.(Address) Nampa Ida

Aug. 30-

PHYSICIAN

EXACTLY.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76867

State File No.

PLACE OF DEATH

County of Canyon
City of Parma

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2007

(No.)

Local Registrar's No. 12

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vernon Andrew Thompson(a) Residence. No. Parma R#2 St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 31 - 19157. AGE Years Months Days If LESS than 1 day, hrs. or min.
16 8 5 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sagle
(State or country) Idaho10. NAME OF FATHER Fred H. Thompson11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER Myrtle Wood13. BIRTHPLACE OF MOTHER (city or town) Mo.
(State or Country)14. Informant F H Thompson
(Address) Parma R#215. Filed Nov 1 1931 W. H. Caldwell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 6 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Aug 30 1931, to Oct 6 1931
that I last saw him alive on Sept. 16 1931and that death occurred, on the date stated above, at 3:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Brain abscess
I think he developed a thrombotic
death occurring 4 hrs afterCONTRIBUTORY (Secondary) flu & abscess above
eye
(duration) yrs. mos. ds. 2 1/2
(duration) yrs. mos. ds. 14

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? X-ray, spinal fluid(Signed) W. H. Caldwell M. D.10-7-31 (Address) Caldwell Id19. Place of Burial, Cremation, or Removal Sucker cern Date of Burial Oct. 193120. Undertaker C. V. Peckham Address Caldwell

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76868

PLACE OF DEATH

County of Canyon

City of Pampa

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2007

(No.)

Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha J. Obendorf

(a) Residence No. Pampa, Ida

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

April 22-1868

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

73

5

16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Vesgleg
Ind.

10. NAME OF FATHER

Lawrence Pegee

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Hartsville
Germany

12. MAIDEN NAME OF MOTHER

Julia Ihum

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Germany

14. Informant (Address)

Mrs Otto Obendorf
Pampa, Ida

15. Filed

Nov 1, 1931

John Sealschop
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct - 8

(Month) (Day)

1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1931, to Oct 8, 1931

that I last saw her alive on Oct 8, 1931

and that death occurred, on the date stated above, at 1:30 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Lobar Pneumonia
Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

Amputation of leg
for diabetes gangrene

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Oct 5, 1931

Was there an autopsy? no

What test confirmed diagnosis? Clinical + laboratory

(Signed) M. D.

Oct 10, 1931 (Address) Pampa, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Rosalwell

10-10-1931

20. Undertaker

Address

C. V. Beckham

Caldwell
Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		BUREAU OF VITAL STATISTICS		State File No. 76869	
County of <u>Canyon</u>		CERTIFICATE OF DEATH			
City of <u>Parma</u>		Registration District No. <u>3</u>		Local Registrar's No. <u>14</u>	
		Primary Registration District No. <u>1007</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Erzina Etta Matthews</u> 89					
(a) Residence. No. <u>Parma</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>female</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>widow</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Aug 31 -</u>					
7. AGE		Years <u>71</u>	Months <u>1</u>	Days <u>21</u>	If LESS than 1 day, hrs. or min. _____
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house work</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
		10. Date deceased last worked at this occupation (month and year) _____			
		11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) <u>Worcester</u> (State or country) <u>Mass</u>					
MOTHER FATHER		13. NAME <u>Brice Shipley</u>			
		14. BIRTHPLACE (city or town) <u>Brookfield</u> (State or country) <u>Mass</u>			
		15. MAIDEN NAME <u>Elvira Edw. Smith</u>			
		16. BIRTHPLACE (city or town) <u>Brookfield</u> (State or country) <u>Mass</u>			
17. INFORMANT (Address) <u>Mrs Bert Rose</u> <u>Parma Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Meridian</u> Date <u>10-24-1931</u>					
19. UNDERTAKER (Address) <u>V. P. Chapman</u> <u>Caldwell Ida</u>					
20. FILED <u>Nov 1</u> , 1931 <u>W. H. Walcott</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 22</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 10</u> , 1930, to <u>Oct 22</u> , 1931.					
I last saw her alive on <u>Oct 22</u> , 1931; death is said to have occurred on the date stated above, at <u>2.2</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Angina Pectoris</u>					
Other contributory causes of importance: <u>Hypertension</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>W. H. Walcott</u> , M. D.					
(Address) <u>Parma Idaho</u>					

RECEIVED NOV 6 1931 STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76870

PLACE OF DEATH

County of Caribon
City of Soda Springs

CERTIFICATE OF DEATH

Registration District No. 82
Primary Registration District No. 2159
(No. _____)Local Registrar's No. 63

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Sophia Peterson

(a) Residence. No.

Caribon County Hospital St.Wayan Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May 26 - 1920

7. AGE

11

Years

X

Months

4

Days

21

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Scholar(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Wayan Idaho

10. NAME OF FATHER

Warren Otto Peterson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Frank Creek Idaho

12. MAIDEN NAME OF MOTHER

Katherine Sophia Hrusch13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Geneva, Idaho14. Informant
(Address)Mrs. Warren O. Peterson
Wayan Idaho

15.

Filed 10/31, 1931Dr. J. J. Zup
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct
(Month)17
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 15 - 1931, to Oct 17 - 1931that I last saw him alive on Oct 17 - 1931and that death occurred, on the date stated above, at 2:25 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Strangulation of Joints
due to old Adhesions(duration) yrs. mos. 3 ds.CONTRIBUTORY
(Secondary)none

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Wayan, IdaDid an operation precede death? yes Date of Oct. 16 - 1931Was there an autopsy? NoWhat test confirmed diagnosis? Cephalin(Signed) Ellis R. Kelly, M. D.11/1/1931 (Address) Soda Springs Ida

19. Place of Burial, Cremation, or Removal

Wayan - Idaho

Date of Burial

Oct. 18 1931

20. Undertaker

E. J. Whitman

Address

Soda Springs
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

MARGIN RESERVED FOR BINDING

RECEIVED NOV 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76871

State File No.

PLACE OF DEATH

County of Caribou

CERTIFICATE OF DEATH

City of Ada SpringsRegistration District No. 82Primary Registration District No. 2159Local Registrar's No. 62

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Irma Idella Gray(a) Residence. No. Grace, IdaSt. Grace, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. 10 ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of March 18 - 1896

6. DATE OF BIRTH (month, day and year)

7. AGE

Years 35Months 6Days 14

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Cleveland Idaho
(State or country)10. NAME OF FATHER Andrew B. Gray11. BIRTHPLACE OF FATHER (city or town) Scotland
(State or Country)12. MAIDEN NAME OF MOTHER Frances C. Ames13. BIRTHPLACE OF MOTHER (city or town) Wellsville
(State or Country) Utah

14.

Informant (Address) Grace, Ida

15.

Filed Oct 3 19 31Dr. Russell J. Gert
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct
(Month)2
(Day)1931
(Year)

17. HEREBY CERTIFY, That I attended deceased from

Sept 27 - 1931, to Oct 2 - 1931that I last saw her alive on Oct 2 - 1931and that death occurred, on the date stated above, at 12:45 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute CholecystitisCONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? NO Date of oWas there an autopsy? NOWhat test confirmed diagnosis? Hist. & Phys.(Signed) Dr. J. G. Gert M. D.Oct 3 19 31 (Address) Ada Springs

19. Place of Burial, Cremation, or Removal

Date of Burial

Grace, IdahoOct 5 - 1931

20. Undertaker

Address

W. H. H. H. H.Ada Springs
Idaho

RECEIVED NOV 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSDO NOT WRITE IN THIS SPACE
76872
State File No.

PLACE OF DEATH

County of CarbonCity of Soda Springs

CERTIFICATE OF DEATH

Registration District No. 82Primary Registration District No. 2159

(No.)

Local Registrar's No. 61

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jurges Raymond Lee(a) Residence, No. Soda Springs Ida

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofBaby

6. DATE OF BIRTH (month, day and year)

July 26 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

2 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Baby(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Soda Springs Ida

10. NAME OF FATHER

Lorenzo C. Reed11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Soda Springs Ida

12. MAIDEN NAME OF MOTHER

Mabel Davis13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Soda Springs Idaho

14.

Informant
(Address)Lorenzo C. Reed
Soda Springs Ida

15.

Filed

Oct 3, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct11931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 26, 1931, to Oct 1, 1931that I last saw him alive on Oct 1, 1931and that death occurred, on the date stated above, at 5:00 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:meningitis - pneumococci

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)sup. otitis media

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of 9/29/31Was there an autopsy? yesWhat test confirmed diagnosis Ex. spinal fluid by State Lab.(Signed) Russell Wright, M. D.Oct 3, 1931 (Address) Soda Springs Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Soda Springs Idaho Oct 3, 1931

20. Undertaker

Address

G. S. Witterman Soda Springs Ida

RECEIVED NOV 9 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76873

State File No.

PLACE OF DEATH

County of Sage
City of Albion

CERTIFICATE OF DEATH

Registration District No. 119Primary Registration District No. 2198

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Susan Caroline Bennett

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.5. Single, Married, Widowed,
or Divorced (write the word)Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofDavid H. Bennett

6. DATE OF BIRTH (month, day and year)

Oct. 27 - 1851

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.80

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Salt Lake City
Ut.

10. NAME OF FATHER

Chas. Speed11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Boston

12. MARRIED NAME OF MOTHER

Catherine Thompson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Mass.

14.

Informant
(Address)Bert Bennett
Burley Idaho

15.

Filed

Nov 1 1931C. Sater
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct. 27
(Month) (Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 20 1931, to Oct 27 1931that I last saw her alive on Oct 27 1931and that death occurred, on the date stated above, at 8:05 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Valvular heart disease(duration) 1 yrs. — mos. — ds.CONTRIBUTORY
(Secondary)None(duration) — yrs. — mos. — ds.18. Where was disease contracted At place of death
if not at place of death?Did an operation precede death? No Date of —Was there an autopsy? NoWhat test confirmed diagnosis? Usual(Signed) C. Sater M. D.Oct 31 1931 (Address) Malta Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Albion Idaho Oct. 29 1931

20. Undertaker

Address

W. E. Johnson Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
76874
State File No.

PLACE OF DEATH

County of CassiaCity of Burley

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Francis

(a) Residence No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.5. Single, Married, Widowed,
or Divorced (write the word)Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Feb 21 - 1866

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

6085

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town,
(State or country)Indiana

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14.

Informant
(Address)Wayne H. Hall

15.

Filed

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 29

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 8, 1931, to Oct 29, 1931that I last saw him alive on 10 - 29, 1931and that death occurred, on the date stated above, at 12:30 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cancer of Larynx

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. H. Hunter, M. D.12 - 31 - 1931 (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley, IdaOct. 31 1931

20. Undertaker

Address

H. E. JohnsonBurley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76875

State File No.

PLACE OF DEATH .

County of CassiaCity of Barley

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rasmus M. Madsen

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb. 18597. AGE Years 73 Months 8 Days 1 If LESS than 1 day, hrs. or min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant (Address) Chas. Conforty15. Filed 11-10-1911 Registrar F. J. Hunter

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 16 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 10-7 1931, to 10-16 1931,
that I last saw him alive on 10-15 1931and that death occurred, on the date stated above, at 3 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:acute gastritisCONTRIBUTORY (duration) yrs. mos. ds. Enlarged prostate
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. H. Hest, M. D.10-17 1931 (Address)

19. Place of Burial, Cremation, or Removal Date of Burial

Barley, Ida Oct. 16 1931

20. Undertaker Address

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76876

State File No.

PLACE OF DEATH

County of CarsonCity of Burley

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Smith

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept. 30 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Burley
(State or country) Idaho10. NAME OF FATHER Gerald S. Smith11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Nebraska12. MAIDEN NAME OF MOTHER Maie Woodland13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Idaho14. Informant (Address) B. S. Smith
Burley Idaho15. Filed 11-1-31 1931
E. H. Cutler
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 5 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
9/30/31 1931, to Oct 5 1931
that I last saw him alive on Oct 4 1931
and that death occurred, on the date stated above, at 4 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Premature1.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. S. Smith, M. D.Oct 6 1931 (Address)(19) Place of Burial, Cremation, or Removal Idaho Date of Burial Oct. 5 1931(20) Undertaker B. E. Johnson Address Burley

RECEIVED NOV 16 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76877

PLACE OF DEATH

County of Cassia
City of Burley

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William King Abercrombie

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGeorgia Carolina6. DATE OF BIRTH (month, day and year) June 24 - 18517. AGE Years Months Days If LESS than 1 day, hrs. or min.
80 3 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant (Address)

15.

Filed Oct 21, 1931Registrar. F. Hunter

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 1, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 16, 1931, to Oct 1, 1931
that I last saw him alive on 26, 1931and that death occurred, on the date stated above, at 3 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Arterio Sclerosisabout 10
(duration) yrs. mos. ds.CONTRIBUTORY Bronchitis Ac.
(Secondary)Contracted (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) William F. Farnum, M. D._____, 19____ (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

W. E. Johnson Burley

19

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **76878**

PLACE OF DEATH

County of **Cassia**City of **Burley**

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Bernard Numman**

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M.** 4. COLOR OR RACE **W.** 5. Single, Married, Widowed, Divorced (write the word) **Married**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of**Mildred Numman**6. DATE OF BIRTH (month, day and year) **Aug. 22 - 1889**7. AGE Years Months Days If LESS than 1 day, hrs. or min.
42 1 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Milk Inspector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Brooklyn**
(State or country) **N. Y.**

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) **Germany**

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) **New York**14. Informant **x Mildred Numman**
(Address)15. Filled **Oct 10 - 1931** **F. H. Carter**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **Oct. 8 1931**

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at **12 noon***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Automobile accident**
broken neck, possible skull fracture & internal injuries (duration) ____ yrs. ____ mos. ____ ds.CONTRIBUTORY
(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted
if not at place of death? _____Did an operation precede death? **no** Date of _____Was there an autopsy? **yes**

What test confirmed diagnosis? _____

(Signed) **H. E. Johnson**
10-8, 19**31** (Address) **Burley Ida.**

19. Place of Burial, Cremation, or Removal

Date of Burial

Brooklyn N. Y.**10-14 1931**

20. Undertaker

Address

H. E. Johnson**Burley**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 16 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76879

State File No.

PLACE OF DEATH

County of CassiaCity of Burley

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oliva W. Christopherson

(a) Residence No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLaurie Christopherson6. DATE OF BIRTH (month, day and year) Feb. 18 - 18457. AGE Years Months Days If LESS than 1 day, hrs. or min.
88 7 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Sweden

10. NAME OF FATHER

August Feldner

11. BIRTHPLACE OF FATHER (city or town) (State or country)

Norway

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or country)

Sweden14. Informant (Address) F. B. Christopherson
Burley, Ida.15. Filed Oct 10 - 1931F. B. Houder
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 8, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Dilatation of HeartCONTRIBUTORY (Secondary) Natural Union
(duration) yrs. mos. ds.(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. B. Houder M. D......, 19..... (Address) Burley19. Place of Burial, Cremation, or Removal Burley, Ida. Date of Burial 1920. Undertaker W. E. Johnson Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

RECEIVED NOV 4 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76880

State File No.

PLACE OF DEATH
County of Clearwater
City of Pierce

Registration District No. 90

Primary Registration District No. 2184

Local Registrar's No. 75

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Samuel Lewis

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Aug 22 1831

7. AGE

80 Years

Months

1

Days

23

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Sweden

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Sweden

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Sweden

14.

Informant (Address)

Albert Lewis
Pierce Idaho

15.

Filed

Oct 16 1931

W. A. Shaw

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct

15

31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 13

1931

to Oct 15

1931

that I last saw him alive on Oct 13

and that death occurred, on the date stated above, at 2 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. 2 mos. 2 ds.

CONTRIBUTORY

(Secondary)

(duration) 2 yrs. 2 mos. 2 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Dr. Pappenberger

Oct 16

1931

(Address)

Chapin Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Muscowida

Oct 11 1931

20. Undertaker

Address

John J. Pickard

Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 4 1931

PLACE OF DEATH

 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of ClearwaterCity of DroginoRegistration District No. 21Primary Registration District No. 2154State File No. 76881Local Registrar's No. 74(No. STATE HOSPITAL NORTH)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Kasson(a) Residence. No. St. Viola, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. 7 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? 7 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harold J. Kasson6. DATE OF BIRTH (month, day, and year) Sept. 16, 18697. AGE Years 62 Months 0 Days 26 If LESS than 1 day, — hrs. — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) Minnesota (State or country)13. NAME Nels H. Baker14. BIRTHPLACE (city or town) Norway (State or country)15. MAIDEN NAME Helen H.16. BIRTHPLACE (city or town) Norway (State or country)17. INFORMANT Records: State Hospital North (Address)18. BURIAL, CREMATION, OR REMOVAL Place Home Date 10-13, 193119. UNDERTAKER H. R. Short (Address) Home20. FILED Oct 13, 1931 H. R. Short Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 17, 193122. I HEREBY CERTIFY, That I attended deceased from December 6, 1928, to October 17, 1931.I last saw her alive on October 11, 1931; death is saidto have occurred on the date stated above, at 3:45 A. M.

The principal cause of death and related causes of importance

were as follows: Chronic myocarditisDate of onset —

Other contributory causes of importance:

Involution melancholia 1927Name of operation None Date of —What test confirmed diagnosis? Hyp. Signs there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1931.Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —(Signed) John Bruce McElwain, M. D.(Address) Drogino - Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Clearwater</u>	City of <u>Drogino</u>	Registration District No. <u>70</u>	Primary Registration District No. <u>2187</u>	State File No. <u>76882</u>	Local Registrar's No. <u>73</u>
(If death occurred in a hospital or institution, give its name instead of street and number.)		(No. <u>State Hospital North</u>)			
2. FULL NAME <u>Heath Yovell</u>		St. <u>Bonnert Ferry, Idaho</u>			
(a) Residence. No. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. <u>1</u> yrs. <u>2</u> mos. <u>26</u> ds.		How long in U. S., if of foreign birth? <u>2</u> yrs. <u>2</u> mos. <u>2</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced, HUSBAND of <u>Margaret Yovell</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 8, 1890</u>					
7. AGE	Years <u>41</u>	Months <u>2</u>	Days <u>4</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Attorney at law</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____		12. BIRTHPLACE (city or town) <u>Miles City</u> (State or country) <u>Montana</u>			
MOTHER FATHER	13. NAME <u>Heath Yovell</u>				
	14. BIRTHPLACE (city or town) <u>Millersburg</u> (State or country) <u>Kentucky</u>				
	15. MAIDEN NAME <u>Eskelle Reinhard</u>				
	16. BIRTHPLACE (city or town) <u>Cedar Falls</u> (State or country) <u>Idaho</u>				
17. INFORMANT <u>Records: State Hospital North</u> (Address) <u>Drogino - Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>State Hospital North</u> Date <u>Oct 15, 1931</u>					
19. UNDERTAKER <u>W. A. Smith</u> (Address) _____					
20. FILED <u>Oct 13, 1931</u> Registrar. <u>W. A. Smith</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 12, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 18, 1930</u> , to <u>October 12, 1931</u> .					
I last saw him alive on <u>October 12, 1931</u> ; death is said to have occurred on the date stated above, at <u>10:00 A.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>General paralysis of the insane</u>					
Date of onset _____					
Other contributory causes of importance: _____					
Name of operation <u>No</u> Date of _____					
What test confirmed diagnosis? <u>Nassermann</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____ (Signed) <u>Blue Prince M. Delaney</u> M. D.					
(Address) <u>Drogino - Idaho</u>					

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RECEIVED NOV 4 1931
STATE OF IDAHO

PLACE OF DEATH

County of Clearwater
City of Orofino

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE

State File No. 76883

Local Registrar's No. 72

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bert Bemis

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced single (Give the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
About 53

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Chas Crumpacker
(Address) Orofino

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date Oct 12, 1931

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED Oct 9, 1931 W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from
....., 1931, to , 1931

I last saw h..... alive on , 1931; death is said to have occurred on the date stated above, at 10.40 P
The principal cause of death and related causes of importance were as follows:

Suicide by shooting self

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 10.8, 1931

Where did injury occur? At home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Shooting self with gun

Nature of injury Gun wound in Head

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W.A. Shaw - Registrar

(Address) Orofino

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76884	
PLACE OF DEATH County of <u>Clearwater</u> City of <u>Drogin</u>		State File No. _____	
CERTIFICATE OF DEATH Registration District No. <u>96</u> Primary Registration District No. <u>2187</u> (No. _____) STATE HOSPITAL NORTH		Local Registrar's No. <u>71</u> 17	
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Peter A. Watkins</u>			
(a) Residence. No. _____ (Usual place of abode) _____		<u>St. Middleton, Idaho</u> (If nonresident give city or town and state)	
Length of residence in city or town where death occurred. <input checked="" type="checkbox"/> yrs. <input type="checkbox"/> mos. <u>11</u> ds. How long in U. S., if of foreign birth? <u>55</u> yrs. <input type="checkbox"/> mos. <input type="checkbox"/> ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>	
5a. If married, widowed, or divorced: HUSBAND of <u>unascertained</u> (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>January 24, 1860</u>			
7. AGE	Years	Months	Days
	<u>71</u>	<u>8</u>	<u>14</u>
If LESS than 1 day, hrs. or min. _____			
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) <u>Wales</u> (State or country) _____			
FATHER 13. NAME <u>David Watkins</u> 14. BIRTHPLACE (city or town) <u>England</u> (State or country) _____		MOTHER 15. MAIDEN NAME <u>Jane Davis</u> 16. BIRTHPLACE (city or town) <u>Wales</u> (State or country) _____	
17. INFORMANT (Address) <u>Records: State Hospital North, Drogin - Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Michael's</u> Date <u>Oct 10, 1931</u>			
19. UNDERTAKER (Address) <u>H. A. Shaw</u>			
20. FILED <u>Oct 8, 1931</u> <u>H. A. Shaw</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>October 7, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>September 27, 1931</u> , to <u>October 7, 1931</u> .			
I last saw him alive on <u>October 7, 1931</u> ; death is said to have occurred on the date stated above, at <u>8:15 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>Exacerbation of psychosis</u> Date of onset <u>Aug. 1, 1931</u>			
Other contributory causes of importance: <u>Manic depressive psychosis</u> <u>Aug. 1, 1931</u>			
Name of operation <u>None</u> Date of _____ What test confirmed diagnosis? <u>Phys. Signs</u> Was there an autopsy? <u>No.</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify _____ (Signed) <u>John Edwin Melway</u> , M. D. (Address) <u>Drogin - Idaho.</u>			

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76885	
County of <u>Clearwater</u>		City of <u>Drogin</u>		State File No.	
Registration District No.		Primary Registration District No. <u>2187</u>		Local Registrar's No. <u>70</u>	
(No. <u>State Hospital North</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Philip Gribnau</u>					
(a) Residence. No. <u>St. Post Falls, Idaho.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>1</u> yrs. <u>7</u> mos. <u>20</u> ds. How long in U. S., if of foreign birth? <u>38</u> yrs. <u>?</u> mos. <u>?</u> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Unascertained</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 24, 1862</u>					
7. AGE	Years <u>69</u>	Months <u>7</u>	Days <u>10</u>	If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Russia</u> (State or country)					
MOTHER FATHER	13. NAME <u>Sam Jacob Gribnau</u>				
	14. BIRTHPLACE (city or town) <u>Germany</u> (State or country)				
	15. MAIDEN NAME <u>Catherine Victoria Janoffsky</u>				
	16. BIRTHPLACE (city or town) <u>Germany</u> (State or country)				
17. INFORMANT <u>Records, State Hospital North, Drogin, Idaho</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Funerary Sh. Hosp. No. 1</u> Date <u>Oct. 8, 1931</u>					
19. UNDERTAKER <u>F. A. Billberg, Hosp. Attat, Drogin - Idaho.</u> (Address)					
20. FILED, 193					
Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 5, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>February 14, 1930, to October 5, 1931.</u>					
I last saw him alive on <u>October 5, 1931</u> ; death is said to have occurred on the date stated above, at <u>2:00 P. M.</u> The principal cause of death and related causes of importance were as follows:					
<u>Asthma</u>					Date of onset <u>Several years</u>
Other contributory causes of importance: <u>Paranoia</u>					
Name of operation Date of					
What test confirmed diagnosis? <u>Phys. Signs</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify					
(Signed) <u>John Louis Maloney</u> , M. D. Address <u>Drogin - Idaho.</u>					

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PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
County of <u>Clearwater</u>		DEPARTMENT OF PUBLIC WELFARE		State File No. <u>76886</u>	
City of <u>Orofino</u>		BUREAU OF VITAL STATISTICS			
		CERTIFICATE OF DEATH			
Registration District No. <u>2187</u>		Local Registrar's No. <u>69</u>			
(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Lester Finley</u>					
(a) Residence. No. _____		St. _____			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced <u>Single</u> (write the word)			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>March 1 1909</u>					
7. AGE	Years <u>22</u>	Months <u>7</u>	Days <u>3</u>	If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Packer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Mont -</u>					
FATHER	13. NAME <u>Solon Finley</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Mont</u>				
MOTHER	15. MAIDEN NAME <u>A Kelley</u>				
	16. BIRTHPLACE (city or town) (State or country) _____				
17. INFORMANT <u>Mrs A Finley</u> <u>Orofino</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Orofino</u> Date <u>Oct 8</u> , 193 <u>1</u>					
19. UNDERTAKER <u>W.A. Shaw</u> <u>Orofino</u>					
20. FILED <u>Oct 6</u> , 193 <u>1</u> <u>W.A. Shaw</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 5 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 8</u> , 193 <u>1</u> to <u>Oct 5</u> , 193 <u>1</u> . I last saw him alive on <u>Oct 5</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>8:00 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Multiple fractures of pelvis</u> <u>Rupture of urethra</u> Date of onset _____					
Other contributory causes of importance: <u>Internal hemorrhage</u> <u>infection of wound</u>					
Name of operation <u>Laparotomy</u> Date of operation <u>Sept 9 1931</u>					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>accident</u> Date of injury <u>9-8</u> , 193 <u>1</u> Where did injury occur? <u>Auto Pine Idaho</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>public street</u> Manner of injury <u>car accident</u> Nature of injury <u>Crushing injury to pelvis</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>Arb. Pappenberger</u> , M. D. (Address) <u>Orofino Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76887	
County of Clearwater		Registration District No. 2		Local Registrar's No. 65	
City of Orofino		Primary Registration District No. 2074			
(No. State Hospital North)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME Edward J. Smith		(a) Residence. No. 101 Second Avenue, St. Sandpoint-Idaho		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. 1 yrs. 1 mos. 20 ds.		How long in U. S., if of foreign birth? 2 yrs. 1 mos. 1 ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) married			
5a. If married, widowed, or divorced HUSBAND of Mary E. Smith (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) April 19, 1857					
7. AGE	Years 74	Months 5	Days 15	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) Grand Rapids, Michigan					
FATHER	13. NAME Pliny Smith				
	14. BIRTHPLACE (city or town) Michigan				
MOTHER	15. MAIDEN NAME Caroline Stone				
	16. BIRTHPLACE (city or town) Michigan				
17. INFORMANT Records: State Hospital North (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Ida Date 10/5, 1931					
19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida					
20. FILED Oct 5, 1931 (Address) Orofino - Idaho					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Oct. 4, 1931					
22. I HEREBY CERTIFY, That I attended deceased from August 14, 1931, to October 4, 1931.					
I last saw him alive on October 4, 1931; death is said to have occurred on the date stated above, at 9:15 A.M.					
The principal cause of death and related causes of importance were as follows: Dysentery - bacillary Sept. 20, 1931					
Other contributory causes of importance: Senile psychosis 5 years					
Name of operation None Date of					
What test confirmed diagnosis? Phys. Sign was there an autopsy? No					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? No					
If so, specify (Signed) John Bruce McElwain, M.D.					
(Address) Orofino - Idaho					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
County of <u>Clearwater</u>		BUREAU OF VITAL STATISTICS		State File No. <u>76888</u>	
City of <u>Orofino</u>		CERTIFICATE OF DEATH		90	
Registration District No. <u>2187</u>		Primary Registration District No. <u>64</u>		Local Registrar's No. <u>113</u>	
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Clarnee Manfull</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced <u>Single</u> (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Aug 13 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	
		<u>1</u>	<u>24</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None Baby</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Orofino Idaho</u> (State or country)					
MOTHER FATHER					
13. NAME <u>Clarnee Manfull</u>					
14. BIRTHPLACE (city or town) <u>?</u> (State or country)					
15. MAIDEN NAME <u>Betty Snyder</u>					
16. BIRTHPLACE (city or town) <u>Neb</u> (State or country)					
17. INFORMANT <u>Mrs B Manfull</u> (Address) <u>Orofino</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Orofino</u> Date <u>Oct 6</u> , 1931					
19. UNDERTAKER <u>W.A. Shaw</u> (Address) <u>Orofino</u>					
20. FILED <u>Oct 5-</u> , 1931 <u>W.A. Shaw</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 4 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>10-4</u> , 1931, to <u>10-4</u> , 1931.					
I last saw him alive on <u>10-4</u> , 1931; death is said to have occurred on the date stated above, at <u>6.30 P.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Infectious Gastro-intestinal</u>					
Other contributory causes of importance: <u>dehydration and starvation</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>A.B. Peppenhagen</u> , M.D.					
(Address) <u>Orofino Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 4 1931

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76889

Registration District No. 2187

Primary Registration District No. Orofino Hospital

Local Registrar's No. 66

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Joe Mc Intosh St. 189

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years About 74 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barn Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging and Timber

10. Date deceased last worked at this occupation (month and year) Sept 20 - 1931 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) ?
(State or country)

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Orofino Hospital
(Address) Orofino

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date Oct 3, 1931

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED Oct 1, 1931 W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 1 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-21-, 1931, to 10-1-, 1931.

I last saw him alive on 10-1, 1931; death is said

to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Kick by horse - fracturing
L. femur
shock

Other contributory causes of importance:

arteriosclerosis

Name of operation ? Date of ?

What test confirmed diagnosis? ? Was there an autopsy? ?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-20-1931

Where did injury occur? Camp. H. Clearwater Co Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Kicked by horse

Nature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased?

yes If so, specify hauled horses

(Signed) A. S. Copenhagen, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 4 1931

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of ClearwaterCity of Drogin

CERTIFICATE OF DEATH

State File No. 76890Registration District No. 90Primary Registration District No. 2187Local Registrar's No. 65(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Maud Lomax(a) Residence. No. St. Sandpoint- Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Bert Lomax
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Unascertained7. AGE Years Months Days If LESS than
42 ? ? 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North English
(State or country) Iowa13. NAME Perry Mannen14. BIRTHPLACE (city or town) Iowa
(State or country)15. MAIDEN NAME Della Mowers16. BIRTHPLACE (city or town) Iowa
(State or country)17. INFORMANT Records: State Hospital North
(Address) Drogin- Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Damascus Date Oct 3, 193119. UNDERTAKER W. A. Shaw
(Address) Drogin20. FILED Oct 1, 1931 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 1 193122. I HEREBY CERTIFY, That I attended deceased from August 4, 1931, to October 1, 1931.I last saw her alive on October 1, 1931; death is said to have occurred on the date stated above, at 6 A. M.
The principal cause of death and related causes of importance were as follows:Cerebral hemorrhage (Apoplexy) Date of onset Oct. 1-31Other contributory causes of importance:
Psychosis with brain tumorName of operation None Date ofWhat test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Phu Louie M. Melway, M. D.(Address) Drogin- Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1931

PLACE OF DEATH

County of Custer
City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE

76891

State File No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eleanor Frances Kirk(a) Residence. No. Beardsley Springs St.

(Usual place of abode)
Length of residence in city or town where death occurred. 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Kirk

6. DATE OF BIRTH (month, day, and year) Feb. 14th 1861

7. AGE Years 70 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Manager of Revolt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baling Revolt

10. Date deceased last worked at this occupation (month and year) October 1931 11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) New Orleans La.

13. NAME Philip Halloran

14. BIRTHPLACE (city or town) (State or country) County of Clark Island

15. MAIDEN NAME Isabella Demers

16. BIRTHPLACE (city or town) (State or country) New Orleans La.

17. INFORMANT (Address) Emmie J. Cunningham Mackay Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Challis Idaho Date Oct 16, 1931

19. UNDERTAKER W. E. Doebler (Address) Salmon, Idaho.

20. FILED Nov-7, 1931 Chas C Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 14 1931

22. I HEREBY CERTIFY, That I attended deceased from March, 1931, to Oct 13, 1931.

I last saw him alive on Oct 13, 1931; death is said

to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Depleted Heart
with Regeneration

Other contributory causes of importance:

High Flood pressure
very large ventral
hernia

Name of operation hernia Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. L. Vetter, M. D.

(Address) Challis, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **76892**

PLACE OF DEATH

County of Blaine
City of Blaine

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

Local Registrar's No. 128

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Carrier

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 2. COLOR OR RACE White 3. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced
HUSBAND of Margaret Carrier
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Approx 40

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country) Pomeroy Ohio

10. NAME OF FATHER Idaho

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Idaho

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or County)

14. Informant (Address) Edna D. Kennedy
Public Administrator

15. Filed Edna D. Kennedy 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH About Oct 29 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Found dead in Cabin
that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Probably Interembolism of Lungs
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edna D. Kennedy, M. D.
19... Address

19. Place of Burial, Cremation, or Removal Blaine Date of Burial Nov 31 1931

20. Undertaker Robert J. Smith Address Blaine

RECEIVED OCT 21 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76893

State File No.

PLACE OF DEATH

County of Custer

City of Challis

CERTIFICATE OF DEATH

Registration District No. 108

Primary Registration District No. 2186

Local Registrar's No. 127

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pete Smith

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE 78 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ranch work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Denmark
(State or country)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant Claude Bradbury
(Address)

15. Filed Sept 7 1931 Edna McKenny
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 15 1931 to Sept 7 1931
that I last saw him alive on 9/9 1931
and that death occurred, on the date stated above, at 12 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of pylorus of stomach

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) E. L. Kirtley M. D.
9/9 1931 (Address) Challis, Idaho

19. Place of Burial, Cremation, or Removal Challis, Idaho Date of Burial Sept 10 1931

20. Undertaker Walter L. Linn Address Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED NOV 4 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76894

State File No.

PLACE OF DEATH

County of ElmoreCity of Glenns FerryRegistration District No. 35Primary Registration District No. 2021

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. _____

2. FULL NAME Rose E. Condron(a) Residence. No. Border, Wyoming St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 1 mos. 25 ds.

How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Cauc5. Single, Married, Widowed,
or Divorced (write the word)Married

5a. If married, widowed, or divorced

Widowed
(or) WIFE ofS W Condron

6. DATE OF BIRTH (month, day and year)

August 25, 1856

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.75125

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Hswf(b) General nature of industry,
business, or establishment in
which employed (or employer)at home

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)St. Louis, Mo

10. NAME OF FATHER

Not known11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Not known

12. MAIDEN NAME OF MOTHER

Not known13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Not known

14.

Informant

S W Condron

(Address)

Border, Wyo

15.

Filed

Oct 231931Mary L Sullivan R.M.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October
(Month)23
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 11, 1930, to Oct 23, 1931that I last saw her alive on Oct 22, 1931
and that death occurred, on the date stated above, at 12.45 AM

The CAUSE OF DEATH* was as follows:

Hypertensive-Cardiac-Vascular
at disease, Chr Myocarditis.(duration) 10 yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)Myocardial Failure(duration) _____ yrs. 2 mos. _____ ds.18. Where was disease contracted
if not at place of death? ---Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Clinical

(Signed)

M. J. Sullivan, M. D.
Oct 23 1931 (Address) Glenns Ferry*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Cokeville Wyoming

19

20. Undertaker

J. S. Zacher Address Glenns Ferry

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 4 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76895

County of ElmoreCity of Glenns Ferry

CERTIFICATE OF DEATH

Registration District No. 35Primary Registration District No. 2021

State File No.

Local Registrar's No.

(No. (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Ida May Cramer

(a) Residence. No.

St.

(Usual place of abode)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWm. Cramer

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.36720

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

October 9

11. Total time (years) spent in this occupation

most of life12. BIRTHPLACE (city or town)
(State or country)Cassopolis Mich

MOTHER FATHER

13. NAME

Clyde D. Peck14. BIRTHPLACE (city or town)
(State or country)Michigan

15. MAIDEN NAME

Hoff16. BIRTHPLACE (city or town)
(State or country)Michigan17. INFORMANT
(Address)William Cramer
Glenns Ferry Ida18. BURIAL, CREMATION, OR REMOVAL
PlaceGlenns FerryDate 10-24, 193119. UNDERTAKER
(Address)G. C. Gracher20. FILED Oct 23, 1931Mary L. Sullivan

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from

October 10, 1931, to October 21, 1931I last saw her alive on October, 1931; death is saidto have occurred on the date stated above, at 7:42 m.

The principal cause of death and related causes of importance

were as follows:

Septic encephalitis
from carbuncle on
back of neckOther contributory causes of importance:
CarbuncleName of operation carbuncle Date of 10-17-31What test confirmed diagnosis? abscess Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Dr. J. W. Davis, M. D.(Address) Glenns Ferry Ida

70

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 76896 State File No.	
County of <u>Elmore</u> City of <u>near Pine Bluffs</u>		Registration District No. <u>34</u> Primary Registration District No. <u>2020</u>		Local Registrar's No. <u>14</u>	
(No.) (If death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>Milman William Brooks</u> 90					
(a) Residence. No. <u>Mt. Home Idaho</u> St. (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Ella Estella Brooks</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>9-22-1862</u>					
7. AGE <u>69</u>	Years	Months <u>0</u>	Days <u>9</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sheepman</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Sheep herder</u>					
10. Date deceased last worked at this occupation (month and year) <u>10-1-31</u>					
11. Total time (years) spent in this occupation <u>45 yrs</u>					
12. BIRTHPLACE (city or town) <u>Red Bluffs</u> (State or country) <u>California</u>					
13. NAME <u>Milton Brooks</u>					
14. BIRTHPLACE (city or town) <u>—</u> (State or country) <u>—</u>					
15. MAIDEN NAME <u>Mary O Reagen</u>					
16. BIRTHPLACE (city or town) <u>Mo.</u> (State or country) <u>—</u>					
17. INFORMANT <u>Monroe Brooks</u> (Address) <u>Mt. Home Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mt. Home Ida.</u> Date <u>10-5, 1931</u>					
19. UNDERTAKER <u>S. S. Zach</u> (Address) <u>Mt. Home Ida.</u>					
20. FILED <u>Oct 3, 1931</u> <u>Shudwin</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-1, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 1931, to 1931. I last saw him alive on 1931; death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: <u>Found dead in bed in Sheep camp wagon. Had heart trouble for years.</u> Other contributory causes of importance:					
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>S. S. Zach</u> <u>Coroner</u> M. D. (Address) <u>Mt. Home Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
County of Franklin
City of St. Anthony
Registration District No. 99
Primary Registration District No. 2177

DO NOT WRITE IN THIS SPACE

76897

State File No.

Local Registrar's No. 402

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Bell(a) Residence No. St. Anthony Idaho St. 101

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Divorced5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Apr. 3-1859

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.72626

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farming

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Camp Fork Idaho

13. NAME

Philander Bell

14. BIRTHPLACE (city or town) (State or country)

N. Y. State

15. MAIDEN NAME

Sophia Dalton

16. BIRTHPLACE (city or town) (State or country)

Iowa

17. INFORMANT (Address)

Albert Bell
St. Anthony Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place

Welford Date Oct 31, 1931

19. UNDERTAKER (Address)

W. M. Hansen
St. Anthony Idaho

20. FILED

Oct. 30, 1931W. M. Hansen

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from

....., 1931, to , 1931.

I last saw him alive on , 1931; death is said

to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

PneumoniaNo doctor was called.Was dead when I reached house

Other contributory causes of importance:

W. M. HansenCounty Coroner

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. M. Hansen Co. Coroner

(Address)

St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Freemont</u>		Registration District No. <u>99</u>		State File No. <u>76898</u>	
City of <u>St. Anthony</u>		Primary Registration District No. <u>2177</u>		Local Registrar's No. <u>401</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Eliza Girolida Rock</u>					
(a) Residence. No. <u>St. Anthony, Idaho.</u> St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced RECEIVED (or) WIFE of <u>Jared Rock</u>					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 24-1876</u>					
7. AGE Years <u>61</u> Months <u>1</u> Days <u>4</u>		If LESS than 1 day, _____ hrs. or min.			
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>North Ogden, Utah</u>					
MOTHER FATHER		13. NAME <u>William Godfrey</u>			
		14. BIRTHPLACE (city or town) (State or country) <u>N. Y. State</u>			
		15. MAIDEN NAME <u>Lucy E. Williams</u>			
		16. BIRTHPLACE (city or town) (State or country) <u>Iowa.</u>			
17. INFORMANT (Address) <u>Jared Rock</u> <u>St. Anthony, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rexburg, Idaho</u> Date <u>Oct. 29</u> 193 <u>1</u>					
19. UNDERTAKER (Address) <u>W. M. Hansen</u> <u>St. Anthony, Idaho.</u>					
20. FILED <u>10/28</u> , 193 <u>1</u> <u>W. M. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 28</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 24</u> , 193 <u>1</u> , to <u>Oct. 28</u> , 193 <u>1</u>					
I last saw <u>her</u> alive on <u>Oct. 28</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>5:20</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
<u>Lobar Pneumonia</u>					
Other contributory causes of importance:					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <input checked="" type="checkbox"/>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 ____					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>P. J. Kelly</u> , M. D.					
(Address) <u>St. Anthony, Ida.</u>					

RECEIVED NOV 9 1931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1931
PLACE OF DEATH

County of Premont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 99
Primary Registration District No. 2177

DO NOT WRITE IN THIS SPACE

76899

State File No.

Local Registrar's No. 400

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Ann Pelly

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David H. Pelly

6. DATE OF BIRTH (month, day, and year) Sept. 14-1877

7. AGE Years 53 Months 11 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) Evansville, Mo. 11. Total time (years) spent in this occupation Not known

12. BIRTHPLACE (city or town) (State or country) Evansville, Mo.

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Annie Smith

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) D. H. Pelly
St. Anthony Route 3

18. BURIAL, CREMATORY, OR REMOVAL Place Park Date Aug 22, 1931

19. UNDERTAKER (Address) W. H. Hansen
St. Anthony Idaho

20. FILED 10/4, 1931, W. H. Hansen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 to, 1931, to Aug 10, 1931.

I last saw him alive on Aug 9th, 1931; death is said

to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia Aug 13

Other contributory causes of importance:

Artic Respirator

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Went in to M. D.

(Signed) St. Anthony

(Address) St. Anthony

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		CERTIFICATE OF DEATH		76900	
County of <u>Fremont</u>		Registration District No. <u>99</u>		State File No. _____	
City of <u>Near Warm River</u>		Primary Registration District No. <u>2177</u>		Local Registrar's No. <u>399</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mary Z. Winzler</u>					
(a) Residence. No. <u>Rexburg, Idaho.</u> St. <u>7</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Female		4. COLOR OR RACE White		5. Single, Married, Widowed, or Divorced (write the word) Married	
5a. If married, widowed, or divorced XXXXXXXXXX (or) WIFE of <u>John E. Winzler</u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan. 22-1887</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.
		44	8	26	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk in Dept. Store</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>					
10. Date deceased last worked at this occupation (month and year) <u>Oct. 17-1831</u>					
11. Total time (years) spent in this occupation <u>8 yrs</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Rexburg, Idaho.</u>					
MOTHER					
13. NAME <u>Miles R. Cahoon</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Murry, Utah.</u>					
15. MAIDEN NAME <u>Mary McMillan</u>					
16. BIRTHPLACE (city or town) (State or country) <u>South Cottonwood Utah.</u>					
17. INFORMANT (Address) <u>John E. Winzler Rexburg, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rexburg Idaho</u> Date <u>Oct. 22, 1931</u>					
19. UNDERTAKER (Address) <u>Vern J. Keller Rexburg, Idaho.</u>					
20. FILED <u>Oct. 26, 1931</u> <u>Ann Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 18-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 18, 1931</u> , to <u>Oct. 18, 1931</u> . I last saw him alive on <u>Oct. 18, 1931</u> ; death is said to have occurred on the date stated above, at <u>7:30</u> p.m. The principal cause of death and related causes of importance were as follows: <u>Accidental Automobile Turned over Crushing head</u>					
Other contributory causes of importance: <u>✓</u>					
Name of operation <u>✓</u> Date of <u>✓</u>					
What test confirmed diagnosis? <u>Findings</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>accident</u> Date of injury <u>Oct. 18, 1931</u> Where did injury occur? <u>Yellowstone Highway Above Warm River</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>Accident</u>					
Nature of injury <u>Crushed head</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>✓</u>					
(Signed) <u>P. M. Kelly</u> M. D. (Address) <u>St. Anthony, S. La.</u>					

188-✓

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<i>Premont</i>	Registration District No.		<i>99</i>		State File No.		<i>76901</i>	
City of	<i>Wilford</i>	Primary Registration District No.		<i>21.77</i>		Local Registrar's No.		<i>398</i>	
(If death occurred in a hospital or institution, give its name instead of street and number.)		(No.)							
2. FULL NAME		<i>Asano Fujimoto</i>							
(a) Residence. No.		<i>Wilford Idaho</i>		St.					
Length of residence in city or town where death occurred.		yrs.		mos.		ds.		(If nonresident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX	<i>F</i>	4. COLOR OR RACE	<i>Yellow</i>	5. Single, Married, Widowed, or Divorced (write the word)	<i>Married</i>				
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	<i>Frank Fujimoto</i>								
6. DATE OF BIRTH (month, day, and year)									
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.					
	<i>34</i>								
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.								
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.								
	<i>Housewife</i>								
MOTHER	10. Date deceased last worked at this occupation (month and year)								
	11. Total time (years) spent in this occupation								
FATHER	12. BIRTHPLACE (city or town) (State or country)								
	<i>Fukuhaken Japan</i>								
MOTHER	13. NAME								
	<i>Not known</i>								
FATHER	14. BIRTHPLACE (city or town) (State or country)								
	<i>Japan</i>								
MOTHER	15. MAIDEN NAME								
	<i>Not known</i>								
FATHER	16. BIRTHPLACE (city or town) (State or country)								
	<i>Japan</i>								
17. INFORMANT (Address) <i>R. Terazawa</i>									
18. BURIAL, CREMATION, OR REMOVAL Place <i>Sugar City</i> Date <i>Oct 28, 1931</i>									
19. UNDERTAKER (Address) <i>Rebman Idaho</i>									
20. FILED <i>Oct 27, 1931</i> <i>Wm. Hansen</i> Registrar.									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) <i>10-26</i> 1931									
22. I HEREBY CERTIFY, That I attended deceased from <i>10-25-</i> , 1931, to <i>10-26</i> , 1931.									
I last saw him alive on <i>10-26</i> , 1931; death is said to have occurred on the date stated above, at <i>10-26</i> m.									
The principal cause of death and related causes of importance were as follows:									
<i>Brain tumor</i>									Date of onset
<i>Diagnosis H. H. Hatch, M.D. Idaho Falls, Idaho. 1930.</i>									<i>1930</i>
Other contributory causes of importance:									
<i>Convulsions during last two years</i>									
Name of operation <i>Laboratory findings</i> Date of <i>10/27</i>									
What test confirmed diagnosis? Was there an autopsy? <i>No</i>									
23. If death was due to external causes (violence) fill in also the following:									
Accident, suicide, or homicide? <i>No</i> Date of injury <i>1931</i>									
Where did injury occur? <i>No</i> (Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place. <i>None</i>									
Manner of injury <i>None</i>									
Nature of injury <i>None</i>									
24. Was disease or injury in any way related to occupation of deceased? <i>No</i>									
If so, specify <i>None</i>									
(Signed) <i>James E. Rich</i> M. D.									
(Address) <i>Rebman Idaho</i>									

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Fremont</u>	City of <u>St. Anthony</u>	Registration District No. <u>99</u>	Primary Registration District No. <u>2177</u>	State File No. <u>76902</u>	Local Registrar's No. <u>397</u>
(No. of death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>Catherine Masgach Bauer</u>					
(a) Residence. No. <u>St. Anthony Idaho</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced (or) WIFE of <u>Conrad C. Bauer</u>					
6. DATE OF BIRTH (month, day, and year) <u>June 27-1872</u>					
7. AGE	Years <u>59</u>	Months <u>3</u>	Days <u>3</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>French Russia</u>					
MOTHER / FATHER					
13. NAME <u>Paul Herbst.</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Russia</u>					
15. MAIDEN NAME <u>Mary Kopp</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Russia</u>					
17. INFORMANT (Address) <u>C. C. Bauer St. Anthony Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Helena</u> Date <u>Oct. 4, 1931</u>					
19. UNDERTAKER (Address) <u>St. M. M. Hansen St. Anthony Idaho</u>					
20. FILED <u>Oct. 3, 1931</u> <u>St. M. M. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 30-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 30, 1931</u> to <u>Sept. 30, 1931</u>					
I last saw him alive on <u>Sept. 30, 1931</u> ; death is said to have occurred on the date stated above, at <u>10:30 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Diabetes Mellitus</u>					Date of onset <u>1928</u>
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>History</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>P. M. Kelly</u> M. D.					
(Address) <u>St. Anthony, Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED OCT 29 1931	
PLACE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Fremont</u>		76903	
City of <u>Newdale</u>		State File No.	
Registration District No. <u>99</u>		Local Registrar's No. <u>395</u>	
Primary Registration District No. <u>2177</u>		92	
(No.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Florence Inez Alder</u>			
(a) Residence. No. <u>Newdale, Idaho.</u> St.			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced <u>divorced</u> (or) WIFE of <u>G. C. Alder</u>			
6. DATE OF BIRTH (month, day, and year) <u>Aug. 6th, 1898</u>			
7. AGE	Years <u>43</u>	Months <u>2</u>	Days <u>18</u>
If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Lake City, Florida</u> (State or country)			
MOTHER FATHER	13. NAME <u>Grant Miller</u>		
	14. BIRTHPLACE (city or town) <u>Virginia</u> (State or country)		
	15. MAIDEN NAME <u>Mary (Not Known)</u>		
	16. BIRTHPLACE (city or town) <u>Virginia</u> (State or country)		
17. INFORMANT <u>G. C. Alder</u> (Address) <u>Newdale, Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Los Angeles Calif.</u> Date <u>Oct. 24, 1931</u>			
19. UNDERTAKER <u>W. M. Hansen</u> (Address) <u>St. Anthony, Idaho.</u>			
20. FILED <u>Oct. 20, 1931</u> <u>W. M. Hansen</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Oct 19, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 5, 1931</u> , to <u>Oct 19, 1931</u>			
I last saw her alive on <u>Oct 16, 1931</u> ; death is said to have occurred on the date stated above, at <u>2:30</u> p.m.			
The principal cause of death and related causes of importance were as follows: <u>Pulmonary Embolus</u>			
Other contributory causes of importance: <u>None</u>			
Name of operation <u>None</u> Date of			
What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? If so, specify			
(Signed) <u>Farley Nelson</u> , M.D. (Address) <u>Replung, Idaho</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76904	
PLACE OF DEATH County of <u>Franklin</u> City of <u>LinkCreek</u>		State File No. _____	
CERTIFICATE OF DEATH Registration District No. <u>27</u> Primary Registration District No. <u>2119</u>		Local Registrar's No. <u>16</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Johannes Johansen Hammersmark</u>			
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred. <u>16</u> yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>June 26, 1848</u>			
7. AGE <u>85</u>	Years <u>3</u>	Months <u>8</u>	Days <u>1</u> day, _____ hrs. _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u> 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ 10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____ 12. BIRTHPLACE (city or town) <u>Hammersmark</u> (State or country) <u>Norway</u>	
FATHER 13. NAME <u>Johannes Johansen</u> 14. BIRTHPLACE (city or town) <u>Jva</u> (State or country) <u>Norway</u>		MOTHER 15. MAIDEN NAME <u>Siri Forkelsin</u> 16. BIRTHPLACE (city or town) <u>Norway</u> (State or country) _____	
17. INFORMANT (Address) _____			
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 193 _____			
19. UNDERTAKER (Address) <u>M. W. Hunsb. 410. State</u>			
20. FILED <u>Nov 8, 1931</u> <u>G. W. State</u> Registrar.			
21. DATE OF DEATH (month, day, and year) <u>10-8-31</u> 193 _____		22. I HEREBY CERTIFY, That I attended deceased from _____, 193 _____, to _____, 193 _____	
I last saw h _____ alive on _____, 193 _____ death is said to have occurred on the date stated above, at _____ m.		The principal cause of death and related causes of importance were as follows: _____ Date of onset _____	
<u>Ill past 4 monthes</u>		<u>No Physician, gradually ailed</u>	
<u>General debility so far as known</u>		<u>Other contributory causes of importance:</u>	
<u>At last suppreion urine</u>		<u>Uraemia</u>	
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>M. Hunsb. 410. State</u> Registrar. (Address) _____			

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RECEIVED NOV 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76905

State File No.

PLACE OF DEATH

County of FranklinCity of Preston

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No. 17

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine H. Winward

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)
married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJno. W. Winward

6. DATE OF BIRTH (month, day and year)

Aug81853

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or6823

.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.....Housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)NW West Jordan Utah

10. NAME OF FATHER

Abraham Hunsaker11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ill.

12. MAIDEN NAME OF MOTHER

Harriet Beckstead13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Canada

14.

Informant
(Address)Abraham WinwardWhitney Idaho

15.

Filed

Nov 8, 1931G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct.1131

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept. 28, 1931, to Oct. 11, 1931that I last saw him alive on Oct. 11, 1931and that death occurred, on the date stated above, at 1:00 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cirrhosis of the Liver
Chronic myocardial
Degeneration(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted at Place of Death
if not at place of death? noDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical Therapeutic

(Signed)

Orson J. James M. D.Oct. 12, 1931 (Address) Preston, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Whitney IdahoOct 14 31 19

20. Undertaker

M. W. Hendricks

Address

Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76906

State File No.

PLACE OF DEATH

County of FranklinCity of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 182. FULL NAME Ruben M. Gregerson

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 19 19307. AGE Years 1 Months 3 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. NONE CHILD

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Baroda Idaho
(State or country)10. NAME OF FATHER Fred L. Gregerson11. BIRTHPLACE OF FATHER (city or town) Denmark
(State or Country)12. MAIDEN NAME OF MOTHER Fredia Mockli13. BIRTHPLACE OF MOTHER (city or town) Preston Idaho
(State or Country)14. Informant Fred L. Gregerson
(Address) Baroda Idaho15. Filed Nov 8, 1931G.W. Stiles

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 10, 1931, to Oct 11, 1931that I last saw him alive on Oct 11, 1931and that death occurred, on the date stated above, at 8 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Appendicitis(duration) yrs. mos. ds. 3
CONTRIBUTORY Peritonitis
(Secondary)(duration) yrs. mos. ds. 2
18. Where was disease contracted Residence
if not at place of death?Did an operation precede death? yes Date of Oct 10, 1931Was there an autopsy? noWhat test confirmed diagnosis Physical Examination(Signed) G. W. Stiles M. D.Oct 12, 1931 (Address) Preston Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Whitney Idaho Oct 1420. Undertaker M. W. Hendricks Address Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76907

State File No.

PLACE OF DEATH

County of FranklinCity of Fairview

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119

(No.)

Local Registrar's No. 19

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Bodley

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced (write the word.) married
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMary L. Bodley6. DATE OF BIRTH (month, day and year) May 6 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>84</u>	<u>5</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Cape Town South Africa10. NAME OF FATHER
Robert Bodley11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Cape Town
South Africa12. MAIDEN NAME OF MOTHER Jane Petman13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Cape Town
South Africa14. Informant
(Address) Acequia Idaho15. Filed Nov 8 1931
G. W. Stiles
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 2 1931 to Oct 12 1931
that I last saw him alive on Oct 12 1931and that death occurred, on the date stated above, at 3 p. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma of StomachCONTRIBUTORY (duration) 1 yrs 2 mos. ds.
(Secondary) Hypostatic pneumonia

(duration) yrs. mos. ds.

18. Where was disease contracted at Place of Death
if not at place of death?Did an operation precede death? no Date of 1Was there an autopsy? noWhat test confirmed diagnosis? Chymol test(Signed) Orson A. Barnes, M. D.
Oct 13 1931 (Address) Preston, Idaho19. Place of Burial, Cremation, or Removal Date of Burial
Lewiston Utah Oct 15 1931 1920. Undertaker Address
New Hendrick Preston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
76908
State File No.

PLACE OF DEATH

County of Franklin
City of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2114Local Registrar's No. 20

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Palmer

(a) Residence, No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Eliza Jane Palmer
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 1 1862

7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.
	<u>69</u>	<u>5</u>	<u>14</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah10. NAME OF FATHER Thomas Palmer11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER Margurett Aspey13. BIRTHPLACE OF MOTHER (city or town) England
(State or County)14. Informant Floyd Palmer
(Address) Preston15. Filed Nov 8 1931G. W. States

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 15, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 9-23-31, 19....., to 10-15-31, 19.....
that I last saw him alive on 10-30, 19.....and that death occurred, on the date stated above, at 1:30 A m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Shock of operation
prostatectomy

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted? Prostatic Obstruction
if not at place of death? yes

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. W. States, M. D.

19..... (Address)

19. Place of Burial, Cremation, or Removal Preston Idaho Date of Burial Oct. 18 193120. Undertaker M. W. Hendricks Address Preston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
76909
State File No.

PLACE OF DEATH

County of Franklin
City of Preston

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 21
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marce H. Greaves

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Cluley Kidd Greaves

6. DATE OF BIRTH (month, day and year) Jan 3 1899

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
32 10 9 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Preston Idaho

10. NAME OF FATHER Henry Austin Hollingsworth

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lincoln Nebraska

12. MAIDEN NAME OF MOTHER Eliza Martin

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Liberty Idaho

14. Informant Austin Hollingsworth
(Address) Preston

15. Filed G. W. Staller 19 1931
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 19 1931
(Day) (Year)

17. I HEREBY CERTIFY that the deceased died from 10-14 19 10-19 19 31
that I last saw her alive on Oct 19 19 31
and that death occurred, on the date stated above, at 3 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Peritonitis

(duration) yrs. mos. ds. 4
CONTRIBUTORY (Secondary) Hysterectomy, Peritonitis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? yes Date of Oct 14, 1931
Did an operation precede death?

Was there an autopsy? no

What test confirmed diagnosis? Specimen Gram stain
(Signed) J. H. Cutler, M. D.

(Address) 19

19. Place of Burial, Cremation, or Removal Preston Idaho Date of Burial Oct 2 1931 19

20. Undertaker M. W. Hendricks Address Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76910

State File No.

PLACE OF DEATH

County of FranklinCity of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2149

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Zeraia Mae Nelsen

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed,

or Divorced (write the word.)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 30 1989

7. AGE

Years

Months

Days

If LESS than 1 day,

..... hrs. or

42

4

18

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Going to school(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Goshen Utah
(State or country)

10. NAME OF FATHER

Joseph E. Nelsen11. BIRTHPLACE OF FATHER (city or town) Goshen Utah
(State or Country)

12. MAIDEN NAME OF MOTHER

Almeda Ghiles13. BIRTHPLACE OF MOTHER (city or town) Holden Utah
(State or County)

14.

Informant
(Address)Don G. Nelson
Preston Idaho

15.

Filed

Nov 8, 1931G. W. State
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 18, 1931, to Oct 18, 1931that I last saw her alive on Oct 18, 1931and that death occurred, on the date stated above, at 6:30 P m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Polioencephalitis

Synonym for acute anterior

poliomyelitis.(duration) yrs. mos. 4 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Logan Utah
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical Examination

(Signed)

O. R. Chrysler M. D.
Oct 18, 1931 (Address) Preston, Idaho

19. Place of Burial, Cremation, or Removal

Logan Utah

Date of Burial

Oct 24 1931

20. Undertaker

Address

Preston

RECEIVED NOV 9 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76911

PLACE OF DEATH

County of FranklinCity of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119

(No. _____)

Local Registrar's No. 23

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joe Albert Swenson

(a) Residence No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed,

or Divorced (write the word.)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) **Oct 26 1931**

7. AGE

Years

Months

Days

If LESS than 1 day,

_____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**None**(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) **Preston Idaho**

10. NAME OF FATHER

Royal E. Swenson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)**Norway**

12. MAIDEN NAME OF MOTHER

Herna L. Ferguson13. BIRTHPLACE OF MOTHER (city or town)
(State or County)**Logan Utah**

14.

Informant
(Address)**Royal E. Swenson
Preston Idaho**

15.

Filed **Nov 8**, 1931**G. W. States**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 26
(Month)**26**
(Day)**1931**
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 26 1931 to **Oct 26 1931**that I last saw him alive on **Oct 26**, 1931and that death occurred, on the date stated above, at **5:20** p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Prematurity**

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **no** Date of _____Was there an autopsy? **no**What test confirmed diagnosis? **Physical Exam**(Signed) **Orville B. Butler, M.D.****Oct 27, 1931** (Address) **Preston Idaho**

19. Place of Burial, Cremation, or Removal

Date of Burial

Logan Utah**Oct****27 1931**

20. Undertaker

Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
76912
State File No.

PLACE OF DEATH
Franklin
County of
City of **Preston**

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME **Kate Martin**

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced (write the word) widowed
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Jno^r Martin Dec.

6. DATE OF BIRTH (month, day and year) **Oct 8 1946**

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	85		22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **none of late**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **England**
(State or country)

PARENTS

10. NAME OF FATHER **Wm. Burton**

11. BIRTHPLACE OF FATHER (city or town) **England**
(State or Country)

12. MAIDEN NAME OF MOTHER **Jane Payne**

13. BIRTHPLACE OF MOTHER (city or town) **England**
(State or Country)

14. Informant **Ezra Martin son**
(Address) **Preston Idaho**

15. Filed 19..... **G. W. States**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **10 30 31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

10/5/31 19**31**, to **10/30** 19**31**

that I last saw **her** alive on **10/30** 19**31**

and that death occurred, on the date stated above, at **4:15** p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic Asthma

CONTRIBUTORY (Secondary) **Old age** (duration) **2** yrs. **1** mos. **10** ds.

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? **No** Date of

Was there an autopsy? **No**

What test confirmed diagnosis?

(Signed) **Eugene H. Hickey** M. D.

31 (Address) **Preston, Idaho**

19. Place of Burial, Cremation, or Removal **Preston Idaho** Date of Burial **Nov 2 1991**

20. Undertaker **M. W. Hendricks** Address **Preston**

RECEIVED NOV 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76913

State File No.

Local Registrar's No.

PLACE OF DEATH

County of Em
City of EmmettRegistration District No. 6Primary Registration District No. 6(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Bernice Smith(a) Residence. No. RFD St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed,
or Divorced (write the word)FemalewhiteSingle

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

3-29-1923

7 AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.856

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHome(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Cooper
Idaho

10 NAME OF FATHER

Frank A. Smith11 BIRTHPLACE OF FATHER (city or town)
(State or country)Colville Utah

12 MAIDEN NAME OF MOTHER

Ella Peterson13 BIRTHPLACE OF MOTHER (city or town)
(State or country)Lehigh Utah

14 Informant

Frank A. Smith

(Address)

Emmett Idaho

15 Filed

9-9-1931J. Reynolds
Registrar

16 DATE OF DEATH

(Month)

(Day)

1931
(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Sept 5, 1931 to one call at officethat I last saw her alive on Sept 5 1931.

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Constitutional heart
disease(duration) 8 yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. Reynolds M. D.9-9-1931 (Address) Emmett*State the DISEASE CAUSING DEATH, or in deaths from VIO-
LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

Emmett Ida Cemetery 9-6 1931

20. Undertaker

Address

Paul L. Case Emmett
IdahoEvery item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC-
CUPATION is very important. See instructions on back of certificate.

WHILE FILLING, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76914**

PLACE OF DEATH

County of Blaine Registration District No. 6
City of Emmett Primary Registration District No. _____
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Margaret Honey

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of A. S. Honey
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 25 - 1884

7. AGE Years 46 Months 10 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Middleton
(State or country) Kansas

10. NAME OF FATHER John Bull

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)

14. Informant (Address) A. S. Honey
Emmett Ida

15. Filed 10/28, 1931 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 26, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1931, to Oct 26, 1931
that I last saw her alive on Oct 29, 1931
and that death occurred, on the date stated above, at 6 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Bad heart
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. L. Reynolds, M. D.
10/28, 1931 (Address) Emmett

19. Place of Burial, Cremation, or Removal Emmett Ida
Date of Burial 10/29, 1931

20. Undertaker C. Buckner
Address Emmett
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76915**

PLACE OF DEATH

County of Gem Registration District No. 0
City of Emmett Primary Registration District No. _____ Local Registrar's No. _____
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah A. Kempf

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

H. H. Kempf

6. DATE OF BIRTH (month, day and year)

Aug. 10 / 1857

7. AGE Years Months Days ☒ LESS than 1 day, _____ hrs. or _____ min.
74 2 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

West Virginia

10. NAME OF FATHER

John B. Howery

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

West Virginia

12. MAIDEN NAME OF MOTHER

Borman

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

West Virginia

14. Informant (Address)

H H H

15. Filed Oct 8 1931

J. H. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 7 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

since 1926 Oct 7 1931

that I last saw him alive on Oct 7 1931

and that death occurred, on the date stated above, at 4:00 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic myocarditis

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

_____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed)

J. H. Reynolds M. D.
10/8 1931 Address Emmett Idaho

19. Place of Burial, Cremation, or Removal

Emmett Idaho

Date of Burial

Oct 9 1931

20. Undertaker

C. D. Buckner

Address

Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 7 1931

PLACE OF DEATH

 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of JuniperCity of EmmettRegistration District No. 6Primary Registration District No. 6State File No. 76916Local Registrar's No. 10
 (No. _____)
 (If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Larry Clay Luce

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva C Luce6. DATE OF BIRTH (month, day, and year) Sept. 24, 1856
 7. AGE Years 75 Months no Days 17 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Heldsburg, Calif.
(State or country)13. NAME Wm Luce14. BIRTHPLACE (city or town) Kentucky
(State or country)15. MAIDEN NAME Maria Fisher16. BIRTHPLACE (city or town) Sid. Iowa
(State or country)17. INFORMANT Clarence C. Luce
(Address) New Laramie, Ida18. BURIAL, CREMATION, OR REMOVAL Place Canyon City, Ida Date Oct. 24, 193119. UNDERTAKER Fred C. Lander
(Address) Payette, Ida20. FILED 10/18/31 1931 Registrar. J. L. Reynolds

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 11 193122. I HEREBY CERTIFY, That I attended deceased from July 14, 1931, to Oct 6, 1931.I last saw him alive on Oct 6, 1931; death is saidto have occurred on the date stated above, at 30 m.

The principal cause of death and related causes of importance

were as follows:

Hypostatic Pneumonia 10/8/31

Other contributory causes of importance:

Coronary Atherosclerosis 1/20/31Name of operation none Date of noWhat test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. C. Fisher M. D.(Address) New Laramie, Idaho

FORM V. S. No. 5-25 M. 1919.

RECEIVED OCT 1 1931

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Gooding
City of HagermanRegistration District No. 21

Primary Registration District No. _____

(No. _____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Guy Frank PotterState of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 76918
Registered No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the word.)

6. DATE OF BIRTH

June 9 1893
(Month) (Day) (Year)

7. AGE

48 Yrs. 1 Mos. 2 ds.
IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).Labourer

9. BIRTHPLACE

(State or Country) Delaware Iowa

10. NAME OF FATHER

Wallace William Potter

11. BIRTHPLACE OF FATHER

(State or Country) Iowa

12. MAIDEN NAME OF MOTHER

Sarah Elizabeth Froate

13. BIRTHPLACE OF MOTHER

(State or Country) Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bert Potter

(Address) _____

15. Filed July 29 1931 RA Greene
Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 29 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 22 1931, to July 29 1931
that I last saw him alive on July 28 1931
and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Endo Carditis(Duration) 2 Yrs. _____ mos. _____ ds.Contributory (Secondary) Perhaps chemical(Duration) Two years ago _____ mos. _____ ds.(Signed) R N Greene M. D.July 29 1931 (Address) Hagerman Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the _____ State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

Palisade Colo.Johnson Buhr

RECEIVED OCT 19 1931

FORM V. S. No. 5-25 M. 1-19.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. **76919**
Registered No. _____

1. PLACE OF DEATH
County of *Gading*
City of *Nagerman*
Registration District No. *21*
Primary Registration District No. _____
(No. _____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME *Sophia Mae Miller*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Widowed*
(Write the word.)

6. DATE OF BIRTH *Feb. 28 1871*
(Month) (Day) (Year)

7. AGE *60 Yrs. 5 Mos. 14 ds.* IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work *Housewife*
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE *Waverland Ind.*
(State or Country)

10. NAME OF FATHER *Josephus Reddish*

11. BIRTHPLACE OF FATHER *Virginia*
(State or Country)

12. MAIDEN NAME OF MOTHER *Harriatt Bilbo*

13. BIRTHPLACE OF MOTHER *Indiana*
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Ralph Miller*
(Address) *Nagerman*

15. Filed *Aug 14 1931* *R. H. Greene*
Local Registrar

16. DATE OF DEATH *Aug 11 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *May 7 1931* to *July 9 1931*
that I last saw her alive on *July 9 1931*
and that death occurred on the date stated above, at *5:30* M.

The CAUSE OF DEATH* was as follows:

Apoplexy
(Duration) _____ Yrs. *2* mos. _____ ds.
Contributory (Secondary) *Diabetes*
(Duration) *About 4* yrs. _____ mos. _____ ds.
(Signed) *R. H. Greene* M. D.
(Address) *Nagerman*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL *Nagerman* DATE OF BURIAL *Aug 13 1931*

20. UNDERTAKER *R. H. Greene* ADDRESS *Waverland Ind.*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED OCT 19 1931

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 21

County of Gering

Primary Registration District No.

City of Hagerman

(No. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Mary Louise Davis

File No. 76920

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Female White

(Write the word.)

6. DATE OF BIRTH

Aug 9 1931
(Month) (Day) (Year)

7. AGE

IF LESS than 1 day
how many hrs.
or min.?

Yrs. Mos. 4 ds. to

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

Infant

9. BIRTHPLACE

(State or Country)

Hagerman Idaho

10. NAME OF FATHER

L J Davis

11. BIRTHPLACE OF FATHER

(State or Country)

Colo.

12. MAIDEN NAME OF MOTHER

Florence White

13. BIRTHPLACE OF MOTHER

(State or Country)

Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

L J Davis

(Address)

Hagerman

15.

Filed Aug 13 1931

R H Greene

Local Registrar

16. DATE OF DEATH

Aug 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 9 1931 to Aug 13 1931

that I last saw her alive on Aug 12 1931

and that death occurred on the date stated above, at 1:22 P.M.

The CAUSE OF DEATH* was as follows:

Premature birth
6 1/2 or 7 months

(Duration) Yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) R H Greene M.D.

Aug 12 1931 (Address) Hagerman

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Hagerman

Aug 13 1931

20. UNDERTAKER

ADDRESS

none

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 19 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76921

State File No.

County of SeedingCity of WendellRegistration District No. 27

Primary Registration District No.

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Aleta Mae Beddingfield(a) Residence. No. Hagerman St.Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Beddingfield6. DATE OF BIRTH (month, day, and year) Aug 20 - 18977. AGE Years 34 Months 1 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portland Ore.13. NAME Chu McCarty14. BIRTHPLACE (city or town) (State or country) McMinnville, Mo.15. MAIDEN NAME Mary Sloan16. BIRTHPLACE (city or town) (State or country) Beaumont, Tex.17. INFORMANT John Beddingfield Hagerman (Address)18. BURIAL, CREMATION, OR REMOVAL Place Hagerman Date Aug 25, 193119. UNDERTAKER Wm. J. O'Connor (Address) Wendell, Idaho20. FILED Aug 30, 1931 R. W. Hume Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 22 193122. I HEREBY CERTIFY, That attended deceased from Aug 14, 1931, to Aug 22, 1931.I last saw him alive on Aug 22, 1931; death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia Epidemic

Other contributory causes of importance:

Influenza
Acute nephritis
Removal of PhosphenName of operation Removal of Phosphen Date of Aug 14What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No(Signed) Dr. Hume, M. D.(Address) Hagerman Wendell

145-a

RECEIVED NOV 5 1931
CERTIFICATE OF DEATHState of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 24

County of

Primary Registration District No.

City of

(No. St.)

File No. 76923

Registered No. 766

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

George Ziegler

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
(Write the word.)

6. DATE OF BIRTH

Mar. 23 1859
(Month) (Day) (Year)

7. AGE

72 Yrs. 6 Mos. 27 ds.

IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

Farmer

9. BIRTHPLACE

(State or Country)

Iowa

10. NAME OF FATHER

Geo. Ziegler

11. BIRTHPLACE OF FATHER

(State or Country)

Germany

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER

(State or Country)

Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

+ J. J. Ziegler

(Address)

7014 N. 31st Omaha Neb.

15.

Filed 10-31-1931

J. H. Curren
Local Registrar

16. DATE OF DEATH

10 - 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 12 1931, to Oct 19 1931

that I last saw him alive on Oct 19 1931
and that death occurred on the date stated above, at 7:20 P.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) Yrs. mos. 8 ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

Houston E. Snyder M. D.

10-19-1931 (Address) Gooding Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. 8 days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

Gooding Ida.

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Arlington Near

19

20. UNDERTAKER

ADDRESS

Ostrower Gooding Ida

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 24County of Gooding

Primary Registration District No. _____

City of "

(No. _____, _____ St.)

File No. 76924Registered No. 163

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Ann Ross
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Female white Married
(Write the word.)

6. DATE OF BIRTH

July 4 1931
(Month) (Day) (Year)

7. AGE

68 yrs. 3 mos. 18 ds.IF LESS than 1 day
how many _____ hrs. or
_____ mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)Housewife

9. BIRTHPLACE

(State or Country)

Clinton Ont, Canada

10. NAME OF FATHER

George Cottle

11. BIRTHPLACE OF FATHER

(State or Country)

England

12. MAIDEN NAME OF MOTHER

Jane Cottle

13. BIRTHPLACE OF MOTHER

(State or Country)

England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Am A. Ross

(Address)

Bliss

15.

Filed 10/21 1931 JH Cornwall
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

10-19 1931, to 10-21 1931that I last saw her alive on 10-21 1931and that death occurred on the date stated above, at 4 ⁴³ A.M.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction
peritonitis(Duration) _____ yrs. _____ mos. 14 ds.

Contributory

(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

JH Cornwall M.D.
10/21 1931 (Address) Gooding, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mt Home, Ida10-25 1931

20. UNDERTAKER

ADDRESS

A.B. ThompsonGooding Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED NOV 5 1931

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Form V. S. No. 5 20M.1-16-12

1. PLACE OF DEATH.

Registration District No.

County of *Gooding*Primary Registration District No. *24*City of *Bliss*

(No. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

*Frederick Colvin*File No. *76925*Registered No. *1645*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

married

6. DATE OF BIRTH

Aug 7 - 1874
(Month) (Day) (Year)

7. AGE

*57 yrs. 1 mos. 29 ds.*IF LESS than 1 day
how many hrs. or
..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

farming

(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Falashburg Mich.

10. NAME OF FATHER

James P. Colvin

11. BIRTHPLACE OF FATHER

(State or Country)

Scotland

12. MAIDEN NAME OF MOTHER

Mary E. Beckwith

13. BIRTHPLACE OF MOTHER

(State or Country)

Mich.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. F. Colvin

(Address)

Bliss Ida

15.

Filed

Oct 6 - 1931 J. H. Cronwall

Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Oct 6 - 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *Aug 10 - 1931*, to *Oct 6 - 1931*, that I last saw him alive on *Oct 2 - 1931*, and that death occurred on the date stated above, at *8:30 AM*.

The CAUSE OF DEATH* was as follows:

Cancer of liver
Carcinoma?(Duration) yrs. *6* mos. ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

J. H. Cronwall M. D.
10-6-1931 (Address) *Gooding Ida*

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Hagerman Ida *Oct 7 1931*

20. UNDERTAKER

ADDRESS

*none**✓*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 14 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76926

State File No.

PLACE OF DEATH

County of Idaho

City of Kassia

Registration District No. 106

Primary Registration District No. 2184

Local Registrar's No. 318

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Susan Keith

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May 31 - 1923

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8

2

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Kassia Idaho

10. NAME OF FATHER

Lawrence Keith

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Illinois

12. MAIDEN NAME OF MOTHER

Sarah Susan

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Oklahoma

14. Informant

(Address)

L. G. Keith
Kassia Idaho

15. Filed

Nov 1, 1931

J. M. Schubert
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug

20

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 12, 1931 to Aug 20, 1931

that I last saw him alive on Aug 20, 1931

and that death occurred, on the date stated above, at 11:40 a.m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed)

J. M. Schubert

M. D.

Aug 21, 1931 (Address) Kassia Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kassia Cemetery

Aug 21, 1931

20. Undertaker

Address

E. J. Freary

PLACE OF DEATH

County of IdahoCity of KootenaiSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 106Primary Registration District No. 2184

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Harris

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofVivian Coover6. DATE OF BIRTH (month, day and year) Jan 17-18977. AGE Years Months Days If LESS than 1 day, hrs. or min.
54 9 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

General Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa10. NAME OF FATHER William R. Harris11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio12. MAIDEN NAME OF MOTHER Chloe Ann Smith13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ind. - Iowa14. Informant Vivian C. Harris
(Address) Kootenai15. Filed Nov 1, 1931 JM Verbeek
Registrar

DO NOT WRITE IN THIS SPACE

State File No. 76927Local Registrar's No. 319

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October 31, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1931, to Oct 31, 1931that I last saw him alive on Oct 31, 1931and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic diffuse nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Erysipelas - Chronic Malod

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) JM Verbeek, M. D.Nov 1, 1931 (Address) Kootenai - Ind.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kootenai CountyNov 1, 1931

20. Undertaker

Address

RECEIVED NOV 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76929

State File No.

PLACE OF DEATH

County of IdahoCity of Grangeville

CERTIFICATE OF DEATH

Registration District No. 103Primary Registration District No. 2181(No. At Cottonwood Idaho.)Local Registrar's No. 36

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Treda Sorenson(a) Residence No. Grangeville, Idaho.St. Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)
Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofE. J. Sorenson

6. DATE OF BIRTH (month, day and year)

Northfield Minn.

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.34422

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Northfield Minn.

PARENTS

10. NAME OF FATHER

Martin Tholstonop11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Denmark

12. MAIDEN NAME OF MOTHER

Anna Nelson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Denmark

14.

Informant
(Address)E. J. SorensonGrangeville, Idaho

15.

Filed

10-231931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct.22

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 11 - 1931 to Oct 22 - 1931
that I last saw him alive on Oct 22 - 1931and that death occurred, on the date stated above, at 10:45 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Encephalitis.CONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

10-231931

(Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Northfield, Minn.

19

20. Undertaker

Ailor Mort

Address

Grangeville, IdahoWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.
Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BENDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76930

State File No.

PLACE OF DEATH

County of Idaho
City of Grangeville

CERTIFICATE OF DEATH

Registration District No. 103
Primary Registration District No. 2181

Local Registrar's No. 37

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Uren Lamar Riebold

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Riebold

6. DATE OF BIRTH (month, day and year) March 29 1892

7. AGE Years 39 Months 6 Days 20 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Co. Idaho (State or country)

10. NAME OF FATHER Jake Riebold

11. BIRTHPLACE OF FATHER (city or town) Illinois (State or Country)

12. MAIDEN NAME OF MOTHER Phronia Kuler

13. BIRTHPLACE OF MOTHER (city or town) Texas (State or Country)

14. Informant Mrs W H Jones (Address) Grangeville Ida.

15. Filed 11-3- 1931 B. Chapman Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1931, to Oct 19, 1931, that I last saw him alive on Oct 19, 1931, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Obstruction of bowel

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Elk City Idaho

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J. D. Sherman, M. D.

19. (Address) Grangeville Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Grangeville Ida. Date of Burial 10-21-1931

20. Undertaker Hancock Mfg. Co. Address Grangeville Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76931**

PLACE OF DEATH
County of Idaho
City of White Bird

Registration District No. 103
Primary Registration District No. 2181

Local Registrar's No. 35
98V

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel Weedle

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Weedle

6. DATE OF BIRTH (month, day and year) July 23 1888

7. AGE Years 73 Months 81 Days 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Ranches

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kingfield Iowa (State or country)

10. NAME OF FATHER William E.

11. BIRTHPLACE OF FATHER (city or town) Holland (State or Country)

12. MAIDEN NAME OF MOTHER Reese

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant J E Weedle (Address) Biggins Idaho

15. Filed 11-3-31 B Chipman Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9-22-31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to Sept. 17, 1931, that I last saw him alive on Sept 17, 1931, and that death occurred, on the date stated above, at 7: P. m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Cardiac Symptoms
(Signed) B. Chipman M. D.
9-23-, 1931 (Address) Trangville, Ia.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Trangville, Ia. Date of Burial 9-24-31

20. Undertaker Sumcock Inf. Co. Address Trangville, Ia.

RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76932

State File No.

PLACE OF DEATH

County of SaladoCity of PollockRegistration District No. 183Primary Registration District No. 2181Local Registrar's No. 32

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Wilhe Williams Riggins Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred. 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 4th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>54</u>	<u>yr</u>	<u>10</u>	<u>mo</u>	<u>21</u> <u>day</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ranch & Stock raising

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lockeford Calif.
(State or country)10. NAME OF FATHER Moses Buchanan Williams11. BIRTHPLACE OF FATHER (city or town) Illinois
(State or Country)12. MAIDEN NAME OF MOTHER Saura Emma Burns13. BIRTHPLACE OF MOTHER (city or town) Colorado
(State or Country)14. Informant George Williams
(Address) Pollock Ida15. Filed 10-1-1931 B. Chipman
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

9 - 12 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

Attending Physician
Heart Disease
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) B. A. Bennoch, M.D.
10-17-1931 (Address) Grinnell Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Riggins Date of Burial 9-14-193120. Undertaker Local aid Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76933

State File No.

PLACE OF DEATH

County of Jefferson.

City of Menan

Registration District No.

Primary Registration District No. 2176

Local Registrar's No. 19

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stephen Nathen Daniels.

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of Sarah E. Daniels.

6. DATE OF BIRTH (month, day and year) Sept. 14, 1859

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 72 1 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9. BIRTHPLACE (city or town) Provo, Utah. (State or country)

10. NAME OF FATHER Aaron Daniels.

11. BIRTHPLACE OF FATHER (city or town) Iowa. (State or Country)

12. MAIDEN NAME OF MOTHER Harriet Nixon.

13. BIRTHPLACE OF MOTHER (city or town) England. (State or Country)

14. Informant L. L. Daniels (Address) Menan, Idaho.

15. Filed Nov 5, 1931 Registrar ABE Skerrell

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 3 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to 10 - 30, 1931 that I last saw him alive on 10/30, 1931 and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Cardio Pulmonary Hypertension etc

Do not leave (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

10-4, 1931 (Address) Menan

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Annis, Idaho. Date of Burial 11/5/31 19

20. Undertaker Address Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 14 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76934**

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. _____
Primary Registration District No. 2176

Local Registrar's No. 18

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nola June Jones.

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 22, 1931

7. AGE Years 0 Months 0 Days 0 If less than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

10. NAME OF FATHER Louis Harold Jones.

11. BIRTHPLACE OF FATHER (city or town) Lewisville, Idaho.
(State or Country)

12. MAIDEN NAME OF MOTHER Verona May Pearson.

13. BIRTHPLACE OF MOTHER (city or town) LaBelle, Idaho.
(State or Country)

14. Informant Louis H. Jones
(Address) Rigby, Idaho

15. Filed Oct 23, 1931 A. B. Becknell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1931, to Oct. 23, 1931, that I last saw her alive on Oct. 22, 1931, and that death occurred, on the date stated above, at 9:40 P. m.

The CAUSE OF DEATH* was as follows:
Premature 6-7 months
cause of Prematurity unknown

CONTRIBUTORY (Secondary) _____
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis _____
(Signed) W. R. West M. D.

Oct. 23, 1931 (Address) Rigby, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Annis, Idaho. Date of Burial 10-23-31¹⁹

20. Undertaker None. Address _____

RECEIVED NOV 14 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76935

State File No.

PLACE OF DEATH

County of *Jefferson*City of *Ririe*

CERTIFICATE OF DEATH

Registration District No. *98*Primary Registration District No. *2176*Local Registrar's No. *17*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Gladys Christensen*(a) Residence. No. *Ririe Idaho*

(Usual place of abode.)

St. *Idaho*Length of residence in city or town where death occurred. yrs. mos. *1* ds.

How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*4. COLOR OR RACE *White*5. Single, Married, Widowed, or Divorced (write the word.) *Infant*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *Oct 17, 1931*

7. AGE

Years *0*Months *0*Days *1*If LESS than 1 day,
..... hrs. or
..... min. *12*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. *None*(b) General nature of industry,
business, or establishment in
which employed (or employer)(c) Name of employer *Ririe Ida.*9. BIRTHPLACE (city or town)
(State or country)10. NAME OF FATHER *Fred Christensen*11. BIRTHPLACE OF FATHER (city or town)
(State or Country) *Denmark*12. MAIDEN NAME OF MOTHER *Lizzie Maude Cole*13. BIRTHPLACE OF MOTHER (city or town)
(State or County) *Milo Ida.*

14.

Informant
(Address) *Fred Christensen
Ririe, Idaho.*

15.

Filed *Oct 23, 1931*Registrar. *A. B. E. Christensen*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) *Oct*(Day) *19*(Year) *1931*

17. I HEREBY CERTIFY, That I attended deceased from

Oct 17, 1931, to Oct 19, 1931
that I last saw him alive on *Oct 19, 1931*and that death occurred, on the date stated above, at *3:30 a.m.**State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:*Premature birth (8 lunar
months gestation)*CONTRIBUTORY (duration) yrs. mos. ds.
(Secondary) *Potential Foreman Oral*18. Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *H. K. Abbott*, M. D.
Oct 19, 1931 (Address) *Ririe Ida.*

19. Place of Burial, Cremation, or Removal

Date of Burial

Shelton Ida 10-20 1931

20. Undertaker

Address

None.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76937

State File No.

PLACE OF DEATH

County of Footman

City of _____

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 146

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald R. Sweitzer

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) July 22 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>2</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho10. NAME OF FATHER Chas Sweitzer11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn12. MAIDEN NAME OF MOTHER May Hopkenburg13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penn14. Informant (Address) Chas Sweitzer
Spokane Bridge15. Filed 10/29, 19..... N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct. 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
that I last saw him alive on....., 19.....and that death occurred, on the date stated above, at 9:45 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Drooping Cough &
Brucella Pneumoniae
(No Medical attention)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. B. Boney Foran, M. D.

....., 19..... (Address)

19. Place of Burial, Cremation, or Removal Date of Burial

Chester New Can 10-12 1931

20. Undertaker Address

Turnbull Underhough Spokane

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of BoyerCity of C. d. A. - Hayden Lake

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No. _____)

Local Registrar's No. 147

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Francis Beattie(a) Residence. No. Hayden Lake Idaho St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 18 yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m.4. COLOR OR RACE w5. Single, Married, Widowed,
or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Lucy6. DATE OF BIRTH (month, day and year) 1870-8-6

7. AGE

Years 61Months 2Days 6If LESS than 1 day,
_____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work farmer.(b) General nature of industry,
business, or establishment in
which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town)
(State or country) Scotts Hill Mich10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country) 1112. MAIDEN NAME OF MOTHER 1113. BIRTHPLACE OF MOTHER (city or town)
(State or Country) 11

14.

Informant
(Address) Lucy Beattie
Hayden Lake Idaho

15.

Filed 10/29, 1931W D Sturges
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 76938

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 12, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I was called
October 12 1931, to October 12 1931
that I last saw h. l. m. on October 12, 1931
and that death occurred, on the date stated above, at _____ m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cancer of stomach
liver and bowel
with obstruction(duration) unknown yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted _____
if not at place of death? _____Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Cessation of respiration
(Signed) W D Sturges Physician
October 14 1931 (Address) Coeur d'Alene

19. Place of Burial, Cremation, or Removal

Date of Burial

St Thomas Catholic10-15 1931

20. Undertaker

Address

W D SturgesC. d. A.

RECEIVED NOV 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76939

State File No.

PLACE OF DEATH

County of *Kyo.*

City of *C. L. A.*

CERTIFICATE OF DEATH

Registration District No. *30*

Primary Registration District No. *1050*

(No.)

Local Registrar's No. *148*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Lewis E. Larson*

(a) Residence. *N 4th 16th St.*

(Usual place of abode.)

Length of residence in city or town where death occurred. *3* yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Matilda

6. DATE OF BIRTH (month, day and year) *1861 - Nov 9*

7. AGE Years *70* Months *-* Days *-* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

Ministry Pentecostal church

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) *Matilda Larson*

15. Filed *10/29, 1931* *N. J. Sturges* Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Oct 12, 1931* (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Ceb. myocarditis

CONTRIBUTORY (Secondary) *Arterio-sclerosis* (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *History*

(Signed) *Harold J. Sturges M. D.*

10-14-1931 (Address) *Edna L. L. L.*

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cemetery

10/14 1931

20. Undertaker

Address

R. B. Mooney

P. M. A.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

PARENTS

RECEIVED NOV 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76940

PLACE OF DEATH

County of Kootenai

CERTIFICATE OF DEATH

City of Pleasant View

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 149

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph L. O'Connor

(a) Residence No. Pleasant View

(Usual place of abode.)

Length of residence in city or town where death occurred. — yrs. — mo. 4 ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. Single, Married, Widowed,
or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Laura

6. DATE OF BIRTH (month, day and year) 1900-10-18

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.

31

0

4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Wood cutter

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Woming

10. NAME OF FATHER

Joseph L. O'Connor

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

Cora Loney

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)Mrs. L. O'Connor
Spokane Wash.

15.

Filed 10/29, 1931

R. B. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

OCT

22

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

10/20/1931, to 10/20/1931

that I last saw him alive on 10/20/1931

and that death occurred, on the date stated above, at 10:30 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Tuberculous pneumonia

Died Know
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? Died Know

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Bleeding

(Signed) Oscar Spurgeon M. D.

10/24/1931 (Address) Spokane Wash.

19. Place of Burial, Cremation, or Removal

Date of Burial

Pleasant View Cem. 10/24 1931

20. Undertaker

Address

R. B. Sturgeon C. D. A.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76941

State File No.

PLACE OF DEATH

County of BooleCity of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Archie McArthur(a) Residence. No. 278- Indiana St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.5. Single, Married, Widowed,
or Divorced (write the word)single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

1850-4-9

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.81614

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Retired(b) General nature of industry,
business, or establishment in
which employed (or employer)Minor Carpenter

(c) Name of employer

Miss Anson9. BIRTHPLACE (city or town)
(State or country)Idaho

10. NAME OF FATHER

Archie McArthur11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Scotland

12. MAIDEN NAME OF MOTHER

Elizabeth McFee13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Scotland

14.

Informant
(Address)R. A. McArthur
Coeur d'Alene, Ida.

15.

Filed 10/29, 1931W. J. Stinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October 23, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

October 7, 1931, to October 23, 1931that I last saw him alive on October 22, 1931and that death occurred, on the date stated above, at 5 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Myocarditis Chronic(duration) 1 yrs. 0 mos. 0 ds.CONTRIBUTORY
(Secondary)ArteriosclerosisOld Age(duration) 10 yrs. 0 mos. 0 ds.18. Where was disease contracted At place of death
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical Signs

(Signed)

E. K. Spohn M. D.Oct 26, 1931 (Address) Coeur d'Alene

19. Place of Burial, Cremation, or Removal

Date of Burial

St Thomas Cem. Coeur d'Alene 10-26 1931

20. Undertaker

Address

Cassidy Funeral Home Idaho
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
76942
State File No. _____

PLACE OF DEATH

County of Koot.
City of C.D.A.

CERTIFICATE OF DEATH

Registration District No. 20
Primary Registration District No. 1050
(No. _____)

Local Registrar's No. 157

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas. A. McDonald.

(a) Residence. No. Sheriffs Office County Jail. St. _____

(Usual place of abode.) Length of residence in city or town where death occurred. 37 yrs. mos. ds. How long in U. S. if of foreign birth 42 yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Mrs. Evelyn
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1869-3-22

7. AGE Years Months Days If LESS than 1 day.
62 6 17 _____ hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sheriff of Koot. Co.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Kootenai County.

9. BIRTHPLACE (city or town) New Brunswick
(State or country) Canada.

10. NAME OF FATHER

John Mc.

11. BIRTHPLACE OF FATHER (city or town) Canada
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Miller.

13. BIRTHPLACE OF MOTHER (city or town) Canada
(State or Country)

14. Informant Harold McDonald
(Address)

15. Filed 10/29, 1931.

N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
October 9, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Oct. 9, 1931, to Oct. 9, 1931
that I last saw him alive on Oct. 9, 1931
and that death occurred, on the date stated above, at 10 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic myocardial degeneration

(duration) 7 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) John O. Wood, M. D.
Oct. 10, 1931 (Address) Coeur d'Alene

19. Place of Burial, Cremation, or Removal
Forest Cemetery

Date of Burial
10/11, 1931

20. Undertaker
R.B. Mooney

Address
C.D.A.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76943

State File No.

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 152

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 14th and Wallace St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

~~HUSBAND~~ of
(or) WIFE ofFred Chase6. DATE OF BIRTH (month, day and year) 1895-9-26

7. AGE Years 36 Months 0 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Gravette Ark.
(State or country)10. NAME OF FATHER Geo. Norman11. BIRTHPLACE OF FATHER (city or town) Springfield Mo.
(State or Country)12. MAIDEN NAME OF MOTHER Matilda Covey13. BIRTHPLACE OF MOTHER (city or town) Miss Mo.
(State or Country)

14.

Informant
(Address)Fred B Chase

15.

Filed

10/29/311931RQ Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

October 16, 1931, to Oct 19, 1931
that I last saw him alive on Oct 19, 1931
and that death occurred, on the date stated above, at 6:30 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Coronary Ins.CONTRIBUTORY
(Secondary)Resp. cessation 6 hours.
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of 10/20/31
Was there an autopsy? YesWhat test confirmed diagnosis? Autopsy(Signed) W. H. Anderson M. D.Oct 20, 1931 (Address) C. S. A.

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cem. Coeur d'Alene 10-22-31

20. Undertaker

Address

Cassidy Funeral Home Coeur d'Alene

RECEIVED NOV 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76944

State File No.

PLACE OF DEATH

County of Posterni
City of Paerd Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No.)

Local Registrar's No. 153

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Howard Singer(a) Residence No. 1035 Third St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 26, 19317. AGE Years 0 Months 0 Days 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Paerd Alene
(State or country) Idaho10. NAME OF FATHER Mr E Singer11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Josephine Edwards13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Idaho14. Informant Mr E Singer
(Address) Paerd Alene, Ida15. Filed 11-2, 1931 H J Surges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct. 26, 1931, to Oct. 31, 1931that I last saw him alive on Oct 31, 1931and that death occurred, on the date stated above, at 12:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Empyema causing
peritonitis by extension
via umbilical cord.(duration) yrs. mos. 3 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Examination(Signed) Steward J. Surges, M. D.Nov. 8, 1931 (Address) Ida Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Singer Ranch Nov. 2 1931

20. Undertaker

Address

PTB Mooney Paerd Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 12 1931

FORM 1-3-28

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Kootenai
City of 4 Miles west of WorleyRegistration District No. 30Primary Registration District No. 1050If death occurs away from
usual residence, give facts
called for under special in-
formation.

Idaho.

File No. 76945
Registered No. 288If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.2. FULL NAME Sanford G. Lacy,

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WID-
OWED OR DIVORCED
Married.

(Write the word.)

6. DATE OF BIRTH

Oct, 4th, 1857

(Month)

(Day)

1 (Year)

7. AGE

74Yrs.1Mos.ds.

IF LESS than 1 day

how many..... hrs.

or..... min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work.Retired Farmer.(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer).

9. BIRTHPLACE

(State or Country)

Dearfield Michagan.10. NAME OF
FATHERThomas Lacy11. BIRTHPLACE
OF FATHER

(State or Country)

Michigan12. MAIDEN NAME
OF MOTHEREliza Sutherland.13. BIRTHPLACE
OF MOTHER

(State or Country)

Michigan.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Gurshum S. Lacy.

(Address)

Worley, Idaho.

15.

Filed Nov 7 1931H. H. Hargreaves
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 4th, 1931

(Month)

(Day)

19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Oct, 27th 1931 19..... to Nov, 4th, 1931 19.....that I last saw him..... alive on Nov, 4th, 1931 19.....
and that death occurred on the date stated above, at 8.31 P.M.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) Yrs. mos. ds.

Contributory myocardial degeneration
(Secondary)(Duration) yrs. mos. 10 ds.

(Signed)

C. B. Blizer

M. D.

Nov 5th, 1931 (Address) Tekoa, Wash.*State the Disease Causing Death; or in deaths from Violent Causes, state
(1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)At place of death yrs. mos. 10 days. In the State yrs. mos. daysWhere was disease contracted
if not at place of death?Former or
usual residenceRockford wash

19. PLACE OF BURIAL OR REMOVAL

Rockford, con

DATE OF BURIAL

Nov 6 1931

20. UNDERTAKER

H. H. Hargreaves

ADDRESS

Rockford Wash
Fairfield WA

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH
in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED OCT 22 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76946

PLACE OF DEATH

County of KootenaiCity of Spirit Lake

CERTIFICATE OF DEATH

Registration District No. 45

Primary Registration District No. _____

(No. _____)

Local Registrar's No. 9

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Shaw(a) Residence, No. San Marco Apt, Spokane Wash St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Wh. 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 76 Months 7 Days 0 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Merchant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Maine10. NAME OF FATHER Thomas W. Shaw

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Maine12. MAIDEN NAME OF MOTHER Catherine H (not obt)

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Maine14. Informant Miss Charlotte A. Shaw
(Address) San Marco Apt, Spokane15. Filed Sept 6, 1931 AC Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 6, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Cerebral hemorrhage (probably)
Death sudden. Saw him a
few minutes after death had
occurred. (duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed) AC Spooner, M. D.
Sept 6, 1931 (Address) Spirit Lake

19. Place of Burial, Cremation, or Removal

Date of Burial

Cremation 9-9-31

19

20. Undertaker

Address

Smith & CoSpokane Wash

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
76947
State File No.

PLACE OF DEATH

County of Latah Registration District No. 64
City of Deary Primary Registration District No. 2144 Local Registrar's No.
(No.)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christiana E. Ellingson
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
70 2 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Norway

10. NAME OF FATHER

Halres Halreson

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Norway

12. MAIDEN NAME OF MOTHER

Emberg

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Norway

14.

Informant (Address)

Christian E. Ellingson
Deary

15.

Filed

Nov 1, 1931 Lucy M. Pickard
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 1, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1931, to Nov 1, 1931

that I last saw her alive on Oct 30, 1931

and that death occurred, on the date stated above, at

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Purulent Bronchitis

..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Senility

..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-Ray + Exam of Sputum

(Signed) E. E. Ellingson M. D.

Nov. 3, 1931 (Address) Patterson Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Texas Ridge cem Nov 3 1931

20. Undertaker

Address

John J. Pickard Troy Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		CERTIFICATE OF DEATH		State File No. <u>76948</u>	
City of <u>Moscow</u>		Registration District No. <u>61</u>		Local Registrar's No. <u>60</u>	
		Primary Registration District No. <u>1011</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Edmund Henry Hughes</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. <u>6</u> mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Melia Hughes</u>					
6. DATE OF BIRTH (month, day, and year) <u>Apr. 3, 1859</u>					
7. AGE Years <u>72</u>		Months <u>6</u>		Days <u>23</u> If LESS than 1 day, _____ hrs. _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Night Watchman for</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Potlatch Lbr. Co.</u>			
10. Date deceased last worked at this occupation (month and year) <u>10/10/30</u>		11. Total time (years) spent in this occupation <u>12 yrs</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Pisa, Ill.</u>					
13. NAME <u>James W. Hughes</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Ky.</u>					
15. MAIDEN NAME <u>Martha Smith</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Tenn.</u>					
17. INFORMANT (Address) <u>Mrs. Melia Hughes</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Potlatch</u> Date <u>Oct. 28, 1931</u>					
19. UNDERTAKER (Address) <u>H. R. Short</u>					
20. FILED <u>11/10</u> , 1931, _____ Registrar. <u>Parish</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 26, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 15-26</u> , 1931, to <u>Oct 26</u> , 1931.					
I last saw him alive on <u>Oct 26</u> , 1931; death is said to have occurred on the date stated above, at <u>3.30 A.M.</u>					
The principal cause of death and related causes of importance were as follows: _____ Date of onset _____					
<u>Paraschymatous nephritis</u> <u>I do not know any history of case beyond Oct 15-26</u>					
Other contributory causes of importance: _____					
Name of operation <u>Nr</u> Date of _____					
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>Nr</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>F. M. Litch</u> M. D. <u>Moscow Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 11 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		CERTIFICATE OF DEATH		State File No. <u>76949</u>	
City of <u>MOSCOW</u>		Registration District No. <u>61</u>		Local Registrar's No. <u>59</u>	
		Primary Registration District No. <u>1011</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Hannah McGarr</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode) (If nonresident give city, town and state)					
Length of residence in city or town where death occurred <u>42</u> yrs. mos. ds. How long in U. S., if of foreign birth? <u>70</u> yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Wm. McGarr</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 3, 1844</u>					
7. AGE	Years <u>86</u>	Months <u>10</u>	Days <u>18</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>					
FATHER	13. NAME <u>Not known</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Not known</u>				
	15. MAIDEN NAME <u>Not known</u>				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Not known</u>				
	17. INFORMANT <u>Mrs. W.S. Robbins</u> (Address) <u>Moscow, Ida.</u>				
18. BURIAL, CEMETERY, PLACE, <u>Moscow</u> Date <u>Oct. 23, 1931</u>					
19. UNDERTAKER <u>H.R. Short</u> (Address)					
20. FILED <u>11/10</u> , 1931, <u>Harry Embury</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 21, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb. 17, 1931</u> to <u>Oct. 20, 1931</u>					
I last saw her alive on <u>Oct. 20, 1931</u> ; death is said to have occurred on the date stated above, <u>2:10 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
Cerebral hemorrhage					Date of onset <u>Oct. 19/31</u>
Other contributory causes of importance:					
Arteriosclerosis					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Clinical</u> as there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>Harry Embury</u> , M.D.					
(Address) <u>Moscow, Ida.</u>					

749

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		CERTIFICATE OF DEATH		76950	
City of <u>Moscow</u>		Registration District No. <u>61</u>		State File No. _____	
		Primary Registration District No. <u>1011</u>		Local Registrar's No. <u>58</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mary Calista Hamilton</u>					
(a) Residence. No. _____		St. _____			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. <u>3</u> mos. _____		ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____		ds. _____	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>William V. Hamilton</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 4, 1867</u>					
7. AGE <u>64</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____			11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) (State or country) <u>Washington Iowa</u>					
FATHER					
13. NAME <u>George Foster Latta</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Carroll Ohio</u>					
MOTHER					
15. MAIDEN NAME <u>Isabel Souter</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Green Ohio</u>					
17. INFORMANT <u>Mrs. C. C. Guy</u> (Address) <u>Moscow, Ida.</u>					
18. BURIAL, CREMATION OR REINTERMENT Place <u>Moscow</u> Date <u>Oct/23, 1931</u>					
19. UNDERTAKER <u>H. R. Shatt</u> (Address) <u>Moscow</u>					
20. FILED <u>11/10</u> , 1931, _____ Registrar. <u>Stanley</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 20, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 26th</u> , 193 <u>1</u> , to <u>Oct 20</u> , 193 <u>1</u>					
I last saw him alive on <u>Oct 19</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>11:55</u> P. M.					
The principal cause of death and related causes of importance were as follows: _____					
<u>Carcinoma of the liver</u>					
Other contributory causes of importance: _____					
<u>Metastasis- carcinoma of the breast.</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u>					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Chas. F. Gutman</u> , M. D.					
(Address) <u>Moscow, Idaho.</u>					

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RECEIVED NOV 18 1931

PLACE OF DEATH

County of LatahCity of MoscowSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE

76951

State File No.

Local Registrar's No. 57(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Neils Peterson

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAgnes Peterson6. DATE OF BIRTH (month, day, and year) Mar. 19, 1849

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.826178. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Plumber9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.for
Contracting/himself10. Date deceased last worked at
this occupation (month and
year) 192811. Total time (years)
spent in this
occupation 3012. BIRTHPLACE (city or town) Broby, Sweden
(State or country)

FATHER

13. NAME John Peterson

MOTHER

14. BIRTHPLACE (city or town) Sweden
(State or country)15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT

M. H. Peterson(Address) 655 Boulevard, Clarkston, Wn.

18. BURIAL, OR REMOVAL

Place

Moscow

Date

, 1931

19. UNDERTAKER

(Address)

20. FILED 11/10, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 6, 193122. I HEREBY CERTIFY, That I attended deceased from
July 20, 1931, 1931, to Oct 6, 1931I last saw him alive on Oct 6, 1931: death is said
to have occurred on the date stated above, at 5:25 mPm
The principal cause of death and related causes of importance
were as follows:

Date of onset

Carcinoma of the stomach

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1931Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Chas. L. Gritman, M. D.
Moscow, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 13 1931

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76952

State File No.

Registration District No. 61
Primary Registration District No. 1011

Local Registrar's No. 56

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Halpin

(a) Residence. No.

St.

(Usual place of abode)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? 82 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Francis Halpin
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 19, 1850

7. AGE Years 81 Months 5 Days 15 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1913 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Ireland
(State or country)

13. NAME James Halpin
14. BIRTHPLACE (city or town) Not known
(State or country)

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Mrs. Francis Halpin
(Address) Moscow, Idaho.

18. BURIAL, ~~CHURCH~~ Place Moscow Date Oct. 6, 1931

19. UNDERTAKER R. R. Shurt
(Address) Moscow, Idaho

20. FILED 11/10, 1931 Chambers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1931, to Oct. 4, 1931.
I last saw him alive on Oct. 4, 1931; death is said to have occurred on the date stated above, at 7:15 A.M.
The principal cause of death and related causes of importance were as follows:

Cardio-vascular Disease
& Coronary Thrombosis
Date of onset ?

Other contributory causes of importance:

Pulmonary Edema
Date of onset Oct 20, 1931

Name of operation No Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 1931.

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) W. Magee, M.D.
(Address) Moscow

RECEIVED NOV 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76953

State File No.

PLACE OF DEATH

County of Latah

CERTIFICATE OF DEATH

City of Hattaway Junction Registration District No. 95

Primary Registration District No. 2193

(No. Hattaway Junction)

Local Registrar's No. 749

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Viola Theresa Wagner

(a) Residence. No. Hattaway Junction St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) July 19 1906

7. AGE Years 25 Months 2 Days 13 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

Student Nurse

(c) Name of employer

9. BIRTHPLACE (city or town) South Dakota (State or country)

10. NAME OF FATHER

Nick Wagner

11. BIRTHPLACE OF FATHER (city or town) Iowa (State or Country)

12. MAIDEN NAME OF MOTHER Lucie Calton

13. BIRTHPLACE OF MOTHER (city or town) Iowa (State or Country)

14. Informant Pete Wagner (Address) Hattaway Junction

15. Filed 10/10/1931 J. M. Lyke Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 2, 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sp 28, 1931, to Oct 2, 1931 that I last saw her alive on Oct 2, 1931

and that death occurred, on the date stated above, at 8:30 P.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage Apoplexy
Coma

(duration) yrs. mos. ds. CONTRIBUTORY High Blood Pressure 210 Syst. (Secondary)

(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) Chas. W. Boring, M. D.

10/6, 1931 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Genesee Idaho

Oct 5 /31

20. Undertaker

Address

Vassar Mortuary Inc

Lewiston

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 76954 State File No.	
County of <u>Lemhi</u>		Registration District No. <u>41</u>		Local Registrar's No. <u>44</u>	
City of <u>Salmon</u>		Primary Registration District No. <u>2116</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Adah Elenor Wells</u>					
(a) Residence. No. <u>Salmon Idaho</u> St. <u>Salmon Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>female</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Judah Wells</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE Years <u>62</u>		Months <u>10</u>		Days <u>29</u>	
				If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Magnolia</u> (State or country) <u>Iowa</u>					
13. NAME <u>Doc. Lish</u>					
14. BIRTHPLACE (city or town) (State or country)					
15. MAIDEN NAME <u>Emily Allen</u>					
16. BIRTHPLACE (city or town) (State or country)					
17. INFORMANT <u>Mrs Wm Shanafelt</u> (Address) <u>Salmon Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>May</u> Date <u>Oct 30, 1931</u>					
19. UNDERTAKER <u>Doebler</u> (Address) <u>Salmon</u>					
20. FILED <u>7-5-7</u> , 1931 <u>Chas C. Bellamy</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 29</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 17</u> , 1931, to <u>Oct. 29</u> , 1931					
I last saw him live on <u>Oct 26</u> , 1931; death is said to have occurred on the date stated above, at <u>2</u> A. M.					
The principal cause of death and related causes of importance were as follows: <u>arteriosclerosis of stomach and liver</u>					
Date of onset <u>one year ago</u>					
Other contributory causes of importance:					
Name of operation <u>Laparotomy</u> Date of <u>Oct. 31</u>					
What test confirmed diagnosis? <u>exploration</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify <u>arteriosclerosis</u>					
(Signed) <u>Chas C. Bellamy</u> M. D.					
(Address) <u>Salmon, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<u>Lemhi</u>	CERTIFICATE OF DEATH		Registration District No.		Primary Registration District No.		State File No. <u>76955</u>	
City of	<u>Salmon</u>	(No. _____)		Local Registrar's No. <u>57</u>					
(If death occurred in a hospital or institution, give its name instead of street and number.)									
2. FULL NAME <u>Louisa Turner</u>									
(a) Residence. No. <u>Salmon Idaho</u> St. _____									
(Usual place of abode) (If nonresident give city or town and state)									
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.									
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Miles Turner</u>									
6. DATE OF BIRTH (month, day, and year) <u>May 26th / 1860</u>									
7. AGE Years <u>71</u>		Months <u>5</u>		Days <u>1</u>		If LESS than 1 day, hrs. or min.			
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>							
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country)		<u>New York</u>							
FATHER		13. NAME <u>Charles Myers</u>							
		14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>							
MOTHER		15. MAIDEN NAME <u>not known</u>							
		16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>							
17. INFORMANT (Address)		<u>Miles Turner</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salmon Ida.</u> Date <u>10/28</u> , 1931.		<u>Burial</u>							
19. UNDERTAKER (Address)		<u>Wm C Doebler Salmon Idaho</u>							
20. FILED <u>Nov 7</u> , 1931, <u>Chas E. Bellamy</u> Registrar.									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) <u>Oct 27</u> , 1931									
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 1</u> , 1931, to <u>Oct 27</u> , 1931.									
I last saw her alive on <u>Oct 27</u> , 1931; death is said to have occurred on the date stated above, at <u>10 P.</u> m.									
The principal cause of death and related causes of importance were as follows: <u>Diabetes</u>									
Date of onset									
Other contributory causes of importance: <u>Insulin not given</u>									
Name of operation _____ Date of _____									
What test confirmed diagnosis? _____ Was there an autopsy? _____									
23. If death was due to external causes (violence) fill in also the following:									
Accident, suicide, or homicide? _____ Date of injury _____, 1931.									
Where did injury occur? _____ (Specify city, or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place. _____									
Manner of injury _____									
Nature of injury _____									
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>									
If so, specify _____									
(Signed) <u>J. H. Smith</u> , M. D.									
(Address) <u>Salmon</u>									

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1931

PLACE OF DEATH.

County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76956

State File No.

Registration District No. 41Primary Registration District No. 2116Local Registrar's No. 89

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joe Orbea(a) Residence. No. Boise Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 2-mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6. DATE OF BIRTH (month, day, and year) Feb. 2-1891

7. AGE Years 40 Months 8 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep Herder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lamydia
(State or country) Spain

13. NAME Meliton Orbea

14. BIRTHPLACE (city or town) Lamydia
(State or country) Spain

15. MAIDEN NAME Tomasa Bolonburu

16. BIRTHPLACE (city or town) Lamydia
(State or country) Spain

17. INFORMANT Candido Barria
(Address) Hagerman Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Boise Idaho Date Oct 24 1931

19. UNDERTAKER Richard McLean
(Address) Boise Idaho

20. FILED Nov-7, 1931 Chas E. Bellomy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 21st 1931

22. I HEREBY CERTIFY, That I attended deceased from
....., 193....., to , 193.....

I last saw him alive on , 193.....; death is said

to have occurred on the date stated above, at 3-4 m.
The principal cause of death and related causes of importance

were as follows:
Probably Cerebral Protein

Found dead in sheep

camp with no evidence

of foul play.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify

(Signed) Am E. Daebler Coroner

(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76957	
County of <u>Shoshone</u>		City of <u>Salmon</u>		Registration District No. <u>41</u>	
		Primary Registration District No. <u>2116</u>		Local Registrar's No. <u>749</u>	
(No. (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Joe Derrville</u>					
(a) Residence. No. <u>Johnson's Rooming House</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>1</u> yrs. <u>7</u> mos. <u>5</u> ds. How long in U. S., if of foreign birth? <u>40</u> yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 1864</u>					
7. AGE <u>62</u> Years	Months <u>1</u>	Days	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mining</u>			
10. Date deceased last worked at this occupation (month and year) <u>March 1930</u>		11. Total time (years) spent in this occupation <u>40</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Quebec, Canada</u>					
13. NAME					
14. BIRTHPLACE (city or town) (State or country)					
15. MAIDEN NAME					
16. BIRTHPLACE (city or town) (State or country)					
17. INFORMANT (Address) <u>M. L. Mrs. Salmon, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salmon</u> Date <u>Oct 6</u> , 1931					
19. UNDERTAKER (Address) <u>Miss E. Doeble Salmon, Idaho</u>					
20. FILED <u>7-7</u> , 1931 <u>Chas. C. Bellamy</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 5</u> , 1931					
I HEREBY CERTIFY, That I attended deceased from <u>Mar. 6</u> , 1930, to <u>Oct. 5</u> , 1931.					
I last saw him alive on <u>Oct. 5</u> , 1931; death is said to have occurred on the date stated above, at <u>8:40 P. M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage Mar. 6, 1930</u> <u>Cerebral hemorrhage Sept. 29, 1930</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of <u>None</u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify (Signed) <u>C. C. Bellamy</u> M. D. (Address) <u>Salmon, Idaho</u>					

FORM V. S. No. 5-A—25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Latah
City of CarmenRegistration District No. 41Primary Registration District No. 2116

(No. _____ St.)

File No. 76958

Registered No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Augusta Sarah Roske

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Widowed

(Write the word.)

6. DATE OF BIRTH

April 8 1846
(Month) (Day) (Year)

7. AGE

86 Yrs. 5 Mos. 23 ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer)House keeper

9. BIRTHPLACE

(State or Country)

Steuben County N. Y.

10. NAME OF FATHER

Jerania Gering

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Willard L. Roske
Carmen Ida

(Address)

15.

Filed Nov 7 1931Chas E Bell
Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 3rd 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 3 1931, to Oct 3 1931
that I last saw her alive on Oct 3 1931
and that death occurred on the date stated above, at 1030 P
The CAUSE OF DEATH* was as follows:Old age

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ Yrs. _____ mos. _____ ds.

(Signed)

10/20 1931

(Address)

F. B. Wright
Solomon

M. D.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Solomon Cemetery

DATE OF BURIAL

10/5 1931

20. UNDERTAKER

Wm C. Jacob

ADDRESS

Solomon Ida

FORM V. S. No. 5-A-25 M. 1-19

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Lemhi*
City of *Salmon*Registration District No. *41*
Primary Registration District No. *2116*
(No. St.)File No. *76959*
Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Alfred J. Guegar

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Married*
(write the word.)

6. DATE OF BIRTH

April 7th 1856
(Month) (Day) (Year)

7. AGE

75 Yrs. *6* Mos. ds.IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).*Janitor caret house*

9. BIRTHPLACE

(State or Country)

Coramha Cal

10. NAME OF FATHER

Doctor Guegar

11. BIRTHPLACE OF FATHER

(State or Country)

don't know

12. MAIDEN NAME OF MOTHER

Blackburn

13. BIRTHPLACE OF MOTHER

(State or Country)

Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Mrs Alfred J. Guegar

15.

Filed *Oct 31* 19*31**Cliff C. Bellomy*
Local Registrar

SYMES-YORK CO., PRINTERS & BINDERS, BOISE 61087

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 2nd 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1931, to Oct 2, 1931
that I last saw him alive on *Sept 30, 1931*
and that death occurred on the date stated above, at *11:15 AM*.

The CAUSE OF DEATH* was as follows:

*Tubercular Heart trouble*Contributory
(Secondary)*Don't know* Yrs. mos. ds.

(Signed)

Dr. M. D.

19.....

(Address)

Salmon

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Salmon Cemetery**Oct 4th 1931*

20. UNDERTAKER

ADDRESS

*Mr C. Decker**Salmon*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Lemhi</u>		CERTIFICATE OF DEATH		76960	
City of <u>Salmon</u>		Registration District No. <u>41</u>		State File No. _____	
		Primary Registration District No. <u>2116</u>		Local Registrar's No. _____	
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Jack Horner</u>					
(a) Residence No. <u>Salmon Idaho</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than: 1 day, _____ hrs. or _____ min.	
<u>about 70</u>					
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>County Farm</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
		10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
		12. BIRTHPLACE (city or town) (State or country) <u>American</u>			
MOTHER FATHER		13. NAME <u>not known</u>			
		14. BIRTHPLACE (city or town) (State or country) <u>not known</u>			
		15. MAIDEN NAME <u>not known</u>			
		16. BIRTHPLACE (city or town) (State or country) <u>not known</u>			
17. INFORMANT (Address) <u>Wm D. Decker</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salmon Id</u> Date <u>10/3/</u> , 193 <u>1</u> .					
19. UNDERTAKER (Address) <u>Wm C. Decker</u>					
20. FILED <u>Nov 7</u> , 193 <u>1</u> <u>Clis C. Bellamy</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 1st</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 28</u> , 193 <u>1</u> , to <u>Oct 1st</u> , 193 <u>1</u> .					
I last saw him alive on <u>Sept 28</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>5 A.</u> m.					
The principal cause of death and related causes of importance were as follows: _____					
Date of onset _____					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> .					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>P. D. Wright</u> , M. D. Salmon					
(Address) _____					

31

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jeremi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE

State File No. 76961

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sterling Price

(a) Residence. No. Salmon Ida. St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

7. AGE Years about 70 Months _____ Days _____ If LESS than 1 day, _____ hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) American

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) W. C. Daebbs
Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date Oct 4, 1931

19. UNDERTAKER (Address) W. C. Daebbs
Salmon Ida

20. FILED Nov 7, 1931 Chas F. Tanner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 30th 1931.

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1931, to Sept 30, 1931.

I last saw him alive on Sept 29, 1931; death is said to have occurred on the date stated above, at 4-A m. The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Sept 29

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Chas F. Tanner, M. D.

(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76962

State File No.

County of LemhiCity of SalmonRegistration District No. 41Primary Registration District No. 2116Local Registrar's No. 119(No. Salmon General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hannah Jane Horn Hammond(a) Residence. No. May Idaho St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yes yrs. mos. ds. How long in U. S., if of foreign birth? yes yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Hammond6. DATE OF BIRTH (month, day, and year) June 20th 18577. AGE Years 74 Months 3 Days 6 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Schuyler Co. Mo. (State or country)13. NAME John Horn14. BIRTHPLACE (city or town) Frankfort Kentucky (State or country)15. MAIDEN NAME Sarah Ann Bush16. BIRTHPLACE (city or town) Red River Kentucky (State or country)17. INFORMANT Mrs. E. E. Horn (Address) May Idaho18. BURIAL, CREMATION, OR REMOVAL Place May Ida Date Sept 26 193119. UNDERTAKER W. C. Hammond (Address) Salmon Ida20. FILED Nov 7, 1931 Chas. F. Hammer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 25 193122. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1931, to Sept 25, 1931.I last saw him alive on Sept 20, 1931; death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

scarlet fever Sept. 9Other contributory causes of importance: general debilityName of operation none Date of —What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1931.Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? noIf so, specify —(Signed) Chas. F. Hammer, M. D.(Address) Salmon

RECEIVED NOV 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76963

PLACE OF DEATH

County of LemhiCity of Salmon

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Main St., Salmon, Idaho. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Widowed.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJames B. Slatore

6. DATE OF BIRTH (month, day and year)

January 24, 1841

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.90724

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHouse keeper.(b) General nature of industry,
business, or establishment in
which employed (or employer)Keeping the home

(c) Name of employer

No employer.

9. BIRTHPLACE (city or town).

(State or country)

Washington County,
Missouri.

10. NAME OF FATHER

William Hughes.

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Tennessee.

12. MAIDEN NAME OF MOTHER

Martha Benson

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Illinois

14.

Informant
(Address)Mrs. John Kadletz
Salmon, Idaho.

15.

Filed

Nov 7, 1931Chas. E. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept
(Month)17
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 15, 1931, to Sept 17, 1931that I last saw him alive on Sept 16, 1931and that death occurred, on the date stated above, at 3:20 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Fracture neck of femur

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

Broken Thigh.

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Broken thigh

(Signed)

AS Wright

M.D.

Oct 10, 1931

(Address)

Salmon, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Salmon CemeterySept 19, 1931

20. Undertaker

Address

Wm C. TackeSalmonIda

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MAKING RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1931

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 76964

Registration District No. 4
Primary Registration District No. 2-116

Local Registrar's No. 90

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Washington Snyder

(a) Residence. No. Salmon, Idaho, St. _____
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Lizzie J. Snyder
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 17 - 1853

7. AGE Years 75 Months 11 Days 28 If LESS than 1 day, hrs. 0 min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brown Co., Ohio
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Lizzie Snyder
(Address) Salmon, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon, Ida. Date Sept. 17, 1931

19. UNDERTAKER Mr. C. B. Brierley
(Address) Salmon

20. FILED Nov 7, 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 15 193122. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1931, to Sept 15, 1931.

I last saw him alive on Sept 15, 1931; death is said to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

Calcular heart trouble

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify P. O. Wright, M. D.
(Signed) Salmon

(Address) _____

RECEIVED NOV 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76965

State File No.

PLACE OF DEATH

County of Lemhi

City of Baker

CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 2116

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Esther Sophia Cooper

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

29 yrs.

5 mos.

2 ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write word) Divorced
------------------	---------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Jan. 12, 1958

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or

73

7

22

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Housework

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Jefferson Co. Wis.

10. NAME OF FATHER

Johnson

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Norway

12. MAIDEN NAME OF MOTHER

Olson

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Norway

14. Informant
(Address)Mrs Ray England
Baker Idaho

15.

Filed Nov 7, 1931

Cliff C. Belamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

September 3rd 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 1920, to Sept 2 1931
that I last saw him alive on Sept 2 1931

and that death occurred, on the date stated above, at 3:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:

Acute regurgitation

Several years -
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)Excessive exercise
ulcer of leg - 4 years
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chem

(Signed) Chas F Hammer, M. D.

Advs, 1931 (Address) Salmon

19. Place of Burial, Cremation, or Removal

Date of Burial

Salmon County

Sept 4 1931

20. Undertaker

Address

HMC Daehls

Salmon

Jan

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76966 State File No. _____	
County of <u>Blaine</u>	City of <u>Craigmont</u>	Registration District No. <u>62</u>	Primary Registration District No. <u>2127</u>	Local Registrar's No. <u>75</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Anna Mary Paige</u>					
(a) Residence. No. <u>P.O.</u> St. _____					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>James A. Paige</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Oct 24/1893</u>					
7. AGE <u>38</u> Years	Months —	Days <u>3</u>	If LESS than 1 day, hrs. or min.		
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Salt Lake Utah</u>					
MOTHER		13. NAME <u>Henry Poland Burton</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
15. MAIDEN NAME <u>Anderland</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Wisconsin</u>					
17. INFORMANT <u>James A. Paige</u> (Address) <u>Craigmont, Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Craigmont</u> Date <u>Oct 30 1931</u>					
19. UNDERTAKER <u>Craigmont Adm. Co.</u> (Address) <u>Craigmont, Ida</u>					
20. FILED <u>1/2</u> , 1931 <u>R. C. Jones</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 27 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 25</u> , 1931, to <u>Oct 25</u> , 1931.					
I last saw her alive on <u>Oct 26</u> , 1931; death is said to have occurred on the date stated above, at <u>3:00</u> A.M.					
The principal cause of death and related causes of importance were as follows: <u>Found Diabetic Oct 25-1930</u>					
Other contributory causes of importance: <u>Diabetic Coma 10/26/31</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Cop. per</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____ (Signed) <u>E. McLaughlin, M. D.</u>					
(Address) <u>Winchester, Ida.</u>					

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76967

State File No.

Local Registrar's No.

PLACE OF DEATH

County of Lewis
City of Winchester

Registration District No. 60
Primary Registration District No. 277
(No. _____)

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Bettie Joy Hosley

(a) Residence. No. _____ St.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OF RACE White 5 Single, Married, Widowed, or Divorced (write the word) Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day and year)

7 AGE Years Months Days 1 If LESS than day, 6 hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Winchester Ida
(State or country)

10 NAME OF FATHER Ralph Hosley

11 BIRTHPLACE OF FATHER (city or town) Forest Ida
(State or country)

12 MAIDEN NAME OF MOTHER Ruth Parsons

13 BIRTHPLACE OF MOTHER (city or town) Forest Wash
(State or country)

14 Informant Ralph Hosley
(Address) Winchester Ida

15 Filed 10/2 1931 P. E. Dineen
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 29 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I did not see _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at 94 m.

The CAUSE OF DEATH was as follows:
Weak Infant

(duration) yrs. mos. ds.
CONTRIBUTORY Inability to live
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. M. Long M. D. 1931 (Address) Winchester

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Forest Ida Date of Burial 19____

20. Undertaker W. Hosley Address Winchester

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 17 1931

PLACE OF DEATH

County of Lincoln
City of Richfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No.
76968

Local Registrar's No. 22

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas J McMahon

(a) Residence. No. Richfield St.
(Usual place of abode)

Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celinda McMahon

6. DATE OF BIRTH (month, day, and year) Mar 2 1854

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
77 8 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

13. NAME John McMahon

14. BIRTHPLACE (city or town) (State or country) Canada Ireland

15. MAIDEN NAME Mary Ann Truman

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) A. J. McMahon Shoshone

18. BURIAL, CREMATION, OR REMOVAL Place Richfield, Ida. Date Nov 4, 1931

19. UNDERTAKER (Address) W. J. Shoshone Ida.

20. FILED Nov 3 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 3 1931

22. I HEREBY CERTIFY, That I attended deceased from August, 1931, to Nov. 1, 1931.

I last saw him alive on Oct. 25, 1931; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis Date of onset

Other contributory causes of importance: Myocardial Degeneration

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. F. Zeller, M. D.

(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 17 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Lincoln</u>	City of <u>Shoshone</u>	Registration District No.		State File No. <u>76969</u>	
		Primary Registration District No.		Local Registrar's No. <u>28</u>	
(If death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>Roberta Doris Erwin</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>5</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct 18 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
			<u>16</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Shoshone</u> (State or country) <u>Ida</u>					
FATHER	13. NAME <u>Robt Erwin</u>				
	14. BIRTHPLACE (city or town) <u>Alt</u> (State or country) <u>Colo</u>				
MOTHER	15. MAIDEN NAME <u>Hannah Dodge</u>				
	16. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) <u>Ida</u>				
17. INFORMANT <u>Robt Erwin</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Shoshone</u> (Date) <u>11-5</u> , 1931					
19. UNDERTAKER <u>W. E. D. Farrell</u> (Address) <u>Shoshone</u>					
20. FILED 1931 Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 18</u> , 1931, to <u>Nov 4</u> , 1931. I last saw him alive on <u>Nov 4</u> , 1931; death is said to have occurred on the date stated above, at <u>3 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Pneumonia</u> Date of onset <u>Nov 3</u>					
Other contributory causes of importance: <u>Schuss & anastomosis</u>					
Name of operation Date of What test confirmed diagnosis? <u>Schuss</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>W. E. D. Farrell</u> , M. D. (Address) <u>Shoshone</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED OCT 29 1931 DO NOT WRITE IN THIS SPACE 76970	
County of <u>Madison</u>		City of <u>Rexburg</u>		Registration District No. <u>99</u>	
		Primary Registration District No. <u>2177</u>		Local Registrar's No. <u>396</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Francis Marie Wewel</u>					
(a) Residence. No. <u>St. Anthony</u> <u>Idaho</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 27, 1931</u>					
7. AGE		Years		Months	
		Days		If LESS than 1 day, hrs. or min.	
		<u>5</u>			
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Rexburg</u> (State or country) _____					
MOTHER FATHER					
13. NAME <u>Henry J. Wewel</u>					
14. BIRTHPLACE (city or town) <u>Neb.</u> (State or country) _____					
15. MAIDEN NAME <u>Marie Jilz</u>					
16. BIRTHPLACE (city or town) <u>Neb.</u> (State or country) _____					
17. INFORMANT <u>Henry J. Wewel</u> (Address) <u>St. Anthony, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Anthony</u> Date <u>10/3</u> , 1931					
19. UNDERTAKER <u>Russell Flamm</u> (Address) <u>Rexburg</u>					
20. FILED <u>Oct 26</u> , 1931 <u>Wm. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 2</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 27</u> , 1931, to <u>Sept 6</u> , 1931.					
I last saw him alive on <u>Sept 12</u> , 1931; death is said to have occurred on the date stated above, at <u>11</u> a.m.					
The principal cause of death and related causes of importance were as follows: <u>Premature (I was)</u> <u>unable to take</u> <u>nursing.</u>					
Date of onset _____					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>H. B. Rigby</u> , M. D.					
(Address) <u>Rexburg</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 5 1931

PLACE OF DEATH

County of MadisonCity of Independence

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE

State File No. 76971Local Registrar's No. 56

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Friedrich Flamm

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 23, 1846

7. AGE Years Months Days If LESS than
84 11 2 1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil War Veteran

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME John Daniel Flamm

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Rosine Krieg

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Matilda Flamm
(Address) Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg Date Oct. 27, 1931

19. UNDERTAKER Russell Flamm
(Address) Rexburg Idaho

20. FILED 10/23, 1931 W. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-25 1931I HEREBY CERTIFY, That I attended deceased from July, 1931, to Oct, 1931.

I last saw him alive on Oct 1, 1931; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cardio vascular
renal disease

Date of onset

1928

Other contributory causes of importance:

Seriously

Name of operation none Date of autopsyWhat test confirmed diagnosis symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Rosine Krieg, M. D.(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 5 1931

PLACE OF DEATH

County of Madison.

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 100

Primary Registration District No. 2178

(No. Rexburg General Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 76972

Local Registrar's No. 599

2. FULL NAME Dortha Jane Foster.

Lorenzo, Idaho.

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Infant.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 29 1931.

7. AGE Years Months Days If LESS than 1 day,
0 6 24 _____ hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lorenzo, Idaho.
(State or country)

10. NAME OF FATHER Charles Leonard Foster.

11. BIRTHPLACE OF FATHER (city or town) Idaho Falls, Idaho.
(State or Country)

12. MAIDEN NAME OF MOTHER Martha Jane Billman.

13. BIRTHPLACE OF MOTHER (city or town) Coltman, Idaho.
(State or Country)

14. Informant Charles Leonard Foster
(Address) Lorenzo, Idaho.

15. Filed 10/23, 1931 J. R. Young Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 23, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1931, to Oct 23, 1931, that I last saw her alive on Oct 23, 1931, and that death occurred, on the date stated above, at 7:00 P m.

The CAUSE OF DEATH* was as follows:

(1) Spina Bifida
(2) Hydropneumothorax
(3) Meningocele

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Rupture of Spleen
+ with fatal outcome
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Oct 23
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J. R. Young, M. D.
Oct 23, 1931 (Address) Rexburg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls, Ida. Date of Burial 10-26 1931

20. Undertaker W. E. Schuchert Address Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 5 1931
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76973

County of MadisonCity of ArcherRegistration District No. 100Primary Registration District No. 2178Local Registrar's No. 54(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME James M. Muir(a) Residence. No. Archer Idaho St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Sept. 27, 18567. AGE Years 75 Months _____ Days 28 If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None10. Date deceased last worked at this occupation (month and year) Life time 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Fort Bridger
(State or country) Wyoming13. NAME George Muir14. BIRTHPLACE (city or town) Scotland
(State or country)15. MAIDEN NAME Marquiste Salmon16. BIRTHPLACE (city or town) Scotland
(State or country)17. INFORMANT G. J. Muir
(Address) Thornton & Son18. BURIAL, CREMATION, OR REMOVAL
Place Archer Date Oct. 23 193119. UNDERTAKER Wm. J. Miller
(Address) Reynolds Idaho20. FILED 10/22, 1931 Reynolds Idaho
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 20 1931

22. I HEREBY CERTIFY, That I attended deceased from _____

Dec, 1931, to Oct 17, 1931I last saw him alive on Oct 17, 1931; death is saidto have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

was found dead in bed from natural causes.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Parley Nelson M. D.(Address) Reynolds Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 5 1931

PLACE OF DEATH
County of Madison
City of Sugar

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76974

State File No.

Registration District No. 100Primary Registration District No. 2178Local Registrar's No. 53

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ada Maria Stout

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Stout

6. DATE OF BIRTH (month, day, and year) Mar, 6th 1896

7. AGE Years 35 Months 7 Days 14 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Engt Lake City Utah
(State or country)

13. NAME George Bean

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Emelie Berry

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT William Stout
(Address) Rexburg, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg, Idaho Date Oct, 23, 1931

19. UNDERTAKER Thos J. Kelly
(Address) Rexburg, Idaho

20. FILED 10/22, 1931 J. Pyron
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct, 20 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931, to Oct 10, 1931.

I last saw him alive on Oct 20, 1931; death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows: Confusion, Subarachnoid

(1) Brain tumor (2) Pituitary body (3) Blind

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) W. J. Kelly, M. D.(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Madison
 Precinct Lyman
 or
 Village _____
 or
 City _____ No. _____ St. _____ Ward _____

2 FULL NAME

(a) Residence No. _____

(USUAL PLACE OF ABODE)

St. _____

(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (Write the word)

male white

5a If Married, Widowed, or Divorced
HUSBAND OF
(OR) WIFE OF

6 DATE OF BIRTH

Aug 10 - 1931

(Month)

(Day)

1

(Year)

7 AGE

yrs.

2

mos.

35

ds.

If LESS than

1 day, _____ hrs.

or _____ min.?

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of Employer

9 BIRTHPLACE (City or town)

(State or Country)

Lyman
Madison10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(State or Country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or Country)

14

Informant

Address

15

Filed

Registered Number

No. of Burial or Removal Permit

21

22

RECEIVED NOV 1 1931

State Board of Health File No. _____

STATE OF ~~Idaho~~

DEATH CERTIFICATE

Idaho:
 Registration Dist. 100
 Primary Reg. 2178

76975

[If death occurred in a
 hospital or institution give
 its NAME instead of street
 and number.]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct

13

1931

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Sept 18, 1931, to Oct 13, 1931

that I last saw him alive on Oct 10, 1931

and that death occurred, on the date stated above, at 39 m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

Contributory

(Secondary)

Lobar Pneumonia

(Duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Place of death

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? symptoms

(Signed)

R. J. Rich, M. D.

10/15, 1931 (Address) Tuxedo, Idaho

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state
 (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR
 HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Alvin Keller

10/17

1931

20 UNDERTAKER

ADDRESS

Buried at Archer

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

Lyman

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 5 1931
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
 County of Madison
 City of Perthburg
 Registration District No. 100
 Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE

76976

State File No.

Local Registrar's No. 51

(If death occurred in a hospital or institution, give its name instead of street and number.)
 2. FULL NAME James Wallace Hansen
 (a) Residence No. Newdale St.
 (Usual place of abode)
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora Elizabeth Hansen
 6. DATE OF BIRTH (month, day, and year) Aug 20 - 1889
 7. AGE Years 42 Months 1 Days 18 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Oct 2 1931 11. Total time (years) spent in this occupation Life Time
 12. BIRTHPLACE (city or town) North Platte (State or country) Nebraska
 13. NAME Ephraim Hansen
 14. BIRTHPLACE (city or town) Brigham (State or country) Utah
 15. MAIDEN NAME Mary G. Simmons
 16. BIRTHPLACE (city or town) Ogden (State or country) Utah
 17. INFORMANT Mrs. J. W. Hansen (Address) Newdale, Idaho
 18. BURIAL, CREMATION, OR REMOVAL Place Sugar City Date Oct 10 1931
 19. UNDERTAKER John O. Miller (Address) Perthburg, Ida.
 20. FILED 107 1931 Wyoming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 8th 1931
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1931, to Oct. 8, 1931.
 I last saw him alive on Oct. 8, 1931; death is said to have occurred on the date stated above, at 2 A.M.
 The principal cause of death and related causes of importance were as follows:
General peritonitis
Following operation
for ruptured appendix
 Date of onset
 Other contributory causes of importance:
 Name of operation Appendectomy Date of 10-3-31
 What test confirmed diagnosis? Was there an autopsy? no
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury 1931
 Where did injury occur?
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) W. B. Sutherland M. D.
 (Address) Perthburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Rexburg,
Madison

City of

RECEIVED NOV 5 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 100

Primary Registration District No. 278

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Mc Garry

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Esibell McGarry

6. DATE OF BIRTH (month, day, and year) Oct, 26th 1858

7. AGE Years Months Days If LESS than
73 11 8 1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer And
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rancher

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
Canada,

12. BIRTHPLACE (city or town) (State or country) Canada,

13. NAME Peter McGarry
14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Doyle

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Bell Hargraves
(Address) Rexburg, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg, Idaho Date Oct, 6th 1931

19. UNDERTAKER Vern J Keller
(Address) Rexburg, Idaho

20. FILED 105, 1931

Registrar.

DO NOT WRITE IN THIS SPACE

76977

State File No.

Local Registrar's No. 50

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct, 4th 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1931, to Oct 4, 1931.

I last saw him alive on Oct 3, 1931; death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

Hydronephrosis
of the kidney
about
May, 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Hargraves, M. D.

(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		CERTIFICATE OF DEATH		State File No. 76978	
County of <u>Miner</u>	City of <u>Rupert</u>	Registration District No. <u>19</u>	Primary Registration District No. <u>2013</u>	Local Registrar's No. <u>56</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Cecil Don Little</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>May 24 1917</u>					
7. AGE	Years <u>14</u>	Months <u>5</u>	Days <u>8</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
OCCUPATION		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
OCCUPATION		10. Date deceased last worked at this occupation (month and year)			
OCCUPATION		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
13. NAME <u>Charles E Little</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Georgia</u>					
15. MAIDEN NAME <u>Pamela Bullock</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					
17. INFORMANT (Address) <u>Chas E Little</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Rupert</u> Place _____ Date <u>Oct 15</u> , 1931					
19. UNDERTAKER <u>W. A. Burdman</u> (Address) <u>Rupert Idaho</u>					
20. FILED <u>Nov 4</u> , 1931 <u>Edt Blum</u> Registrar.					
21. DATE OF DEATH (month, day, and year) <u>Oct 12</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 7</u> , 1931, to <u>Oct 12</u> , 1931.					
I last saw him alive on <u>Oct 12</u> , 1931; death is said to have occurred on the date stated above, at <u>3 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Perforated appendix</u>					
Other contributory causes of importance:					
<u>Peritonitis</u>					
<u>edema of lungs</u>					
<u>Septicemia</u>					
Name of operation <u>appendectomy</u> Date of <u>9th</u>					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>Jaynes & Kersey</u> , M. D.					
(Address) <u>Rupert</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76979	
PLACE OF DEATH County of <u>Mundika</u> City of <u>Rupert</u>		CERTIFICATE OF DEATH Registration District No. <u>19</u> Primary Registration District No. <u>2015</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME <u>Getheart Bailey</u>		Local Registrar's No. <u>59</u>	
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		21. DATE OF DEATH (month, day, and year) _____, 193	
6. DATE OF BIRTH (month, day, and year)		22. I HEREBY CERTIFY, That I attended deceased from _____ <u>Aug 1st</u> , 1931, to <u>Oct 21</u> , 1931. I last saw him alive on <u>Oct 21</u> , 1931; death is said to have occurred on the date stated above, at <u>7:40</u> p. m. The principal cause of death and related causes of importance were as follows: <u>Valvular Disease</u> <u>mitral insufficiency - about 1929</u>	
7. AGE Years <u>75</u> Months <u>1</u> Days <u>10</u> If LESS than 1 day, _____ hrs. or min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	Date of onset _____	
OCCUPATION	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Other contributory causes of importance: <u>Arterio-sclerosis - about 10 yrs duration</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) <u>McGuinnboro</u> (State or country) <u>Illinois</u>		Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
MOTHER FATHER	13. NAME <u>Claymance Bailey</u>	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____	
	14. BIRTHPLACE (city or town) <u>Illinois</u> (State or country)		
	15. MAIDEN NAME <u>Lydia Upton</u>		
	16. BIRTHPLACE (city or town) <u>Illinois</u> (State or country)		
17. INFORMANT <u>Wilhelmine Bailey</u> (Address)		24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Ed Elmore</u> , M. D. (Address) <u>Rupert, Idaho</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rupert, Ida.</u> Date _____, 193			
19. UNDERTAKER <u>Rupert, Idaho</u> (Address)			
20. FILED <u>Nov 4</u> , 1931 <u>Ed Elmore</u> Registrar.			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
County of Minidoka
City of Rupert Registration District No. 19
Primary Registration District No. 2015

DO NOT WRITE IN THIS SPACE

76980

State File No. _____

Local Registrar's No. 58

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant O. W. Hardy

(a) Residence. No. _____

(Usual place of abode)

St. Barley Ida.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced Child5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Nov 1 19317. AGE Years Months Days If LESS than
0 0 0 1 day, hrs.
or 20 min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)13. NAME O. W. Hardy14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Blanche T. Thompson16. BIRTHPLACE (city or town)
(State or country) Salida City, N. Mex.17. INFORMANT
(Address)18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date Nov 2, 193119. UNDERTAKER W. G. Dorman
(Address) Rupert20. FILED Nov 4, 1931 Ed Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 31, 193122. HEREBY CERTIFY, That I attended deceased from Oct 31, 1931, to Oct 31, 1931.I last saw her alive on Oct 31, 1931; death is said
to have occurred on the date stated above, at 4:30 P. M.
The principal cause of death and related causes of importance
were as follows:Prematurity
Partial asphyxia

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. M. T. Thompson, M. D.(Address) Rupert, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N

6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 5 1931

STATE OF IDAHO

PLACE OF DEATH

 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of mandokaCity of RupertRegistration District No. 19Primary Registration District No. 2015State File No. 76982Local Registrar's No. 53
 (No. _____)
 (If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Baby Rheafer Lloyd

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, / 2 hrs. or min. 1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME Wm. St. Rheafer14. BIRTHPLACE (city or town) (State or country) Butte Mont15. MAIDEN NAME Rachel F. Fugman16. BIRTHPLACE (city or town) (State or country) Providence Utah

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place _____ Date _____, 1931

19. UNDERTAKER W. A. Gentryman
(Address) Rupert, Idaho20. FILED 10-5, 1931 W. A. Gentryman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-27, 193122. I HEREBY CERTIFY, That I attended deceased from 9-26, 1931, to 9-27, 1931.I last saw him alive on 9-27, 1931; death is saidto have occurred on the date stated above, at 1245 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Atalactic Lethargy
Plunge to July property
with air

Other contributory causes of importance:

Premature birth

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Deland Progin, M. D.(Address) Rupert, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 5 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76983**

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015

Local Registrar's No. 52

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Nov 14 1856

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio13. NAME Daniel Woolford14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Elizabeth Eckert16. BIRTHPLACE (city or town) (State or country) Ohio17. INFORMANT (Address) Ross Woolford
Rupert Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place Acworth Date _____, 193119. UNDERTAKER (Address) W. A. Erdman
Rupert Idaho20. FILED 10-5, 1931Registrar. E. W. Erdman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 3 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.

I last saw h. alive on _____, 1931; death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

We saw patient only after death
whole we think was due to
Chronic valvular heart
disease

Date of onset

Other contributory causes of importance:

Arterio-sclerosisName of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) E. W. Erdman, M. D.(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of *Minidoka*
City of *Reupert*
Registration District No. *19*
Primary Registration District No. *2010*

DO NOT WRITE IN THIS SPACE

State File No. *76984*Local Registrar's No. *50*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Delbert B. Lindsey*(a) Residence. No. *1859* St. *1859*

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or divorced (write the word) *Widower*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Nov 15 1859*

6. DATE OF BIRTH (month, day, and year)

7. AGE Years *71* Months *14* Days *4* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Michigan*
(State or country)

13. NAME *Edwin Lindsey*

14. BIRTHPLACE (city or town) *New York*
(State or country)

15. MAIDEN NAME *Clayton*

16. BIRTHPLACE (city or town) *Ohio*
(State or country)

17. INFORMANT *Mollie Creasy*
(Address) *Reupert Idaho*

18. BURIAL, CREMATION, OR REMOVAL
Place *W. H. Goodman* Date *1931*

19. UNDERTAKER *Reupert Idaho*
(Address)

20. FILED *11-2*, 1931 *W. H. Goodman*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *Oct 19 1931*

22. I HEREBY CERTIFY, That I attended deceased from *10-19*, 1931, to *10-19*, 1931.

I last saw him alive on *10-19*, 1931; death is said to have occurred on the date stated above, at *10-19* m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Other contributory causes of importance:

auricular fibrillation

Name of operation *none* Date of *none*What test confirmed diagnosis? *none* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *none* Date of injury *none*, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *none*Nature of injury *none*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *no*(Signed) *W. H. Goodman*, M. D.(Address) *Reupert*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 76985 State File No. _____	
County of <u>Jefferson</u>		Registration District No. <u>76</u>		Local Registrar's No. _____	
City of <u>Lewiston</u>		Primary Registration District No. <u>1009</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Martha Caroline Paige</u>					
(a) Residence. No. <u>1222-16 Ave</u> St. _____					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Horace G. Paige</u>					
6. DATE OF BIRTH (month, day, and year) <u>Oct 7 1851</u>					
7. AGE <u>80</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Norway</u>					
13. NAME <u>Alie Boe</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Norway</u>					
15. MAIDEN NAME <u>Harriet Edlingson</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Norway</u>					
17. INFORMANT (Address) <u>M. H. Paige</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston</u> Date _____, 193					
19. UNDERTAKER (Address) <u>C. E. Clonk</u> <u>Craigmont Ida</u>					
20. FILED <u>10/3/31</u> , 193 <u>Wm. Lyle</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 29 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 23</u> , 1931, to <u>Oct 29</u> , 1931.					
I last saw him alive on <u>Oct 29</u> , 1931; death is said to have occurred on the date stated above, at <u>6:15 P.</u> The principal cause of death and related causes of importance were as follows:					
<u>Cerebral Hemorrhage</u>					
Other contributory causes of importance:					
<u>hypertensive Pneumonia</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____					
(Signed) <u>W. B. Clark</u> , M.D.					
(Address) <u>Lewiston, Idaho</u>					

RECEIVED NOV 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76986

State File No.

PLACE OF DEATH

County of NezPerce

CERTIFICATE OF DEATH

City of Lewiston

Registration District No.

Primary Registration District No. 1009

Local Registrar's No.

(No. 917 - 10th Ave)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nannie Margaret Metcalfe(a) Residence. No. 917 - 10th Ave St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 9 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed5a. If married, widowed, or divorced
HUSBAND of James A. Metcalfe
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov. 14 18577. AGE Years Months Days If LESS than 1 day,
73 11 13 0 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Laurel O
(State or country) Ohio.10. NAME OF FATHER William Norris11. BIRTHPLACE OF FATHER (city or town) Kentucky
(State or Country)12. MAIDEN NAME OF MOTHER Eliza Buchanan13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or Country)14. Informant Marshall Hyde
(Address) Lewiston Idaho15. Filed 10/29 1931 J. M. Lytle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct271931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 20 1931, to Oct 27 1931that I last saw him alive on Oct 26 1931and that death occurred, on the date stated above, at 3.40 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Valvular
Heart Disease(duration) 10 yrs. 0 mos. 0 ds.CONTRIBUTORY
(Secondary)Bronchial Asthma(duration) 10 yrs. 0 mos. 0 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) W. O. Clark M. D.Oct 28 1931 (Address) Lewiston Id

19. Place of Burial, Cremation, or Removal

Date of Burial

Seattle Washington11/1/31 19

20. Undertaker

Address

Vassar Mortuary Inc.Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76987	
County of <u>Nez Perce.</u>		City of <u>Lewiston.</u>		Registration District No. <u>96</u> Primary Registration District No. <u>1009</u>	
		(No. <u>St Joseph Hospital.</u>)		Local Registrar's No. <u>31</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>John M. Henderson.</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Jan. 11th, 1857.</u>					
7. AGE Years <u>74.</u>		Months <u>9.</u>		Days <u>13.</u> If LESS than 1 day, _____ hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Carpenter.</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Nova Scotia.</u>					
13. NAME <u>Francis Peabody Henderson.</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Nova Scotia.</u>					
15. MAIDEN NAME <u>Sarah McEachron.</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Nova Scotia.</u>					
17. INFORMATION (Address) <u>Mrs A. Somerville Tacoma, Washington.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston, Idaho.</u> Date <u>10/26/31.</u>					
19. UNDERTAKER <u>Brower-Wann Company.</u> (Address) <u>Lewiston, Idaho.</u>					
20. FILED <u>10/26</u> , 1931. <u>J. M. Ayle</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10/24/31.</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>October 8th</u> , 19 <u>31</u> , to <u>Oct 24th</u> , 19 <u>31</u> . I last saw him alive on <u>Oct 24th</u> , 19 <u>31</u> ; death is said to have occurred on the date stated above, at <u>6:30 P.M.</u> The principal cause of death and related causes of importance were as follows:					
<u>Acute Pulmonary Edema</u>					
Other contributory causes of importance: <u>Chronic Nephritis</u> <u>Parathyroid</u> <u>Prostatic Hypertrophy</u> <u>Capillary</u>					
Name of operation _____ Date of <u>Oct 9/31</u>					
What test confirmed diagnosis? <u>Laboratory</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>31</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>J. B. Carson</u> , M. D. (Address) <u>Lewiston, Idaho.</u>					

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RECEIVED NOV 12 1931

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH		State File No. 76988	
PLACE OF DEATH County of <u>Nez Perce.</u> City of <u>Lewiston.</u>		Registration District No. <u>96</u> Primary Registration District No. <u>1009</u>	
(No. <u>The White Hospital.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. _____	
2. FULL NAME <u>Lila Maxine Franklin.</u>			
(a) Residence. No. _____		St. <u>Spalding, Idaho.</u>	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced, (write the word) <u>Single.</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Feb. 10th, 1930;</u>			
7. AGE <u>1.</u>	Years <u>8.</u>	Months <u>17.</u>	Days <u>1</u> day, <u>hrs.</u> or <u>min.</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home.</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) <u>Lewiston,</u> (State or country) <u>Idaho.</u>			
13. NAME <u>Thomas H. Franklin.</u>			
14. BIRTHPLACE (city or town) <u>Illinois.</u> (State or country)			
15. MAIDEN NAME <u>Margaret Rooke.</u>			
16. BIRTHPLACE (city or town) <u>Joseph,</u> (State or country) <u>Idaho.</u>			
17. INFORMANT (Address) <u>Thos. W. Franklin,</u> <u>Spalding, Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston, Idaho.</u> Date <u>Oct. 25th, 1931</u>			
19. UNDERTAKER <u>Bröwer-Wann Company.</u> (Address) <u>Lewiston, Idaho.</u>			
20. FILED <u>11/12/1</u> , 1931 <u>J. M. Lytle</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Oct. 23rd, 1931.</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct-10</u> , 1931, to <u>Oct 23-4</u> , 1931.			
I last saw h. <u>alive</u> on <u>Oct 23</u> , 1931; death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows:			
<u>Intestinal Fils</u>			Date of onset <u>Oct 8-31</u>
Other contributory causes of importance: _____			
Name of operation <u>Cordial</u>		Date of _____	
What test confirmed diagnosis? <u>Symptoms</u>		Was there an autopsy? _____	
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? _____		Date of injury _____, 1931.	
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			
If so, specify <u>E. L. White</u>		(Signed) _____, M. D.	
(Address) <u>Lewiston, Idaho.</u>		_____	

RECEIVED NOV 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76989

State File No.

PLACE OF DEATH

County of Nez PerceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. Whites Hospital)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Larcus Whitman Barnett(a) Residence. No. 904 - 13th Ave. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 50 yrs.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widowed</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov. 8 1878

7. AGE	Years	Months	Days	LESS than 1 day, hrs. or min.
	<u>52</u>	<u>11</u>	<u>14</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Abstract Co.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sparta Oregon
(State or country)

10. NAME OF FATHER

Henry K. Barnett11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Belfast Ireland
Ireland12. MAIDEN NAME OF MOTHER Elizabeth Whitman13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Ireland14. Informant Robert S. Barnett
(Address) Spokane Washington.15. Filed 10/26 / 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

<u>Oct</u>	<u>22</u>	<u>1931</u>
(Month)	(Day)	(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 1 1931, to Oct 22 1931that I last saw him alive on Oct 22 1931and that death occurred, on the date stated above, at 7 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

chronic nephritis and
myocarditis.(duration) 1 yrs.CONTRIBUTORY
(Secondary)(duration) same yrs.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

E. K. White M.D.
10-23 1931 (Address) Lewiston 2da

19. Place of Burial, Cremation, or Removal

Normal Hill

Date of Burial

10/26/31

20. Undertaker

Vassar Mortuary Inc

Address

Lewiston

MARGIN RESERVED FOR BINDING

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PHYSICIAN

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1269
(No. St. Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Madge Blanche Graham Smith.
(a) Residence. No. St. Rice Creek, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John V. Smith.

6. DATE OF BIRTH (month, day, and year) Apr. 27th, 1880.

7. AGE Years 41. Months 5. Days 25. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Graham.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT (Address) John V. Smith
Rice Creek, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 10/24/31 493

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED 10/26, 1931 Wm. Lyle
Registrar.

DO NOT WRITE IN THIS SPACE

76990

State File No. _____

Local Registrar's No. _____

90

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/22/31. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931, to Oct 22, 1931.
I last saw her alive on Oct 22, 1931; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic Volvular Heart Disease
Other contributory causes of importance:
Chronic Hypertension
Intestines

Date of onset

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? +

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1931.
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. O. Clark, M. D.
(Address) Lewiston, Idaho.

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STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
PLACE OF DEATH		COUNTY OF <u>Boyle</u>		DO NOT WRITE IN THIS SPACE	
CITY OF <u>Lewiston</u>		REGISTRATION DISTRICT NO. <u>44</u>		76991	
Primary Registration District No. <u>1009</u>		Local Registrar's No. <u>749</u>		State File No. _____	
(No. <u>3001 E Main Street</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>George DesChamps</u>					
(a) Residence. No. <u>3001 E Main</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Nov. 11. 1879</u>					
7. AGE		Years		Months	
<u>53</u>		<u>11</u>		<u>8</u>	
If LESS than 1 day, _____ hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Jolvey</u> (State or country) <u>Wisconsin</u>					
13. NAME <u>Iry DesChamps</u>					
14. BIRTHPLACE (city or town) <u>Canada</u> (State or country) _____					
15. MAIDEN NAME <u>Not Obtainable</u>					
16. BIRTHPLACE (city or town) <u>Canada</u> (State or country) _____					
17. INFORMANT <u>Mrs. M. Saville</u> (Address) <u>Lewiston Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Norman Hill</u> Date <u>Oct. 24, 1931</u>					
19. UNDERTAKER <u>Vassar Mortuary Inc</u> (Address) <u>Lewiston Idaho</u>					
20. FILED <u>10/29/1931</u> <u>J. M. Lytle</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-19-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.					
I last saw him alive on _____, 193____: death is said to have occurred on the date stated above, at <u>9 PM</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Apoplexy</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Edw. Brown</u> M.D. (Address) <u>Lewiston Idaho</u>					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 76992	
County of <u>DePue</u>		Registration District No. <u>78</u>		Local Registrar's No. <u>21</u>	
City of <u>Lewiston</u>		Primary Registration District No. <u>1009</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Trinian Amanda Barnes</u>					
(a) Residence. No. <u>Caldese Idaho</u> <u>Lewiston Normal School Street</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Jan 23 1911</u>					
7. AGE Years <u>20</u>	Months <u>9</u>	Days <u>14</u>	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. <u>at School</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Caldese Idaho</u> (State or country)					
13. NAME <u>D R Barnes</u>					
14. BIRTHPLACE (city or town) <u>Marion Co Oregon</u> (State or country)					
15. MAIDEN NAME <u>Marquitta E Reynolds</u>					
16. BIRTHPLACE (city or town) <u>Jackson Co Oregon</u> (State or country)					
17. INFORMANT <u>D R Barnes</u> (Address) <u>Caldese</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston Idaho</u> Date <u>10/20</u> 193 <u>1</u>					
19. UNDERTAKER <u>H P Merchant</u> (Address) <u>Clarkston Wash</u>					
20. FILED <u>10/21</u> , 193 <u>1</u> <u>J M Lyle</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-17</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>10-17</u> , 193 <u>1</u> , to <u>10-17</u> , 193 <u>1</u> .					
I last saw her alive on <u>10/17</u> , 193 <u>1</u> , death is said to have occurred on the date stated above, at <u>11-45</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
Acute Pulmonary Edema <u>10-16/31</u>					
Other contributory causes of importance:					
Chr Myocarditis					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>Physician</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> .					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
<u>No</u> If so, specify _____					
(Signed) <u>J M Lyle</u> , M. D.					
(Address) <u>Lewiston Idaho</u>					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76993	
County of <u>Nez Perce.</u>		City of <u>Lewiston.</u>		State File No. _____	
Registration District No. <u>96</u>		Primary Registration District No. <u>1009</u>		Local Registrar's No. _____	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>William Gentry Abel.</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>	21. DATE OF DEATH (month, day, and year) <u>10/15/31.</u> 193		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			22. I HEREBY CERTIFY, That I attended deceased from <u>October 10,</u> 1931, to <u>October 15,</u> 1931 I last saw him alive on <u>Oct. 15th,</u> 1931; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u> Date of onset _____		
6. DATE OF BIRTH (month, day, and year) <u>04/8/1883</u>			Other contributory causes of importance: <u>Chr Intestinal Hepatitis</u>		
7. AGE Years <u>63-</u> Months _____ Days <u>8</u> If LESS than 1 day, _____ hrs. or min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Name of operation _____ Date of _____		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		What test confirmed diagnosis? <u>Koh test of Phosphor</u> Was there an autopsy? <u>no</u>			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931 Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____		
12. BIRTHPLACE (city or town) (State or country)			24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>O. C. Carson</u> , M.D. (Address) <u>Lewiston, Idaho.</u>		
13. NAME <u>Henry Abel.</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Illinois.</u>					
15. MAIDEN NAME <u>Melissa Hardgrove.</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Mo.</u>					
17. INFORMANT (Address) <u>Mrs. Lela Russell, Lewiston, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Dayton, Wash.</u> Date <u>10/19/31.</u> 1931					
19. UNDERTAKER (Address) <u>Brower-Wann Company, Lewiston, Idaho.</u>					
20. FILED <u>10/25/31</u> <u>J. M. Lytle</u> Registrar.					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 12 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Nez Perce.	CERTIFICATE OF DEATH		State File No. 76994	
City of	Lewiston.	Registration District No. 96		Local Registrar's No.	
		Primary Registration District No. 1009			
(No. (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME		John D. Bolton. John D. Smith 1889			
(a) Residence. No.		St.			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs. mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
Male.	White.	Single.			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Sept. 18th, 1892.					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
49.	0.	26.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) Ky.					
13. NAME W. J. Bolton.					
14. BIRTHPLACE (city or town) Ky.					
15. MAIDEN NAME Elizabeth Maupin.					
16. BIRTHPLACE (city or town) Ky.					
17. INFORMANT (Address) Eaton, Washington.					
18. BURIAL, CREMATION, OR REMOVAL Place. Lewiston, Idaho. Date 10/20/31. 1931					
19. UNDERTAKER Brower-Wann Company. (Address) Lewiston, Idaho.					
20. FILED 10/24, 1931 J. M. Lye Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 10/14/31. 1931					
22. I HEREBY CERTIFY, That I attended deceased from					
, 1931, to , 1931					
I last saw h. alive on , 1931; death is said to have occurred on the date stated above, at 5:50 a. m.					
The principal cause of death and related causes of importance were as follows:					
Skull Crushed					
Accident P. Ry. run over by train					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? Date of injury 10/14, 1931					
Where did injury occur? Lewiston, Idaho (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. Private Ry. Bridge					
Manner of injury Fell under train					
Nature of injury Skull Crushed					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) Cecil Brown Crowe, M. D.					
(Address) Lewiston, Idaho.					

RECEIVED NOV 1 2 1931

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Nez Perce.	CERTIFICATE OF DEATH		State File No. 76995	
City of	Lewiston.	Registration District No.	92	Local Registrar's No.	
		Primary Registration District No.	2193		
		(No. Somerville Home.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Mortimore Jenks.					
(a) Residence. No. St. (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Male.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word) Widower.			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Feb. 14th, 1850.					
7. AGE 81.	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) Wis.					
13. NAME Henry Jenks.					
14. BIRTHPLACE (city or town) (State or country) Not known.					
15. MAIDEN NAME Not known.					
16. BIRTHPLACE (city or town) (State or country) Not known.					
17. INFORMANT Mrs. Mary Jenks. (Address) Lewiston, Idaho.					
18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 10/15/31. 1931					
19. UNDERTAKER Brower-Wann Company. (Address) Lewiston, Idaho.					
20. FILED 10/24, 1931 J. M. Lyle Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 10/14/31. 1931					
22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1931, to Oct. 14, 1931.					
I last saw him alive on Oct. 13, 1931. death is said to have occurred on the date stated above, at 3 a.m.					
The principal cause of death and related causes of importance were as follows:					
Desolates					
Date of onset Oct. 1-31					
Other contributory causes of importance:					
General debility					
Name of operation None Date of					
What test confirmed diagnosis? Signs as there an autopsy?					
23. If death was due to external causes (violence) All in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
No If so, specify					
(Signed) J. M. Lyle, M. D.					
(Address) Lewiston, Idaho.					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH		76996	
PLACE OF DEATH County of <u>Nez Perce.</u> City of <u>Winchester.</u>		State File No. _____	
Registration District No. <u>96</u> Primary Registration District No. <u>1009</u>		Local Registrar's No. _____	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Frederick William Reichow.</u>			
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>May 15th, 1851.</u>			
7. AGE <u>80.</u>	Years <u>4.</u>	Months <u>26.</u>	Days <u>1</u> day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) (State or country) <u>Germany.</u>			
13. NAME <u>Reichow.</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Not known.</u>			
15. MAIDEN NAME <u>Not known.</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Not known.</u>			
17. INFORMANT (Address) <u>W. B. Reichow Winchester, Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place. <u>Lewiston, Idaho.</u> Date <u>10/14/31</u>			
19. UNDERTAKER <u>Brower-Wann Company, Lewiston, Idaho.</u>			
20. FILED <u>11/12/1931</u> <u>J. M. Lyle</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>10/11/31</u> 193 <u>1</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>10/7</u> , 193 <u>1</u> , to <u>10/11/31</u> , 193 <u>1</u> . I last saw him alive on <u>10/11/31</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u> <u>Arterio-sclerosis</u> Other contributory causes of importance: _____			
Name of operation _____ Date of _____			
What test confirmed diagnosis? <u>Physician</u> as there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>O. B. Carson</u> , M. D. (Address) <u>Lewiston, Idaho.</u>			

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STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76997

State File No.

PLACE OF DEATH

County of MEZ PerceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. St Joseph Hospital)Local Registrar's No. 151

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Myers(a) Residence. No. Culdesac Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofNancey Myers

6. DATE OF BIRTH (month, day and year)

Oct. 20 1888

7. AGE

Years

Months

Days

If LESS than 1 day,

421115hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

Common Laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

SommervilleOregon

10. NAME OF FATHER

Richard Myers

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Mo12. MAIDEN NAME OF MOTHER Settie Hamilton

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Mo.

14.

Informant
(Address)Mrs Nancey MyersCuldesac Idaho.

15.

Filed

10/1719 31J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct.719 31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct. 4, 19 31, to Oct 7, 19 31that I last saw him alive on Oct 6, 19 31and that death occurred, on the date stated above, at 7.30 A.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Gangrenous appendixCONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

Heart Peritonitis

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of Oct 4-31Was there an autopsy? noWhat test confirmed diagnosis? Operation

(Signed)

10-17, 19 31 (Address) Lewiston

19. Place of Burial, Cremation, or Removal

Date of Burial

Slickpoo Idaho10/9/31 19

20. Undertaker

Address

Vassar Mortuary Inc.Lewiston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nez Perce.</u>		CERTIFICATE OF DEATH Registration District No. <u>46</u> Primary Registration District No. <u>1009</u>		State File No. <u>76998</u>	
City of <u>Lewiston.</u>				Local Registrar's No. <u>100A</u>	
(No. <u>411 11th, Street.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Edward Amazon Wynkoop.</u>					
(a) Residence. No. <u>411 11th, Street.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widower.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>July 1st, 1869.</u>					
7. AGE <u>61.</u>	Years	Months <u>3.</u>	Days <u>16.</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Accountant.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Pittsburg, Pa.</u>					
MOTHER FATHER	13. NAME <u>William S. Wynkoop.</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Not known.</u>				
	15. MAIDEN NAME <u>Mary J. Barr,</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Pa.</u>					
17. INFORMANT (Address) <u>W. S. Wynkoop, Lewiston, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston, Idaho.</u> Date <u>10/9/31.</u> 193					
19. UNDERTAKER <u>Brower-Wann Company,</u> (Address) <u>Lewiston, Idaho.</u>					
20. FILED <u>10/10</u> , 193 <u>1</u> <u>J. M. Lyle</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10/7/31.</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193, to _____, 193.					
I last saw him alive on <u>10/7</u> , 193. Death is said to have occurred on the date stated above, at <u>3 P. m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Brown Pneumonia</u> Date of onset _____					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Ed. Taylor</u> , M. D.					
(Address) <u>Lewiston, Idaho.</u>					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nez Perce.</u>		CERTIFICATE OF DEATH		State File No. <u>76999</u>	
City of <u>Lewiston.</u>		Registration District No. <u>96</u>		Local Registrar's No. <u>117</u>	
		Primary Registration District No. <u>1209</u>			
		(No. <u>St Joseph hospital.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Minnie Rosemond Shaw.</u>					
(a) Residence. No. <u>1902 G. Street.</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 25th, 1905.</u>					
7. AGE <u>26.</u>	Years	Months <u>3.</u>	Days <u>10.</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Spalding,</u> (State or country) <u>Idaho.</u>					
13. NAME <u>Otis Taylor.</u>					
14. BIRTHPLACE (city or town) <u>Riparia,</u> (State or country) <u>Washington.</u>					
15. MAIDEN NAME <u>Flora Walker,</u>					
16. BIRTHPLACE (city or town) <u>Kansas.</u> (State or country)					
17. INFORMANT <u>Paul Shaw</u> (Address) <u>Lewiston, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston, Idaho.</u> Date <u>Sept. 7th, 1931.</u>					
19. UNDERTAKER <u>Brower-Wann Company,</u> (Address) <u>Lewiston, Idaho.</u>					
20. FILED <u>10/10/31</u> <u>J. M. Ryke</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 5th, 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 2</u> , 1931, to <u>Sept 5</u> , 1931. I last saw him alive on <u>Sept 5</u> , 1931; death is said to have occurred on the date stated above, at <u>10 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>apendicitis</u>					
Date of onset					
Other contributory causes of importance: <u>Usual</u>					
Name of operation <u>apendectomy</u> Date of <u>9/2/31</u>					
What test confirmed diagnosis? <u></u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 1931. Where did injury occur? <u></u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u></u> Manner of injury <u></u> Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u></u> (Signed) <u>W. Q. Clark</u> , M. D. (Address) <u>Lewiston, Idaho</u>					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77000 State File No.	
County of <u>Nez Perce.</u>		Registration District No. <u>95</u>		Local Registrar's No. _____	
City of <u>Lewiston.</u>		Primary Registration District No. <u>2193</u>			
(No. <u>Lewiston Orchards.</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Elizabeth Smith.</u>					
(a) Residence. No. _____		St. _____			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Harry Smith.</u>					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 12th, 1891.</u>					
7. AGE <u>39.</u>	Years <u>11.</u>	Months <u>22.</u>	Days <u>1 day,</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Goldendale, Washington.</u>					
13. NAME <u>John Fry.</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Ohio.</u>					
15. MAIDEN NAME <u>Mary Whitman.</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Wisconsin.</u>					
17. INFORMANT (Address) <u>Harry Smith, Lewiston, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston, Idaho.</u> Date <u>Oct. 6th, 1931.</u>					
19. UNDERTAKER (Address) <u>Brower-Wann Company, Lewiston, Idaho.</u>					
20. FILED <u>11/19/31</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 4th, 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 2</u> , 1931, to <u>Oct 7</u> , 1931.					
I last saw him alive on <u>Oct. 2</u> , 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Carcinoma of uterus</u>					
Other contributory causes of importance:					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>J. M. Kyle</u> , M. D.					
(Address) <u>Lewiston, Idaho.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 77002 State File No. _____	
County of <u>Shoshone</u>		Registration District No. <u>70</u>		Local Registrar's No. <u>93</u>	
City of <u>Burke</u>		Primary Registration District No. <u>1011</u>			
(No. <u>Residence</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Claud Jones</u>					
(a) Residence. No. <u>Burke Idaho</u>		St. <u>Burke Idaho</u>		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Georgia Jones</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>March 12-1885</u>					
7. AGE <u>46</u> Years	<u>7</u> Months	<u>19</u> Days	If LESS than 1 day, _____ hrs. or min.		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lead Mining</u>					
10. Date deceased last worked at this occupation (month and year) <u>Oct 31-91</u>					
11. Total time (years) spent in this occupation <u>15 yrs.</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Ore.</u>					
MOTHER FATHER					
13. NAME <u>Not known</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Mo.</u>					
15. MAIDEN NAME <u>Not known</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Mo.</u>					
17. INFORMANT <u>Mrs Georgia Jones</u> (Address) <u>Burke Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Burke Ore</u> Date <u>Nov 3</u> , 1931					
19. UNDERTAKER <u>J. A. Bowen (Ward, Used Co)</u> (Address) <u>Wallace, Idaho</u>					
20. FILED <u>Nov 3</u> , 1931 <u>J. L. Drigley</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 31</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him live on <u>Oct 31</u> , 1931, death is said to have occurred on the date stated above, at <u>2 P</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Heart failure</u> <u>suppurative</u> <u>hypertension</u> <u>fall off chair dead</u>					
Other contributory causes of importance: <u>Emphysema</u> <u>Chronic</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Mrs W. B. Crook</u> (Address) <u>Wallace, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 12 1931		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		77003	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		State File No.	
County of <u>Shoshone</u>		Registration District No. <u>20</u>		Local Registrar's No. <u>92</u>	
City of <u>Wallace</u>		Primary Registration District No. <u>10.11</u>			
(No. <u>Wallace Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>William Andrew Nyland</u>					
(a) Residence. No. <u>Wallace, Idaho</u>		St. <u>Idaho</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. <u>3</u> yrs. mos.		ds. How long in U. S., if of foreign birth? <u>3</u> yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
1. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>2-4-1893</u>					
7. AGE Years <u>38</u>		Months <u>8</u>		Days <u>27</u>	
				If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as <u>Printed Water Works</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Chubbie Utilities Co.</u>					
10. Date deceased last worked at this occupation (month and year) <u>Oct 21</u>					
11. Total time (years) spent in this occupation <u>5yr.</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Bingham Utah</u>					
FATHER					
13. NAME <u>Hans Nyland</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Finland</u>					
MOTHER					
15. MAIDEN NAME <u>Mary Nordstrom</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Finland</u>					
17. INFORMANT (Address) <u>Ernest Nyland, Waller, Ida.</u>					
18. BURIAL, CREMATION, OR REINTERMENT Place <u>Waller, Ida.</u> Date <u>Nov 2, 1931</u>					
19. UNDERTAKER (Address) <u>J. A. Bower (Waller, Ida.)</u>					
20. FILED <u>Nov 2, 1931</u> <u>L. K. Zeigler</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 31, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 29</u> , 1931, to <u>Oct 31</u> , 1931					
I last saw him alive on <u>Oct 31</u> , 1931; death is said to have occurred on the date stated above, at <u>4:45 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Lobar Pneumonia</u>					Date of onset <u>10-29-31</u>
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>X-Ray</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>W. A. Zeigler</u> M. D.					
(Address) <u>Wallace, Idaho</u>					

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>	City of <u>Wallace</u>	Registration District No. <u>20</u>		State File No. <u>77004</u>	
		Primary Registration District No. <u>1011</u>		Local Registrar's No. <u>91</u>	
		(No. <u>Co Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Edward Anderson</u>					
(a) Residence. No. <u>Wallace, Idaho</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>3</u> yrs. mos. ds. How long in U. S., if of foreign birth <u>38</u> yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year)					
7. AGE <u>59</u> Years	Months	Days	If LESS than 1 day, _____ hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lead Mining</u>				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>				
	13. NAME <u>Not known</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Not known</u>				
	15. MAIDEN NAME <u>Not known</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Not known</u>					
17. INFORMANT (Address) <u>Co Hospital Records Wallace Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wallace Ida</u> Date <u>Oct 30 1931</u>					
19. UNDERTAKER (Address) <u>J. A. Bower (Nard and Co.) Wallace Idaho</u>					
20. FILED <u>Oct 30, 1931</u> <u>L. H. Daigley</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 26 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931					
I last saw him alive on <u>Oct 25</u> , 1931; death is said to have occurred on the date stated above, at <u>5 A.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Cerebral Hemorrhage</u>					Date of onset <u>10/22</u>
<u>1st " "</u>					<u>10/22</u>
Other contributory causes of importance:					
<u>Chr Nephritis</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>James R. Bean</u> , M. D.					
(Address) <u>Wallace</u>					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>	City of <u>Wallace</u>	Registration District No. <u>70</u>		State File No. <u>77005</u>	
		Primary Registration District No. <u>1011</u>		Local Registrar's No. <u>90</u>	
		(No. <u>Murray Idaho</u>)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Fred Viberg</u>					
(a) Residence. No. <u>Murray Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>divorced</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Mary Viberg</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 8 1892</u>					
7. AGE	Years <u>39</u>	Months <u>5</u>	Days <u>19</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lead mines</u>				
	10. Date deceased last worked at this occupation (month and year) <u>June 1930</u>				
		11. Total time (years) spent in this occupation <u>about 17 years</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>					
MOTHER FATHER	13. NAME <u>not given</u>				
	14. BIRTHPLACE (city or town) (State or country)				
	15. MAIDEN NAME <u>not given</u>				
	16. BIRTHPLACE (city or town) (State or country)				
17. INFORMANT <u>Mary Viberg Murray</u>					
(Address)					
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Murray Idaho</u> Date <u>Nov 1</u> , 1931					
19. UNDERTAKER <u>W. H. Marshall</u>					
(Address) <u>Wallace Idaho</u>					
20. FILED <u>Nov 1</u> , 1931 <u>I. L. Daigley</u>					
Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>about Oct 25 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 22 1931</u> , 1931					
I last saw him live on <u>Oct 22 1931</u> death is said to have occurred on the date stated above, at <u>7:45 a.m.</u>					
The principal cause of death and related causes of importance were as follows					
<u>found dead at top of mine home with gunshot wound to head shot dead night before</u>					
Other contributory causes of importance: <u>none</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Date of injury <u>Oct 25 1931</u>					
Where did injury occur <u>Murray Idaho</u>					
(Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so specify _____					
(Signed) <u>W. H. Marshall</u> M. D.					
(Address) <u>Wallace Idaho</u>					

ING INK—THIS IS A PERMANENT RECORD. Every item of information supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>	City of <u>Mullan</u>	Registration District No. <u>70</u>		State File No. <u>77006</u>	
		Primary Registration District No. <u>1011</u>		Local Registrar's No. <u>89</u> <u>78</u>	
(No. <u>Residence</u> (If death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>Sarah Nellie Bean</u>					
(a) Residence. No. <u>Mullan, Idaho</u> St. <u>Mullan, Idaho</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec 24 - 1915</u>					
7. AGE	Years <u>19</u>	Months <u>10</u>	Days <u>18</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
FATHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) (State or country) <u>Spokane Wash</u>				
MOTHER	13. NAME <u>Wm Bean</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Mo.</u>				
15. MAIDEN NAME <u>Anna Powers</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT (Address) <u>Wm Bean Mullan</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mullan Idaho</u> Date <u>Oct 14, 1931</u>					
19. UNDERTAKER (Address) <u>J. A. Bower (Ward & Co.) Mullan Idaho</u>					
20. FILED <u>Oct 14, 1931</u> <u>L. L. Dringley</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 12 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>about Nov 1918</u> , to <u>Oct 12, 1931</u>					
I last saw her alive on <u>Oct 11, 1931</u> ; death is said to have occurred on the date stated above, at <u>7:30 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Epileptic</u>					Date of onset
Other contributory causes of importance: <u>Influenza 1918 from which she never fully recovered.</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>F. W. Rolf</u> , M.D.					
(Address) <u>Mullan Idaho</u>					

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77007

State File No.

PLACE OF DEATH

County of Shoshone

City of Mallac

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 88

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maxine Dawn Stoberg

(a) Residence. No. Earl Ave. Mullan St.

(Usual place of abode)

Length of residence in city or town where death occurred. 0 yrs. 6 mos. — ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Earl R. Stoberg (or) WIFE of

6. DATE OF BIRTH (month, day and year) April 19

7. AGE Years 20 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Shoshonish, Wash. (State or country)

10. NAME OF FATHER Sidney Sheldon

11. BIRTHPLACE OF FATHER (city or town) not known (State or Country)

12. MAIDEN NAME OF MOTHER Letters

13. BIRTHPLACE OF MOTHER (city or town) not known (State or Country)

14. Informant Earl R. Stoberg (Address) Mullan St.

15. Filed Oct 8, 1931 E. L. Quigley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 19 (Month) Oct 5 (Day) 1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 19 to Oct 5, 1931, that I last saw her alive on Oct 5, 1931, and that death occurred, on the date stated above, at 4:15 P.M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death? Post Abortion

Did an operation precede death? Yes Date of Sept 20, 31

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic

Oct 6, 1931 (Address) Mullan St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mullan Idaho Date of Burial 10/8/31 19

20. Undertaker R. L. Norstead Address Mullan

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 12 1931

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77008

State File No.

County of ShoshoneCity of WallaceRegistration District No. 20Primary Registration District No. 1011Local Registrar's No. 87(No. Co Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Crista Finch(a) Residence. No. Murray IdaSt. Murray Idaho(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE 48 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 20 years12. BIRTHPLACE (city or town) (State or country) Mich13. NAME Not Known14. BIRTHPLACE (city or town) (State or country) Not Known15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) (State or country) Not Known17. INFORMANT (Address) Hospital Records18. BURIAL, CREMATION OR REMOVAL Place Wallace Date Oct 7, 193119. UNDERTAKER (Address) John A. Bower (Wallace, Idaho)20. FILED Oct 7, 1931 Registrar J. L. Quigley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 3 193122. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1931, to Oct 3, 1931I last saw him alive on Oct 2, 1931; death is saidto have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance

were as follows:

Chronic Int. Nephritis Date of onset Months

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James R. Brown, M.D.(Address) Wallace

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 77009

PLACE OF DEATH
County of Shoshone
City of County Infirmary
Registration District No. 70
Primary Registration District No. 1011
(No. _____)

Local Registrar's No. 86
700

2. FULL NAME Edward James Gibson
(a) Residence. No. Pine Creek St. _____
(If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) Sept 20 1890
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 41
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) Not employed
(c) Name of employer _____
9. BIRTHPLACE (city or town) (State or country) Auster City, Idaho

PARENTS
10. NAME OF FATHER Frank B. Gibson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Harriett Martin
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Michigan

14. Informant (Address) Mr. Gibson
15. Filed Oct 6 1931 Registrar Gene Creek, Shoshone

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 3rd 1931
(Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased from October 2 1931 to Oct 3rd 1931
that I last saw him alive on Oct 3 1931
and that death occurred, on the date stated above, at 10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Paralysis
Cerebral Hemorrhage 3
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) James R. Dean M. D.
10/6 1931 (Address) Wallace

19. Place of Burial, Cremation, or Removal Kellogg Sea Date of Burial 10/6/31
20. Undertaker Harold Thorne Address Kellogg Sea

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77010**

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 70

Primary Registration District No. 1011Local Registrar's No. 85(No. Wallace Hospital)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Laurence Warren Kemmich(a) Residence. No. Osborne 2d St. St. Osborne, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Kemmich

6. DATE OF BIRTH (month, day, and year) July 2-1900

7. AGE Years 31 Months 3 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining

10. Date deceased last worked at this occupation (month and year) 3 yrs. 11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Delta Colorado13. NAME Clarence Kemmich14. BIRTHPLACE (city or town) (State or country) Iowa15. MAIDEN NAME Laura Hawley16. BIRTHPLACE (city or town) (State or country) Denver Colorado17. INFORMANT (Address) Edna Kemmich Osborn Idaho18. BURIAL, CREMATION, OR REMOVAL Place Osborn Idaho Date Oct. 7, 193119. UNDERTAKER (Address) Wallace, Idaho20. FILED Oct 7, 1931 J. K. Quigley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 2 193122. I HEREBY CERTIFY, That I attended deceased from Oct 2nd, 1931, to Oct 2nd, 1931I last saw him alive on Oct 2nd, 1931; death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Fracture Base of Skull.
Fractures of 7th and 8th ribs.
left femoral neck
of 1st femur

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/2/1931Where did injury occur Sunshine Mine Osborn Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall in mine

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Smith, M.D.(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 12 1931

PLACE OF DEATH

County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77011Registration District No. 70Primary Registration District No. 1011Local Registrar's No. 84

(No. 70 Hospital.)
(If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME W. A. Mac(a) Residence. No. Wallace Idaho St. _____

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos.ds. How long in U. S., if of foreign birth 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 12 - 1863

7. AGE 68 Years Months Days 11
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining

10. Date deceased last worked at this occupation (month and year) 1924 11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Norway13. NAME Martin Mac14. BIRTHPLACE (city or town) (State or country) Norway15. MAIDEN NAME Walberg Sigeland16. BIRTHPLACE (city or town) (State or country) Norway17. INFORMANT (Address) W. A. Mac18. BURIAL, CREMATION, OR REMOVAL Place Wallace Idaho Date Oct 4, 193119. UNDERTAKER (Address) J. A. Buer (Ward and Co) Wallace Idaho20. FILED Oct 4, 1931 J. L. Quigley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1931, to Oct 2, 1931

I last saw him alive on Oct 1, 1931; death is saidto have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Int. Nephritis

Other contributory causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) James R. Bean, M.D.(Address) Wallace

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77012

PLACE OF DEATH

County of Nez Perce
City of Juldesac Idaho

CERTIFICATE OF DEATH

Registration District No. 36 128

Primary Registration District No.

(No. Cottonwood Creek District #36)Local Registrar's No. 101

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Lucie Cathrine Broncheau(a) Residence. No. Cottonwood Creek District #36 128 St.

(Usual place of abode.)

Length of residence in city or town where death occurred yrs. mo. ds. How long in U. S. if of foreign birth? yrs. mo. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Indian 3/4</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Jamille Broncheau6. DATE OF BIRTH (month, day and year) Dec 28 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>47</u>	<u>9</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work at Home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER Joe Albert11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Mary Davis13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Jamille Broncheau
(Address) Juldesac Idaho

15. Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

<u>10</u>	<u>19</u>	<u>31</u>
(Month)	(Day)	(Year)

17. I HEREBY CERTIFY, That I attended deceased from
June 4, 1931, to Oct 19, 1931
that I last saw her alive on Oct 17, 1931and that death occurred, on the date stated above, at 4:30 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pneumonia (Hypostatic)(duration) yrs. mos. 6 ds.
CONTRIBUTORY Progressive Muscular
(Secondary) Atrophy(duration) yrs. mos. 5 mos. 15 ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George Gagnard M. D.
Oct 19, 1931 (Address) Juldesac Idaho

19. Place of Burial, Cremation, or Removal

Slickpoo Mission Cem

Date of Burial

10/22/31 19

20. Undertaker

Vassar Mortuary Inc

Address

Lewiston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		State File No. 77013	
PLACE OF DEATH County of <u>Nev. Pecos</u> City of <u>Spalding Idaho</u>		CERTIFICATE OF DEATH Registration District No. <u>128</u> Primary Registration District No. _____		Local Registrar's No. _____	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>John Cook</u>					
(a) Residence. No. <u>Spalding Idaho</u> St. _____ (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>Indian 1/4</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>unknown</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>1853</u>					
7. AGE Years <u>78</u>		Months _____ Days _____		If LESS than 1 day, _____ hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>not known</u>					
13. NAME <u>not known</u>					
14. BIRTHPLACE (city or town) (State or country) <u>not known</u>					
15. MAIDEN NAME <u>not known</u>					
16. BIRTHPLACE (city or town) (State or country) <u>not known</u>					
17. INFORMANT (Address) <u>Carbett B. Sawyer Lapwai Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Spalding Idaho</u> Date <u>Oct. 30 1931</u>					
19. UNDERTAKER (Address)					
20. FILED <u>12/27/31</u> <u>George Gargimard</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 26 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 10 - 1931</u> , to <u>Oct 26 - 1931</u> .					
I last saw him alive on <u>Oct 26, 1931</u> ; death is said to have occurred on the date stated above, at <u>7 P. M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Pneumonia</u> Date of onset <u>12/23/31</u>					
Other contributory causes of importance: <u>Cerebral Hemorrhage</u> <u>10/10/31</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) <u>George Gargimard</u> M. D.					
(Address) <u>Lapwai Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <i>Nez Perce</i>		CERTIFICATE OF DEATH		State File No. <i>77014</i>	
City of <i>Lapwai Idaho</i>		Registration District No. <i>128</i>			
Primary Registration District No.		Local Registrar's No.			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <i>Carl Slickpoo</i>					
(a) Residence. No. <i>Lapwai Idaho</i> St. (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Male</i>	4. COLOR OR RACE <i>Indian 1/4</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE <i>1</i> Years	<i>—</i> Months	<i>10</i> Days	If LESS than 1 day, hrs. min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Infant</i>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <i>Lapwai Idaho</i>					
13. NAME <i>David Slickpoo</i>					
14. BIRTHPLACE (city or town) (State or country) <i>Shalding Idaho</i>					
15. MAIDEN NAME <i>Jeanette Peterson</i>					
16. BIRTHPLACE (city or town) (State or country) <i>Shalding Idaho</i>					
17. INFORMANT (Address) <i>Rev. L. J. Maxwell Lapwai Idaho</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>Shalding Idaho</i> Date <i>Oct 17, 1931</i>					
19. UNDERTAKER (Address) <i>Brainerd Mann Kennington Idaho</i>					
20. FILED <i>Oct</i> , 1931 <i>George Gaigned</i> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>Oct 16, 1931</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>Oct 6</i> , 1931, to <i>Oct 16</i> , 1931.					
I last saw him alive on <i>Oct 16</i> , 1931; death is said to have occurred on the date stated above, at <i>1:30 p.m.</i>					
The principal cause of death and related causes of importance were as follows: <i>Broncho-Pneumonia, Tuberculosis of the Meninges and Central Nervous System</i>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy? <i>NO</i>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <i>George Gaigned</i> , M. D. (Address) <i>Caldwell Idaho</i>					

1009

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nez Perce</u>		CERTIFICATE OF DEATH		State File No. <u>77015</u>	
City of <u>Lafwai Idaho</u>		Registration District No. <u>128</u>		Local Registrar's No. _____	
		Primary Registration District No. _____			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Howard Hayes</u>					
(a) Residence. No. <u>Lafwai Idaho</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Indian 7/4</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>June 14 - 1930</u>					
7. AGE <u>1</u> Years <u>4</u> Months <u>1</u> Days		If LESS than 1 day, _____ hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
MOTHER FATHER	11. Total time (years) spent in this occupation _____				
	12. BIRTHPLACE (city or town) (State or country) <u>Lafwai Idaho</u>				
	13. NAME <u>Sam Hayes</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Lafwai Idaho</u>				
MOTHER FATHER	15. MAIDEN NAME <u>Lulu Allen</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Lafwai Idaho</u>				
17. INFORMANT (Address) <u>Rev. Stary & Stary well Lafwai Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lafwai Idaho</u> Date <u>Oct 15, 1931</u>					
19. UNDERTAKER <u>Brower - Warr</u> (Address) <u>Idaho</u>					
20. FILED <u>Oct</u> , 1931, <u>George Lignard</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 15, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 15, 1931</u> , to <u>Oct 15, 1931</u> .					
I last saw him live on <u>Oct 15, 1931</u> ; death is said to have occurred on the date stated above, at <u>8:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Tuberculosis of Intestine and Peritoneum</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>George Lignard</u> , M. D.					
(Address) <u>Idaho</u>					

33

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nez Perce</u>		CERTIFICATE OF DEATH		State File No. <u>77016</u>	
City of <u>Sweetwater</u>		Registration District No. <u>128</u>		Local Registrar's No. <u>749</u>	
		Primary Registration District No. _____			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>John Stevens</u>					
(a) Residence. No. <u>Sweetwater, Idaho.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>14</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Martha Gragg</u>					
6. DATE OF BIRTH (month, day, and year) <u>9-29-1861</u>					
7. AGE <u>70</u> Years	Months	<u>7</u> Days	If LESS than 1 day, _____ hrs. or min.		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation <u>18</u>					
12. BIRTHPLACE (city or town) <u>Beeton</u> (State or country) <u>Canada</u>					
MOTHER FATHER					
13. NAME <u>Alfred O. Stevens</u>					
14. BIRTHPLACE (city or town) <u>England</u> (State or country)					
15. MAIDEN NAME <u>Mary McDermott</u>					
16. BIRTHPLACE (city or town) <u>Canada</u> (State or country)					
17. INFORMANT (Address) <u>Mrs. Walter Booth</u> <u>Nez Perce Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Phillips Cemetery</u> Date <u>10-8-</u> , 1931					
19. UNDERTAKER <u>Wasser Company</u> (Address) <u>Kimston Idaho</u>					
20. FILED <u>Oct</u> , 1931 <u>George Gagnard</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-6-</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>8-26-</u> , 1931, to <u>10-5-</u> , 1931.					
I last saw him alive on <u>10-5-</u> , 1931; death is said to have occurred on the date stated above, at <u>5:30 A. M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Cerebral Hemorrhage</u>					Date of onset <u>10-3-31</u>
Other contributory causes of importance:					
<u>Arteriosclerosis</u>					<u>1930</u>
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>Y</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>George Gagnard</u> , M. D.					
(Address) <u>Caldesee Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County of *Nez Perce*City of *Lapwai Idaho*Registration District No. *128*

Primary Registration District No. _____

DO NOT WRITE IN THIS SPACE

77017

State File No. _____

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME *Francis John McHarland*

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Indian

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *Feb. 8-31*

7. AGE — Years

7 Months*7* Days

If LESS than

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Lapwai Idaho

MOTHER FATHER

13. NAME

John McHarland

14. BIRTHPLACE (city or town) (State or country)

Idaho

15. MAIDEN NAME

Louise Matthews

16. BIRTHPLACE (city or town) (State or country)

Lapwai Idaho

17. INFORMANT (Address)

Hannah Lohs

18. BURIAL, CREMATION, OR REMOVAL

Place *Lapwai Idaho* Date *9-16-1931*

19. UNDERTAKER (Address)

*Traver - Mann*20. FILED *Sept*, 1931, *George Gaignard M.D.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *Sept 15- 1931*

22. I HEREBY CERTIFY, That I attended deceased from

Sept 9-, 1931, to *Sept 14-*, 1931.I last saw him live on *Sept 14*, 1931; death is saidto have occurred on the date stated above, at *1:35* m.

The principal cause of death and related causes of importance

were as follows:

Gastro-Enteritis

Date of onset

9-9-31

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George Gaignard*, M.D.(Address) *Lapwai Idaho*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 77019	
County of <u>Oreida</u>	City of <u>Malad</u>	Registration District No.	Primary Registration District No.	Local Registrar's No. <u>52</u>	
(No.) (If death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>Kenneth J. Fredrickson</u>					
(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Della A. Ashton</u>					
6. DATE OF BIRTH (month, day, and year) <u>Mar. 17-1899</u>					
7. AGE	Years <u>32</u>	Months <u>7</u>	Days <u>7</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Malad</u> (State or country) <u>Idaho</u>					
FATHER	13. NAME <u>Charles M. Fredrickson</u>				
	14. BIRTHPLACE (city or town) <u>Malad</u> (State or country) <u>Idaho</u>				
MOTHER	15. MAIDEN NAME <u>Clara E. Jones</u>				
	16. BIRTHPLACE (city or town) <u>Ellettsville</u> (State or country) <u>Ind.</u>				
17. INFORMANT (Address) <u>Chas. A. Fredrickson</u> <u>Malad Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Malad Idaho</u> Date <u>Oct. 28 1931</u>					
19. UNDERTAKER (Address) <u>J. E. Benson</u> <u>Malad Idaho</u>					
20. FILED <u>10/31, 1931</u> <u>J. M. Kerns</u> Registrar. <u>By Carmel Davis</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 24 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 1931, to, 1931.					
I last saw h. alive on, 1931; death is said to have occurred on the date stated above, at <u>9:30</u> a. m.					
The principal cause of death and related causes of importance were as follows:					
<u>Accidental</u> <u>bullet wound</u> <u>while hunting deer</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury <u>10/24/1931</u>					
Where did injury occur? <u>In mountains</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>Rifle shot chest</u>					
Nature of injury <u>chest</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify					
(Signed) <u>[Signature]</u> M. D. (Address) <u>Malad Idaho</u>					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>	City of <u>Malad</u>	Registration District No. <u>76</u>		State File No. <u>77020</u>	
		Primary Registration District No. <u>2069</u>		Local Registrar's No. <u>51</u>	
(No. _____) (If death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>Dawn Adele Monsen</u>					
(a) Residence. No. <u>Malad Rte 1</u> St. _____ (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (Write the word) <u>Child</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 14-31</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
		<u>1</u>	<u>8</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Malad</u> (State or country) <u>Idaho</u>					
FATHER	13. NAME <u>Max R. Monsen</u>				
	14. BIRTHPLACE (city or town) <u>St. John</u> (State or country) <u>Idaho</u>				
MOTHER	15. MAIDEN NAME <u>Kathleen A. Williams</u>				
	16. BIRTHPLACE (city or town) <u>Malad</u> (State or country) <u>Idaho</u>				
17. INFORMANT <u>Max R. Monsen</u> (Address) <u>Malad, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. John</u> Date <u>Oct. 24, 1931</u>					
19. UNDERTAKER <u>J. Guy Benson</u> (Address) <u>Malad, Idaho</u>					
20. FILED <u>10/31, 1931</u> <u>M. Kerns</u> Registrar. <u>By Clarence Adams</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 22, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 22</u> , 1931, to <u>Oct 22</u> , 1931.					
I last saw him alive on <u>Oct 22</u> , 1931; death is said to have occurred on the date stated above, at <u>8:00</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Contribution to</u>					
Date of onset _____					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Yes</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Wm. Kerns</u> , M. D.					
(Address) <u>Malad, Idaho</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. R.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED NOV 5 1931

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Owyhee
City of Summit MinesRegistration District No. 43Primary Registration District No. 2120State File No. 77021

Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

(No. _____ St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Robert J. Sullivan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCEDMale White Single
(Write the word)

6. DATE OF BIRTH

Unknown

(Month) (Day) (Year)

7. AGE

IF LESS than 1
day how many
hrs. or
min.?about 50 Yrs. Mos. ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Watchman at the
Summit Mines

9. BIRTHPLACE

(State or Country)

Unknown

10. NAME OF

Father

Unknown11. BIRTHPLACE
OF FATHER

(State or Country)

Unknown12. MAIDEN NAME
OF MOTHERUnknown13. BIRTHPLACE
OF MOTHER

(State or Country)

Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Earl Bachman(Address) Triangle Idaho.

15.

Filed

October 2nd, 1931 R. J. Leonard

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____ 19____ to _____ 19____,

that I last saw him alive on _____ 19____,

and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

came to his death by
shooting himself in the right
temple no injury held
(Duration) 1 yrs. mos. ds.Contributory
(Secondary)

(Signed)

John F. Dute M.D.
10/2/1931 (Address) Eden City Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the
of death _____ yrs. mos. days. State _____ yrs. mos. ds.Where was disease contracted
if not at place of death? _____Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Oreana Cemetery Oct 3rd 1931

20. UNDERTAKER

ADDRESS

John F. Dute Eden City Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 12 1931

PLACE OF DEATH

County of BoiseCity of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005(No. Homedale Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 77022Local Registrar's No. 131

2. FULL NAME

(a) Residence. No. Boise, Idaho St. Bristol Hotel-109 Grove

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. 26 ds. How long in U. S., if of foreign birth? yrs. 70 mos. 5 ds. 15

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Archibald Billingsley

6. DATE OF BIRTH (month, day, and year) May 18, 1854

7. AGE Years 77 Months 5 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sheffield (State or country) England

13. NAME William Throp

14. BIRTHPLACE (city or town) Sheffield (State or country) England

15. MAIDEN NAME Elizabeth Syrus

16. BIRTHPLACE (city or town) Sheffield (State or country) England

17. INFORMANT (Address) Mrs. Martha Higgs

18. BURIAL, CREMATION, OR REMOVAL Place Boise Idaho Date 11-5-31, 1931

19. UNDERTAKER (Address) Wm. M. Bratney Boise, Idaho

20. FILED 11-4-, 1931 John M. Mayes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1931, to Nov 2, 1931

I last saw him alive on Oct 30, 1931; death is saidto have occurred on the date stated above, at 11:30 p. m.

The principal cause of death and related causes of importance

was as follows:

Coronary ThrombosisDate of onset Nov 1, 1931

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? Symptoms Can autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. M. Bratney(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Power</u>		City of <u>American Falls, Idaho</u>		State File No. <u>77023</u>	
Registration District No. <u>29</u>		Primary Registration District No. <u>2072</u>		Local Registrar's No. <u>30</u>	
(No. <u>Bethony Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>George Stahl. Butler Sr.</u>					
(a) Residence. No. <u>American Falls, Idaho</u>		St. <u>1909</u>		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Violet Butler</u>					
6. DATE OF BIRTH (month, day, and year) <u>March 31st 1874</u>					
7. AGE	Years <u>59</u>	Months <u>6</u>	Days <u>18</u>	If LESS than 1 day,..... hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Kans</u>					
MOTHER FATHER	13. NAME <u>John L. Butler</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Ills</u>				
	15. MAIDEN NAME <u>Marry Swim</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Penn</u>				
17. INFORMANT <u>Violet B. Butler</u> (Address) <u>American Falls, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>I.O.O.F.</u> Date <u>10/21/33</u>					
19. UNDERTAKER <u>Andrew Davis</u> (Address) <u>American Falls, Ida</u>					
20. FILED <u>10/22</u> , 1931 <u>Ernest K. B.</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 19 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 12</u> , 1931, to <u>Oct 19</u> , 1931.					
I last saw <u>h</u> alive on <u>Oct 19</u> , 1931; death is said					
to have occurred on the date stated above, at <u>3:30 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Acute Broncho Pneumonia</u>					
Other contributory causes of importance: <u>influenza</u>					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 1931.					
Where did injury occur?..... (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify.....					
(Signed) <u>V. G. Logan</u> , M. D.					
(Address) <u>American Falls</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Power</u>		City of <u>American Falls</u>		State File No. <u>77024</u>	
Registration District No. <u>23</u>		Primary Registration District No. <u>2072</u>		Local Registrar's No. <u>29</u>	
(No. <u>Bethomy Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Martin Kelley</u>					
(a) Residence. No. <u>Am Falls, Ida.</u> St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>1869</u>					
7. AGE Years <u>62</u>	Months _____	Days _____	If LESS than 1 day, _____ hrs. or min.		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Janitor</u>					
10. Date deceased last worked at this occupation (month and year) _____			11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) (State or country) <u>Ireland.</u>					
MOTHER FATHER					
13. NAME <u>Not Known</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>					
15. MAIDEN NAME <u>not known.</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>					
17. INFORMANT <u>F. Dahlen and</u> (Address) <u>Am Falls, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>I.O.O.F.</u> Date <u>10/20/31</u>					
19. UNDERTAKER <u>Arvid Davis</u> (Address) <u>American Falls, Idaho</u>					
20. FILED <u>10/22</u> , 1931 <u>Garrett H. B.</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 18th 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____ <u>July 1</u> , 1929, to <u>Oct 18</u> , 1931. I last saw him alive on <u>Oct 18</u> , 1931; death is said to have occurred on the date stated above, at <u>2:00 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Cardiac Dilatation</u> Date of onset _____					
Other contributory causes of importance: <u>Bronchial Asthma</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>V. G. Logan</u> , M. D. (Address) <u>American Falls</u>					

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **77025**

PLACE OF DEATH
Power
County of _____
City of American Falls

Registration District No. 25
Primary Registration District No. 2072

Local Registrar's No. 28

(No. Bethony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harold Max Berg

(a) Residence. No. Near Springfield, Ida. St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /
6. DATE OF BIRTH (month, day and year) May 18th 1910
7. AGE Years 21 Months 4 Days 18 If LESS than 1 day, hrs. or min. _____
8. OCCUPATION OF DECEASED Farmer
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) Father
(c) Name of employer _____

9. BIRTHPLACE (city or town) Salt Lake City, Utah
(State or country)

PARENTS

10. NAME OF FATHER Hosea Berg
11. BIRTHPLACE OF FATHER (city or town) Norway
(State or Country)
12. MAIDEN NAME OF MOTHER Hedwig Schoar
Germany.
13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country)

14. Informant Hosea Berg
(Address) Springfield, Ida

15. Filed 11-16 1931 Gwenith North Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 12th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Oct 12, 1931
that I last saw him alive on Oct 12, 1931
and that death occurred, on the date stated above, at 8:15 p.m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Springfield Ida
if not at place of death?

Did an operation precede death? no Date _____

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) M. C. Marking, M. D.

Oct 13, 1931 (Address) Aberdeen Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Springfield, Ida Date of Burial 10/16/31

20. Undertaker Audavis American Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Power</u>		City of <u>American Falls</u>		State File No. <u>77026</u>	
Registration District No. <u>25</u>		Primary Registration District No. <u>2072</u>		Local Registrar's No. <u>27</u>	
(No. <u>Bethony Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Pearl Misenhimer</u>					
(a) Residence. No. <u>South of Am Falls</u> , St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>m</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		<u>Estella Misenhimer</u>			
6. DATE OF BIRTH (month, day, and year) <u>Oct 4th 1879</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.	
	<u>52</u>	<u>0</u>	<u>6</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Farmer</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Self</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>45 years</u>			
12. BIRTHPLACE (city or town) (State or country)		<u>Ills</u>			
13. NAME		<u>Giles M. Misenhimer</u>			
14. BIRTHPLACE (city or town) (State or country)		<u>Ills</u>			
15. MAIDEN NAME		<u>Not Known</u>			
16. BIRTHPLACE (city or town) (State or country)		<u>Ills</u>			
17. INFORMANT (Address)		<u>H. C. Misenhimer</u> <u>Am Falls, Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place		<u>I.O.O.F. Am Falls</u> , 1931			
19. (Address)		<u>American Falls, Idaho</u>			
20. FILED		<u>Oct 14</u> , 1931 <u>Genevieve Roth</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 10</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 1</u> , 1931, to <u>Oct 10</u> , 1931.					
I last saw him alive on <u>Oct 10</u> , 1931; death is said to have occurred on the date stated above, at <u>8:40 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Myocarditis</u>					
Date of onset <u>Oct 1st</u>					
Other contributory causes of importance: <u>Pneumonia</u> <u>about Sept 28/1931</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis <u>Physical</u> Is there an autopsy <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>L</u> Date of injury _____, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>L</u>					
Nature of injury <u>L</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>O. J. Delich</u> M.D.					
(Signed) <u>Amer. Falls, Idaho</u>					
(Address)					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Payette</u>		CERTIFICATE OF DEATH		State File No. <u>77027</u>	
City of <u>Payette</u>		Registration District No. <u>4</u>		Local Registrar's No. <u>33</u>	
		Primary Registration District No. <u>1008</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>William Black</u>					
(a) Residence. No. <u>436</u> <u>6th St</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Ira Black</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>April 2-1859</u>					
7. AGE	Years <u>72</u>	Months <u>5</u>	Days <u>12</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>merchant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>News Stand</u>				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
MOTHER	12. BIRTHPLACE (city or town) (State or country) <u>Port Hope, Ontario</u>				
	13. NAME <u>unknown</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>unknown</u>				
	15. MAIDEN NAME <u>unknown</u>				
FATHER	16. BIRTHPLACE (city or town) (State or country) <u>unknown</u>				
	17. INFORMANT (Address) <u>Dora Black</u> <u>Payette, Idaho</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Payette</u> Date <u>Sept 20 1931</u>				
	19. UNDERTAKER (Address) <u>Glenn E. Landry</u> <u>Payette, Idaho</u>				
20. FILED <u>Sept 26</u> 1931 <u>J. C. Woodward</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 18, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.					
I last saw him alive on <u>Sept 18</u> , 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>No physician in attendance</u>					
<u>Christian Scientist</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>J. R. Woodward</u> M. D.					
(Address) <u>Payette, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Payette</u>		CERTIFICATE OF DEATH		State File No. <u>77028</u>	
City of <u>Payette</u>		Registration District No. <u>4</u>		Primary Registration District No. <u>1008</u>	Local Registrar's No. <u>32</u>
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Frank Fred. Stanton</u>					
(a) Residence. No. <u>357</u> <u>River St.</u> St. <u></u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Martha Stanton</u>					
6. DATE OF BIRTH (month, day, and year) <u>Oct-29-1858</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>72</u>	<u>11</u>	<u>6</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Transfer &</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Storage Business</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Ind. Ind.</u>					
FATHER	13. NAME <u>Indie J. Stanton</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Ind.</u>				
MOTHER	15. MAIDEN NAME <u>Mary Gadsden</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Ind.</u>				
17. INFORMANT <u>M. Stanton</u> (Address) <u>Payette Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Payette, Ida.</u> Date <u>Sept 25, 1931</u>					
19. UNDERTAKER <u>Phyllis C. Gadsden</u> (Address) <u>Payette, Idaho</u>					
20. FILED <u>Sept 25, 1931</u> <u>J. C. Woodward</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 23, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 21, 1931</u> , 1931, to <u>Sept 23, 1931</u> , 1931.					
I last saw him live on <u>Sept 23</u> , 1931, death is said to have occurred on the date stated above, at <u>5:00</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Left Pneumonia</u> <u>Left lower lobe</u> <u>9/18/31</u>					
Other contributory causes of importance:					
Name of operation <u>No</u> Date of <u></u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
16. If so, specify (Signed) <u>J. C. Woodward</u> M. D. (Address) <u>Payette, Ida.</u>					

RECEIVED OCT 27 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. _____

77029

PLACE OF DEATH

County of Payette
City of Payette

CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 31

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John A. Little

(a) Residence, No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Minnie C. Little
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 23 1859

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
71 10 _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mechanicist

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country) N.Y.

10. NAME OF FATHER James Little

11. BIRTHPLACE OF FATHER (city or town) (State or Country) N.Y.

12. MAIDEN NAME OF MOTHER N.Y.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) N.Y.

14. Informant (Address) Geoff Little

15. Filed Sep 24 / 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept- 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9/22/31, 1931, to 9/22, 1931
that I last saw him alive on 9/22/31, 1931
and that death occurred, on the date stated above, at 11 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 4 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Edmund M. D.
9/23, 1931 (Address) Payette

19. Place of Burial, Cremation, or Removal Belleveue Date of 9-25 1931

20. Undertaker Edmund M. D. Address Payette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 1931

PLACE OF DEATH

County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 77030Local Registrar's No. 44

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Ellis Arnold

(a) Residence. No. _____ St. _____

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ellen Arnold

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
54 8 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place

19. UNDERTAKER (Address)

20. FILED Oct. 30, 1931 Mr. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from

Oct 12, 1931, to Oct 28, 1931.

I last saw him alive on Oct 28, 1931; death is said to have occurred on the date stated above, at 4:10 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary tuberculosis Do not know.

Other contributory causes of importance:

Sclerosis

Name of operation none Date ofWhat test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify worked underground

(Signed) Isaac K. Emmett, M. D.

(Address) Kellogg Idaho

31

14 years

RECEIVED NOV 5 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77031

PLACE OF DEATH

County of *Shoshone*City of *Kingston*

CERTIFICATE OF DEATH

Registration District No. *12-3*Primary Registration District No. *2201*

(No.)

Local Registrar's No. *44*

2. FULL NAME

Baby Bauman

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word.) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *Oct 16, 1931*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 *15*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *none*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Kellogg Idaho*
(State or country)10. NAME OF FATHER *Fred Bauman*11. BIRTHPLACE OF FATHER (city or town) *Idaho*
(State or Country)12. MAIDEN NAME OF MOTHER *Elizabeth DeGraff*13. BIRTHPLACE OF MOTHER (city or town) *Idaho*
(State or Country)14. Informant *Fred Bauman*
(Address) *Kingston Idaho*15. Filed *Oct 30, 1931* *Mrs. Helen M. Brice*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 16, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *Oct 15th*, 19*31*, to *Oct 16*, 19*31*,
that I last saw her alive on *Oct 16th*, 19*31*.and that death occurred, on the date stated above, at *3:30* m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:*Prematurity Death following birth 2 1/2 hours after birth.*

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Symptomatology*(Signed) *W. C. DeGraff*, M. D.
Oct 16, 1931 (Address) *Kellogg Idaho*19. Place of Burial, Cremation, or Removal *Kingston Idaho* Date of Burial *Oct 16 1931*20. Undertaker *M. C. Thornhill* Address *Kellogg Idaho*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

RECEIVED NOV 5 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77032

State File No.

PLACE OF DEATH

County of *Shoshone*City of *Pelley*

CERTIFICATE OF DEATH

Registration District No. *123*Primary Registration District No. *2201*

(No.)

Local Registrar's No. *43**49*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Ethel Barrett*

(a) Residence. No.

St. *Spokane, Washington*

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. *2* mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of *C. B. Barrett*6. DATE OF BIRTH (month, day and year) *October 1*7. AGE Years *57* Months _____ Days _____ If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Nurses*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *New York State*10. NAME OF FATHER *Does not know - Van Wert*11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Does not know*12. MAIDEN NAME OF MOTHER *Does not know - Ladd*

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) " " "

14.

Informant (Address) *Ermas Coetello*
1111 14th - Idaho

15.

Filed *Oct. 30*, 19*31* *Mr. Helen McBride*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Oct. 3*, 19*31*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *Oct. 3*, 19*31*, to *Oct. 3*, 19*31*, that I last saw her alive on *Oct. 3*, 19*31*, and that death occurred, on the date stated above, at *7:40 p.m.*

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma of uterus(duration) *2* yrs. *6* mos. ds.CONTRIBUTORY *uterine hemorrhage*
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted *Spokane, Wash.*
if not at place of death?Did an operation precede death? *No - but was operated much*Was there an autopsy? *clinical*What test confirmed diagnosis? *clinical*(Signed) *D. W. Haraway* M. D.*10/4*, 19*31* (Address) *Kellogg, Ida.*

19. Place of Burial, Cremation, or Removal Date of Burial

Crematorium - Idaho *1-6* 19*31*

20. Undertaker Address

Crematorium Home *Crematorium*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77033

State File No.

PLACE OF DEATH

County of TetonCity of Driggs

CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 2176

(No.)

Local Registrar's No. 10

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edlef B. Edlefsen(a) Residence. No. Driggs Idaho. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMargaret A. Edlefsen.6. DATE OF BIRTH (month, day and year) April 21 18667. AGE Years 71 Months 5 Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Business Man.(b) General nature of industry, business, or establishment in which employed (or employer) Retired.

(c) Name of employer

9. BIRTHPLACE (city or town) Denmark.
(State or country)10. NAME OF FATHER Niels C. Edlefsen.11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Denmark.12. MAIDEN NAME OF MOTHER Marion Neilson.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Denmark.14. Informant (Address) Margaret A. Edlefsen
Driggs Idaho.15. Filed 10-10-1931 Libbie M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 3 - 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Oct 3, 1931
that I last saw him alive on Oct 3, 1931and that death occurred, on the date stated above, at 8:00 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Failure of compensation(duration) yrs. mos. ds. 1
CONTRIBUTORY Chronic nephritis
(Secondary)(duration) yrs. mos. ds. 618. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Parkhouse M. D.
Oct 5 - 1931 (Address) Driggs Idaho19. Place of Burial, Cremation, or Removal Clawson Cemetery Date of Burial Oct 5 - 1931

20. Undertaker Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV

6 1931

STATE OF WYOMING

CERTIFICATE OF DEATH

BUREAU VITAL STATISTICS
CAPITOL BUILDING
CHEYENNE, WYOMING

1 PLACE OF DEATH

County LetonTownship _____ Registration Dist. No. 23City Jackson No. St. John's Hosp. St.

If death occurred in hospital or institution, give name of same.

2 FULL NAME Myrtle Julian Hemphill Allen(a) Residence. No. Victor, Idaho St. _____ Ward VictorLength of residence in city or town where death occurred yrs. mos. _____ (Usual place of above).
How long in U. S., if of foreign birth? yrs. mos. ds. _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 7 4 Color or Race White 5 Single, Married, Widowed, or Divorced (write the word)5a If married, widowed, or divorced Married
HUSBAND of William W. Allen
(or) WIFE of6 DATE OF BIRTH (month, day, and year) Apr 5, 19007 AGE 31 years Months 6 Days 13 If less than—
1 day, _____ hrs. _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. housewife(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer9 BIRTHPLACE (city or town) Victor, Idaho
(State or country) Idaho10 NAME OF FATHER Peter J. Hamphill11 BIRTHPLACE OF FATHER (city or town) Idaho
(State or country) Idaho12 MAIDEN NAME OF MOTHER Charlotte Lott13 BIRTHPLACE OF MOTHER (city or town) Washington
(State or country) Utah14 Informant William W. Allen
(Address) Victor, Idaho15 Filed 10-30, 1931 Viola L. Pratt
Chloe M. Green Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from

Oct 1st, 1931, to Oct 18, 1931,
that I last saw him alive on Oct 18, 1931,and that death occurred, on the date stated above at 3:20 a.m.
The CAUSE OF DEATH* was as follows:
Pulmonary Hemorrhage
due to Tuberculosis(duration) _____ yrs. 6 mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death? a homeDid an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? hemorrhage
(Signed) Dr. B. E. Gage M. D.19 (Address) Jackson, Idaho

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation, or Removal Date of Burial

to Victor, Idaho 10-20-31

20 UNDERTAKER ADDRESS _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1931

PLACE OF DEATH

County of TetonCity of VictorSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 9176

DO NOT WRITE IN THIS SPACE

State File No. 77035Local Registrar's No. 8(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Joseph Jacob

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Luz A Baker Jacob
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug 17 18677. AGE Years 64 Months 1 Days 28 If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. himself

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Lyndenville
(State or country) Utah13. NAME Joseph Jacob14. BIRTHPLACE (city or town) Gaucha
(State or country) Idaho15. MAIDEN NAME Ellen Baker16. BIRTHPLACE (city or town) Idaho
(State or country) Idaho17. INFORMANT Mrs Joseph Jacob
(Address) Victor, ID #118. BURIAL, CREMATION, OR REMOVAL
Place Ammon Fork Rd Date Sept 28 193119. UNDERTAKER Wm J. Butler
(Address) Victor, ID #120. FILED 9-30-, 1931 Abie M. Kremer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 25 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw h_____ alive on _____, 193____; death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows: _____ Date of onset _____

Angina Pectoris, resulting from
questioning wife and son, as
deceased died before physician
arrived.
9/20/31Other contributory causes of importance: _____
Myocarditis
Tetral Co. Coronary saw deceased
with me, no autopsy needed, ago
SeveralName of operation None Date of _____What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____(Signed) H. T. Tiedner, M. D.(Address) Ammon Fork Rd, Idaho

RECEIVED NOV 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77036

PLACE OF DEATH

County of LetourCity of Victor

CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 9176

(No.)

Local Registrar's No. 7

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rina Blanche Beesley

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb 13 - 19307. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 6 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Jackson
(State or country) Wyo.10. NAME OF FATHER Lawrence E. Beesley11. BIRTHPLACE OF FATHER (city or town) Chapin
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Lucy May Scott13. BIRTHPLACE OF MOTHER (city or town) Blaine
(State or Country) Michigan14. Informant (Address) Lawrence E. Beesley
Driggs, Idaho.15. Filed 9-10-1931 Registrar. Ulie M. Kreane

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 6 - 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1931, to Sept. 6, 1931,
that I last saw her alive on Sept. 5, 1931,
and that death occurred, on the date stated above, at 4:50 A.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Convulsions,
Inanition,
in measles
(duration) yrs. mos. ds.CONTRIBUTORY (Secondary) Conquinta Pylori
Stricture (duration) 1 yrs. 6 mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. J. Redman, M. D.
Sept. 6, 1931 (Address) Driggs, Idaho.19. Place of Burial, Cremation, or Removal Driggs, Idaho Date of Burial 9-8-1931

20. Undertaker Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **77037**

PLACE OF DEATH
County Turner
City of Buhl

Registration District No. 39
Primary Registration District No. 2017

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME C. D. Jennings
(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced
HUSBAND of Nancy Jennings
(or) WIFE of _____
4. DATE OF BIRTH (month, day and year) Dec 20 1844
1. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
86 10 9
2. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) _____ (State or country) Kafo
10. NAME OF FATHER Jennings
11. BIRTHPLACE OF FATHER (city or town) _____ (State or Country) Va
12. MAIDEN NAME OF MOTHER Wilkinson
13. BIRTHPLACE OF MOTHER (city or town) _____ (State or Country) Va

14. Informant: R. Jennings
(Address) Buhl, Ida.

15. Filed Oct 30 1931
J. H. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 29 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-20- 1931, to 10-29 1931
that I last saw him alive on 10-29 1931
and that death occurred, on the date stated above, at 3 9 m.

The CAUSE OF DEATH* was as follows:
Organic Heart Disease
Aortic Stenosis.
about 5
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted ✓
if not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? _____
(Signed) R. Jennings, M. D.
10-29 1931 (Address) Buhl, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Filer Cemetery Date of Burial 10/30/31
20. Undertaker Heurle & Rupp Address Buhl

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77038

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 39
Primary Registration District No. 2-0-87

Local Registrar's No. 70

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Doris Maurine Albee

(a) Residence. No. 3rd Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Ralph Albee (or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 24 1902

7. AGE Years 28 Months 10 Days 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Iowa (State or country)

10. NAME OF FATHER S. B. Whitbeck

11. BIRTHPLACE OF FATHER (city or town) Iowa (State or Country)

12. MAIDEN NAME OF MOTHER Ruth Stone

13. BIRTHPLACE OF MOTHER (city or town) Iowa (State or Country)

14. Informant Ralph Albee (Address) First Idaho

15. Filed Oct. 22, 1931 J. T. Wurfley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 13 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1931, to Oct 13, 1931, that I last saw him alive on Oct 13, 1931, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Endophthalmitis
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pregnancy - toxemia & vomiting (duration) yrs. 2 mos. ds.

18. Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H. E. Lamb M. D. Oct 14 1931 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery Date of Burial 10/14/31

20. Undertaker Curilla Bros Bur. Co. Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77039**

PLACE OF DEATH

County of Swain Falls
City of Swain Falls

Registration District No. 39Primary Registration District No. 2087

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 17 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 17 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OF RACE

W

5. Single, Married, Widowed, or Divorced (write the word)

Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

Nov 4 1861

7. AGE

69 Years11 Months3 DaysIf LESS than 1 day,
_____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Constable

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Ill.

10. NAME OF FATHER

Michael Baymiller

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Not known

12. MAIDEN NAME OF MOTHER

Mahala Pennington

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Not known

14. Informant (Address)

Mrs. J. B. Baymiller
Swain Falls

15. Filed

10-8 1931J. H. Winkler
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct.
(Month)7
(Day)1931
(Year)

17. HEREBY CERTIFY, That I attended deceased from

Oct. 6, 1931, to Oct. 7, 1931that I last saw him alive on Oct. 7, 1931and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid - General sepsis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? Not known.Did an operation precede death? No. Date of _____Was there an autopsy? No.What test confirmed diagnosis? Diabrotica.(Signed) J. H. Winkler M. D.Oct. 8, 1931 (Address) Swain Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Swain Cemetery10-17 1931

20. Undertaker

Swain CemeterySwain Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77040

State File No.....

Local Registrar's No.....

PLACE OF DEATH
County of Thurston
City of Buhl

Registration District No. 39
Primary Registration District No. 2087

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Spencer St.

(a) Residence. No. _____ St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 4 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
✓ ✓ ✓ 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Buhl Idaho
(State or country)

10. NAME OF FATHER B. M. Spencer

11. BIRTHPLACE OF FATHER (city or town) Okla.
(State or Country)

12. MAIDEN NAME OF MOTHER Pauline Lee

13. BIRTHPLACE OF MOTHER (city or town) Mo
(State or Country)

14. Informant B. M. Spencer
(Address) Buhl, Ida

15. Filed 10-5 1931 J. H. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Oct 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Oct 4, 1931, to Oct 5, 1931
that I last saw him alive on Oct 4, 1931
and that death occurred, on the date stated above, at 445 a.m.
The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted L
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs of pregnancy

(Signed) A. A. Morrison, M. D.

Oct 5, 1931 (Address) Buhl, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery Date of Burial Oct 5 1931

20. Undertaker Thurston Address Buhl

RECEIVED NOV 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77041**

PLACE OF DEATH

County of Turn FallsCity of BullRegistration District No. 39Primary Registration District No. 2087Local Registrar's No. 1016

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arnel Floyd Levi(a) Residence. No. 2nd St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 20 19287. AGE Years 3 Months 3 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER Bill Levi11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Ruby Cerns13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Idaho14. Informant Offie Leary
(Address)15. Filed 10 5 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 4, 1931, to Oct 4, 1931that I last saw him alive on Oct 4, 1931and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? yes

What test confirmed diagnosis?

(Signed) R. E. Smith M. D.
Oct 5, 1931 (Address) Bull Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Bull Cemetery Oct 5 1931

20. Undertaker

Address

Kewell & Sons Bull Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

77042

PLACE OF DEATH

County of Ben. Falls Registration District No. 27

City of Ben. Falls Primary Registration District No. 1085

Local Registrar's No. 172

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

ysr.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

St.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed,
or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

July 17, 1855

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

76

3

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Utah

10. NAME OF FATHER

B. B. B. Brackburn

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

England

12. MAIDEN NAME OF MOTHER

Chas. Allen

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

Moi

14.

Informant
(Address)

Mrs. Kate Purp
B. B. B. Brackburn

15.

Filed Nov. 2, 1931

Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct. 28

(Month)

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct. 1, 1931, to Oct. 28, 1931

that I last saw him alive on Oct. 27, 1931

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Paralysis agitans

Several
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed)

W. D. Weaver M. D.

(Address) Twin Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Filer

Oct 30 1931

20. Undertaker

Address

F. E. Drake Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
77043
State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085Local Registrar's No. 171

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah J. Strode(a) Residence. No. Filer, Ida St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 17 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGeorge T. Strode6. DATE OF BIRTH (month, day and year) Feb 18 - 18507. AGE 81 Years 8 Months 8 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Virginia
(State or country)10. NAME OF FATHER Andrew Riner11. BIRTHPLACE OF FATHER (city or town) Virginia
(State or Country)12. MAIDEN NAME OF MOTHER Hester Overheart13. BIRTHPLACE OF MOTHER (city or town) Virginia
(State or County)14. Informant Mrs. B. A. Fender
(Address) Filer, Ida Route #115. Filed Nov. 2, 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 26 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1931, to Oct. 26, 1931that I last saw him alive on Oct. 26, 1931and that death occurred, on the date stated above, at 12:30 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Lobar Pneumonia(duration) yrs. mos. 5 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) Howard L. M. D.Oct. 27, 1931 (Address) Twin Falls, Idaho19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 10-29 193120. Undertaker White Mortuary Inc Address Twin FallsIda.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77044

State File No.

PLACE OF DEATH

County of Twin FallsCity of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 1082

(No.)

Local Registrar's No. 170

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ozra Elaine Noyes(a) Residence. No. Eden

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 17-19227. AGE Years Months Days If LESS than 1 day,
9 4 5 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Torrey, Utah
(State or country)10. NAME OF FATHER Albert Noyes11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)12. MAIDEN NAME OF MOTHER Maud Bullard13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or Country)14. Informant Albert Noyes
(Address) Eden, Idaho15. Filed Nov 2, 1931. Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 22, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Oct 21st, 1931, to Oct 22nd, 1931that I last saw him alive on Oct 22nd, 1931
and that death occurred, on the date stated above, at 2:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Osteomyelitis Suppurativa Acute
Femur - Right(duration) yrs. mos. ds. 5CONTRIBUTORY Septicemia - Secondary
Osteomyelitis Left humerus
(duration) yrs. mos. ds. 118. Where was disease contracted Eden, Ida.
if not at place of death?Did an operation precede death? Yes Date of Oct 21-31Was there an autopsy? NoWhat test confirmed diagnosis? Operative drainage(Signed) J. M. Mearns M. D.10-74-, 1931 (Address) Twin Falls, Ida.19. Place of Burial, Cremation, or Removal Twin Falls Date of Burial Oct. 24, 193120. Undertaker S. H. Phillips Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77045

State File No.

PLACE OF DEATH

County of Twin FallsCity of Twin FallsRegistration District No. 27Primary Registration District No. 1082(No. Residence)Local Registrar's No. 169

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albertina Forsell(a) Residence. No. 111 Ramage St St. 73

(Usual place of abode.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carl6. DATE OF BIRTH (month, day and year) Oct 27-18567. AGE 74 Years 11 Months 19 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden10. NAME OF FATHER ✓11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden12. MAIDEN NAME OF MOTHER ✓13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden14. Informant (Address) Landon Forsell
111 Ramage St15. Filed Nov 2, 1931 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 19 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 1931 to Oct 18 1931that I last saw him alive on Oct 18 1931
and that death occurred, on the date stated above, at 3:00 A.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Progressive degenerated
obscures spinal cordCONTRIBUTORY (Secondary) John Langheim
(duration) yrs. mos. ds.18. Where was disease contracted if not at place of death? ✓Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? ✓(Signed) John Langheim M. D.
Oct 19 1931 (Address) Twin Falls19. Place of Burial, Cremation, or Removal Twin Falls Cem Date of Burial Oct 19 193120. Undertaker White Mortuary Inc Address Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 16 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Twin Falls

CERTIFICATE OF DEATH

77046

City of Twin FallsRegistration District No. 37

State File No.

Primary Registration District No. 1085Local Registrar's No. 164(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Lavina Jane Coleman

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 7 yrs. 6 mos.(If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Coleman6. DATE OF BIRTH (month, day, and year) March 8-18577. AGE Years 80 Months 7 Days 6 If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Janesville Ohio13. NAME John Slaughter14. BIRTHPLACE (city or town) (State or country) Ohio15. MAIDEN NAME Mary Brown16. BIRTHPLACE (city or town) (State or country) Ohio17. INFORMANT (Address) Joe Koehler Twin Falls Ida18. BURIAL, CREMATION, OR REMOVAL Place Sheridan Wyo Date _____ 193119. UNDERTAKER White Mortuary, Inc (Address) Twin Falls, Ida.20. FILED Oct 19, 1931 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 14 1931

22. I HEREBY CERTIFY, That I attended deceased from _____

10/14, 1931, to 10/14, 1931I last saw him alive on 10/14, 1931; death is saidto have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance

were as follows:

diabeticBright's disease

Other contributory causes of importance:

Senile HeartSchistosomaMyocard degeneration

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) St. John Morgan, M. D.(Address) Twin Falls, Ida.

5-7

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 16 1934

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Iron Falls

CERTIFICATE OF DEATH

State File No. 77047City of Iron FallsRegistration District No. 37Primary Registration District No. 2085Local Registrar's No. 163(No. Iron Falls County Gen. Hospital,
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Mary Seckman Thomas(a) Residence. No. Hazelton St. Ida(Usual place of abode)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. W. Thomas6. DATE OF BIRTH (month, day, and year) April 18, 18857. AGE Years 46 Months 5 Days 22 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or county) Nebraska13. NAME Charles Seckman14. BIRTHPLACE (city or town) (State or county) West Virginia15. MAIDEN NAME Martha Higgins16. BIRTHPLACE (city or town) (State or county) West Virginia17. INFORMANT (Address) J. W. Thomas
Hazelton, Ida18. BURIAL, CREMATION, OR REMOVAL Place Iron Falls Date 193419. UNDERTAKER (Address) White Mortuary Inc
Iron Falls, Ida20. FILED Oct. 19, 1934 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 10 193422. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1934, to Oct 10, 1934.I last saw him alive on Oct 10, 1934; death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Cobitis
Blocked Kidneys
Influenza

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1934.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. H. Hopper, M. D.(Address) Hazelton, Idaho

FORM V. S. No. 5-35 M. 1-16-13 16 1931

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
Registration District No. 37
County of Lewis Falls Primary Registration District No. 1085
City of Lewis Falls (No. _____ St.)

File No. 77048
Registered No. 162

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Ellis Graham

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Married
(Write the word.)

6. DATE OF BIRTH Feb. 20 1843
(Month) (Day) (Year)

7. AGE 88 Yrs. 7 Mos. 20 ds. IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION Farmer.
(a) Trade, profession or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).

9. BIRTHPLACE Missouri
(State or Country)

10. NAME OF FATHER Lewis Graham

11. BIRTHPLACE OF FATHER Ohio
(State or Country)

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER Don't Know
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Austin
(Address) Lewis Falls, Id.

15. _____

Filed October 19 1931 Elizabeth J. Smith
Legal Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 6 1931 to Oct 10 1931, that I last saw him alive on Oct 7 1931 and that death occurred on the date stated above, at A M.

The CAUSE OF DEATH* was as follows:

Pneumonia
Intestinal Cancer

(Duration) Yrs. _____ mos. 7 ds.
Contributory (Secondary) Cancer from

(Signed) Dr. J. R. ... M. D.
1931 (Address) Lewis Falls, Id.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 1931

20. UNDERTAKER Edwards & Johnson ADDRESS Lewis Falls
L. F. Johnson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 16 1931

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77049

Registration District No. 37
Primary Registration District No. 1085

Local Registrar's No. 161

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Goddard

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 1 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of R. L. Goddard
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mch 7-1887

7. AGE Years 44 Months 7 Days 2 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marshfield
(State or country) Mo.

13. NAME James A. Hall

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Robert L. Goddard
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place White Mortuary, Inc. Date Oct 17, 1931

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls Idaho

20. FILED Oct 17, 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1931, to Oct 9th, 1931.

I last saw him alive on Oct 9, 1931; death is said to have occurred on the date stated above, at 5:00 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of the lungs. Date of onset 2 yrs ago

Other contributory causes of importance:

Hydrocephalus of 3 weeks left kidney. 240

Name of operation Cholecystectomy Date of Oct 9, 1931What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1931.Where did injury occur? —
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —(Signed) H. E. Lamb M. D.(Address) Twin Falls Idaho

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77050**

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Twin Falls Primary Registration District No. 1085

Local Registrar's No. 168

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Shirley June Nelson

(a) Residence. No. See file St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 20, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
— — 17 — — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

10. NAME OF FATHER H. C. Nelson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Pauline Burrows

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Louisa

14. Informant (Address) H. C. Nelson
Twin Falls

15. Filed 10/10, 1931 Elizabeth G. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 7, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1931, to Oct 7, 1931,
that I last saw her alive on Oct 7, 1931,
and that death occurred, on the date stated above, at 8:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Con genital malformation
spina bifida

since birth (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Howe Louchet M. D.
Oct 7, 1931 (Address) Twin Falls, Ida.

19. Place of Burial, Cremation, or Removal Date of Burial

Twin Falls Oct. 8 1931

20. Undertaker H. Drake Address Twin Falls

CERTIFICATE OF DEATH.

77051

State of I
BOARD OF
Bureau of Vital Sta

1. PLACE OF DEATH.

County of Twin Falls.City of Twin Falls.If death occurs away from
usual residence, give facts
called for under special
information.Registration District No. 37Primary Registration District No. 1085

(No. _____ St.)

File No. _____

Registered No. 167If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.2. FULL NAME William Cassert

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WID-
OWED OR DIVORCED.Single

(Write the word.)

6. DATE OF BIRTH.

May 15th 1930
(Month) (Day) (Year)

7. AGE

1 Yrs. 4 Mos. 19 ds.IF LESS than 1 day
how many _____ hrs. or
_____ min. 2

8. OCCUPATION

(a) Trade, profession or
particular kind of work...
(b) General nature of in-
dustry, business, or estab-
lishment in which employ-
ed (or employer).....At Home

9. BIRTHPLACE

(State or Country) Twin Falls, Ida.10. NAME OF
FATHERAlex Cassert11. BIRTHPLACE
OF FATHER(State or Country) Russia,12. MAIDEN NAME
OF MOTHEREmily Barræither13. BIRTHPLACE
OF MOTHER(State or Country) North Dakota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alex Cassert(Address) Twin Falls, Ida.

15.

Filed October 10th 1931Elizabeth J. Smith
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 4th. 1931

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased once several months ago.
1931 to 1931that I last saw h. _____ alive on _____ 1931

and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH was as follows:

Diarrhoea and enteritis.
Had no physician at time
of death.
(Duration) _____ Yrs. Several mos. _____ ds.Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) C. D. Weaver M. D.10/6/1931 (Address) Twin Falls, Ida*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1)
MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted
if not at place of death?.....Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

Filer, Ida.

DATE OF BURIAL

Oct. 5th. 1931

20. UNDERTAKER

ADDRESS

Twin Falls

RECEIVED NOV 16 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77052

State File No.

PLACE OF DEATH

County of Lewin Falls
City of Lewin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085 Local Registrar's No. 166
(No. County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Felda Mae Calhoun(a) Residence No. 293 North Washington St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) February 8-19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
7 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Buhl Idaho
(State or country)10. NAME OF FATHER James Calhoun11. BIRTHPLACE OF FATHER (city or town) Oregon
(State or Country)12. MAIDEN NAME OF MOTHER Mae Rush13. BIRTHPLACE OF MOTHER (city or town) Oregon
(State or Country)14. Informant (Address) James Calhoun15. Filed October 10, 1931 293 North Washington St.
Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 2, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1931 to Oct 2, 1931
that last saw her alive on Oct 2, 1931and that death occurred, on the date stated above, at 1 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Dysentery and enteritis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. S. Weaver, M. D.
10/5, 1931 (Address) Lewin Falls

19. Place of Burial, Cremation, or Removal Date of Burial

Lewin Falls Cemetery Oct 5, 1931

20. Undertaker Address

S. C. Phillips Lewin Falls
Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 16 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77053

State File No.

PLACE OF DEATH

County of Swain FallsCity of Swain Falls

CERTIFICATE OF DEATH

Registration District No. 57Primary Registration District No. 2085(No. Swain Falls County Hospital)Local Registrar's No. 165

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dr. Herbert N. Leek(a) Residence. No. Hayburn Ave St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLenora Leek

6. DATE OF BIRTH (month, day and year)

7. AGE

56

Years

Months

2

Days

27

If LESS than 1 day;

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Dr. H. N. Leek
(Doctor)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Wisconsin

10. NAME OF FATHER

Joseph Leek11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Connecticut

12. MAIDEN NAME OF MOTHER

Pitkin13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Don't know

14.

Informant
(Address)Mrs Lenora Leek

15.

Filed

October 10th, 1931Elizabeth J. Smith

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 16, 1931, to Oct 1, 1931
that I last saw him alive on Oct 1, 1931and that death occurred, on the date stated above, at 1235a*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Round nail puncture
infected - cellulitis
of hand - Bacteremia(duration) yrs. 1 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of Sept 14, 1931Was there an autopsy? noWhat test confirmed diagnosis? Blood culture(Signed) Dr. H. N. Leek, M. D.
Oct 5, 1931 (Address) Swain Falls, Va.

19. Place of Burial, Cremation, or Removal

Date of Burial

Swain Falls10/4 1931

20. Undertaker

Address

S. C. PhillipsSwain Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

FORM V-10 No. 6-21-M-19

RECEIVED NOV 7 1931

CERTIFICATE OF DEATH

77054 Haueher

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Washington
City of WeiserRegistration District No. 86
Primary Registration District No. 1010
(No. _____, St. _____)File No. _____
Registered No. 20

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Lillias B. Smith

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
(Write the word.)

6. DATE OF BIRTH

May 8 1856
(Month) (Day) (Year)

7. AGE

75 Yrs. 5 Mos. 15 ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Housewife

9. BIRTHPLACE

(State or Country)

Iowa

10. NAME OF FATHER

Don't Know

11. BIRTHPLACE OF FATHER

(State or Country)

Don't Know

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER

(State or Country)

Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Mrs J. T. Snodgrass
Weiser - Idaho

15.

Filed November 9, 1931W. R. Hamilton
Local Registrar
W. R. Hamilton

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 23 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1931, to Oct 23 1931, that I last saw him alive on Oct 23 1931, and that death occurred on the date stated above, at 11:35 A.M.
The CAUSE OF DEATH* was as follows:Chronic Myocarditis
& Cardiac Hypertrophy & Dilatation & Decompensation
Unknown (Duration) _____ Yrs. _____ mos. _____ ds.Contributory
(Secondary)(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Hyden Haueher M. D.
Oct 28 1931 (Address) Weiser - Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Hopewell Cemetery, Ore

DATE OF BURIAL

10-25-1931

20. UNDERTAKER

L. C. Northam

ADDRESS

Weiser Idaho

CERTIFICATE OF DEATH

77055 State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

RECEIVED NOV 7 1931
County of Wagon
City of WagonRegistration District No. 86
Primary Registration District No. 2112
(No. _____ St.)

File No. _____

Registered No. 19

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Ray F. Seow

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Wht5. SINGLE, MARRIED, WID-
OWED OR DIVORCEDSingle
(Write the word.)

6. DATE OF BIRTH

Nov151910

(Month)

(Day)

(Year)

7. AGE

20

Yrs.

11

Mos.

12

ds.

IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

Farmer

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

New Mexico

10. NAME OF FATHER

Peter Seow

11. BIRTHPLACE OF FATHER

(State or Country)

Denmark

12. MAIDEN NAME OF MOTHER

Lucinda Lee

13. BIRTHPLACE OF MOTHER

(State or Country)

New Mexico

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Peter Seow

(Address)

Weiser Idaho

15.

Filed Nov 4 1931 W. R. Hamilton

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct

(Month)

27

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 20 1931, to Oct 26 1931that I last saw him alive on Oct 26 1931and that death occurred on the date stated above, at 3:30 M.

The CAUSE OF DEATH* was as follows:

Gangrene of appendix(Duration) _____ Yrs. _____ mos. 9 ds.Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

W. A. Marshall M. D.Oct 19 1931 (Address) Weiser Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Hillcrest Cemetery

DATE OF BURIAL

10-28-1931

20. UNDERTAKER

R. C. Hartman

ADDRESS

Weiser Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. 2-5-25

RECEIVED NOV 7 1931

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Washington
City of WeiserRegistration District No. 86
Primary Registration District No. 1010
(No. _____, _____ St.)File No. 77956
Registered No. 77956

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Elmer E French

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Divorced
(Write the word.)

6. DATE OF BIRTH

Unknown
(Month) (Day) (Year)

7. AGE

48 Yrs. _____ Mos. _____ ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer)Rail Road Switchman
OW.R.H.

9. BIRTHPLACE

(State or Country)

Ohio

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

W. V. Houser

(Address)

Huntington Ore

15.

Filed

November 4, 1931W. R. Hamilton
Local Registrar
W. R. H.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct. 16 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Oct 15 1931, to Oct 16 1931,
that I last saw him alive on Oct 16 1931,
and that death occurred on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

accidental gun shot
wounds causing edema
of lungs
(Duration) _____ Yrs. _____ mos. 9 hoursContributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

F. A. SchmidtM. D. ☒Oct 17, 1931

(Address)

Weiser Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. 1 days. In the State _____ yrs. _____ mos. 1 days

Where was disease contracted if not at place of death?

Mathews county, Oregon

Former or usual residence

Huntington Oregon

19. PLACE OF BURIAL OR REMOVAL

ColumbusOhio

DATE OF BURIAL

on arrival, 19

20. UNDERTAKER

E. J. Root

ADDRESS

Huntington Ore

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

 State of Idaho
 BOARD OF HEALTH
 Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 88County of Washington

Primary Registration District No. _____

City of Cambridge

(No. _____)

St.) _____

File No. _____

77057Registered No. 7631
 If death occurs away from
 usual residence, give facts
 called for under special
 information.

2. FULL NAME

John P. Mason
 If death occurred in a hos-
 pital, institution or camp,
 give its NAME instead of
 street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WID-
OWED OR DIVORCED.Married

(Write the word.)

6. DATE OF BIRTH.

Jan.91879

(Month)

(Day)

(Year)

7. AGE

52

Yrs.

9

Mos.

13

ds.

 IF LESS than 1 day
 how many hrs. or
 min.?

8. OCCUPATION

 (a) Trade, profession or
 particular kind of work...
 (b) General nature of in-
 dustry, business, or estab-
 lishment in which employ-
 ed (or employer).....
Homemaker

9. BIRTHPLACE

(State or Country)

Belfast Ireland10. NAME OF
FATHERJohn Mason11. BIRTHPLACE
OF FATHER

(State or Country)

Belfast Ireland12. MAIDEN NAME
OF MOTHERBridget McCreary13. BIRTHPLACE
OF MOTHER

(State or Country)

Belfast Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

John Mason

(Address)

Cambridge Idaho

15.

File

10-24-31

191

 BE R. T. WHITMAN
 CAMBRIDGE, IDAHO

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct

(Month)

22

(Day)

1931

(Year)

 17. I HEREBY CERTIFY, That I attended deceased from
October 1 1930 to October 22 1931

 that I last saw him alive on October 1 1931
 and that death occurred on the date stated above, at 8:20 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage
 Approximately 5 minutes
 (Duration) Yrs. mos. ds.

 Contributory Pulmonary Tuberculosis
 (Secondary)

 (Signed) John P. Mason M. D.
 19 31 (Address) Cambridge, Idaho.

 *State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1)
 MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

 Where was disease contracted
 if not at place of death?.....

 Former or
 usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cambridge Id10-24-1931

20. UNDERTAKER

ADDRESS

J. A. H. H. H.Cambridge Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 77058	
County of <u>Ada</u>	City of <u>Baino</u>	Registration District No. <u>3</u>	Primary Registration District No. <u>1004</u>	Local Registrar's No. <u>309</u>	
(No. _____)					
If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Edgar Burrows Sage</u>					
(a) Residence. No. <u>516 Bannock St.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>49</u> yrs. <u>8</u> mos. <u>28</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>single</u>					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 13, 1887</u>					
7. AGE <u>49</u> Years	<u>8</u> Months	<u>28</u> Days	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Civil Engineer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Carpenter</u>					
10. Date deceased last worked at this occupation (month and year) <u>Dec. 14, 30</u>					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Baino</u>					
13. NAME <u>Edgar Burrows Sage</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Philadelphia</u>					
15. MAIDEN NAME <u>Kate Virginia Flournoy</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Linneus</u>					
17. INFORMANT <u>A. F. Sage</u>					
(Address) <u>Shannon - Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill</u> Date <u>11/13</u> , 1931					
19. UNDERTAKER <u>Shrader + McCann</u>					
(Address) <u>Baino, Idaho</u>					
20. FILED <u>11-13</u> , 1931 <u>W. W. Rhodes</u>					
Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>11-9</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from _____					
<u>June 20</u> , 1931, to <u>Nov 9</u> , 1931.					
I last saw him alive on <u>Nov 9</u> , 1931; death is said to have occurred on the date stated above, at <u>2:10 P.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Central Embolism</u>					
Date of onset _____					
Other contributory causes of importance: <u>Exhaustion</u> <u>Angina Pectoris</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Chamberlain & Roberts</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Robert M. Coats</u> M. D. (Address) <u>427 Cassman Bldg</u> <u>Baino, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 77059 State File No. _____	
County of <u>Ada</u>		Registration District No. <u>8</u>			
City of <u>Boise</u>		Primary Registration District No. <u>2004</u>		Local Registrar's No. <u>90</u>	
(No. <u>V.A., Boise, Idaho</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>PIERCE, Charles P.</u>					
(a) Residence. No. <u>505 Franklin St.</u> <u>Boise, Idaho</u> (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mrs. Emma Pierce</u>					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 26, 1844</u>					
7. AGE Years <u>87</u>		Months <u>0</u>		Days <u>21</u> If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>XX</u>			
		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Vermont</u> (State or country)					
FATHER		13. NAME <u>XX</u> <u>M.W.</u>			
		14. BIRTHPLACE (city or town) <u>XX</u> (State or country)			
MOTHER		15. MAIDEN NAME <u>XX</u>			
		16. BIRTHPLACE (city or town) <u>XX</u> (State or country)			
17. INFORMANT <u>J. H. STAMMAN</u> (Address) <u>V.A., Boise, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill</u> Date <u>11-19-31</u> 193					
19. UNDERTAKER <u>McBratney Funeral Home</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>11-18</u> , 193 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 17</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 13</u> , 193 <u>1</u> , to <u>Nov. 17</u> , 193 <u>1</u> . I last saw him alive on <u>Nov. 17</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>11.00 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Prostatitis operated with removal of calculus cystic.</u> Date of onset					
Other contributory causes of importance: <u>Diabetes and Myocarditis.</u>					
Name of operation <u>Prostatectomy</u> Date of <u>10-15-31</u> What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>Prostate</u> (Signed) <u>F. C. SMITH, Reg. Med. Officer</u> D. (Address) <u>V.A., Boise, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 77060	
County of <u>Ada</u>	City of <u>Boise</u>	Registration District No. <u>3</u>	Primary Registration District No. <u>1004</u>	Local Registrar's No. <u>315</u>	
(No. <u>H. Alphonson Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Michael Murray</u>		749			
(a) Residence. No. <u>2207 Ellis Ave.</u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Rose Murray</u>					
6. DATE OF BIRTH (month, day, and year) <u>August 21-1883</u>					
7. AGE	Years <u>68</u>	Months <u>2</u>	Days <u>26</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Carpenter</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Jan 1-1931</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Canada</u>					
13. NAME <u>Peter Murray</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>					
15. MAIDEN NAME					
16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>					
17. INFORMANT <u>James O Murray</u> (Address) <u>Boise, Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>St. John's</u> Place <u>Boise, Ida</u> Date <u>11-26</u> 1931					
19. UNDERTAKER <u>Schreiber & W. C. Baker</u> (Address) <u>Boise, Ida</u>					
20. FILED <u>11-25</u> , 1931 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 23</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 19</u> , 1931, to <u>Nov 23</u> , 1931					
I last saw him alive on <u>Nov 23</u> , 1931; death is said to have occurred on the date stated above, at <u>7 P.</u> m.					
Principal cause of death and related causes of importance were as follows:					
<u>Cerebral hemorrhage</u> <u>apoplexy</u>					Date of onset <u>Nov 19-31</u>
Other contributory causes of importance: <u>over eating</u>					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy? <u>W</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed) <u>Chas. V. Gerson</u> M. D. (Address) <u>Boise, Idaho</u>					

Severy.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

77061

PLACE OF DEATH

County of CanyonCity of Wilder

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005

(No.)

Local Registrar's No. 136

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Franklin Parsons

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElizabeth E. Parsons6. DATE OF BIRTH (month, day and year) 7/22/1872

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

59

4

5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

Farming(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Owatona Minn

10. NAME OF FATHER

Geo. Isaac Parsons11. BIRTHPLACE OF FATHER (city or town)
(State or Country)England

12. MAIDEN NAME OF MOTHER

- -

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)England

14.

Mrs Geo.F.ParsonsInformant
(Address)Wilder Ida R l.

15.

Filed

11-281931John S. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 27 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 31 1931, to Nov. 27, 1931that I last saw him alive on Nov. 27-31, 19...and that death occurred, on the date stated above, at 9 A. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pulmonary Embolus

(duration) yrs. mos. ds.

CONTRIBUTORY Ruptured Appendix
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Symptoms

(Signed)

W. L. Caldwell, M. I.Caldwell Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill CemeteryNov. 28-31

20. Undertaker

Address

Paul L. CaseCaldwell Ida

RECEIVED DEC 1 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of Canyon
City of Wilder

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 2005
(No. Caldwell Sanitarium)

Local Registrar's No. 136

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Franklin Parsons

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Elizabeth Brewster Parsons
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 7-22-1872

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
59 4 58. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farming.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Owatona Minn
(State or country)

10. NAME OF FATHER Geo. Isaac Parsons

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) England
(State or County)

14. Informant Mrs Geo F Parsons

(Address) Wilder Idaho R 1

15. Filed 11-28-1931 John B. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 27 1931

(Month)

(Day)

19.....
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 31 1931, to Nov 27 1931

that I last saw him alive on Nov 27 1931

and that death occurred, on the date stated above, at 9 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Embolus

CONTRIBUTORY (Secondary) Ruptured appendix
(duration) yrs. mos. 3 ds.

(duration) yrs. mos. 30 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? yes Date of 11/12/31

Was there an autopsy? no

What test confirmed diagnosis? symptoms

(Signed) J. B. Meyer M. D.

11/28 1931 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill Cemetery

Nov 28-31

20. Undertaker

Address

Paul L. Case

Caldwell Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
77062
State File No.

PLACE OF DEATH

County of Banner
City of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 76
Primary Registration District No. 2,551
(No.)

Local Registrar's No. 94

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Howard H Braden

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Gladys Braden
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 6 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>37</u>	<u>2</u>	<u>14</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Teacher

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) IOWA

10. NAME OF FATHER

E E Braden

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) ILL

12. MAIDEN NAME OF MOTHER

Nannie Rayburn

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) IOWA

14. Informant Hugh G Braden
(Address) Sandpoint

15. Filed Nov 22, 1931
Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 20, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Saw him after death

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at 8:15 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Heart disease - (Probable
Coronary Embolus) Instant death
(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cholera

(Signed) W. B. Evans, M. D.

Nov. 22, 1931 (Address) Sandpoint, Ida

19. Place of Burial, Cremation, or Removal

Maceona Iowa

Date of Burial

19

20. Undertaker

Turnbull Co

Address

Sandpoint

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1931

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Ada

CERTIFICATE OF DEATH

City of BoiseRegistration District No. 2Primary Registration District No. 1004State File No. 77063Local Registrar's No. 324

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orville Wilmoth(a) Residence. No. 1612 Leadville Street St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. Anna Wilmoth6. DATE OF BIRTH (month, day, and year) April 23, 1901

7. AGE

Years

Months

Days

If LESS than

30771 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Edna Kansas
(State or country)

MOTHER FATHER

13. NAME James J. Wilmoth14. BIRTHPLACE (city or town) Edna Kansas
(State or country)15. MAIDEN NAME Mabel Potter16. BIRTHPLACE (city or town) Bedford Indiana
(State or country)17. INFORMANT Mrs. J.L. Wilmoth
(Address) R. 1, 4, Boise, Idaho18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery, Dec 5, 193119. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho20. FILED 12-3, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 30 1931

22. I HEREBY CERTIFY, That I attended deceased from

Nov 30, 1931, to Nov 30, 1931I last saw him alive on Nov 30, 1931, death is saidto have occurred on the date stated above, at 11 25-0 m.

The principal cause of death and related causes of importance

were as follows: suicide. Shot himself Date of onsetin front of his house4361 Winchester Bldg

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury, 1931Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Date of injury Nov 30, 1931

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clyde E. Summers Coroner, M.D.(Address) 1301 Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Nez PerceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. White 3s Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roy W. Gilmer(a) Residence. No. Clarkston Washington St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofPeral Gilmer6. DATE OF BIRTH (month, day and year) April 1 1894

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or min.37713

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work Truck Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Marshall.Mo

10. NAME OF FATHER

James W. Gilmer11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Mo.

12. MAIDEN NAME OF MOTHER

Ida May Hedrick13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)MO.

14.

Informant Mrs Pearl Gilmer

(Address)

Clarkston Wash.

15.

Filed Dec. 2, 1931

Registrar.

DO NOT WRITE IN THIS SPACE

State File No.

77064

Local Registrar's No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov.141931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

11-14-31, 19....., to 11-14-31, 19.....that I last saw him alive on 11-14-31, 19.....and that death occurred, on the date stated above, at 3 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Basal skull fracture
due to auto accident.

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Autopsy

(Signed)

11/16-1931, 19..... (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Normal Hill11/18/31 19.....

20. Undertaker

Address

Vassar Mortuary IncLewiston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 10 1931

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

77065Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 194(No. Residence)

(If death occurred in a hospital, or institution, give its name instead of street and number.)

2. FULL NAME Albert B. Curtis(a) Residence. No. 379 Park Ave. St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Husband of Vera Bateman
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 5, 1899.

7. AGE Years 32 Months 8 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Station Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contl. Oil Co.

10. Date deceased last worked at this occupation (month and year) November 1931. 11. Total time (years) spent in this occupation Five

12. BIRTHPLACE (city or town) Eureka, (State or country) Utah.

13. NAME Charles Curtis

14. BIRTHPLACE (city or town) Utah. (State or country)

15. MAIDEN NAME Elizabeth Stinger

16. BIRTHPLACE (city or town) Ogden, (State or country) Utah.

17. INFORMANT Clifton Curtis (Address) Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Dec. 1, 1931.

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED Dec. 1, 1931. S. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 27, 1931.

22. I HEREBY CERTIFY, That I attended deceased from , 1931, to , 1931.

I last saw him alive on , 1931: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Gun Shot Wound
Through Heart

Date of onset

Other contributory causes of importance:
Coroner's Jury Verdict
(Accidental)

Name of operation Post-mortem Date of What test confirmed diagnosis Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of injury 11/27/1931

Where did injury occur? Pocatello, Idaho. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. His residence

Manner of injury 32 Calibre Pistol Shot
Nature of injury through the heart

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur W. Hall Coroner, M. D. Pocatello, Idaho (Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 77066 State File No.	
County of <u>Valley</u>		Registration District No.		Local Registrar's No. <u>15</u>	
City of <u>Yellow Pine</u>		Primary Registration District No.		180	
1. (If death occurred in a hospital or institution, give its name instead of street and number.) (No. <u>1</u>) <u>Yellow Pine</u>					
2. FULL NAME <u>Walter Hope</u>					
(a) Residence. No.				St. <u>Yellow Pine Idaho</u>	
(Usual place of abode)				(nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.				How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Elizabeth Hope</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years <u>53</u>	Months <u>1</u>	Days <u>23</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>San Francisco</u>					
FATHER	13. NAME <u>David Hope</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>England</u>				
	15. MAIDEN NAME <u>Emma Peterson</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
MOTHER	17. INFORMANT (Address) <u>Wm. J. Calver</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Local Burial</u> Date <u>Nov 14</u> , 1931				
	19. UNDERTAKER (Address) <u>Wm. J. Calver</u>				
	20. FILED <u>Nov 30</u> , 1931 <u>Western Guardian</u> Registrar.				
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 14</u> , 1931, to <u>Nov 14</u> , 1931.					
I last saw him live on, 1931; death is said to have occurred on the date stated above, at <u>2:00</u> p.m.					
The principal cause of death and related causes of importance were as follows:					
<u>Accidental Death</u>					
<u>Case in 9 tunnel in Antimony Tunnel at Yellow Pine</u>					
<u>Crushed in chest + suffocation</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>11/14, 1931</u>					
Where did injury occur? <u>Yellow Pine Valley Co. Idaho</u> (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. <u>Mining</u>					
Manner of injury <u>Case in 9 tunnel</u>					
Nature of injury <u>Chest crushed in</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u>					
If so, specify (Signed) <u>Roscoe Edward Johnson, M. D.</u>					
(Address) <u>baseball Idaho</u>					

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77067

State File No.

PLACE OF DEATH

County of Ada

City of Boise R. 3

Registration District No. 9+10

Primary Registration District No. 9+10

Local Registrar's No. 1

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thelma Marie Hawkins

(a) Residence. No. R 3 Boise St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
1 1/2 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise R. 3
(State or country)

10. NAME OF FATHER

Conrad C. Hawkins

11. BIRTHPLACE OF FATHER (city or town),
(State or Country)

Minong Wis

12. M maiden NAME OF MOTHER

Thelma R. Bower

13. BIRTHPLACE OF MOTHER (city or town)

McCall Idaho

14. Informant

Conrad C. Hawkins

(Address)

Boise R 3 Idaho.

15. Filed

11/12, 1931

Onnie D. L. am

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 10, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 10, 1931, to Nov 10, 1931

that I last saw her alive on Nov 11, 1931

and that death occurred, on the date stated above, at 1:30 A. m.

THE CAUSE OF DEATH* was as follows:

Premature birth
Eight month

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

11-11, 1931 (Address) Mendota

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

dry creek cemetery

11/12, 1931

20. Undertaker

Address

none

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77068

State File No.

PLACE OF DEATH

County of AdaCity of BoiseRegistration District No. 2Primary Registration District No. 1004(No. St. Luke's)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 317

1019

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMarjannina Knipe

6. DATE OF BIRTH (month, day and year)

year 1861

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

70

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Farmer

9. BIRTHPLACE (city or town) (State or country)

Manhattan Kansas

10. NAME OF FATHER

William Knipe

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

not known

12. MAIDEN NAME OF MOTHER

"

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

not known

14.

Informant

(Address)

Wm B KnipeBoise Idaho

15.

Filed

1-30, 1931W. H. Rhodes

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov251931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 15, 1931, to Nov 25, 1931that I last saw him alive on Nov 24, 1931

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobes(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORS

(Secondary) Tracheal Obstructionof ancient injury - Nov 16, 1931

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted (if not at place of death)

Did an operation precede death? Yes Date of Nov 16, 1931Was there an autopsy? noWhat test confirmed diagnosis Alvin R. B.(Signed) Clare L. Hewitt, M. D.Nov 27, 1931 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Emmett Idaho11/28 1931

20. Undertaker

Address

W. BucknerEmmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77069	
County of	<u>Ada</u>	Registration District No. <u>2</u>		State File No. _____	
City of	<u>Boise</u>	Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>316</u>	
(No. <u>St. Alphonsus Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Anna Barbara Ackerman</u>					
(a) Residence. No. _____ St. <u>New Plymouth</u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>B. F. Ackerman</u>					
6. DATE OF BIRTH (month, day, and year) <u>Nov. 24-1865</u>					
7. AGE	Years <u>65</u>	Months <u>—</u>	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Ill.</u>					
MOTHER	13. NAME <u>Antonia Wachter</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Switzerland</u>				
	15. MAIDEN NAME <u>Not obtainable</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Cherry Lorraine</u>				
17. INFORMANT <u>Anna B. Ackerman</u> (Address) <u>Boise, Nev.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>New Plymouth</u> Date <u>11-27, 1931</u>					
19. UNDERTAKER <u>House Undertaking Parlor</u> (Address) <u>Payette, Ida.</u>					
20. FILED <u>11-25, 1931</u> <u>W. H. Rhodes</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 24, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 12, 1931</u> , to <u>Nov 24, 1931</u>					
I last saw him alive on <u>Nov 24, 1931</u> ; death is said to have occurred on the date stated above, at <u>9:00 a.m.</u>					
Principal cause of death and related causes of importance were as follows:					
<u>Cancer of stomach</u>					
Other contributory causes of importance:					
<u>Metastatic Cancer</u>					
<u>Abdominal metastases</u>					
<u>Bronchopneumonia</u>					
Name of operation <u>Explantation</u> Date of <u>Nov 25</u>					
What test confirmed diagnosis? <u>Specimen</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>E. H. Wahle</u> M. D.					
(Address) <u>515 East Main St. Payette, Idaho</u>					

Wahle

Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH		State File No. 77070	
PLACE OF DEATH County of <u>Ada.</u> City of <u>Boise.</u>		Registration District No. <u>2</u> Primary Registration District No. <u>1004</u> Local Registrar's No. <u>314</u>	
(No. <u>St. Lukes Hospital.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Sarah Ann Rork.</u>			
(a) Residence. No. <u>214 N. 18th Street</u> <u>Boise.</u> <u>Idaho.</u> St. <u>Idaho.</u> (Usual place of abode) (If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. <u>6</u> mos. <u>0</u> ds. How long in U. S., if of foreign birth? yrs. <u>0</u> mos. <u>0</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>		21. DATE OF DEATH (month, day, and year) <u>NOV. 24.</u> 193 <u>1</u>	
4. COLOR OR RACE <u>White</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 4</u> , 193 <u>1</u> , to <u>Nov. 24</u> , 193 <u>1</u> .	
5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>		I last saw him live on <u>Nov 24</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>7:25</u> a.m.	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		The principal cause of death and related causes of importance were as follows: <u>Rheumatic</u> <u>Calculus Heart Disease</u>	
6. DATE OF BIRTH (month, day, and year) <u>Feb. 28. 1877</u>		Date of onset <u>?</u>	
7. AGE Years <u>54</u> Months <u>8</u> Days <u>26</u> If LESS than 1 day, hrs. <u>0</u> or min. <u>0</u>		Other contributory causes of importance: <u>Patient operated Nov. 17-1931</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Gunnison</u> (State or country) <u>Utah.</u>			
MOTHER FATHER	13. NAME <u>Henderson</u>		
	14. BIRTHPLACE (city or town) <u>Denmark.</u> (State or country)		
	15. MAIDEN NAME <u>Unknown</u>		
	16. BIRTHPLACE (city or town) <u>Denmark.</u> (State or country)		
17. INFORMANT <u>Charles C. Rork.</u> (Address) <u>214 N. 18 st. Boise Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Gooding Idaho</u> Date <u>Nov. 27, 1931</u>			
19. UNDERTAKER <u>Summers & Krebs</u> (Address) <u>Boise Idaho.</u>			
20. FILED <u>11-25</u> , 193 <u>1</u> <u>W. H. Rhodes</u> Registrar.			
Name of operation <u>Appendix</u> Date of <u>Nov 27</u>		What test confirmed diagnosis? <u>Physician</u> as there an autopsy? <u>no</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>no</u> , 193 <u>1</u> . Where did injury occur? <u>no</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? If so, specify.			
(Signed) <u>Herald T. Nokes</u> M. D. (Address) <u>Eastman Bldg. Boise</u>			

Nokes.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 77071 State File No. _____ Local Registrar's No. <u>313</u>	
County of <u>Idaho</u>		Registration District No. <u>2</u>			
City of <u>Bow</u>		Primary Registration District No. <u>1004</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mrs. Maurie L. Stephan</u>					
(a) Residence. No. <u>1321 West Franklin St.</u> (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>August J. Stephan</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>July 28-1888</u>					
7. AGE Years <u>46</u>		Months <u>3</u>		Days <u>20</u>	
If LESS than 1 day, hrs. min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Cleveland, Ohio</u> (State or country)					
13. NAME <u>Emil Parpart</u>					
14. BIRTHPLACE (city or town) <u>Ohio</u> (State or country)					
15. MAIDEN NAME <u>Katherine Bayly</u>					
16. BIRTHPLACE (city or town) <u>Ohio</u> (State or country)					
17. INFORMANT <u>August J. Stephan</u> (Address) <u>Bow, Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill</u> Date <u>Nov. 19 1931</u>					
19. UNDERTAKER <u>Schneider & W. G. Gamm</u> (Address) <u>Bow, Ida</u>					
20. FILED <u>11-20, 1931</u> <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 17-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 11</u> , 1931, to <u>Nov 17</u> , 1931.					
I last saw him alive on <u>Nov 13</u> , 1931; death is said to have occurred on the date stated above, at <u>2 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>carditis with mild angina pectoris</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Clinical symptoms</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify <u>no</u>					
(Signed) <u>W. H. Rhodes</u> , M. D.					
(Address) <u>514 Eastman B</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77072	
County of Ada		City of Boise		State File No. _____	
Registration District No. _____		Primary Registration District No. 1004		Local Registrar's No. 312	
(No. _____)		St. Lukes Hospital.			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Harry W. Pierce.					
(a) Residence. No. Hurt Apts. Boise, Idaho.		St. _____			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred 10 yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Male.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word) Married.			
5a. If married, widowed, or divorced HUSBAND of Marie Pierce. (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) Oct. 22-1882					
7. AGE 49	Years 0	Months 27	Days 11	HOURS: 11:30 P.M. 1 day, _____ hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) Sioux City, Iowa. (State or country) _____					
MOTHER					
13. NAME Harry Pierce.					
14. BIRTHPLACE (city or town) Iowa. (State or country) _____					
15. MAIDEN NAME Unknown.					
16. BIRTHPLACE (city or town) Iowa. (State or country) _____					
17. INFORMANT Mrs. Marie Pierce. (Address) Boise, Idaho.					
18. BURIAL, CREMATION, OR REMOVAL Morrise Hill Cemetery Date 11/20/31 1931					
19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.					
20. FILED 11-19 , 1931 W. H. Rhoades Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 11/18/31 1931					
22. I HEREBY CERTIFY, That I attended deceased from March 19 , 1931, to Mar 18 , 1931.					
I last saw him alive on Mar 18 , 1931; death is said to have occurred on the date stated above, at 5:30 P.M.					
The principal cause of death and related causes of importance were as follows:					
Carcinoma of the Jejunum					
Other contributory causes of importance: _____					
Date of onset _____					
Name of operation Internal Anestomosis Date of Oct 31 1931					
What test confirmed diagnosis? Pathology Report Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____ (Signed) Agnes Brady E. J. , M. D. (Address) Boise, Idaho.					

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 77073 State File No.	
PLACE OF DEATH County of <u>Ada</u> City of <u>Boise</u>		Registration District No. <u>3</u> Primary Registration District No. <u>004</u> (No. <u>St. Luke's</u>)	
2. FULL NAME <u>Carroll Benjamin Davis</u> (a) Residence. No. St. <u>Emmett, Ida</u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		Local Registrar's No. <u>311</u> <u>31</u>	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Frances Davis</u> (or) WIFE of			
6. DATE OF BIRTH (month, day and year) <u>Aug 7 - 1903</u>			
7. AGE <u>28</u>	Years <u>3</u>	Months <u>4</u>	Days <u>4</u> If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Druggist</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer			
9. BIRTHPLACE (city or town) <u>Emmett</u> (State or country) <u>Idaho</u>			
10. NAME OF FATHER <u>Benjamin B. Davis</u>			
11. BIRTHPLACE OF FATHER (city or town) <u>Iowa</u> (State or Country)			
12. MAIDEN NAME OF MOTHER <u>Marymie Mix</u>			
13. BIRTHPLACE OF MOTHER (city or town) <u>New York</u> (State or Country)			
14. Informant <u>Lynnette Davis</u> (Address) <u>Emmett, Idaho</u>			
15. Filled <u>11-19-31</u> <u>W.H. Rhodes</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH <u>Nov 11</u> 19 <u>31</u> (Month) (Day) (Year)			
17. I HEREBY CERTIFY, That I attended deceased from <u>June 15</u> , 19 <u>31</u> , to <u>Nov 11</u> , 19 <u>31</u> that I last saw him alive on <u>Nov. 10</u> , 19 <u>31</u> and that death occurred, on the date stated above, at <u>2nd</u> m. The CAUSE OF DEATH* was as follows: <u>Tuberculosis Pul. chr</u> <u>Oct. Feb. 1931</u> (duration) <u>2</u> yrs. <u>6</u> mos. <u>0</u> ds. CONTRIBUTORY <u>Tuberculosis Enteritis</u> (Secondary) (duration) <u>1</u> yrs. <u>0</u> mos. <u>0</u> ds.			
18. Where was disease contracted if not at place of death? <u>Emmett Idaho</u> Did an operation precede death? <u>no</u> Date of Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>Phys. Exam. & X-ray</u> (Signed) <u>W. H. Rhodes</u> , M. D. <u>11/12</u> , 19 <u>31</u> (Address) <u>Boise, Idaho</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
19. Place of Burial, Cremation, or Removal <u>Emmett Idaho</u>		Date of Burial <u>11/13</u> 19 <u>31</u>	
20. Undertaker <u>W. H. Rhodes</u>		Address <u>Emmett Idaho</u>	

PARENTS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1931

PLACE OF DEATH

County of AdaCity of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Luke's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Judith M. Thomsen(a) Residence. No. Boise, Idaho St. 131Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Joseph A. Thomsen
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 15-1901

7. AGE Years 30 Months 4 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweden
(State or country)

13. NAME Nels Nelson

14. BIRTHPLACE (city or town) Sweden
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Joseph A. Thomsen
(Address) Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Shipped
Place Blackfoot, Idaho Date 11/17/31

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 11-17, 1931 W. G. Rhodes
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 77074Local Registrar's No. 310

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/16/31 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1931, to Nov 16, 1931.

I last saw him alive on Nov 16, 1931; death is said

to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance

were as follows: Cardio-Vascular renal Disease

Date of onset 4 years ago

Other contributory causes of importance:

Toxic Goiter

Name of operation Thyroidectomy Date of 1928

What test confirmed diagnosis? Chymol Where an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Donald T. Noken, M. D.

(Address) Boise, Idaho

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RECEIVED DEC 9 1931		STATE OF IDAHO	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE	
BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
COUNTY OF <u>Ada</u>		77075	
CITY OF <u>Boise</u>		State File No. _____	
Registration District No. <u>2</u>		Local Registrar's No. <u>308</u>	
Primary Registration District No. <u>1004</u>			
(No. <u>St. Alphonsus Hos</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Joseph Rainey</u>			
(a) Residence. No. _____ St. <u>Sweet, Ida</u>			
(Usual place of abode)			
Length of residence in city or town where death occurred <u>27</u> yrs. <u>Sweet</u> mos.		(If nonresident give city or town and state) yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mary B. Rainey</u>			
6. DATE OF BIRTH (month, day, and year) <u>March 7-1868</u>			
7. AGE	Years <u>70</u>	Months <u>8</u>	Days <u>1</u>
	If LESS than 1 day, _____ hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Mo.</u>			
MOTHER	13. NAME <u>Rainey</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>U. S. R.</u>		
	15. MAIDEN NAME <u>Goin</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>U. S. A.</u>		
17. INFORMANT <u>Wesley B. Rainey</u> <u>Sweet, Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Boise, Ida</u> <u>Morris Hill Cemetery</u> Date <u>11-10-1931</u>			
19. UNDERTAKER <u>Schreiber & W. Gama</u> <u>Boise, Ida</u>			
20. FILED <u>11-10</u> , 1931 <u>W. H. Rhodes</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Nov 8</u> 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 3</u> , 1931, to <u>Nov 8</u> , 1931.			
I last saw him alive on <u>Nov 8</u> , 1931; death is said to have occurred on the date stated above, at <u>1589</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Ruptured appendix</u>			
Other contributory causes of importance:			
Name of operation <u>Appendectomy</u> Date of <u>Nov 3/1931</u>			
What test confirmed diagnosis? <u>Operation</u> Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____, 1931.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify _____			
(Signed) <u>Alfred Budge Jr.</u> , M. D.			
(Address) <u>Boise, Idaho</u>			

Budge

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE						
County of <u>Ada</u>		CERTIFICATE OF DEATH		State File No. <u>77076</u>						
City of <u>Boise</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>307</u>						
		Primary Registration District No. <u>1004</u>								
		(No. <u>1015 N. 19th Street</u>)								
(If death occurred in a hospital or institution, give its name instead of street and number.)										
2. FULL NAME <u>Cla Martin Evenstad</u>										
(a) Residence. No. <u>1015 N. 19th Street</u> St. <u></u>										
(Usual place of abode)										
Length of residence in city or town where death occurred. <u>27</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.										
PERSONAL AND STATISTICAL PARTICULARS										
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u>								
5a. If married, widowed, or divorced HUSBAND of <u>Della Evenstad</u> (or) WIFE of										
6. DATE OF BIRTH (month, day, and year) <u>June 10-1863</u>										
7. AGE <u>68</u>	Years <u>4</u>	Months <u>28</u>	Days <u>1</u>	If LESS than 1 day, hrs. <u>00</u> min. <u>00</u>						
OCCUPATION										
						8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Contractor</u>				
						9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>M. & K. Co.</u>				
10. Date deceased last worked at this occupation (month and year) <u></u>										
11. Total time (years) spent in this occupation <u></u>										
12. BIRTHPLACE (city or town) <u>Norway</u> (State or country)										
MOTHER FATHER										
						13. NAME <u>Evenstad</u>				
						14. BIRTHPLACE (city or town) <u>Norway</u> (State or country)				
						15. MAIDEN NAME <u>Unknown</u>				
16. BIRTHPLACE (city or town) <u>Norway</u> (State or country)										
17. INFORMANT <u>Mrs. H. W. Morrison</u> (Address) <u>Boise, Idaho</u>										
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem</u> Date <u>11/10/31</u> 193 <u>1</u>										
19. UNDERTAKER <u>Wm. McBratney</u> (Address) <u>Boise, Idaho</u>										
20. FILED <u>11-10</u> , 193 <u>1</u> <u>W. H. Rhodes</u> Registrar.										
MEDICAL CERTIFICATE OF DEATH										
21. DATE OF DEATH (month, day, and year) <u>11/8/31</u> 193 <u>1</u>										
22. I HEREBY CERTIFY, That I attended deceased from <u>May</u> , 193 <u>1</u> , to <u>Nov 7</u> , 193 <u>1</u> .										
I last saw him alive on <u>Nov 6</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>12:10 A.M.</u>										
The principal cause of death and related causes of importance were as follows:										
<u>Cancer of stomach</u>					Date of onset <u>Cannot say.</u>					
Other contributory causes of importance:										
Name of operation <u>Exploratory</u> Date of <u>Oct 15/31</u>										
What test confirmed diagnosis? <u>operation</u> Was there an autopsy? <u>no</u>										
23. If death was due to external causes (violence) fill in also the following:										
Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 193 <u></u>										
Where did injury occur? <u></u> (Specify city or town, county, and State)										
Specify whether injury occurred in industry, in home, or in public place. <u></u>										
Manner of injury <u></u>										
Nature of injury <u></u>										
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>										
If so, specify <u>J. S. Springer</u> , M. D.										
(Signed) <u>J. S. Springer</u> , M. D.										
(Address) <u>Boise, Idaho</u>										

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH		77077	
City of <u>Boise.</u>		Registration District No. <u>2</u>		State File No. <u>306</u>	
		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>126</u>	
		St. Lukes Hospital.			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mrs. Laura Cartwright</u>					
<u>1418 E. Bannocks</u> St. _____					
(a) Residence. No. _____ (Usual place of abode)					
Length of residence in city or town where death occurred. <u>20</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S., if of foreign birth? _____ yrs. <u>0</u> mos. <u>0</u> ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Calvin Cartwright.</u>					
6. DATE OF BIRTH (month, day, and year) <u>March 26-1891</u>					
7. AGE Years <u>40</u>		Months <u>7</u>		Days <u>12</u>	
If LESS than 1 day, _____ hrs. or _____ min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Trinidad, Colo.</u> (State or country)					
MOTHER FATHER	13. NAME <u>J. S. Williams.</u>				
	14. BIRTHPLACE (city or town) <u>Texas.</u> (State or country)				
	15. MAIDEN NAME <u>Florence Elizabeth Morris</u>				
	16. BIRTHPLACE (city or town) <u>Missouri.</u> (State or country)				
17. INFORMANT <u>Calvin Cartwright.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem.</u> Date <u>11/11/1931</u>					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>11-10</u> , 1931 <u>W. H. Rhoads</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>11/8/31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 5</u> , 1931, to <u>Nov. 8</u> , 1931					
I last saw him alive on <u>Nov 8</u> , 1931; death is said to have occurred on the date stated above, at <u>12:45 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Pertussis</u>					
Other contributory causes of importance:					
<u>Cholecytitis</u>					
Name of operation <u>Cholecystectomy</u> Date of <u>11/5/31</u>					
What test confirmed diagnosis? <u>Op.</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) <u>Sutomey</u> , M. D.					
(Address) <u>Boise, Idaho.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77079 State File No.	
PLACE OF DEATH Ada.			
County of			
CERTIFICATE OF DEATH			
City of		Registration District No.	
Boise.		Primary Registration District No. <u>1004</u>	
(No.)		Local Registrar's No. <u>304</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mildred Rodgers Baker.</u>			
(a) Residence. No. <u>116 West Jefferson</u> St.			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Byron. M. Baker.</u>			
6. DATE OF BIRTH (month, day, and year) <u>Feb. 16. 1906</u>			
7. AGE	Years	Months	Days
	<u>25</u>	<u>8</u>	<u>19.</u>
If LESS than 1 day, hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Scotts Bluff, Neb.</u>			
13. NAME <u>Alva. C. Rodgers.</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Lacona. Iowa.</u>			
15. MAIDEN NAME <u>Maude Kirkhart.</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Lacona, Iowa.</u>			
17. INFORMANT (Address) <u>B. M. Baker. 116. West Jefferson, St. Boise, Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cemetery</u> Date <u>Nov. 8, 1931</u>			
19. UNDERTAKER (Address) <u>Summers & Krebs. Boise, Idaho.</u>			
20. FILED <u>11-9</u> , 1931. <u>W. E. Rhodes</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>11-5</u> , 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>Manh</u> , 193 <u>3</u> , to <u>death</u> , 193 <u>1</u> .			
I last saw h. <u>alive</u> on <u>11-4</u> , 193 <u>1</u> . death is said to have occurred on the date stated above, at <u>8:30</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Myocarditis</u>			
Other contributory causes of importance:			
<u>Bronchial asthma. all life.</u>			
Name of operation <u>None</u> Date of			
What test confirmed diagnosis? <u>Phys. findings</u> there an autopsy? <u>No.</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? Date of injury, 193 <u>1</u> .			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u>			
If so, specify <u>h. F. West</u> (Signed) <u>415 Eastman Bldg.</u> M. D.			
(Address)			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH		State File No. <u>77080</u>	
City of <u>Boise</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>303</u>	
		Primary Registration District No. <u>1004</u>			
		(No. <u>St. Luke's Hospital.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mrs. Orinda Stiles</u>					
(a) Residence. No. <u>1315 W. Jefferson St.</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred, <u>3</u> yrs. <u>6</u> mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widow.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Clark G. Stiles.</u>					
6. DATE OF BIRTH (month, day, and year) <u>Mar. 11-1848</u>					
7. AGE Years <u>83</u>		Months <u>7</u>		Days <u>24</u>	
If LESS than 1 day, hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Elmyra, N. Y.</u>					
13. NAME <u>Pierce.</u>					
14. BIRTHPLACE (city or town) (State or country) <u>New York.</u>					
15. MAIDEN NAME <u>Hannah-Williams.</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Conn.</u>					
17. INFORMANT <u>Mrs. Fattie Brown.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Canyon Hill-Caldwell.</u> Date <u>11-8-31</u> 193					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>11-7</u> , 193 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>11/5/31</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>June</u> , 193 <u>2</u> to <u>Nov. 5</u> , 193 <u>1</u> .					
I last saw her alive on <u>11/4</u> , 193 <u>1</u> : death is said to have occurred on the date stated above, at <u>2 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>acute obstruction of bowels, secondary myocarditis chronic</u>					
Other contributory causes of importance:					
Name of operation <u>no</u> Date of <u>no</u>					
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 193					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify <u>app. coats</u> , M. D.					
(Signed) <u>Boise, Idaho.</u> (Address)					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH		State File No. <u>77081</u>	
City of <u>Boise.</u>					
Registration District No. <u>3</u>		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>302</u>	
(No. <u>St. Lukes Hospital.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Eliza Lemon Foster.</u>					
(a) Residence. No. <u>Oakland California.</u> St. <u>Oakland. Calif.</u>					
(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widow.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Jan. 1. 1855.</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>76.</u>		<u>10</u>	<u>5.</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Owenton.</u> (State or country) <u>Kentucky.</u>					
13. NAME <u>Jacob Furnish.</u>					
14. BIRTHPLACE (city or town) <u>Kentucky</u> (State or country)					
15. MAIDEN NAME <u>Alice Gilbert.</u>					
16. BIRTHPLACE (city or town) <u>Kentucky.</u> (State or country)					
17. INFORMANT <u>Mrs. C. F. Cope.</u> (Address) <u>1821. State Street, Boise Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Portland, Oreg.</u> Date <u>Nov. 8., 1931</u>					
19. UNDERTAKER <u>Summers & Krebs.</u> (Address) <u>Boise Idaho.</u>					
20. FILED <u>11-7</u> , 1931 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>11-8-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 31</u> , 1931, to <u>Death</u> , 1931. I last saw him alive on <u>11-5</u> , 1931; death is said to have occurred on the date stated above, at <u>6:10 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Bronchial pneumonia</u> Date of onset <u>Mar. 1931</u>					
Other contributory causes of importance: <u>Myocarditis</u> <u>Atherosclerosis</u> <u>Senility</u> Name of operation <u>None</u> Date of <u>None</u> What test confirmed diagnosis <u>Phys. findings</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>None</u> Nature of injury <u>None</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>None</u> (Signed) <u>H. F. West</u> M. D. (Address) <u>415 E. Ashman Bldg.</u>					

1009

RECEIVED DEC 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **77082**

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. St. Luke's Hosp.
Primary Registration District No. 1004
(No. St. Luke's Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 301

41

2. FULL NAME Emma A. Stone

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Las. B. Stone</u> (or) WIFE of		
6. DATE OF BIRTH (month, day and year) <u>Nov. 12, 1880</u>		
7. AGE <u>50</u>	Years <u>11</u>	Months <u>24</u>
		Days <u>24</u>
		If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) Pickville
(State or country) Idaho

10. NAME OF FATHER George Hunt

11. BIRTHPLACE OF FATHER (city or town) St. Louis
(State or Country) Missouri

12. MAIDEN NAME OF MOTHER Esther Darwin

13. BIRTHPLACE OF MOTHER (city or town) Spring City
(State or Country) Idaho

14. Informant James B. Stone
(Address) Meridian, Ada Co. Id.

15. Filed 11-6, 1931 W. H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 5
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1931, to Nov 4, 1931
that I last saw h. alive on Nov 3, 1931
and that death occurred, on the date stated above, at 3:45 P.M.

The CAUSE OF DEATH* was as follows:
General Sepsis
followed by acute
ruptured appendicitis
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Friend's home

Did an operation precede death? No Date of Nov 3-1931

Was there an autopsy? No

What test confirmed diagnosis? Post mortem
(Signed) James H. Plowman, M. D.
11/6, 1931 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Meridian, Ida. Date of Burial 11-7 1931

20. Undertaker B. N. Johnson Address Meridian, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1931

STATE OF IDAHO

PLACE OF DEATH

 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

 County of Ada
 City of Boise

 Registration District No. 2
 Primary Registration District No. 1004

 State File No. 77083
Local Registrar's No. 299
 (No. _____)
 (If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Albert Lusk
 (a) Residence. No. South 9th St. Pike St. 92
 (Usual place of abode)

 Length of residence in city or town where death occurred. 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Lusk
6. DATE OF BIRTH (month, day, and year) 1838
 7. AGE Years 93 Months Days If LESS than 1 day, hrs. or min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warsaw, Mo.13. NAME Not obtainable14. BIRTHPLACE (city or town) (State or country) "15. MAIDEN NAME "16. BIRTHPLACE (city or town) (State or country) U. S. A.17. INFORMANT James R. Lusk (Address) 722 - Franklin Boise18. BURIAL, CREMATION, OR REMOVAL Place Marion Hill Cemetery 10-31, 193119. UNDERTAKER E. Schreiner & McLean (Address) Boise, Ida.20. FILED 11-4, 1931 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 29, 193122. I HEREBY CERTIFY, That I attended deceased one time, 1931, X Oct. 29, 1931.
 I last saw him alive on Oct. 29, 1931; death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

First seen about 10 minutes before death.
Possible coronary embolus

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. Reno Numbers, M. D.(Address) Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77084	
County of	<u>Ada</u>	Registration District No. <u>3</u>		State File No. _____	
City of	<u>Baie</u>	Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>298</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Wong May</u>					
(a) Residence. No. <u>610 Front St.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>50</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>Chinese</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year)					
7. AGE <u>80</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gardener</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation <u>China</u>					
12. BIRTHPLACE (city or town) (State or country)					
13. NAME <u>Wong</u>					
14. BIRTHPLACE (city or town) (State or country) <u>China</u>					
15. MAIDEN NAME <u>Sauk Kuen</u>					
16. BIRTHPLACE (city or town) (State or country) <u>China</u>					
17. INFORMANT <u>Harry W. Yen</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL <u>Chinese Cemetery</u> Place <u>Baie</u> Date <u>11-4, 1931</u>					
19. UNDERTAKER <u>Schreiber & M. G. Gamm</u> (Address)					
20. FILED <u>11-4, 1931</u> <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>11/3 2 AM - 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 1, 1931</u> , to <u>11/3, 1931</u>					
I last saw him live on <u>Sept 3, 1931</u> ; death is said to have occurred on the date stated above, at <u>2 a. m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Chronic Nephritis</u> <u>& Myocarditis</u>					
Other contributory causes of importance: <u>Myocardial Insufficiency</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____					
(Signed) <u>W. H. Rhodes</u> , M. D. (Address) <u>Baie Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		77085	
County of <u>Ada</u>		State File No. _____	
City of <u>Boise.</u>		Registration District No. <u>2</u>	
Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>297</u>	
(No. <u>St. Alphonsus Hospital.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Ed Sellers</u>			
(a) Residence. No. <u>STAG Rooms, Boise, Idaho.</u> St. _____			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years	Months	Days
<u>About 51</u>		If LESS than 1 day, ____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Unknown.</u>			
MOTHER FATHER	13. NAME _____		
	14. BIRTHPLACE (city or town) (State or country) _____		
	15. MAIDEN NAME _____		
	16. BIRTHPLACE (city or town) (State or country) _____		
17. INFORMANT <u>Pearl Allen.</u> (Address) <u>Boise, Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>County Cem.</u> Date <u>11/4/31</u> , 1931			
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>			
20. FILED <u>11-2</u> , 1931 <u>W. H. Rhodes</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>10/31/31</u> 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 10</u> , 1931, to <u>Oct 31</u> , 1931.			
I last saw him alive on <u>Oct 29</u> , 1931; death is said to have occurred on the date stated above, at <u>2 a.</u> m.			
The principal cause of death and related causes of importance were as follows: <u>Chronic Nephritis & Myocarditis</u>			
Date of onset <u>Don't know</u>			
Other contributory causes of importance: <u>Pulmonary Edema</u> <u>Oct 25</u>			
Name of operation <u>None</u> Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			
If so, specify _____			
(Signed) <u>J. H. Brayton</u> , M. D.			
(Address) <u>Boise, Idaho.</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77086 State File No. _____	
County of <u>Ada</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>296</u>	
City of <u>Boise</u>		Primary Registration District No. <u>1004</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Luella Reynolds Copp</u>					
(a) Residence. No. <u>1017</u> . <u>Harrison Blvd.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>13</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Walter. H. Copp</u>					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 1. 1878</u>					
7. AGE Years <u>56</u> <u>58</u>		Months <u>2</u>		Days <u>30</u>	
If LESS than 1 day, hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>North Carolina</u> (State or country)					
13. NAME <u>Jacob Reynolds</u>					
14. BIRTHPLACE (city or town) <u>North Carolina</u> (State or country)					
15. MAIDEN NAME <u>Margaret. C. Cranford</u>					
16. BIRTHPLACE (city or town) <u>North Carolina</u> (State or country)					
17. INFORMANT <u>Walter. H. Copp</u> (Address) <u>1017. Harrison Blvd, Boise</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cemetery. Nov. 2. 1931</u>					
19. UNDERTAKER <u>Summers & Krebs</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>11-3</u> , 1931 <u>W. H. Rhides</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 31. 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 30</u> , 19 <u>31</u> , to <u>Oct 31</u> , 19 <u>31</u>					
I last saw h. alive on <u>Oct 31</u> , 19 <u>31</u> ; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Myocardial Co (from) Great - infarct</u>					
Other contributory causes of importance: <u>Carcinoma of Esophagus</u>					
Name of operation <u>None</u> Date of <u>Nov 8 1931</u>					
What test confirmed diagnosis? <u>Biopsy</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury _____, 19 <u>31</u> .					
Where did injury occur? <u>No</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury <u>✓</u>					
Site of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>✓</u>					
(Signed) <u>James L. Stewart</u> , M. D. (Address) <u>Boise Idaho</u>					

47

MAY 31 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77086County of AdaCity of Boise Registration District No.New Cert. to correct Primary Registration District No.birth date.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Mrs. Luella Reynolds Copp(a) Residence. No. 1017 Harrison Boulevard St. Boise, Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Walter Copp6. DATE OF BIRTH (month, day, and year) 8-1-18737. AGE Years Months Days If LESS than 1 day, hrs. or min.
58 2 308. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Carolina
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Walter H. Copp
(Address) 1017 Harrison Boulevard18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 11-2, 193119. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho

20. FILED , 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-31, 1931

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 30, 1920, to Oct. 31, 1931

I last saw him alive on , 193 : death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance

were as follows:

Metastasis CA. from breast in chest.

Date of onset

Other contributory causes of importance:

Carcinoma of left breast.Name of operation yes Date 11-8-28What test confirmed diagnosis? Clinical & Laboratory 1-23-30

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) James H. Hunt, M. D.(Address) 105 North 8th Street

(Corrected Certificate)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77087	
County of <u>Ada</u>		Registration District No. <u>3</u>		State File No.	
City of <u>Boise</u>		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>294</u>	
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Hugh Francis McKee</u>		129			
(a) Residence. No. <u>1315 Hart</u>		St.			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. <u>7</u> yrs. mos.		ds. How long in U. S., if of foreign birth?		yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Marion E. McKee</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 15 1870</u>					
7. AGE	Years <u>61</u>	Months <u>1</u>	Days <u>13</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>tanner</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Maryland</u> (State or country)					
13. NAME <u>H. McKee</u>					
14. BIRTHPLACE (city or town) <u>Antietam, Maryland</u> (State or country)					
15. MAIDEN NAME <u>Kinney</u>					
16. BIRTHPLACE (city or town) <u>Burlington, Wisconsin</u> (State or country)					
17. INFORMANT <u>Hugh Francis McKee</u> (Address) <u>St. John's Cemetery, Boise, Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. John's Cemetery</u> <u>Nov 2, 1931</u>					
19. UNDERTAKER <u>Schreibert & Co.</u> (Address) <u>Boise, Ida</u>					
20. FILED <u>11-3</u> , 1931 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-28 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 3, 1931</u> to <u>Oct 28, 1931</u> .					
I last saw him alive on <u>Oct 27, 1931</u> ; death is said to have occurred on the date stated above, at <u>3:20 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Chronic, Interstitial, nephritis.</u>					
Other contributory causes of importance: <u>arterio-sclerosis</u>					
Name of operation <u>none</u> Date of <u>no</u>					
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>no</u> , 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>home</u>					
Manner of injury <u>no</u>					
Nature of injury <u>no</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>no</u>					
(Signed) <u>A. J. Coats</u> M. D.					
(Address) <u>Boise, Ida</u>					

FORM 100-10-1-11 DEC 9 1931

CERTIFICATE OF DEATH

770888

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Ada
City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. St. Lukes Hospital St.)File No. _____
Registered No. 293

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

William Henry Hoover

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
(Write the word.)

6. DATE OF BIRTH

June 5 1863
(Month) (Day) (Year)

7. AGE

68 Yrs. 4 Mos. 26 ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Orchardist. Fruit grower

9. BIRTHPLACE

(State or Country)

Penn.

10. NAME OF FATHER

Joseph Hoover

11. BIRTHPLACE OF FATHER

(State or Country)

Don't know

12. MAIDEN NAME OF MOTHER

Mary Halby

13. BIRTHPLACE OF MOTHER

(State or Country)

Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

John Hoover
Connect Idn's

15.

Filed 11-2 1931W. H. Rhodes
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

10/30/31 Oct 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

10/30 1931, to 10/30 1931
that I last saw him alive on 10/30 1931and that death occurred on the date stated above, at 12 midnight

The CAUSE OF DEATH* was as follows:

not determined.
marked pain in abdomen.
symptoms of pneumonia
(Duration) _____ Yrs. _____ mos. 1 dayContributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

12/1 1931

(Address)

A. J. Coats M. D.
Boise, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death? ?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Wesley Park

DATE OF BURIAL

Nov 30 1931

20. UNDERTAKER

L. B. Northam

ADDRESS

Wesley Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1931

STATE OF IDAHO

PLACE OF DEATH

 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77089

County of AdaCity of BoiseRegistration District No. 8Primary Registration District No. 2004State File No. 93Local Registrar's No. 93
 (No. _____)
 (If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Frederick Capel Brown.(a) Residence. No. Near U.P. Depot. St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed, or Divorced (write the word)
Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofKate. K. Brown.6. DATE OF BIRTH (month, day, and year) Dec. 3, 1867.

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.631126.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Mineing engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) London England.
(State or country)13. NAME Thomas. A. Brown.14. BIRTHPLACE (city or town) England.
(State or country)15. MAIDEN NAME Andree Wilhelmena Adler.16. BIRTHPLACE (city or town)
(State or country)Denmark.17. INFORMANT Mrs. Kate. K. Brown.
(Address) R.D. # 4. Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Nov 193119. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.20. FILED 11-30, 1931 W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29, 1931.

22. I HEREBY CERTIFY, That I attended deceased from

June 4th, 1931, to Nov. 29th, 1931I last saw him alive on Nov. 28th, 1931; death is saidto have occurred on the date stated above, at 1:10 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Valvular disease
of heart, with leakage of
semilunar valves, many
years standing.

Other contributory causes of importance:

going to elevation of 9000 ft.
in June, a foot hemorrhage
operation & loss of compensation
Name of operation none Date of _____What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. M. Taylor M. D.(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH		77090	
City of <u>Boise</u>				State File No.	
Registration District No.		Primary Registration District No. <u>2004</u>		Local Registrar's No. <u>92</u>	
(No. <u>V.A., Boise, Idaho</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>LOTTE, John</u>					
(a) Residence. No.		St. <u>Whitebird, Idaho</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>xx</u>					
6. DATE OF BIRTH (month, day, and year) <u>9-11-1894</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>37</u>	<u>2</u>	<u>8</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>xx</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Italy</u> (State or country)					
FATHER	13. NAME <u>xx</u>				
	14. BIRTHPLACE (city or town) <u>xx</u> (State or country)				
	15. MAIDEN NAME <u>xx</u>				
MOTHER	16. BIRTHPLACE (city or town) <u>xx</u> (State or country)				
	17. INFORMANT <u>L.H. BEAMAN</u> (Address) <u>V.A., Boise, Idaho</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill</u> Date <u>11-27-31</u> 193					
19. UNDERTAKER <u>McBratney Funeral Home</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>11-23</u> , 193					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 19</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from					
<u>Aug. 2</u> , 193 <u>1</u> , to <u>Nov. 19</u> , 193 <u>1</u>					
I last saw him alive on <u>Nov. 19</u> , 193 <u>1</u> : death is said to have occurred on the date stated above, at <u>3.00 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Tuberculosis pulmonary chronic active.</u>					Date of onset
Other contributory causes of importance:					
<u>Hemorrhage, pulmonary.</u>					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?					
Date of injury, 193					
Where did injury occur?					
(Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>F. C. SMITH</u> , Reg. Med. Off., M. D.					
(Address) <u>V.A., Boise, Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada.</u>		CERTIFICATE OF DEATH		77091	
City of <u>Boise.</u>		Registration District No. <u>8</u>		State File No.	
		Primary Registration District No. <u>2004</u>		Local Registrar's No. <u>91</u>	
		(No. <u>Ada County Hospital.</u>)		88 f	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Luther Cutright.</u>					
(a) Residence. No. <u>2511 Madison Street.</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>4</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX Male.		4. COLOR OR RACE White.		21. DATE OF DEATH (month, day, and year) <u>11/13/31</u> 193	
		5. Single, Married, Widowed, or Divorced (write the word) Married.		22. I HEREBY CERTIFY, That I attended deceased from <u>Nov</u> , 193 <u>1</u> , to <u>Nov 13</u> , 193 <u>1</u> .	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mrs. Margaret Cutright</u>				I last saw him alive on <u>Nov 11</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>7:30 a. m.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Feb. 15-1852</u>				The principal cause of death and related causes of importance were as follows: <u>Chronic Myocarditis</u> Date of onset <u>Don't know</u>	
7. AGE		If LESS than 1 day, hrs. or min.			
Years <u>79</u>		Months <u>8</u>			
Days <u>28</u>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.		11. Total time (years) spent in this occupation			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)				Other contributory causes of importance: <u>Arterial Changes & Senility. Did have severe thrombosis about 8 yrs. ago, in right leg.</u>	
12. BIRTHPLACE (city or town) <u>W. Va.</u> (State or country)				Name of operation <u>No</u> Date of	
13. NAME <u>Slathiel Cutright.</u>				What test confirmed diagnosis? <u>None</u> Was there an autopsy?	
14. BIRTHPLACE (city or town) <u>W. Va.</u> (State or country)				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193 <u>1</u> . Where did injury occur? (Specify city or town, county, and State)	
15. MAIDEN NAME <u>Bridget Wolf.</u>				Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE (city or town) <u>W. Va.</u> (State or country)				Manner of injury	
17. INFORMANT <u>Nelson Cutright.</u> (Address) <u>Boise, Idaho.</u>				Nature of injury	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem.</u> Date <u>11/16/31</u> 193				24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify	
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>				(Signed) <u>W. M. McBratney</u> , M. D. (Address) <u>Boise, Idaho.</u>	
20. FILED <u>11-19</u> , 193 <u>1</u> <u>W. S. Rhodes</u> Registrar.					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77092 State File No.	
PLACE OF DEATH			
County of <u>Ada</u>			
City of <u>Boise.</u>			
Registration District No.			
Primary Registration District No. <u>2004</u>		Local Registrar's No. <u>89</u>	
(No. <u>Boise, Idaho. Route #2</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mrs. Wealthy McClaran</u>			
(a) Residence. No. <u>Boise, Idaho Route #2</u> St.			
(Usual place of abode)			
Length of residence in city or town where death occurred. <u>12</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Arthemas McClaran</u>			
6. DATE OF BIRTH (month, day, and year) <u>Oct. 14-1935</u>			
7. AGE	Years	Months	Days
<u>96</u>	<u>1</u>	<u>0</u>	If LESS than 1 day, hrs. <u>mm--mm.</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Ind.</u> (State or country)			
13. NAME <u>Gilum Reynolds.</u>			
14. BIRTHPLACE (city or town) <u>N. Carolina.</u> (State or country)			
15. MAIDEN NAME <u>Winnie Beaman.</u>			
16. BIRTHPLACE (city or town) <u>N. Carolina.</u> (State or country)			
17. INFORMANT <u>S. W. McClaran.</u> (Address) <u>Boise, Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Shipped</u> Place <u>Panora, Iowa.</u> Date <u>11/15/31</u> 193 <u>1</u>			
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>			
20. FILED <u>11-14</u> , 193 <u>1</u> <u>W. W. Rhodes</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>11/14/31</u> 193 <u>1</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 10</u> , 193 <u>1</u> , to <u>Nov 14</u> , 193 <u>1</u>			
I last saw him alive on <u>Nov 13</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>10 A.M.</u>			
The principal cause of death and related causes of importance were as follows:			
<u>Hyperstatic pneumonia</u>			
Other contributory causes of importance:			
<u>Secondary</u>			
Name of operation Date of			
What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? Date of injury, 193 <u>1</u>			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury <u>Open Wound</u>			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify			
(Signed) <u>Boise, Idaho.</u> , M.D.			
(Address) <u>Boise, Idaho.</u>			

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 77093	
County of <u>Ada</u>		Registration District No. <u>8</u>			
City of <u>Boise.</u>		Primary Registration District No. <u>2004</u>		Local Registrar's No. <u>88</u>	
(No. <u>Ada County Cemetery Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mrs. Elvora A. Phelps.</u>					
(a) Residence. No. <u>Boise, Idaho.</u> St. <u></u>					
(Usual place of abode)				(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>March 20-1846</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>85</u>	<u>7</u>	<u>17</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Ashtabula, Ohio.</u> (State or country)					
MOTHER FATHER	13. NAME <u>Unknown</u>				
	14. BIRTHPLACE (city or town) <u>"</u> (State or country)				
	15. MAIDEN NAME <u>"</u>				
	16. BIRTHPLACE (city or town) <u>"</u> (State or country)				
17. INFORMANT <u>Pearl Allen</u> (Address) <u>Boise, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Canyon Hill, Caldwell.</u> Date <u>11/11/31</u> 193 <u>1</u>					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>11-9</u> , 193 <u>1</u> <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>11/7/31</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 1</u> , 19 <u>29</u> , to <u>Nov 8</u> , 193 <u>1</u> . I last saw her alive on <u>Nov 1</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>12:15 m.</u> The principal cause of death and related causes of importance were as follows: <u>Arteriosclerosis</u> <u>Coronary sclerosis</u> <u>Subacute Myocarditis</u> <u>Feb 1</u> 193 <u>1</u> Date of onset <u>Not known</u>					
Other contributory causes of importance: <u>None</u>					
Name of operation <u>None</u> Date of <u></u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 193 <u></u> . Where did injury occur? <u></u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u></u> Manner of injury <u></u> Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u></u> (Signed) <u>W. H. Rhodes</u> , M. D. (Address) <u>Boise, Idaho.</u>					

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PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH		State File No. <u>77094</u>	
City of _____		Registration District No. <u>8</u>		Local Registrar's No. <u>87</u>	
(No. _____)		Primary Registration District No. <u>2004</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>John David Holmes.</u>					
(a) Residence. No. <u>Near Collister, 3 Miles west of Boise.</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. <u>7</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Vera Holmes.</u>					
6. DATE OF BIRTH (month, day, and year) <u>June. 4. 1883</u>					
7. AGE Years <u>48</u>		Months <u>4</u>		Days <u>27.</u> If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Drove Laundry Wagon.</u>				
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Illinois.</u> (State or country)					
MOTHER FATHER	13. NAME <u>James Holmes.</u>				
	14. BIRTHPLACE (city or town) <u>Unknown.</u> (State or country)				
	15. MAIDEN NAME <u>Unknown.</u>				
16. BIRTHPLACE (city or town) <u>Unknown.</u> (State or country)					
17. INFORMANT <u>Mrs. Vera Holmes.</u> (Address) <u>R.D. # 1, Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Woodsbury Cemetery</u> Date <u>Nov. 3</u> , 1931					
19. UNDERTAKER <u>Summers & Krebs.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>11-3</u> , 1931 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 1</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him alive on <u>Nov. 1</u> , 1931; death is said to have occurred on the date stated above, at <u>1:30 p. m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Undulant (Malle + fever) infection by milk</u>					
<u>determined by test Oct 1</u>					
Other contributory causes of importance: <u>Bronchitis</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>Lactinogen test</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>from infection with</u>					
(Signed) <u>H. M. Holmerson</u> , M. D.					
(Address) <u>Boise, Ida.</u>					

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RECEIVED DEC 9 1931

PLACE OF DEATH

County of AdaCity of Boise.STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2004(No. 5 Miles South of Cole School.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Milton Calloway(a) Residence. No. Boise, Idaho. Route # 4 St.

(Usual place of abode)

Length of residence in city or town where death occurred. 30 yrs. mos. ds.

(If nonresident give city or town and state)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word)Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) June 1859

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.72--

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Texas.

MOTHER FATHER

13. NAME

Unknown.14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

"16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)Mrs. R. W. Slater.
Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL

Place Morris Hill Cem. Date 11/1/31 1931

19. UNDERTAKER

Wm. McBratney.

(Address)

Boise, Idaho.

20. FILED

11-2, 1931W. H. Rhodes
Registrar.

DO NOT WRITE IN THIS SPACE

State File No.

77095Local Registrar's No. 86

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/30/31 1931

22. I HEREBY CERTIFY, That I attended deceased from

10-29-, 1931, to 10-30-, 1931I last saw him alive on 10-29-, 1931, death is saidto have occurred on the date stated above, at 2 P. m.The principal cause of death and related causes of importance
were as follows:

Date of onset

Angina Pectoris

Other contributory causes of importance:

Depression

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77096 State File No.	
County of <u>Ada</u>		City of <u>Boise</u>		Registration District No. <u>2</u> Primary Registration District No. <u>1004</u> Local Registrar's No. <u>295</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Metta A. Williams</u>					
(a) Residence. No. <u>115. N. 18 th</u> St. (Usual place of abode)					
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>George. E. Williams.</u>					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 20. 1882</u>					
7. AGE Years <u>49</u>		Months <u>2</u>		Days <u>9</u> If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Shenandoah,</u> (State or country) <u>Iowa.</u>					
13. NAME <u>G.H. Atkinson.</u>					
14. BIRTHPLACE (city or town) <u>West Virginia.</u> (State or country)					
15. MAIDEN NAME <u>Lucinda Moorehead.</u>					
16. BIRTHPLACE (city or town) <u>West Virginia.</u> (State or country)					
17. INFORMANT <u>Robert. E. Williams.</u> (Address) <u>115. N. 18 th St, Boise, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cemetery. D. Nov. 1. 1931.</u>					
19. UNDERTAKER <u>Summers & Krebs.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>11-2</u> , 1931 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 29. 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 20</u> , 1931, to <u>Oct 29</u> , 1931. I last saw him alive on <u>Oct 29</u> , 1931; death is said to have occurred on the date stated above, at <u>7:45 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>General Paralysis</u> Date of onset <u>6-1-31</u>					
Other contributory causes of importance:					
Name of operation..... Date of..... What test confirmed diagnosis? <u>Chemical Laboratory</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 1931. Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place..... Manner of injury..... Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? <u>M</u> If so, specify..... (Signed) <u>Robert M. Coates</u> , M.D. (Address) <u>407 Cambridge Bldg</u> <u>Boise, Idaho</u>					

ITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every statement should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS
EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77098

State File No.

PLACE OF DEATH

County of Ada
City of Meridian

Registration District No. 11

Primary Registration District No. 2006

Local Registrar's No. 24

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Newton

(a) Residence. No. Kipapa Idaho St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane H. Newton

6. DATE OF BIRTH (month, day and year) Mar 26 1849

7. AGE Years 82. Months 7 Days 19 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Montgomery Ala (State or country)

10. NAME OF FATHER John Walker

11. BIRTHPLACE OF FATHER (city or town) Don't know (State or Country)

12. MAIDEN NAME OF MOTHER Dolera Hines

13. BIRTHPLACE OF MOTHER (city or town) Montgomery Ala (State or Country)

14. Informant Chas. Davidson (Address) Emma Idaho R 2

15. Filed Nov 13, 1931 J. F. Neal Registrar

16. DATE OF DEATH

Nov. 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 25, 1931, to Nov 12, 1931
that I last saw her alive on 10-17, 1931

and that death occurred, on the date stated above, at 10-20 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of neck
right side

± (duration) 1 yrs. 10 mos. ds.

CONTRIBUTORY A. K. (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. F. Neal M. D.

11-12, 1931 (Address) Meridian

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Kipapa Idaho 11-13 1931

20. Undertaker Address

B. W. Johnson Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77099

State File No.

PLACE OF DEATH

County of Ada
City of Meridian

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. 2003 Local Registrar's No. 23
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace Henry Groves(a) Residence. No. Meridian Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofRobert Groves6. DATE OF BIRTH (month, day and year) Dec 28 - 1902

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
26 2 - min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Powersville Mo.
(State or country)10. NAME OF FATHER Mrs Henry11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Powersville Mo12. MAIDEN NAME OF MOTHER Margaret Ellis13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Powersville Mo14. Informant Wm Henry
(Address) Meridian Idaho15. Filed 10-31, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

10 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

10-15 1931, to 10-31 1931

that I last saw her alive on 10-31 1931

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Mitral regurgitation

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of.....Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) A. F. Neal, M. D.11-2 1931 (Address) Meridian Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Meridian Cemetery Nov 2 - 1931

20. Undertaker

Address

W. S. Mattern Meridian

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77100

State File No.

PLACE OF DEATH
County of Bannock
City of Shafter
CERTIFICATE OF DEATHRegistration District No. 84
Primary Registration District No. 2161
(No.)Local Registrar's No. 238

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amanda M. Pond(a) Residence. No. Thatcher Falls St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

~~HUSBAND~~
(or) WIFE ofJoseph Pond

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 9 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Richmond, Wt

10. NAME OF FATHER

Wm D. Henderson

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Ky.

12. MAIDEN NAME OF MOTHER

Almira Smith

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Ohio14. Informant (Address) Amelia Pond
Logan, Idaho15. Filed Nov 30 - 31 Mr. F. L. Fish
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

11/9/31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 1st, 1929, to Nov. 9, 1931
that I last saw her alive on Oct. 1, 1931and that death occurred, on the date stated above, at 29 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Organic Heart Disease(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

none

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of 6Was there an autopsy? noWhat test confirmed diagnosis? Physical Exam.(Signed) Ellis K. A. Fish, M. D.11/9/31, 1931 (Address) Shafter, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Richmond Wt11/11/ 1931

20. Undertaker

Address

Willis Henderson Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		State File No.		77101	
County of <u>Bannock</u>		Registration District No. <u>824</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>237</u>	
City of <u>Near McCammon</u>		(No. <u>Two miles west of McCammon Idaho</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>James Larsen</u>							
(a) Residence. No. <u>Residence</u>							
(Usual place of abode)							
Length of residence in city or town where death occurred. yrs. mos.		ds. How long in U. S., if of foreign birth? yrs. mos.					
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Nov 27 1931</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mary Olson</u>						22. I HEREBY CERTIFY, That I attended deceased from <u>March 20, 1931, to Nov 27, 1931</u>	
6. DATE OF BIRTH (month, day, and year) <u>Aug 26, 1869</u>						I last saw him alive on <u>Nov 20, 1931</u> ; death is said to have occurred on the date stated above, at <u>8:15 P.M.</u>	
7. AGE Years <u>62</u> Months <u>3</u> Days <u>1</u>		If LESS than 1 day, hrs. or min.				The principal cause of death and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>						<u>Repeated minor hemorrhage of the brain.</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						Date of onset <u>Nov 18, 31</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation				Other contributory causes of importance: <u>Interstitial Nephritis</u>	
12. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>						Name of operation <u>None</u> Date of <u>None</u>	
13. NAME <u>Lars Peter Jensen</u>						What test confirmed diagnosis? <u>None</u> (Was there an autopsy?) <u>No</u>	
14. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>						23. If death was due to external causes (violence) fill in also the following:	
15. MAIDEN NAME <u>Sine Nelsen</u>						Accident, suicide, or homicide? Date of injury, 1931.	
16. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>						Where did injury occur? (Specify city or town, county, and State)	
17. INFORMANT <u>Mrs James Larsen</u> (Address) <u>McCammon Idaho</u>						Specify whether injury occurred in industry, in home, or in public place.	
18. BURIAL, CREMATION, OR REMOVAL Place <u>McCammon Idaho</u> Date <u>Dec 2, 1931</u>						Manner of injury	
19. UNDERTAKER <u>Arthur W. Hall Mortuary</u> (Address) <u>Pocatello Idaho</u>						Nature of injury	
20. FILED <u>Dec 3, 1931</u> <u>Mrs. G. E. Fife</u> Registrar.						24. Was disease or injury in any way related to occupation of deceased? If so, specify	
						(Signed) <u>C. E. Rich</u> , M. D.	
						(Address) <u>Lava Hot Springs</u>	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77102 State File No.	
County of <u>Bannock</u>		City of <u>Grace</u>		Registration District No. <u>84</u> Primary Registration District No. <u>2161</u>	
		(No.)		Local Registrar's No. <u>236</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>James Winfield Scott</u>					
(a) Residence. No.		St.		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Mabel Wanda Scott</u> (or) WIFE					
6. DATE OF BIRTH (month, day, and year) <u>May 24, 1884</u>					
7. AGE <u>47</u>	Years	Months <u>6</u>	Days <u>23</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pool room operator</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own pool Hall</u>					
10. Date deceased last worked at this occupation (month and year) <u>Nov. 1931</u>					
11. Total time (years) spent in this occupation <u>5 years</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Antigo Wis.</u>					
13. NAME ? <u>Antigo Wis</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Antigo Wis</u>					
15. MAIDEN NAME <u>Mary Luella Wascott</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Antigo Wis</u>					
17. INFORMANT <u>Mrs. James Scott</u> (Address) <u>Grace, Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello Ida.</u> Date <u>Nov 20, 1931</u>					
19. UNDERTAKER <u>Arthur Hall</u> (Address) <u>Pocatello, Ida</u>					
20. FILED <u>Nov 30, 1931</u> <u>Mrs. J. V. Fitz</u> Register					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 16, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 1931, to <u>Nov 16</u> , 1931.					
I last saw him alive on 1931: death is said to have occurred on the date stated above, at <u>6:30 P.M.</u> The principal cause of death and related causes of importance were as follows:					
<u>Unknown. Previously in apparent good health</u> <u>Died suddenly</u>					
Other contributory causes of importance:					
Name of operation Date of What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931. Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>B. E. Garrison</u> M. D. (Address) <u>Grace, Ida</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 10 1931

PLACE OF DEATH

County of BannockCity of PocatelloSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eathen F. Cutler(a) Residence. No. North of Pocatello City St. Inkom, Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Harriett L. Williams
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Sept. 9, 1854.7. AGE Years 77 Months 2 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah13. NAME Sheldon B. Cutler14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Sarah White16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT E. F. Cutler Jr.
(Address) Pocatello, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Inkom, Idaho. Date Nov. 14, 1931.19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.20. FILED Nov. 14, 1931. Ray
Registrar

DO NOT WRITE IN THIS SPACE

77104

State File No. 184Local Registrar's No. 184

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 11, 1931.22. I HEREBY CERTIFY, That I attended deceased from 9/11, 1931, to 11/11, 1931.I last saw him alive on Nov 11, 1931; death is saidto have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

Myocardial
Degeneration

Date of onset

Other contributory causes of importance:

Name of operation none Date of -What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 1931.Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None(Signed) Chas. W. Hall M. D.(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 10 1931

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77105**

Registration District No. 2Primary Registration District No. 2161Local Registrar's No. 183(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Aldrichi(a) Residence. No. 328 North Third Ave. St. Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Mar. 5, 1931.

7. AGE Years 0 Months 8 Days 0 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.13. NAME Senator Aldrichi14. BIRTHPLACE (city or town) (State or country) Kansas15. MAIDEN NAME Rose Chambers16. BIRTHPLACE (city or town) (State or country) Idaho17. INFORMANT Rose Aldrichi (Address) Pocatello, Idaho.18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Nov. 8, 1931.19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.20. FILED Nov. 7, 1931. D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 5, 1931.22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1931, to Nov 5, 1931.I last saw him alive on Nov 5, 1931; death is saidto have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

malnutritionOct 15

Other contributory causes of importance:

accidentsNov 3Name of operation none Date of What test confirmed diagnosis? none Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. noManner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify (Signed) D C Ray M. D.(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH County of <u>Bannock</u> City of <u>Pocatello</u>		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
Registration District No. <u>21</u> Primary Registration District No. <u>2161</u> (No. <u>Residence</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		State File No. <u>77106</u> Local Registrar's No. <u>182</u>	
2. FULL NAME <u>Sharon Leore Palmer</u> (a) Residence. No. <u>1033 West Fremont</u> St. <u>41</u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>August 26 1931</u>			
7. AGE	Years <u>2</u>	Months <u>2</u>	Days <u>7</u>
If LESS than 1 day, hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Infant</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)		<u>Pocatello</u>	
13. NAME <u>Milton R. Palmer</u>			
14. BIRTHPLACE (city or town) (State or country)		<u>Grantsville Utah</u>	
15. MAIDEN NAME <u>Helen B. Tushfarber</u>			
16. BIRTHPLACE (city or town) (State or country)		<u>Missouri</u>	
17. INFORMANT <u>R. A. Palmer</u> (Address) <u>Pocatello Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Olathe Kansas</u> Date <u>1931</u>			
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho</u>			
20. FILED <u>11-3</u> , 1931 <u>D C Ray</u> Registrar.			
		21. DATE OF DEATH (month, day, and year) <u>Nov 3, 1931</u>	
		22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 31, 1931</u> , to <u>Nov 3, 1931</u> I last saw <u>her</u> alive on <u>11-2</u> , 1931; death is said to have occurred on the date stated above, at <u>6:00</u> m. The principal cause of death and related causes of importance were as follows: <u>Diphtheria</u> Other contributory causes of importance: <u>acute suppurative tonsillitis</u>	
		Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____	
		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____	
		24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>D C Ray</u> M. D. (Address) <u>Pocatello Idaho</u>	

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

RECEIVED DEC 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **77107**

PLACE OF DEATH

County of Bannock
City of Paratello

CERTIFICATE OF DEATH

Registration District No. 22

Primary Registration District No. 2167

(No. Paratello General Hospital)

Local Registrar's No. 181

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael Little

(a) Residence. No. 340 North 10th St.

(Usual place of abode.)

Length of residence in city or town where death occurred 35 yrs. 2 mos. 4 ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Martha Little

6. DATE OF BIRTH (month, day and year)

7. AGE Years 77 Months 2 Days 21 If LESS than 1 day, hrs. or min. X

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer)

Stone

(c) Name of employer

Unknown

9. BIRTHPLACE (city or town) (State or country)

Scotland

10. NAME OF FATHER

David Little

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Unknown
Scotland

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Unknown
Scotland

14. Informant (Address) Mrs. Martha Little

15. Filed 11-5 1931

D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 2, 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1931, to Nov 2, 1931
that I last saw him alive on Nov 2, 1931

and that death occurred, on the date stated above, at 49 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic myocarditis +
Chronic nephritis
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. W. Brophy M. D.

11-3, 1931 (Address) Paratello, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Paratello, Idaho 11/6, 1931

Under taker Wm B. McCallum Address Paratello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 10 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77108

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161

State File No.

Local Registrar's No. 180(No. Rear 333 North Fourth Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Vaughn(a) Residence. No. 255 North 12th St.

(Usual place of abode)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced. (write the word) <u>Single</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE <u>74</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.
---------------------	-------	--------	------	---

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hauling

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Charles Brown
(Address) Pocatello, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Ida. Date Nov. 5, 193119. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.20. FILED Nov. 5, 1931 S C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 1, 193122. I HEREBY CERTIFY, That I attended deceased from
....., 193....., to , 193.....

I last saw h..... alive on , 193..... : death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Gun Shot Wound in Head Date of onset
(Suicidal)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 11/1/1931Where did injury occur? Pocatello, Ida.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Public Place (IN Alley)

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur W. Hall Coroner(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 77109	
County of <u>Bannock</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>185</u>	
City of <u>Pocatello</u>		Primary Registration District No. <u>2161</u>			
(No. <u>General Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Luis Berg</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) <u>unknown</u> (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) _____			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or min.	
<u>45 (about)</u>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>unknown</u>					
13. NAME <u>unknown</u>					
14. BIRTHPLACE (city or town) (State or country) <u>unknown</u>					
15. MAIDEN NAME <u>unknown</u>					
16. BIRTHPLACE (city or town) (State or country) <u>unknown</u>					
17. INFORMANT <u>Subt. Secy. J. H. B.</u> (Address) <u>Pocatello Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain View</u> Date <u>Nov. 12, 1931</u>					
19. UNDERTAKER <u>Chumacher & Beasley</u> (Address) <u>Pocatello Idaho</u>					
20. FILED <u>11-20, 1931</u> <u>D. C. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 9, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 9</u> , 1931, to <u>Nov 9</u> , 1931					
I last saw him alive on <u>Nov 9</u> , 1931; death is said to have occurred on the date stated above, at <u>10 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Non specific ulceration of the stomach with perforation & hemorrhage</u>					
Other contributory causes of importance: _____					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis <u>Path.</u> Was there an autopsy <u>yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>W. W. Brothman</u> , M.D.					
(Address) <u>Pocatello Idaho</u>					

Brothers

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 77110	
County of <u>Bannock</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>186</u>	
City of <u>Pocatello</u>		Primary Registration District No. <u>2161</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mrs. Ellen Reilly</u>					
(a) Residence. No. <u>738 N. Main</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Mike Reilly</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>1859</u>					
7. AGE	Years <u>72</u>	Months <u>—</u>	Days <u>—</u>	If LESS than 1 day, ____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>				
	13. NAME <u>Wm. Coffey</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>				
	15. MAIDEN NAME <u>Margaret Lynch</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>					
17. INFORMANT <u>Mike Reilly</u> (Address) <u>738 N. Main</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain View</u> Date _____, 193__					
19. UNDERTAKER <u>Schumacher & Beasley</u> (Address) <u>Pocatello</u>					
20. FILED <u>11-20</u> , 193 <u>1</u> <u>D. C. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 16</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>11-13</u> , 193 <u>1</u> , to <u>11-16</u> , 193 <u>1</u>					
I last saw him alive on <u>11-16</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>106</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Myocarditis - acute - following influenza</u>					Date of onset <u>11/13</u>
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193__					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>D. C. Ray</u> , M. D.					
(Address) <u>Pocatello</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
Bannock		BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		77111	
County of	Bannock	Registration District No.	28	State File No.			
City of	Grace	Primary Registration District No.	2161	Local Registrar's No.	187		
(No. Residence)		(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME		James W. Scott					
(a) Residence. No.		Grace, Idaho.		St.			
(Usual place of abode)		(If nonresident give city or town and state)					
Length of residence in city or town where death occurred.		yrs.	mos.	ds.	How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)					
Male	White	Married					
5a. If married, widowed, or divorced							
HUSBAND of (or) WIFE of Husband of Mabel W. Romriell							
6. DATE OF BIRTH (month, day, and year) May 24, 1884.							
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.			
	47	5	23				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
Billiard Hall Owner							
10. Date deceased last worked at this occupation (month and year)							
11. Total time (years) spent in this occupation							
Antigo, Wisconsin.							
12. BIRTHPLACE (city or town) (State or country)							
George Scott							
14. BIRTHPLACE (city or town) (State or country)							
Antigo, Wisconsin.							
15. MAIDEN NAME Mary L. Westcott							
16. BIRTHPLACE (city or town) (State or country)							
Antigo, Wisconsin							
17. INFORMANT Mrs. James W. Scott (Address) Grace, Idaho.							
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Nov. 19, 1931.							
19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.							
20. FILED Nov. 19, 1931. D. C. Ray Registrar.							
21. DATE OF DEATH (month, day, and year) Nov. 16, 1931.							
22. I HEREBY CERTIFY, That I attended deceased from							
, 193, to , 193							
I last saw h. alive on , 193: death is said to have occurred on the date stated above, at 6-30 P.M.							
The principal cause of death and related causes of importance were as follows:							
Date of onset							
Angina Pectoris died suddenly while talking with friends. Had no complaint to friends of poor heart.							
Other contributory causes of importance:							
Name of operation Date of							
What test confirmed diagnosis? Was there an autopsy?							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? Date of injury , 193							
Where did injury occur? (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury							
Nature of injury							
24. Was disease or injury in any way related to occupation of deceased?							
If so, specify							
(Signed) Arthur W. Hall, Registrar							
(Address) Pocatello, Idaho.							

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 10 1931

PLACE OF DEATH

County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 20
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

77112

State File No.

Local Registrar's No. 188

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. W. Anthrunk(a) Residence. No. 930 N. Arthur St.

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose

6. DATE OF BIRTH (month, day, and year) Dec. 24, 1896

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
34 10 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Western Port
(State or country) Maryland

13. NAME John Anthrunk

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Margaret Leason

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMANT Mrs. Rose Anthrunk
(Address) 930 N. Arthur

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain View Date Nov. 19, 1931

19. UNDERTAKER Schumacher & Basley
(Address) Pocatello Idaho

20. FILED 11-19, 1931 I C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1931, to 11-16, 1931.

I last saw him alive on 11-16, 1931; death is said to have occurred on the date stated above, at 119 m. The principal cause of death and related causes of importance were as follows:

Date of onset

Tuber. Dysent. 1922

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? W. name Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Brothers, M.D.(Address) Pocatello Idaho

Brothers

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 10 1931

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77113

State File No.

Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 189(No. St. Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Erwin Lewis Zundel(a) Residence. No. Tyhee, Idaho. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofChild6. DATE OF BIRTH (month, day, and year) Apr. 14, 1928.

7. AGE Years 3 Months 7 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad, Idaho.

MOTHER FATHER

13. NAME Dwight H. Zundel14. BIRTHPLACE (city or town) (State or country) Woodruff, Idaho.15. MAIDEN NAME Violet Lewis16. BIRTHPLACE (city or town) (State or country) Malad, Idaho.17. INFORMANT Dwight H. Zundel
(Address) Tyhee, Idaho.18. BURIAL, CREMATION, OR REMOVAL Place Malad, Idaho. Date Nov. 26, 1931.19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Ida.20. FILED Nov. 25, 1931.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 25, 1931.22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1931, to Nov 25, 1931.I last saw him, alive on Nov 25, 1931; death is saidto have occurred on the date stated above, at 1:00 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

nasal septal abscessNov 18

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? Post mortem Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 1931.Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) J. C. Roy M. D.(Address) Pocatello, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

DEC 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
77114
State File No. _____

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161
(No. Lynn Hospital)
Local Registrar's No. 190

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Pofflemire
(a) Residence. No. 6046 So. 4th. St. _____
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. 13 yrs. 5 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Ruth M. Pofflemire
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 6 / 1872

7. AGE Years 54 Months 5 Days _____ If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Secy. of Y. M. C. Y.
(b) General nature of industry, business, or establishment in which employed (or employer) Hotel Business
(c) Name of employer Y. M. C. Y.

9. BIRTHPLACE (city or town) Unknown
(State or country) Illinois

10. NAME OF FATHER Andrew Pofflemire

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country) Canada

12. MAIDEN NAME OF MOTHER Inne

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country) Germany

14. Informant Mr. Ruth M. Pofflemire
(Address)

15. Filed 11-21, 1934. D C Roy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 27, 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Nov 1, 1934,
that I last saw him alive on Nov 27, 1934,
and that death occurred, on the date stated above, at 6 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial
nephritis
Braucheocetasis
(duration) 6 yrs. mos. ds.

CONTRIBUTORY Epilepsy attacks
(Secondary) (duration) 15 yrs. mos. ds.

18. Where was disease contracted Home
if not at place of death?
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? phys. exam
(Signed) D. H. Lynn, M. D.
11-27, 1934 (Address) Pocatello, Idaho

19. Place of Burial, Cremation, or Removal Pocatello City Cemetery Date of Burial 19

20. Undertaker H. L. McLean Address Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH County of <u>Bannock</u> City of <u>Pocatello</u>		CERTIFICATE OF DEATH Registration District No. <u>28</u> Primary Registration District No. <u>2161</u> Local Registrar's No. <u>191</u> (No. <u>408 North Main Street</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <u>George Richardson</u> (a) Residence. No. <u>1445 North Garfield Ave.</u> St. <u>170</u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Husband of Etta Mae Tolman</u> (or) WIFE			
6. DATE OF BIRTH (month, day, and year) <u>Mar. 8, 1882</u>			
7. AGE Years <u>49</u> Months <u>8</u> Days <u>15</u>	If LESS than 1 day, hrs. or min.		
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>	
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>O.S.L.R.R.</u>	
		10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>England</u>			
MOTHER FATHER	13. NAME <u>George Richardson</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>England</u>		
	15. MAIDEN NAME <u>Ann Derbershire</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>England</u>		
17. INFORMANT <u>Mrs. George Richardson</u> (Address) <u>Pocatello, Idaho.</u>			
18. BURIAL, CREMATION OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>Nov. 28, 1931</u>			
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>			
20. FILED <u>Nov. 27, 1931</u> <u>J C Ray</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Nov. 23, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from, 193....., to....., 193..... I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at..... m. The principal cause of death and related causes of importance were as follows: <u>Gun Shot Wound in Head</u> <u>(Suicidal)</u> Date of onset			
Other contributory causes of importance:			
Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?.....			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide <u>Suicide</u> Date of injury <u>11/23/31</u> Where did injury occur? <u>Pocatello, Idaho.</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>Public Place (Service Station)</u> Manner of injury <u>32 Calibre Pistol Shot</u> Nature of injury <u>in right temple</u>			
24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed) <u>Arthur W. Hall</u> Coroner <u>M.D.</u> (Address) <u>Pocatello, Idaho.</u>			

RECEIVED DEC 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **77116**

PLACE OF DEATH

County of PannockCity of Paradise

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Mo.)Local Registrar's No. 192

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Bryning(a) Residence. No. 1305 E. Hillman St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S. if of foreign birth? 1 yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Widowed6. DATE OF BIRTH (month, day and year) August 16 - 18807. AGE 51 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper(b) General nature of industry, business, or establishment in which employed (or employer) Helping Sam

(c) Name of employer

9. BIRTHPLACE (city or town) Unknown
(State or country) Illinois

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country) Virginia12. MAIDEN NAME OF MOTHER Hopkins13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County) Unknown14. Informant (Address) J. K. Bryning15. Filed Nov 28 1931 S. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 28 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov 26 1931that I last saw her alive on 11-26 1931and that death occurred, on the date stated above, at min.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

myocarditis(duration) 3 yrs. mos. ds.CONTRIBUTORY
(Secondary)(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11-28Was there an autopsy? YesWhat test confirmed diagnosis? D. C. Ray M. D.11-28 1931 (Address) Paradise19. Place of Burial, Cremation, or Removal Paradise City Cemetery Date of Burial 11/29 193120. Undertaker H. L. McMan Address Paradise Idaho

88

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77117

State File No.

PLACE OF DEATH

County of Bannock
City of Foratello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 216(No. U of Idaho Girls Infirmary)Local Registrar's No. 192

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred 2 yrs.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)single

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec 21-1914

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.17117

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workStudent(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Rockland
Ida.

10. NAME OF FATHER

L. C. Doty11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Manhattan
Kansas

12. MAIDEN NAME OF MOTHER

Ethel A Hartwell13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Nebr.

14.

Informant
(Address)L. C. Doty
Twin Falls, Ida.

15.

Filed 11-29, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov
(Month)28
(Day)31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 27, 1931, to Nov 28, 1931
that I last saw her alive on Nov 28, 1931and that death occurred, on the date stated above, at 11:16 A.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Lobar Pneumonia(duration) yrs. mos. 2 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) W. W. Brotherton M. D.11-28, 1931 (Address) Procell, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls, Ida.11-30 1931

20. Undertaker

Address

White Mortuary IncTwin FallsWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.
Exact statement of OCCUPATION is very important.

DISINTERMENT PERMIT
State of Idaho
DEPARTMENT OF PUBLIC HEALTH
Boise, Idaho

APPLICATION HAVING BEEN MADE for the disinterment of the body of _____

Dorthy Doty now lying buried in Twin Falls

Cemetery, in the City of Twin Falls
City or Town

County of Twin Falls State of Idaho, who died on the 28th day of

November, 1 931, aged 17 years 11 months 7 days, the

cause of death being Lobar Pneumonia

and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; small pox; leprosy; Asiatic cholera; typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by W. W. Brothers M. D. attending physician.

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by Private Hearse to Gem Memorial Park Cemetery
(Private or Railway Conveyance)

in the City of Burley

City or Town
County of Cassia State of Idaho to take

effect upon the approval by the local board of health of the County
City, Town or County
of Twin Falls it being understood and provided that nothing

herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation Permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance.

The disinterment and removal must be done under the personal supervision of a Licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health
at Boise, Idaho, this _____ day of _____, A. D. 19 _____

PERMIT issued to:

Payne Mortuary
J. Garth Payne E-389
Burley, Idaho

Director, Division of Vital Statistics..

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN.

EXACTLY.

AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

77118

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

(No. No.)

Local Registrar's No. 195

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances Mary Harvey

(a) Residence. No. 315 So. 7th Ave St.

(Usual place of abode.)

Length of residence in city or town where death occurred 45 yrs. 8 mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single. Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

~~HUSBAND~~ or
(or) WIFE of

Wm. J. Harvey

6. DATE OF BIRTH (month, day and year) March 6 1864

7. AGE Years 67 Months 8 Days 21 If LESS than 1 day, hrs. or min. X

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9. BIRTHPLACE (city or town) Gloucester
(State or country) England

10. NAME OF FATHER Geo. West

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country) England

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County) England

14. Informant (Address) Wm. J. Harvey

15. Filed Nov 28 1931 A. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 27, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1 - 1, 1925, to 11 - 27, 1931

that I last saw her alive on 11 - 27, 1931

and that death occurred, on the date stated above, at 10:30 P.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension & Diabetes

(duration) 7 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) E. J. ... M. D.

Nov 28, 1931 (Address) Pocatello, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Pocatello City Cemetery Dec 1 1931

20. Undertaker Address

H. L. McKean Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>	City of <u>Pocatello</u>	Registration District No. <u>28</u>	Primary Registration District No. <u>2161</u>	State File No. <u>77119</u>	Local Registrar's No. <u>198</u>
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Paynter</u>					
(a) Residence. No. <u>Casa del Rio apt.</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant (signature)</u>					
6. DATE OF BIRTH (month, day, and year) <u>Oct., 28, 31</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Pocatello Idaho</u>					
13. NAME <u>Forest Paynter</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Fairplay Kentucky</u>					
15. MAIDEN NAME <u>Charlotte Craig</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Leipsville Idaho</u>					
17. INFORMANT <u>Forest Paynter</u> (Address) <u>723 N. Lewis</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountainview</u> Date <u>Oct. 29</u> 1931					
19. UNDERTAKER <u>Schumacher, Beasley</u> (Address) <u>Pocatello Idaho</u>					
20. FILED <u>12-7</u> , 1931 <u>S. C. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 29</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 28</u> , 1931, to <u>Oct 29</u> , 1931.					
I last saw her alive on <u>Oct 29</u> , 1931; death is said to have occurred on the date stated above, at <u>11P</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Premature about three months</u>					
Other contributory causes of importance: <u>Premature Birth</u>					
Name of operation <u></u> Date of <u></u>					
What test confirmed diagnosis? <u>Exam</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u></u>					
Manner of injury <u></u>					
Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify <u>no</u> <u>10/29/31</u>					
(Signed) <u>F. H. Lynn</u> , M. D.					
(Address) <u>Pocatello, Idaho</u>					

1619

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		BUREAU OF VITAL STATISTICS		State File No. 77120	
County of <u>Bannock</u>		City of <u>Pocatello</u>		Registration District No. <u>28</u>	
Primary Registration District No. <u>21061</u>		Local Registrar's No. <u>199</u>			
(No. <u>500 Black E. Center</u>)		If death occurred in a hospital or institution, give its name instead of street and number.			
2. FULL NAME <u>Rosa Guido</u>					
(a) Residence. No. <u>500 Black E. Center</u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OF RACE <u>White</u>	5. Single, Married, Widowed, or Divorced, (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Widowed</u>					
6. DATE OF BIRTH (month, day, and year) <u>May 19-1886</u>					
7. AGE	Years <u>75</u>	Months <u>5</u>	Days <u>14</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Italy</u>				
	13. NAME <u>Domenico Rizzo</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Italy</u>				
	15. MAIDEN NAME <u>Maria Fralicia</u>				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Italy</u>				
	17. INHERENT (Address) <u>San Guido Pocatello Idaho</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain View</u> Date <u>Nov. 8</u> 1931					
19. UNDERTAKER <u>Schumacher & Bayley</u> (Address) <u>Pocatello Idaho</u>					
20. FILED <u>12-7</u> , 1931 <u>D. C. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 2</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>5/1</u> , 1931, to <u>Nov 2</u> , 1931.					
I last saw him alive on <u>Oct 25</u> , 1931; death is said to have occurred on the date stated above, at <u>10 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Common 2</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of <u>-</u>					
What test confirmed diagnosis? <u>Was there an autopsy?</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury <u>-</u> , 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify <u>yes</u>					
(Signed) <u>[Signature]</u> , M. D.					
(Address) <u>Pocatello Idaho</u>					

RECEIVED DEC 2 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77121

State File No.

Local Registrar's No. 177

PLACE OF DEATH

County of Bear Lake
City of Paris

Registration District No. 53

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAMES

Donald K. Rogers

(a) Residence. No.

(Usual place of abode)

St.

Length of residence in city or town where death occurred. 6 yrs. 8 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.6 8 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workStudent(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Paris Idaho

10. NAME OF FATHER

John James Rogers11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Paris Idaho

12. MAIDEN NAME OF MOTHER

Erma Hannah King13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Paris Idaho14. Informant
(Address)

15. Filed

Nov 28th, 1931Dr. C. A. Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov.271931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 241931Nov. 271931that I last saw him alive on Nov. 27, 1931and that death occurred, on the date stated above, at 3:00 a.m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever(duration) yrs. mos. 3 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Scarlet fever, sore throat(Signed) Dr. C. A. Moore M. D.Nov. 28, 1931 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Paris IdahoNov. 28 1931

20. Undertaker

Dan Price

Address

Paris Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 2 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
County of Bear Lake
City of Bloomington
Registration District No. 53
Primary Registration District No.

DO NOT WRITE IN THIS SPACE

77122

State File No.

Local Registrar's No. 178

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lair Bee

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 17 1910

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
21 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bloomington (State or country) Idaho13. NAME William Richard Bee14. BIRTHPLACE (city or town) Bloomington (State or country) Idaho15. MAIDEN NAME Alta Thormack16. BIRTHPLACE (city or town) Bloomington (State or country) Idaho17. INFORMANT William Bee (Address) Bloomington Idaho18. BURIAL, CREMATION, OR REMOVAL Place Bloomington Date Dec. 1 193119. UNDERTAKER John Hulme (Address) Bloomington Idaho20. FILED Dec. 1 1931 Dec. C. O. Moore Registrar.Per. Mrs. C. H. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 28 1931

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 11, 1931, to Nov 28, 1931.I last saw her alive on Nov 26, 1931; death is saidto have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Whooping CoughName of operation None Date ofWhat test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify(Signed) C. O. Moore M. D.(Address) Paris Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 22 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77123

State File No.

PLACE OF DEATH

County of Bea Lake

City of Montpelier, Idaho

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Robinson

(a) Residence. No. Montpelier St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 75 Years 1 Months 26 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wales

10. NAME OF FATHER Herbert Griffith

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wales

12. MAIDEN NAME OF MOTHER Ann Reese

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wales

14. Informant Ann Reese Harris (Address) Montpelier, Idaho

15. Filed Oct 31, 1931 N. H. Williams Registrar

16. DATE OF DEATH Oct 31, 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1931, to Oct 31, 1931

that I last saw her alive on Oct 30, 1931

and that death occurred, on the date stated above, at 3.40 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Senility (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) N. H. Williams, M. D.

Oct 31, 1931 (Address) Montpelier, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Montpelier, Idaho Nov. 3. 1931

20. Undertaker Address

N. H. Williams Montpelier, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77124**

PLACE OF DEATH

County of *Bear Lake*

City of *Montpelier*

Registration District No. *52*

Primary Registration District No. *213E*

Local Registrar's No. *124*

(No. *52*)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. *Ernest Soummer*

(Usual place of abode)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) *May 11-1866*

7. AGE 65 Years 5 Months 2 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Switzerland*

10. NAME OF FATHER *Andrew Soummer*

11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Switzerland*

12. MAIDEN NAME OF MOTHER *Ann Barbara Porpo*

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Switzerland*

14. Informant *Mrs Ernest Soummer*

(Address) *Montpelier, Idaho*

15. Filed *Oct 31, 1921* *A. H. Berry*

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Oct 9* 19 *21*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Oct 8* to *Oct 9*, 19 *21*, that I last saw him alive on *Oct 9*, 19 *21*, and that death occurred, on the date stated above, at *7:40 A.M.*
The CAUSE OF DEATH* was as follows:
Kept Base Bladder

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) *Kept Base Bladder*
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *M. S. Peckley* M. D.

Oct 10, 19 *21* (Address) *Montpelier, Idaho*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Montpelier, Idaho *Oct 12 19 21*

20. Undertaker Address

J. H. Williams *Montpelier, Idaho*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77125

State File No.

PLACE OF DEATH

County of

Bear Lake

City of

Mojave

Registration District No.

52

Primary Registration District No.

2136

Local Registrar's No.

(No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Wanda Thormoer

(a) Residence, No.

Bloomington Ida

St.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May 4, 1911

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

20

4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Bloomington Ida

10. NAME OF FATHER

Sidney Thormoer

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Bloomington Ida

12. MAIDEN NAME OF MOTHER

Maggie Baker

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Lansing

14. Informant

(Address)

Sidney Thormoer
Bloomington Ida

15. Filed

Oct 31, 1931

M. K. King

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct

1

31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 29, 1931, to Oct 1, 1931

that I last saw him alive on Oct 1, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Arteriosclerosis

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

E. T. Fisher

M. D.

Oct 1, 1931

(Address)

Hannibal

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Bloomington Ida

Oct 3 1931

20. Undertaker

Lee Nelson

Address

Bloomington

RECEIVED NOV 23 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77126

State File No.

Local Registrar's No.

PLACE OF DEATH

County of

City of

Registration District No.

Primary Registration District No.

(No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced* (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant

(Address)

15.

Filed

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 3, 1931, to Oct 20, 1931

that I last saw him alive on Oct 20, 1931

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Diseased heart

(Chronic myocarditis)

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Date of

What test confirmed diagnosis? Signed

Oct 23, 1931 (Address) Montpelier, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT

CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)

whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Montpelier, Idaho Oct 18 1931

20. Undertaker

Address

J. H. Williams

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77127

State File No.

PLACE OF DEATH

County of

City of

Registration District No.

Primary Registration District No.

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant
(Address)

15. Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 15, 1931, to Sept 19, 1931

that I last saw him alive on Sept 19, 1931

and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH* was as follows:

Meningitis Infective

(duration) yrs. mos. 5 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Spinal Puncture

(Signed)

M. D.

9-22, 1931

(Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Montpelier, Idaho Sept 21, 1931

20. Undertaker

Address

F. H. Williams Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77128

State File No.

PLACE OF DEATH

County of

Bear Lake

City of

Montpelier, Idaho

Registration District No.

52

Primary Registration District No.

2136

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

July 12, 1915

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

16

2

13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At School.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Montpelier, Idaho

10. NAME OF FATHER

Abe C. Van Arman

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Bemington
Idaho

12. MAIDEN NAME OF MOTHER

Lennie J. Jenson

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Idaho

14.

Informant
(Address)Abe C. Van Arman
Montpelier, Idaho

15.

File

Sept 13, 1931

H. H. King

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 25

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 23, 1931, to Sept 25, 1931

that I last saw him alive on Sept 25, 1931

and that death occurred, on the date stated above, at

m.

The CAUSE OF DEATH* was as follows:

Hemorrhage
Brain (auto accident)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Sept 26, 1931 (Address) Montpelier, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Montpelier, Idaho

Date of Burial

Sept 28, 1931

20. Undertaker

J. M. Williams

Address

Montpelier, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77129

State File No.

Local Registrar's No.

PLACE OF DEATH

County of Bear Lake
City of Montpelier

Registration District No. 52Primary Registration District No. 2136

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Luy E. Remy Montpelier Ida St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Jan 12 - 1894

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
37 8 5 _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Montpelier, Idaho
(State or country)

10. NAME OF FATHER Albert Remy

11. BIRTHPLACE OF FATHER (city or town) Switzerland
(State or Country)

12. MAIDEN NAME OF MOTHER Anna Hoffman

13. BIRTHPLACE OF MOTHER (city or town) Switzerland
(State or Country)

14. Informant Mrs Luy Remy
(Address) Montpelier, Idaho

15. Filed Sept 30, 1931 Not Remy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 7 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 20, 1931, to Sept 7, 1931
that I last saw him alive on Sept 7, 1931
and that death occurred, on the date stated above, at 9:30 m.
The CAUSE OF DEATH* was as follows: Lymphadenoma

Hodgkins Disease
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) 2 yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Ellis H. Haskin, M. D.
Sept 8, 1931 (Address) Snake Springs, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Wardboro, Idaho Date of Burial Sept 11 1931

20. Undertaker Fuller Address Montpelier, Idaho

MARGIN RESERVED FOR DIVISION

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 23 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77131

State File No.

PLACE OF DEATH

County of Bear Lake

City of Montpelier

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No. 8

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rauliegh S. Pace

(a) Residence. No. Montpelier Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr 8 - 1844

7. AGE 47 Years 3 Months 26 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Amor (State or country) Minnesota

10. NAME OF FATHER Wm Pace

11. BIRTHPLACE OF FATHER (city or town) Indiana (State or Country)

12. MAIDEN NAME OF MOTHER Sarah Austin

13. BIRTHPLACE OF MOTHER (city or town) New York (State or Country)

14. Informant C. C. Pace (Address) ampa, Idaho

15. Filed Aug 31, 1931 N. H. King Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 3 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1931, to Aug 3, 1931, that I last saw h- alive on Aug 3, 1931, and that death occurred, on the date stated above, at 230 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY Myocarditis (Secondary)

(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) N. H. King M. D.

Aug 4, 1931 (Address) Montpelier Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Montpelier Ida Date of Burial Aug 5 - 1931

20. Undertaker F. H. Williams Address Montpelier Ida

OCT 4 1949

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

2 # 6

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 23 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77133

State File No.

Local Registrar's No.

PLACE OF DEATH

County of Bear Lake
City of Montpelier

Registration District No. 2Primary Registration District No. 2136

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Smith Price Stucki St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 20 1931

7. AGE 11 Years 9 Months 6 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant
(Address)

15. Filed

1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 22, 1931 to July 26, 1931
that I last saw him alive on July 26, 1931

and that death occurred, on the date stated above, at 6:30 A. M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. ds.
CONTRIBUTORY Strangulated Hernia
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Spencer H. Pack, M. D.
July 27, 1931 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Paris Idaho July 28 1931

20. Undertaker

Address

William

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

2
#6

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECORDED NOV 28 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77134

State File No.

PLACE OF DEATH

County of Bear Lake

City of Montpelier

Registration District No. 52

Primary Registration District No. 236

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald W. Garrett

(a) Residence. No. Montpelier St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 24-1877

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
53 10 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant (Address)

15.

Filed

1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) (Day) (Year)

17. I HEREBY CERTIFY, that I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at 4:15 A. m.

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. W. H. H. H. M. D.

July 2, 1931 (Address) Montpelier, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 23 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77135

PLACE OF DEATH

County of Bear LakeCity of MontpelierRegistration District No. 22Primary Registration District No. 2136

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah L. Phelps

(a) Residence. No. _____

(Usual place of abode)

Length of residence in city or town where death occurred. _____

yrs. _____

mos. _____

ds. _____

How long in U. S., if of foreign birth? _____

yrs. _____

mos. _____

ds. _____

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Jos Phelps6. DATE OF BIRTH (month, day and year) July 25 1846

7. AGE

Years 84Months 11Days 29

If LESS than 1 day

hrs. _____

min. _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) England
(State or country)10. NAME OF FATHER Wm Leggett11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER Not known13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant W B Phelps(Address) Montpelier Idaho15. Filed 71_____, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) June(Day) 24(Year) 1931

17. I HEREBY CERTIFY, That I attended deceased from

_____, 1931

to

_____, 1931that I last saw him alive on June 24, 1931and that death occurred, on the date stated above, at 4:45 a. m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY
(Secondary)(duration) _____ yrs. _____ mos. 1 ds.

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death _____Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Dr. F. Buckley, M. D.June 25, 1931 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Montpelier IdahoJune 26 1931

20. Undertaker

Address

F. M. WilliamsMontpelier, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 23 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77136**

PLACE OF DEATH
County of Ben Lue
City of Mountain

Registration District No. 52
Primary Registration District No. 7136

Local Registrar's No. 79

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace Paulsen

(a) Residence. No. Liberty Idaho St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 7 mos. 5 ds. How long in U.S., if of foreign birth? yrs. 7 mos. 5 ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 5-1917

7. AGE Years 14 Months 5 Days 18 If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Liberty Idaho
(State or country)

10. NAME OF FATHER Clem Paulsen

11. BIRTHPLACE OF FATHER (city or town) Liberty Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Martha Nelson

13. BIRTHPLACE OF MOTHER (city or town) Danmark
(State or Country)

14. Informant Clem Paulsen
(Address) Liberty Idaho

15. Filed 7/1/31, 1931 J. H. King
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1931, to June 29, 1931,
that I last saw him alive on June 29, 1931,
and that death occurred, on the date stated above, at 3:45 A.M.

The CAUSE OF DEATH was as follows:
Convulsions

(duration) yrs. 0 mos. 0 ds.
CONTRIBUTORY Kidney trouble
(Secondary) (duration) yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) J. F. Vesely, M. D.
June 24, 1931 (Address) Mountain

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Liberty Idaho Date of Burial June 25-1931

20. Undertaker J. H. King Address _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

(Address) 1001 1/2 St. N. Grand Rapids, Mich.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED DEC 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77139

State File No.

Local Registrar's No. 17

PLACE OF DEATH

County of Bennett Registration District No. 31
City of Crowd Aline Reame Primary Registration District No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elyer Toole

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE Indian 5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE Years 54 Months Days
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Crowd Aline Reame
(State or country)

10 NAME OF FATHER N. M. Gates

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Not Known

12 MAIDEN NAME OF MOTHER Marianne Kaligfel

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Crowd Aline Reame

14 Informant John Zachary
(Address) Plummer Idaho

15 Filed Nov. 5, 1931 John Post
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 3 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....

that I last saw h..... alive on 19.....

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris
died rather suddenly

(duration) yrs. mos. ds.

CONTRIBUTORY Heavy Drinker
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? History & Exam. of body

(Signed) J. J. Herrington, M. D.

..... 19..... (Address) Worley, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal De Smet, Idaho Date of Burial Nov. 5 1931

20. Undertaker E. L. Whorland Address Idaho, Mo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

77140

PLACE OF DEATH

County of BannockCity of St. Maries, IdahoRegistration District No. 32Primary Registration District No. 2049Local Registrar's No. 41

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

74^a2. FULL NAME Wes McDonald(a) Residence. No. 325 Main St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

75

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

bookman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Unknown

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Miss Clara Nevin

(Address)

St. Maries

15. Filed

Dec 9, 1931Walter Bohrer

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov2331

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 1st1931

to

Nov 231931that I last saw him alive on Nov 20, 1931and that death occurred, on the date stated above, at 12:5 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

Atherosclerosis and previousapoplexy(duration) 78 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

UnknownDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical

(Signed)

C. A. Boeris, M. D.12/2, 1931(Address) St. Maries, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

St. Maries
WoodlawnNov 24 1931

20. Undertaker

Ed E. Mitchell St. Maries, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77141

State File No.

PLACE OF DEATH

County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049

Local Registrar's No. 42

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Casper Monty

(a) Residence. No. Sixth St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Carlier Monty (deceased)

6 DATE OF BIRTH (month, day and year)

7 AGE Years 50 Months 11 Days 18 If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Melburn
(State or country) Kenn

10 NAME OF FATHER John M. Deen

11 BIRTHPLACE OF FATHER (city or town) Peru
(State or country)

12 MAIDEN NAME OF MOTHER Nerney J. Moore

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs. Irene Hill
(Address) St. Maries, Ida

15 Filed Dec. 7, 1931 Walter Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 24 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1931, to Nov 24, 1931, that I last saw him alive on Nov 24, 1931, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma breast

(duration) ____ yrs. 8 mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Yes Date of 5/29/31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) St. Maries M. D.
1931 (Address) St. Maries

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal St. Maries Date of Burial Nov 28, 1931

20. Undertaker St. Maries Address St. Maries

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **77142**

PLACE OF DEATH

County of Benedict
City of St. Maries

CERTIFICATE OF DEATH

Registration District No. 32
Primary Registration District No. 2049
(No. _____)

Local Registrar's No. 40

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John W. Marshall

(a) Residence. No. Celebes, Idaho St. Calder, Ida.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE 72 Years 1853 Months _____ Days _____
If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Indian War

(b) General nature of industry, business, or establishment in which employed (or employer) Veteran

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Henry Hallden
(Address) Celebes, Idaho

15 Filed Dec. 9, 1931 Walter Bohrer
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11 20 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1931, to Nov 20, 1931, that I last saw him alive on Nov 20, 1931, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

General Sepsis

CONTRIBUTORY (Secondary) Infected finger from
(duration) _____ yrs. _____ mos. 7 ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? No Date of 11/17/31
Was there an autopsy? No
What test confirmed diagnosis? Gen. Sepsis
(Signed) Wm. D. Mitchell M. D.
Nov 30, 1931 (Address) St. Maries, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal St Maries Ida Date of Burial Nov 21 1931
20. Undertaker W. D. Mitchell Address St Maries

RECEIVED DEC 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77143

State File No.

PLACE OF DEATH

County of Benewah
City of St. MariesRegistration District No. 32Primary Registration District No. 2049(No. St. Maries Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 39

2. FULL NAME

(a) Residence. No. Harrison Ida St. Harrison State, Ida.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
hrs. or min.
19 1 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fernan Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Blenchrock
(State or country) Ida

10. NAME OF FATHER

Geo H Reynolds11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER

Emma Ross13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Idaho14. Informant Mrs. Sandy Beillie
(Address) Harrison Ida

15. Filed _____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 20 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Nov 19, 1931, to Nov 20, 1931that I last saw him alive on Nov 20, 1931and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Guns hot wound left chest and
abdomen - accidental(duration) _____ yrs. mos. 12 hrs.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Stearns, M. D.12/1, 1931 (Address) St. Maries

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Harrison Ida Nov 22 1931
20. Undertaker Address
Geo E Mitchell St Maries

RECEIVED DEC 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77144

PLACE OF DEATH

County of BennettCity of St. MariesRegistration District No. 32Primary Registration District No. 2049(No. St. Apartments)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 382. FULL NAME Mrs. Geo. H. Morasch(a) Residence. No. St. Apartments St.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Geo. H. Morasch</u>		
6. DATE OF BIRTH (month, day and year) <u>Nov 23</u>		
7. AGE <u>20</u>	Years <u>7</u>	Months <u>23</u>
Days <u>23</u>		If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town)
(State or country)10. NAME OF FATHER Albert L. Case11. BIRTHPLACE OF FATHER (city or town) Minneapolis
(State or Country) Minnes.12. MAIDEN NAME OF MOTHER Florence Morris13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Geo. H. Morasch
(Address) St. Maries Idaho15. Filed Dec 9, 1931 Walker Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

11

(Month)

15

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 141931to Nov 151931that I last saw her alive on Nov 15 1931and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

accidental gun shot
wound penetrating stomach
& left leg
(duration) yrs. mos. 11 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? lucency through body(Signed) Chas. W. Phila M. D.11/16, 1931 (Address) St. Maries, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

St. Maries 11-17 1931

20. Undertaker

Address

Geo. E. Mitchell St. Maries, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77145

State File No.

PLACE OF DEATH

County of BeneviahCity of St. JoeRegistration District No. 32Primary Registration District No. 2049Local Registrar's No. 39

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Unknown5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or

min.

Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workWoodman(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Ohio Match Co9. BIRTHPLACE (city or town)
(State or country)Unknown

10. NAME OF FATHER

Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant

(Address)

Jim O'Toole
St Joe Ida

15.

Filed

Dec 9, 1931Walter Bohrer
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

111331

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

that I last saw h. ✓ alive on , 19and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH was as follows:

Falling timber tree falling
on back of limb, striking
him, killed instantly.
accidental
(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? Autopsy

(Signed)

11/151931

(Address)

St. Maries Ida

M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

St Maries IdaNov 21 1931

20. Undertaker

Address

Grave MitchellSt Maries

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77146**

PLACE OF DEATH

County of *Bennett*City of *St. Marcus*Registration District No. *32*Primary Registration District No. *2049*Local Registrar's No. *36*

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *John Wicks*(a) Residence, No. _____ St. *Lernwood, Idaho*

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. *4* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*4. COLOR OR RACE *White*5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE *48?* Years Months Days

If LESS than 1 day, _____ hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Farmer*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) _____ (State or country) _____

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (city or town) _____ (State or Country) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (city or town) _____ (State or Country) _____

14.

Informant *Fred Wickstone*(Address) *Lernwood Idaho*

15.

Filed *Nov. 7, 1931**Walter Bohrer*

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *11 6 1931*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on *between 12 & 19* and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Tuberculosis. Pulmonary

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted *Butte Mont.* if not at place of death?Did an operation precede death? *no* Date of _____Was there an autopsy? *no*What test confirmed diagnosis? *See signature*(Signed) *W. S. G.*

1931

(Address) *St. Marcus Idaho*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Butte Montana*

Date of Burial

19

20. Undertaker *Ed E. Mitchell*Address *St. Marcus*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 2 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Bingham

CERTIFICATE OF DEATH

City of SterlingRegistration District No. 116Primary Registration District No. 2195

State File No.

77147Local Registrar's No. 12(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Undeclared Rulon Cammock(a) Residence. No. _____ St. Sterling, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced, (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Nov. 15, '31

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.18. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Sterling, Idaho
(State or country)13. NAME Rulon Francis Cammock14. BIRTHPLACE (city or town) Alberta
(State or country) Canada15. MAIDEN NAME Desa Jane Theobald16. BIRTHPLACE (city or town) Hinckley
(State or country) Utah17. INFORMANT R. F. Cammock
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Springfield Date Nov. 17 193119. UNDERTAKER Friend
(Address)20. FILED Nov. 17 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 16 193122. I HEREBY CERTIFY, That I attended deceased from Nov
15 1931, to Nov 16, 1931I last saw him on Nov. 16, 1931; death is saidto have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance

were as follows:

Prematurity - 32nd week
Twin pregnancy

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. C. Markum, M. D.(Address) Aberdeen, Idaho

RECEIVED DEC 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77148

State File No.....

PLACE OF DEATH

County of GinghamCity of ShelleyRegistration District No. 121Primary Registration District No. 2194Local Registrar's No. 184

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed

or Divorced (write the word)

5a. If married, widowed or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant

(Address)

15. Filed

Nov. 8, 1931

Wm. Hallen E. Cature

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 31, 1931, to Nov. 5, 1931

that I last saw him alive on Nov 4, 1931

and that death occurred, on the date stated above, at 4:30 am

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTOR

(Secondary)

Acute Nephritis

(duration) yrs. mos. ds.

18. Where was disease contracted

if not at place of death?

Did an operation precede death

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mr. F. W. Christensen

Nov 5, 1931 (Address) Shelley, Idaho

M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE

CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)

whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

West Fifth Cemetery

Nov 8- 1931

20. Undertaker

Address

E. J. Peck

Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77149**

PLACE OF DEATH

County of GinghamCity of ShelleyRegistration District No. 21Primary Registration District No. 2194Local Registrar's No. 185

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Kent M. Garry

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. Single Married Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days 1 20 2 LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Shelley, Ida
(State or country)10. NAME OF FATHER David M. Garry11. BIRTHPLACE OF FATHER (city or town) Salt Lake City, Utah
(State or Country)12. MAIDEN NAME OF MOTHER Louise Staples13. BIRTHPLACE OF MOTHER (city or town) Salt Lake City
(State or Country)14. Informant David M. Garry
(Address) Shelley, Idaho15. Filed Nov. 8, 1931 M. H. Malone Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 6, 1931
(Month) (Day) (Year)17. HEREBY CERTIFY, That I attended deceased from Nov. 3 to Nov. 6, 1931that I last saw him alive on Nov. 5 at 8:30 AM

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Malnutrition
(duration) 3 wks. yrs. mos. ds.CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? IdahoDid an operation precede death? Yes Date of _____Was there an autopsy? YesWhat test confirmed diagnosis? Autopsy(Signed) Nov. 6, 1931 M. H. Malone M. D.(Address) Shelley, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Cashman, Idaho Date of Burial Nov 8 - 1931

20. Undertaker _____ Address _____

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77150

State File No.

PLACE OF DEATH

County of Bingham

City of Shelley

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 186

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Keith McQuary

(a) Residence. No. Shelley Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (Write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 1 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Shelley Idaho

10. NAME OF FATHER David McQuary

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Salt Lake City Utah

12. MAIDEN NAME OF MOTHER Louise Staples

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Salt Lake City Utah

14. Informant David McQuary (Address) Shelley Idaho

15. Filed Nov. 8, 1931 Registrar Mr. Walter E. Catline

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 7 31 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1931, to Nov. 7, 1931, that I last saw him alive on Nov. 7, 1931, and that death occurred, on the date stated above, at 8:15 m.

THE CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. E. McQuary M. D. (Address) Shelley Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Shelley Idaho Date of Burial Nov 8 - 19 31

20. Undertaker Address

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH County of <u>Bingham</u> City of <u>BLACKFOOT</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 77151 State File No.	
		Registration District No. <u>121</u> Primary Registration District No. <u>2194</u> STATE HOSPITAL SOUTH (No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>187</u>	
2. FULL NAME <u>PATRICK CUNNINGHAM</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred: <u>21</u> yrs. <u>5</u> mos. <u>18</u> ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>MALE</u>		4. COLOR OR RACE <u>WHITE</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>XXX</u>					
6. DATE OF BIRTH (month, day, and year) <u>Do not know</u>					
7. AGE <u>82</u>		Years Months Days		If LESS than 1 day, _____ hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lab orer</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year)			
		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>					
FATHER		13. NAME <u>Do not know</u>			
		14. BIRTHPLACE (city or town) (State or country) <u>Do not know</u>			
MOTHER		15. MAIDEN NAME <u>Do not know</u>			
		16. BIRTHPLACE (city or town) (State or country) <u>Do not know</u>			
17. INFORMANT <u>Records of State Hosp So. Blackfoot, Ida.</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Blackfoot, Ida.</u> Date <u>Nov 9, 1931</u>					
19. UNDERTAKER <u>Blackfoot Spoke</u> (Address)					
20. FILED <u>Nov 9, 1931</u> <u>Metallum & Co.</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 8th 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Apr. 15th 1931</u> to <u>Nov 8th, 1931</u>					
I last saw him alive on <u>Nov. 8th, 1931</u> ; death is said to have occurred on the date stated above, at <u>1:50 P.m.</u>					
The principal cause of death and related causes of importance were as follows:					
CEREBRAL HEMORRHAGE CEREBRAL HEMORRHAGE Other contributory causes of importance:					
None Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Clinical symptoms</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Chas. R. Lewis</u> , M. D. <u>Blackfoot, Ida.</u>					

749

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1931 PLACE OF DEATH County of <u>Bingham</u> City of <u>Blackfoot</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. <u>121</u> Primary Registration District No. <u>1007</u> (No. <u>McMillen Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		DO NOT WRITE IN THIS SPACE 77152 State File No.	
2. FULL NAME <u>Pauline Maue Williams</u> (a) Residence. No. <u>Blackfoot Ida</u> St. <u>Idaho</u> (Usual place of abode) Length of residence in city or town where death occurred. <u>8</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		LOCAL REGISTRAR'S No. <u>188</u>			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u> 4. COLOR OR RACE <u>White</u> 5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>		21. DATE OF DEATH (month, day, and year) <u>11-6-</u> 193 <u>1</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Wm. Williams</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>May 1st</u> , 193 <u>1</u> , to <u>11-6-</u> , 193 <u>1</u> . I last saw him alive on <u>11-5-</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>11:30 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic myocarditis</u>			
6. DATE OF BIRTH (month, day, and year) <u>May-5-1851</u>		Date of onset <u>1929</u>			
7. AGE Years <u>80</u> Months <u>6</u> Days <u>1</u> If LESS than 1 day, hrs. or min.		Other contributory causes of importance: <u>Chronic nephritis</u> <u>1928</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		Name of operation <u>✓</u> Date of <u>✓</u> What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>✓</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Canada</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 193 <u>1</u> . Where did injury occur? <u>✓</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>✓</u> Manner of injury <u>✓</u> Nature of injury <u>✓</u>			
13. NAME <u>Peter Maue</u> 14. BIRTHPLACE (city or town) (State or country) <u>Canada</u> 15. MAIDEN NAME <u>Melesie Salom</u> 16. BIRTHPLACE (city or town) (State or country) <u>Canada</u>		24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>no</u> (Signed) <u>J. O. Harcup</u> , M. D. Registrar. <u>Blackfoot Ida</u>			
17. INFORMANT <u>Mrs. J. W. Williams</u> (Address) 18. BURIAL, CREMATION, OR REMOVAL Place <u>Brown City Cem.</u> Date <u>11-7-</u> , 193 <u>1</u> 19. UNDERTAKER <u>Modern Mortuary</u> (Address) <u>Blackfoot Ida</u> 20. FILED <u>Nov 7</u> , 193 <u>1</u> <u>Mr. H. E. Vetter</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BINGHAM		BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		77153	
County of	BLACKFOOT	Registration District No.	121	Primary Registration District No.	2194	Local Registrar's No.	189
City of		(No. STATE HOSPITAL SOUTH)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME		IDA MAYMcDOUGALL					
(a) Residence. No.		St. Malad, Id a					
(Usual place of abode)		(If nonresident give city or town and state)					
Length of residence in city or town where death occurred.		yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX FEMALE	4. COLOR OR RACE WHITE	5. Single, Married, Widowed, or Divorced (write the word) WIDOW					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) 1867							
7. AGE 64	Years	Months	Days	If LESS than 1 day, hrs. or min.			
OCCUPATION							
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---							
10. Date deceased last worked at this occupation (month and year)							
11. Total time (years) spent in this occupation ---							
12. BIRTHPLACE (city or town) (State or country) Illinois							
MOTHER FATHER							
13. NAME Do not know							
14. BIRTHPLACE (city or town) (State or country) ---							
15. MAIDEN NAME Do not know							
16. BIRTHPLACE (city or town) (State or country) ---							
17. INFORMANT (Address) Records of State Hosp So. Blackfoot, Ida.							
18. BURIAL, CREMATION OR REMOVAL Place: Malad, Ida. Date: Nov. 10, 1931							
19. UNDERTAKER (Address) J. J. Jenson							
20. FILED Nov. 10, 1931 Mr. H. L. E. C. (Address) Blackfoot, Ida.							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) Nov 10 1931							
22. I HEREBY CERTIFY, That I attended deceased from Apr 15th 1931, 193, to Nov 10, 1931, 193							
I last saw her alive on Nov. 10th, 1931: death is said to have occurred on the date stated above, at 6:10 P.M.							
The principal cause of death and related causes of importance were as follows:							
ARTERIO SCLEROSIS 4-3-31							
Other contributory causes of importance:							
Name of operation None Date of							
What test confirmed diagnosis? Clinical symptoms							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? --- Date of injury ---, 193.							
Where did injury occur? --- (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place. ---							
Manner of injury ---							
Nature of injury ---							
24. Was disease or injury in any way related to occupation of deceased?							
If so, specify (Signed) Chas. P. Lowe, M.D. (Address) Blackfoot, Ida.							

RECEIVED DEC 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77154

State File No.

Local Registrar's No. 190

PLACE OF DEATH

County of BrighamCity of ShelleyRegistration District No. 121Primary Registration District No. 2194

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lottiel Hawks(a) Residence. No. Shelley Idaho

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth 87 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND OF (or) WIFE OF John H. Hawks6. DATE OF BIRTH (month, day and year) Sept 2nd 18677. AGE Years 64 Months 2 Days 14 If LESS than 1 day, min. hrs. or

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home wife(b) General nature of industry, business, or establishment in which employed (or employer) General Home work self(c) Name of employer Self9. BIRTHPLACE (city or town) Salida, Cal., U.S.A. (State or country)10. NAME OF FATHER William H. Bagley11. BIRTHPLACE OF FATHER (city or town) New Brunswick (State or Country)12. MOTHER'S NAME OF MOTHER Hanna Brunyan13. BIRTHPLACE OF MOTHER (city or town) England (State or Country)14. Informant Dr. H. H. Hawks (Address) Shelley Idaho15. Filed Nov 19, 1931 Wm. H. H. Hawks Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 16 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Oct. 19 29 to Nov. 16, 1931
that I last saw her alive on Nov. 16, 1931and that death occurred, on the date stated above, at 1:45 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes(duration) 2 yrs. 1 mos. 0 ds.CONTRIBUTORY (Secondary) Myocarditis(duration) 3 yrs. 3 mos. 0 ds.18. Where was disease contracted yes if not at place of death?Did an operation precede death? yes Date of Nov 16Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) F. McRoberts M. D.Nov. 16, 1931 (Address) Shelley Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Shelley, Idaho Date of Burial Nov 19, 193120. Undertaker Jack A. Wood Address Idaho Falls, Ida.

MAKING RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 28 1979

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital" "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

2

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RECEIVED DEC 2 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77155

State File No.

PLACE OF DEATH
County of Bingham
City of ShelleyRegistration District No. 121
Primary Registration District No. 2194Local Registrar's No. 191

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laford Borje

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
29 5 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Oxford Idaho10. NAME OF FATHER Geo. Borje11. BIRTHPLACE OF FATHER (city or town) (State or country) Oxford Idaho12. MAIDEN NAME OF MOTHER Theresa13. BIRTHPLACE OF MOTHER (city or town) (State or country) Idaho14. Informant Hellie M. Harry Shelly
(Address) Shelley Idaho15. Filed Nov. 23, 1931 Mrs. Helen E. C. ...
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 19 1931
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Nov. 15 1931 to Nov. 19 1931,
that I last saw him alive on Nov. 19 1931,
and that death occurred, on the date stated above, at 1100 A.M.
The CAUSE OF DEATH* was as follows:Pneumonia(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) Had a very large heart - High blood pressure - Sudden18. Where was deceased pronounced dead? (If not at place of death?) SuddenDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? No(Signed) M. D.Nov. 21, 1931 (Address) Shelley

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Shelley Dist Cemetery Date of Burial Nov 23, 193120. Undertaker Jack A. Wood Address Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		CERTIFICATE OF DEATH		State File No. <u>77156</u>	
City of <u>Pingree</u>		Registration District No. <u>121</u>		Local Registrar's No. <u>192</u>	
		Primary Registration District No. <u>2194</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>George Lewis</u>					
(a) Residence. No. <u>Pingree, Idaho</u> St. <u>Pingree Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX		4. COLOR OR RACE		5. Single, Married, Widowed, or Divorced (write the word)	
<u>Male</u>		<u>White</u>		<u>Single</u>	
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of <u>--</u>					
6. DATE OF BIRTH (month, day, and year) <u>---- 1874</u>					
7. AGE		Years		Months	
<u>57</u>		<u>--</u>		<u>--</u>	
		Days		If LESS than 1 day, hrs. or min.	
		<u>--</u>		<u>--</u>	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year)			
		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Indiana</u>					
FATHER		13. NAME <u>Don't Know</u>			
		14. BIRTHPLACE (city or town) (State or country) <u>" "</u>			
MOTHER		15. MAIDEN NAME <u>" "</u>			
		16. BIRTHPLACE (city or town) (State or country) <u>" "</u>			
17. INFORMANT (Address) <u>W. J. Rivers</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Thomas Riverside</u> Date <u>Nov. 24 1931</u>					
19. UNDERTAKER (Address) <u>E. J. Rivers</u>					
20. FILED <u>Nov. 22 1931</u> <u>W. J. Rivers</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 22 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 2 1931</u> , 193 <u>1</u> , to <u>Nov 22 1931</u> 193 <u>1</u>					
I last saw him live on <u>Nov. 21 1931</u> ; death is said to have occurred on the date stated above, at <u>2.30 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Fracture of right Illium & Of the right 9th & 10th ribs.</u>					
<u>An accident on his farm.</u>					
Other contributory causes of importance:					
<u>Pulmonary Tuberculosis</u> <u>2 yrs.</u>					
<u>Acute Broncho-Pneumonia</u> <u>1 wk.</u>					
<u>Acute Pleurisy with effusion</u> <u>3 dys.</u>					
Name of operation <u>none</u> Date of <u>11/2/31</u>					
What test confirmed diagnosis? <u>Chest aspirated.</u> Was there an autopsy? <u>No.</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>11/2 1931</u>					
Where did injury occur <u>Pingree, Bingham Co., Ida.</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Home.</u>					
Manner of injury <u>Fell off a load of sacked wheat.</u>					
Nature of injury <u>Fractures.</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify _____					
(Signed) <u>M. C. McGinnis</u> , M. D.					
(Address) <u>Aberdeen Idaho</u>					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77157 State File No.	
County of <u>Bingham</u>		City of <u>Blackfoot</u>		Registration District No. <u>121</u>	
		Primary Registration District No. <u>1007</u>		Local Registrar's No. <u>193</u>	
		(No. <u>Beck Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Nora Jean Hahn</u>					
(a) Residence. No. <u>Pingree, Idaho</u> St.					
(Usual place of abode)				(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>March 19, 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
		<u>8</u>	<u>8</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Blackfoot</u> (State or country) <u>Idaho</u>					
FATHER	13. NAME <u>Alfred Louis Hahn</u>				
	14. BIRTHPLACE (city or town) <u>Burns</u> (State or country) <u>Kansas</u>				
MOTHER	15. MAIDEN NAME <u>Annie Wilcox</u>				
	16. BIRTHPLACE (city or town) <u>Cumberland</u> (State or country) <u>Wyo.</u>				
17. INFORMANT (Address) <u>Alfred L. Hahn</u>					
18. BURIAL, CREMATION, OR REMOVAL Places <u>Home</u> Date <u>Dec 17, 1931</u>					
19. UNDERTAKER <u>E. T. Bush</u> (Address) <u>Blackfoot Idaho</u>					
20. FILED <u>Nov 30, 1931</u> <u>M. H. Malen</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>11-27, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>11-27, 1931</u> , to <u>11-27, 1931</u> . I last saw her alive on <u>11-27, 1931</u> ; death is said to have occurred on the date stated above, at <u>10:15 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Burn of head, face & upper extremities</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>physical findings</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>unintentional</u> Date of injury <u>11-27, 1931</u> Where did injury occur? <u>at home</u> (Specify city or town, county, and State) <u>Bingham Co. Idaho</u> Specify whether injury occurred in industry, in home, or in public place. <u>at home</u> Manner of injury <u>stove exploded</u> Nature of injury <u>Burns Coal oil gas</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>J. D. Humphreys</u> M. D. (Address) <u>Blackfoot Idaho</u>					

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77158	
PLACE OF DEATH County of <u>Bingham</u> City of <u>Blackfoot</u>		State File No. _____	
CERTIFICATE OF DEATH Registration District No. <u>121</u> Primary Registration District No. <u>1007</u> (No. <u>Beck Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>1954</u> <div style="font-size: 2em; text-align: center;">179</div>	
2. FULL NAME <u>Annie Wilcox Hahn</u> (a) Residence. No. <u>Pingree, Idaho</u> St. _____ (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Alfred Louis Hahn</u>			
6. DATE OF BIRTH (month, day, and year) <u>Jan. 14, 1910</u>			
7. AGE	Years <u>21</u>	Months <u>10</u>	Days <u>15</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Cumberland, Wyo.</u>			
FATHER	13. NAME <u>William Wilcox</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Mont Pleasant, Utah</u>		
MOTHER	15. MAIDEN NAME <u>Margaret Robertson</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Hamilton, Scotland</u>		
17. INFORMANT (Address) <u>Alfred Louis Hahn, Blackfoot, Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Thompson Cemetery</u> Date <u>Dec 15, 1931</u>			
19. UNDERTAKER <u>E. T. Park, Blackfoot, Idaho</u>			
20. FILED <u>Nov 30, 1931</u> <u>Wm. H. Walters, Blackfoot, Idaho</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>11-28-1931</u>			
22. I HEREBY CERTIFY, That I attended deceased <u>from</u> <u>11-27-1931</u> , to <u>1931</u> .			
I last saw <u>her</u> alive on <u>11-27-1931</u> ; death is said to have occurred on the date stated above, at <u>5 A. M.</u>			
The principal cause of death and related causes of importance were as follows: <u>Burn of entire body from fresh to ankle</u>			
Date of onset <u>11-27-31</u>			
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence, fall, etc.) in also the following: Accident, suicide, or homicide <u>accident</u> Date of injury <u>11-27-1931</u>			
Where did injury occur? <u>Bingham Co.</u> (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. <u>at home</u>			
Manner of injury <u>stove exploded</u>			
Nature of injury <u>Burn from coal oil gas</u>			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> . If so, specify _____			
(Signed) <u>J. G. Hamplman, M. D.</u> (Address) <u>Blackfoot, Idaho</u>			

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
BINGHAM		COUNTY OF		77159	
BLACKFOOT		CITY OF		State File No.	
Registration District No. 121		Primary Registration District No. 2194		Local Registrar's No. 195	
(No. State Hospital South)		(If death occurred in a hospital or institution, give its name instead of street and number.)		49	
2. FULL NAME DAWSON PHILLIPS					
(a) Residence. No.		St. Caldwell, Ida		(If nonresident give city or town and state)	
(Usual place of abode)		Length of residence in city or town where death occurred: 24 yrs. 1 mos. 1 ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX MALE	4. COLOR OR RACE WHITE	5. Single, Married, Widowed, or Divorced Single (Write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---					
6. DATE OF BIRTH (month, day, and year) Not known					
7. AGE 60	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not known				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation Not known				
12. BIRTHPLACE (city or town) Tennessee (State or country)					
MOTHER FATHER	13. NAME Do not know				
	14. BIRTHPLACE (city or town) Do not know (State or country)				
	15. MAIDEN NAME Do not know				
	16. BIRTHPLACE (city or town) Do not know (State or country)				
17. INFORMANT Records of State Hosp South (Address) Blackfoot, Idaho					
18. BURIAL, CREMATION, OR OTHER DISPOSITION Not known Place Not known , 1931					
19. UNDERTAKER Marion Clark (Address) Blackfoot, Idaho					
20. FILED Nov. 30, 1931 Mr. Hallett Catlin Registrar. (Address) Blackfoot, Ida.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Nov 28th 1931					
22. I HEREBY CERTIFY, That I attended deceased from Apr 15th, 1931 to Nov. 28th, 1931					
I last saw him alive on Nov. 28th, 1931 ; death is said to have occurred on the date stated above, at 8:20 P.M.					
The principal cause of death and related causes of importance were as follows:					
Cancer of face					Date of onset 12-31-29
Other contributory causes of importance:					
Name of operation None Date of ---					
What test confirmed diagnosis Clinical symptoms					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? --- Date of injury ---, 1931					
Where did injury occur? --- (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. ---					
Manner of injury ---					
Nature of injury ---					
24. Was disease or injury in any way related to occupation of deceased? If so, specify --- (Signed) Chas. R. Lewis , M.D. (Address) Blackfoot, Ida.					

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PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77160	
County of.....	Blaine	Registration District No. 57		State File No.	
City of.....	Hailey	Primary Registration District No. 2022		Local Registrar's No. 2728	
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Berry Housh</u>					
(a) Residence. No.		St.		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>July 5-1858</u>					
7. AGE	Years <u>81</u>	Months <u>4</u>	Days <u>24</u>	If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Yorkshire, England</u>					
MOTHER FATHER	13. NAME				
	14. BIRTHPLACE (city or town) (State or country) ✓				
	15. MAIDEN NAME ✓				
	16. BIRTHPLACE (city or town) (State or country) ✓				
17. INFORMANT (Address) <u>P. Buchanan</u> <u>Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Bellvue Cemetery</u> Date <u>Dec. 2, 1931</u>					
19. UNDERTAKER (Address) <u>Hailey, Idaho</u>					
20. FILED <u>12-3</u> , 1931 <u>R. H. Wright</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 29, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>10-1</u> , 1931, to <u>11-29</u> , 1931.					
I last saw <u>him</u> live on <u>11-29</u> , 1931. Death is said to have occurred on the date stated above, at <u>9 P</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Cancer of lower bowel</u> Date of onset <u>2 yrs</u>					
Other contributory causes of importance: <u>Senility</u>					
Name of operation Date of					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>Robert H. Wright</u> , M. D.					
(Address) <u>Hailey, Idaho</u>					

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STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		77161	
PLACE OF DEATH		Registration District No.		State File No.	
County of <u>Blaine</u>	City of <u>Hailey</u>	Registration District No. <u>57</u>	Primary Registration District No. <u>2022</u>	Local Registrar's No. <u>27</u>	
(No. <u>Hailey Clinical Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Sam Hingardner</u>					
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Cauc</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>July 4 - 1853</u>					
7. AGE	Years <u>78</u>	Months <u>4</u>	Days <u>22</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lawyer</u>				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>✓</u>					
FATHER	13. NAME _____				
	14. BIRTHPLACE (city or town) (State or country) <u>✓</u>				
	15. MAIDEN NAME _____				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>✓</u>				
	17. INFORMANT <u>William Williams</u> (Address) _____				
18. BURIAL, CREMATION, OR REMOVAL Place <u>County Blaine</u> Date <u>Nov 27 1931</u>					
19. UNDERTAKER (Address) <u>Hailey, Idaho</u>					
20. FILED <u>12-3</u> , 1931 <u>W. H. Wright</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH <u>Fox</u>					
21. DATE OF DEATH (month, day, and year) <u>Nov 26, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>11-21</u> , 1931, to <u>11-26</u> , 1931.					
I last saw him live on <u>11-26, 1931</u> ; death is said to have occurred on the date stated above, at <u>7:30 a.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Cremat Poisoning</u> <u>following severe burns</u> <u>to back & abdomen -</u>					
Date of onset <u>11-21-31</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Robert H. Wright</u> , M. D. (Address) <u>Hailey, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77162	
County of <u>Blaine</u>	City of <u>Hailey</u>	Registration District No. <u>57</u>	Primary Registration District No. <u>2022</u>	State File No. _____	Local Registrar's No. <u>26</u>
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>John E. Amos</u>					
(a) Residence. No. _____		St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Arizona</u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan 1-1887</u>					
7. AGE	Years <u>49</u>	Months <u>10</u>	Days <u>12</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Undertaker</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Furniture dealer</u>				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) (State or country) <u>Garden Grove, Iowa</u>					
MOTHER FATHER	13. NAME <u>X</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>X</u>				
	15. MAIDEN NAME <u>X</u>				
	16. BIRTHPLACE (city or town) (State or country) _____				
17. INFORMANT (Address) <u>Jack E. Amos, Hailey, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Hailey, Ida.</u> Date <u>Nov 15, 1931</u>					
19. UNDERTAKER (Address) <u>Hailey - Ida.</u>					
20. FILED <u>11-30, 1931</u> <u>R. H. Wright - Registrar.</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>11-13, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 12, 1931</u> , to <u>Nov 13, 1931</u>					
I last saw him alive on <u>Nov 12, 1931</u> ; death is said to have occurred on the date stated above, at <u>4 A. M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Gun shot wound thru head - self inflicted</u>					Date of onset
Other contributory causes of importance: <u>✓</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>suicide</u> Date of injury <u>11/12, 1931</u>					
Where did injury occur? <u>Hailey, Blaine, Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Public place, furniture store</u>					
Manner of injury <u>Gun shot wound thru brain</u>					
Nature of injury <u>self inflicted</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>Robert H. Wright - M. D.</u>					
(Address) <u>Hailey, Idaho</u>					

170

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1931

PLACE OF DEATH

County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77163**

Registration District No. 57
Primary Registration District No. 2022

Local Registrar's No. 25

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas J. Jones

(a) Residence. No. _____ St. _____

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Mar 15 - 1864

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
67 7 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. James
(State or country) Missouri

13. NAME James J. Jones

14. BIRTHPLACE (city or town) Mo
(State or country)

15. MAIDEN NAME Elizabeth Coffman

16. BIRTHPLACE (city or town) Mo
(State or country)

17. INFORMANT (Address) John M. Jones
Hailey, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Hailey Date 11-13 1931

19. UNDERTAKER (Address) Harold J. Jones
Hailey, Idaho

20. FILED 11-30, 1931 J. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-11 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.

I last saw him alive on _____, 1931; death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance

were as follows:
Heart lesion
found dead in
bed

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Robert H. Wright
(Address) Coroner Blaine Co - Hailey
Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1931
STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77164

County of BlaineCity of HaileyRegistration District No. 57Primary Registration District No. 2025

State File No. _____

Local Registrar's No. 24

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel Boon Kingsbury

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____ X

6. DATE OF BIRTH (month, day, and year) Nov 26 - 1862

7. AGE Years 68 Months 11 Days 17 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cresterville
(State or country) Iowa

13. NAME Thomas Kingsbury

14. BIRTHPLACE (city or town) Iowa
(State or country)

15. MAIDEN NAME Elizabeth Wales

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Mrs Wm. M. M. M.
(Address) Hailey, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date Nov 5, 1931

19. UNDERTAKER Harris & Co.
(Address) Hailey, Ida.

20. FILED 11-30, 1931 M. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH wright21. DATE OF DEATH (month, day, and year) Nov 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct - 1, 1931, to Nov - 3, 1931.

I last saw him live on Nov 2, 1931, death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance

were as follows:
Chronic Nephritis
with - Hypertension Date of onset 1929

Other contributory causes of importance:

NoneName of operation ✓ Date of ✓What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury _____, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Robert H. Wright, M. D.(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

PLACE OF DEATH

County of Boise
City of near Centerville

CERTIFICATE OF DEATH

Registration District No. 12

Primary Registration District No.

State File No. 77165Local Registrar's No. 12(No.)
(If death occurred in a hospital or institution give its name instead of street and number.)2. FULL NAME Ruth Ella Arbough

(a) Residence. No.

(Usual place of abode)

St. Centerville, Ida

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 19-1914

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Student10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Centerville, Ida

MOTHER

13. NAME

Lewis Arbough14. BIRTHPLACE (city or town)
(State or country)Idaho

15. MAIDEN NAME

Mabel De Hart16. BIRTHPLACE (city or town)
(State or country)Mont17. INFORMANT
(Address)Lewis Arbough
Centerville18. BURIAL CREMATION, OR REMOVAL
Place Centerville Date Dec 12-4, 193119. UNDERTAKER
(Address)Shelby & M. Co.
Boise, Ida20. FILED Dec 5th, 1931E. E. Rohsen

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) December 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from

11-24, 1931, to Dec 1, 1931I last saw her alive on 11-24, 1931: death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance

were as follows:

MyocarditisDate of onset
11-17-31

Other contributory causes of importance:

Acute suppurative
rhinitis11-19-31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Neal, M.D.(Address) Meridian, Idaho

L. Neal

RECEIVED DEC 2 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77166

State File No.

PLACE OF DEATH

County of Bonner

City of Clarksfork

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. Clarksfork Idaho)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. Clarksfork Ida St.

(Usual place of abode.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Oct 5 1931

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

—

1

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

none

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Clarksfork Ida

10. NAME OF FATHER

Ivor Anderson

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Mont

12. MAIDEN NAME OF MOTHER

Ethel Creed

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Washington

14.

Informant
(Address)

Ivor Anderson
Clarksfork

15.

Filed

Nov. 22 1931

John Larson
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov
(Month)

20
(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 11, 1931, to Nov 20, 1931

that I last saw him alive on Nov 20, 1931

and that death occurred, on the date stated above, at 2:15 P.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted home
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Nov 22, 1931 (Address) Clarksfork Ida

19. Place of Burial, Cremation, or Removal

Clarksfork Idaho

Date of Burial

11/22 1931

20. Undertaker

Ivor Anderson

Address

Clarksfork

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR PRINTING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **77167**

PLACE OF DEATH

County of **Bonner**City of **Laclede**

CERTIFICATE OF DEATH

Registration District No. **85**Primary Registration District No. **2185**Local Registrar's No. **24**(No. **131**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **John Wesley Riley**(a) Residence, No. **St.**

(Usual place of abode.)

Length of residence in city or town where death occurred. **44** yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)**Widowed**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of**Mary Riley**

6. DATE OF BIRTH (month, day and year)

January 4, 1857

7. AGE

Years

Months

Days

If LESS than 1 day,

74**10****8**hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.**Farmer**(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)**Oregon**

10. NAME OF FATHER

Joseph B. Riley11. BIRTHPLACE OF FATHER (city or town)
(State or Country)**Georgia**

12. MAIDEN NAME OF MOTHER

Caroline Brewer13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)**Georgia**

14.

Informant
(Address)**Joe H. Riley****Laclede, Idaho**

15.

Filed

Nov. 14, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 12, 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

5-2-**1931**to **11-12-****1931**that I last saw h. i. m. alive on **11-11-** 1931and that death occurred, on the date stated above, at **1140 P. M.***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Cardio Vascular Disease**

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **no** Date ofWas there an autopsy? **no**What test confirmed diagnosis? **Symptoms & Findings**(Signed) **Harold E. Sones** M. D.**11-14-** 1931 (Address) **Pratt River, Idaho**

19. Place of Burial, Cremation, or Removal

Date of Burial

Seneacquoten Cemetery**11-14 1931**

20. Undertaker

Address

Moore Mortuary, Sandpoint, Idaho

RECEIVED DEC 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77168

State File No.

PLACE OF DEATH

County of BonnerCity of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 76Primary Registration District No. 2155

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Alfred Boyer(a) Residence. No. Hoatena

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 40 yrs.

mo.

ds.

How long in U. S. if of foreign birth? yrs.

mo.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

April 1 1854

7. AGE

Years

Months

Days

If LESS than 1 day,

77729hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

Retired farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Ohio

10. NAME OF FATHER

Charles W Boyer

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Pa.

12. MAIDEN NAME OF MOTHER

Elizabeth McInerney

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Pa.

14.

Informant
(Address)Chas A Boyer
Tigard Ore

15.

Filed

Dec 3

1931

Viola Allen
Deputy

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov301931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 27, 1931, to Nov 30, 1931that I last saw him alive on Nov 30, 1931and that death occurred, on the date stated above, at 11:46 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) ? yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Chronic

(Signed)

W. D. Voss, M. D.Dec 3, 1931 (Address) Sandpoint

19. Place of Burial, Cremation, or Removal

Date of Burial

Pinecrest12/3 1931

20. Undertaker

Address

Turnbull CoSandpointMARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

EXACTLY.

Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 96
 Township _____ or Village 77169 or
 City Westmond No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Infant. Willford
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 22, 1931

7. AGE Years _____ Months _____ Days 11 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Westmond
 (State or country) Idaho

13. NAME Leo R. Willford

14. BIRTHPLACE (city or town) Wyo.
 (State or country)

15. MAIDEN NAME Edna Folsom

16. BIRTHPLACE (city or town) Utah
 (State or country)

17. INFORMANT L. R. Willford
 (Address) Westmond, Idaho

18. BURIAL, CREMATION, OR REMOVAL
 Place Westmond, Idaho Date Dec. 3, 1931

19. UNDERTAKER Dr. J. Shoon
 (Address) Sandpoint Idaho

20. FILED Dec 3, 1931 J. P. Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from December 1st, 1931, to December 2, 1931

I last saw him alive on December 1st, 1931; death is said to have occurred on the date stated above, at 7:10 m.

The principal cause of death and related causes of importance were as follows:

Congenital heart disease

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chin. I Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. P. Allen M. D.

(Address) Sandpoint, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County BonnerState IDAHORegistered No. 95

Township _____

or Village _____

City Sandpoint

No. _____

St. _____

Ward _____

(If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Robert Clare Hadley(a) Residence: No. 1008 Lake St.

St. _____

Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Divorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofDorothy Hadley6. DATE OF BIRTH (month, day, and year) Jan. 3, 1905

7. AGE

Years 26Months 10Days 26If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinning
sawyer, bookkeeper, etc.City mail Carrier9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year) 11-28-3111. Total time (years)
spent in this
occupation 5

12. BIRTHPLACE (city or town)

Waverly

(State or country)

Wash.

FATHER

13. NAME O. D. Hadley

14. BIRTHPLACE (city or town)

Dilmanton

(State or country)

Wis.

MOTHER

15. MAIDEN NAME Mary McGregor

16. BIRTHPLACE (city or town)

Mondovi

(State or country)

Wis.17. INFORMANT O. D. Hadley

(Address)

Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place SandpointDate Dec. 2, 1931

19. UNDERTAKER

(Address)

Moon Mortuary
Sandpoint, Idaho20. FILED Dec 2, 1931Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

I last saw him alive on _____, 19____; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance
were as follows:TraumatismAccidental gun shot wound in
head from own gun while hunting.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-29-31Where did injury occur? Mountains near Hope, Ida(Specify city or town, county, and State) Back RiverSpecify whether injury occurred in industry, in home, or in public place. Ida

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) R. P. Moon(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District 77076

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 93
 Township _____ or Village _____
 City Sandpoint No. Corner N. Boyer Ave. G.N. Road St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 26 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? 34 yrs. ____ mos. ____ ds.

2. FULL NAME

Olva Nelson
 (a) Residence: No. Corner N. Boyer & G.N. Road St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Carl Nelson</u>		
6. DATE OF BIRTH (month, day, and year) <u>Sept. 1, 1861</u>		
7. AGE	Years <u>70</u>	Months <u>3</u>
	Days <u>11</u>	If LESS than 1 day, ____ hrs. or ____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country)
Norway

FATHER
 13. NAME Unknown
 14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Olva Olson
 (Address) Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL Funerary
 Place Sandpoint, Ida. Date Nov. 14, 1931

19. UNDERTAKER H. Moon
 (Address) Sandpoint, Ida.

20. FILED Nov 14, 1931
W. Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 12, 1931
 22. I HEREBY CERTIFY That I attended deceased from June, 1931, to November 11, 1931
 I last saw him alive on June, 1931; death is said to have occurred on the date stated above, at 6:20 P. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage with June 15 - 1931
Right Hemiplegia

Other contributory causes of importance:

Cerebral Hemorrhage November 11-1931

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. B. Evans M. D.
 (Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 92
 Township ALGOMA or Village _____
 City _____ No. _____ St. _____ Ward _____
 Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Edward Nolon

(a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Nolon

6. DATE OF BIRTH (month, day, and year) April 18, 1854

7. AGE Years 77 Months 6 Days 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat Builder
 10. Date deceased last worked at this occupation (month and year) Nov. 1931 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Saint Jo
 (State or country) Missouri

13. NAME Edward Nolon

14. BIRTHPLACE (city or town) Cork
 (State or country) Ireland

15. MAIDEN NAME Margaret Murphy

16. BIRTHPLACE (city or town) Ireland
 (State or country)

17. INFORMANT Dan Nolon
 (Address) Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Spokane, Wash. Date Nov. 13, 1931

19. UNDERTAKER L. J. Moon
 (Address) Sandpoint Idaho

20. FILED Nov 13, 1931 Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____; death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

Traumatism crushed skull - accidental wreck passenger bus on state highway no. 95 near Algoma Idaho.

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury Nov. 9, 1931

Where did injury occur? Algoma, Ida. Bonner Co.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) L. J. Moon, Coroner
 (Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 91
 Township _____ or Village 77173 or _____
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 1 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Perry H. Maness
 (a) Residence: No. _____ St. _____ Ward. 1880
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unk

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
about 65

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1931

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Unk

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT L. S. Moon Coroner
(Address) Sandpoint, Ida

18. BURIAL, CREMATION, OR REMOVAL One east corner
Place Sandpoint, Ida Date Nov. 13, 1931

19. UNDERTAKER R. E. Wessa
(Address) Front River Idaho

20. FILED Nov 13, 1931 Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Trammatism
accidental struck
by railway speeders

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 9, 1931

Where did injury occur? S. I. Ry track near Dover, Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) L. S. Moon Coroner M. D.

(Address) Sandpoint, Ida

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 90
 Township Oden or Village 77174 or
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME MARY EVA GATZKIEWICZ

(a) Residence: No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR Married (If the word)

5a. If married, widowed, or divorced
 HUSBAND of Michael Gatzkiewicz
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 3, 1875

7. AGE Years 56 Months 4 Days 6 If LESS than 1 day, ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Independence
 (State or country) Wis.

13. NAME Urban Klink

14. BIRTHPLACE (city or town) Poland
 (State or country)

15. MAIDEN NAME Alvina

16. BIRTHPLACE (city or town) Poland
 (State or country)

17. INFORMANT Ray Gatzkiewicz
 (Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
 Place Westmond, Idaho. Date Nov. 12, 1931

19. UNDERTAKER L.G. Moon
 (Address) Sandpoint, Idaho.

20. FILED Nov. 12, 1931 W. J. Allen
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931 to Nov 7, 1931

I last saw her alive on Nov 7, 1931; death is said to have occurred on the date stated above, at 628 a.m.

The principal cause of death and related causes of importance were as follows:

Chor Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chloroform Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) R. J. Cross M. D.

(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1931
Registration District No 78
STANDARD CERTIFICATE OF DEATHDEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 89
Township _____ or Village 77175 or
City Sandpoint No. 905 Lake Street St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred 12 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Stephen George

(a) Residence: No. 905 Lake Street St. _____ Ward. 889
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5a. If married, widowed, or divorced, HUSBAND of Nancy George (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 11, 1857

7. AGE Years 74 Months 7 Days 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Piler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill

10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Mount Sterling (State or country) Wis.

13. NAME Mann George

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT William Bemis (Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Pinecrest Cemetery Place Sandpoint, Idaho Date Nov. 5, 1931

19. UNDERTAKER L. G. MOON (Address) Sandpoint, Idaho.

20. FILED Nov. 5, 1931 Viola Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 3, 1931

22. I HEREBY CERTIFY That I attended deceased from March 1, 1931 to Nov. 3, 1931

I last saw him alive on Nov. 1, 1931; death is said

to have occurred on the date stated above, at 3:30a m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Date of onset

Nov. 1930

Other contributory causes of importance:

Chronic Rheumatism

Nov. 1929

Name of operation _____ Date of _____

What test confirmed diagnosis? Urinal Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Wm. F. Tylers M. D.

(Address) Sandpoint, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77176

State File No.

PLACE OF DEATH

County of Conner

City of Granite

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1020

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clifford Charles Cox

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. 6 ds. 5 How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (Write the word.) Single

5a. If Married, widowed, or divorced
husband of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) December 27-1926

7. AGE Years 4 Months 9 Days 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Spokane
(State or country) Washington

10. NAME OF FATHER Charles Archable Cox

11. BIRTHPLACE OF FATHER (city or town) Willits
(State or Country) California

12. MAIDEN NAME OF MOTHER Ada May Fox

13. BIRTHPLACE OF MOTHER (city or town) Lakesdale
(State or County) Washington

14. Informant (Address) Charles H. Cox
Granite Idaho

15. Filed 11-29, 1931 H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 15, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1931, to Oct. 15, 1931

that I last saw him alive on Oct. 15, 1931

and that death occurred, on the date stated above, at 8:00 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute intestinal obstruction
time

..... (duration) yrs. mos. 3 ds.

CONTRIBUTORY
(Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank A. Hargis, M. D.
10/16, 1931 (Address) Rathdrum, Pa.

19. Place of Burial, Cremation, or Removal Lakesdale Wash Date of Burial October 16, 1931

20. Undertaker Louise Nelson Address Rathdrum, Pa.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 4 1931

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77177

County of BonnevilleCity of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. 2150Local Registrar's No. 219(No. L. D. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie Ruth Barney

(a) Residence. No. _____

St. Kelgore, Ida.

(Usual place of abode)

Length of residence in city or town where death occurred. 9 yrs. mos. ds.(If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofIsaac R. Barney

6. DATE OF BIRTH (month, day, and year)

Jan. 20, 1888

7. AGE

Years
43Months
9Days
26If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationLakeside, Utah12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

Henry A. Angus14. BIRTHPLACE (city or town)
(State or country)Scotland

MOTHER

15. MAIDEN NAME

Hattie Markans16. BIRTHPLACE (city or town)
(State or country)Spanish Fork, Wt.17. INFORMANT
(Address)Isaac R. Barney
Kelgore, Ida.18. BURIAL, CREMATION, OR REMOVAL
PlaceIdaho Falls, Ida.19. UNDERTAKER
(Address)Jack G. Wood
Idaho Falls,

20. FILED

1931

Idaho Falls
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 16 1931

22. I HEREBY CERTIFY, That I attended deceased from

Jan, 1930, to Nov 16, 1931.last saw her alive on Nov 16, 1931; death is saidto have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance

were as follows:

Apoplexy

Date of onset

3 hrs

Other contributory causes of importance:

arteriosclerosisHypertension

2 or 3 hrs

Name of operation none Date of _____What test confirmed diagnosis? Reo Case Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed)

(Address)

M. D.

Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77178

State File No.

Local Registrar's No. 220

PLACE OF DEATH

County of Bonville

CERTIFICATE OF DEATH

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 24-0

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sara Louis

(a) Residence. No. 343 N. Water. St.

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph Louis

6. DATE OF BIRTH (month, day and year)

7. AGE Years 68 Months 5 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Denver Colo. (State or country)

10. NAME OF FATHER Jacob Orenstein

11. BIRTHPLACE OF FATHER (city or town) Bohemia (State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown (State or Country)

14. Informant Ralph Louis (Address) Idaho Falls Ida.

15. Filed Nov. 17, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 14 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 8th 1931, to Nov 14th 1931 that I last saw him alive on Nov 14, 1931 and that death occurred, on the date stated above, at 8:35 p.m.

The CAUSE OF DEATH* was as follows: Apoplexy

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lingual

(Signed) Thomas C. Williams M. D.

Nov 16, 1931 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida. Date of Burial 11/18 1931

20. Undertaker V. F. M. Han. Idaho Falls Ida. Address Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 73
Primary Registration District No. 214-0
(No. _____ St.)

State File No. 77179
Local Registrar's No. 272

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Baby Gloria Saul

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the word)

6. DATE OF BIRTH November 19 1931
(Month) (Day) (Year)

7. AGE no yrs. no mos. one ds.
IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Idaho Falls - Ida.

10. NAME OF Father Albert Saul

11. BIRTHPLACE OF FATHER (State or Country) Leaumont - Ida

12. MAIDEN NAME OF MOTHER Joy Harris

13. BIRTHPLACE OF MOTHER (State or Country) Sulphur Wells - Ind.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert. Saul
(Address) Hamer. Idaho.

15. Filed Nov 21 1931 C. J. Hamer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 19 1931 to Nov 20 1931, that I last saw her alive on Nov 19 1931, and that death occurred on the date stated above, at 8:30 PM.

The CAUSE OF DEATH* was as follows:
Prematurity (6 months)

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. R. Hamer M. D.
Nov 20 1931 (Address) Idaho Falls, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 0 yrs. 0 mos. 1 days. In the State 0 yrs. 0 mos. 1 ds.
Where was disease contracted if not at place of death?

Former or usual residence Idaho Falls Ida

19. PLACE OF BURIAL OR REMOVAL Union Idaho DATE OF BURIAL 11/21 1931

20. UNDERTAKER V. F. M. Hamer ADDRESS Idaho Falls Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77180RECEIVED DEC 4 1931
PLACE OF DEATHCounty of BonnevilleCity of Idaho FallsRegistration District No. 3Primary Registration District No. 2140Local Registrar's No. 222(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Carl John Astlund(a) Residence. No. _____
(Usual place of abode)St. Butte, MontanaLength of residence in city or town where death occurred. — yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) May 30 - 18727. AGE Years 59 Months 5 Days 20 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sweden
(State or country)10. NAME OF FATHER Anders Astlund11. BIRTHPLACE OF FATHER (city or town) Sweden
(State or Country)12. MAIDEN NAME OF MOTHER Christine Lundberg13. BIRTHPLACE OF MOTHER (city or town) Sweden
(State or Country)14. Informant Mrs. Herman Swanson
(Address) Route #4, Idaho Falls, Ida.15. Filed 11/21, 1931 C. J. Swanson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

11 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

11-18, 1931, to 11-20, 1931that I last saw him alive on 11-19, 1931and that death occurred, on the date stated above, at 10:35 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
+ pericarditis with ex
tensive effusion.(duration) 15 yrs. mos. ds.CONTRIBUTORY Fatty degeneration heart
(Secondary) + Chronic interstitial nephritis
(duration) yrs. mos. ds.18. Where was disease contracted at Butte, Mont.
if not at place of death aspiration blood cultureDid an operation precede death? yes Date of 11-19-31Was there an autopsy? yesWhat test confirmed diagnosis? Laboratory & Microscope(Signed) Edwin C. Cullen, M. D.11-26, 1931 (Address) Box 86 Shelley

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls, Ida. Date of Burial 11/24 193120. Undertaker W. F. McMan Address Idaho Falls, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of BonnevilleCity of Idaho FallsRegistration District No. 73Primary Registration District No. 21

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hyrum S. Hutton(a) Residence. No. Idaho Falls St.

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of Mrs Hyrum S. Hutton
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Sept. 15 1864

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

6725

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Auto Salvage

(b) General nature of industry, business, or establishment in which employed (or employer)

Station

(c) Name of employer

Owner

9. BIRTHPLACE (city or town) (State or country)

England

10. NAME OF FATHER

John Hutton

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

England

12. MAIDEN NAME OF MOTHER

Margaret Cooper

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

England

14.

Informant Mrs Hyrum S. Hutton
(Address) Idaho Falls, Idaho

15.

Filed 11/23, 1931W. F. McMan
Registrar

DO NOT WRITE IN THIS SPACE

State File No. 77181Local Registrar's No. 223

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

7/30/31, 1931, to 11/19/31, 1931that I last saw him alive on 11/19/31, 1931and that death occurred, on the date stated above, at 6 45 A. m.

The CAUSE OF DEATH* was as follows:

Reniplegia caused from Cerebral Hemorrhage(duration) yrs. mos. 14 ds.CONTRIBUTORY High Blood Pressure
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. F. McMan, M. D.11/21, 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls, IdahoNov 27 1931

20. Undertaker

Address

W. F. McMan, Idaho Falls, Idaho

DEC 4 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77182

PLACE OF DEATH

County of Bonerville · **CERTIFICATE OF DEATH**City of Idaho Falls Registration District No. 73Primary Registration District No. 2157Local Registrar's No. 224(No. Ge. W. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sharon J. Roos(a) Residence. No. 1176 Page ave. St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 19-19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
no 11 7 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho10. NAME OF FATHER Gus Roos11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho Falls Idaho12. MAIDEN NAME OF MOTHER Pauline Mitchell13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho Falls14. Informant Gus Roos
(Address) Idaho Falls Idaho15. Filed 11/22, 1931 C. F. Main
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 26, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 12, 1931, to Nov. 26, 1931that I last saw her alive on Nov 26, 1931and that death occurred, on the date stated above, at 8:15 p. m.

The CAUSE OF DEATH* was as follows:

Erysipelas(duration) yrs. mos. 5 ds.CONTRIBUTORY Bilateral Otitis Media
(Secondary) (Omphthalmitis) (duration) yrs. mos. 21 ds.18. Where was disease contracted if not at place of death? at homeDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical & Laboratory(Signed) Harry T. Milligan, M. D.Nov. 27, 1931 (Address) Idaho Falls, Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Idaho Falls Idaho Nov. 27, 1931

20. Undertaker Address

T. F. M. Han, Idaho Falls
Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 4 1931		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		77184	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		State File No.	
County of <u>Bonneville</u>		Registration District No. <u>73</u>		Local Registrar's No. <u>226</u>	
City of <u>Idaho Falls,</u>		Primary Registration District No. <u>2140</u>			
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Theodore Beck</u>					
(a) Residence. No. <u>Labelle Idaho</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept, 23-1859</u>					
7. AGE Years <u>73</u>	Months <u>2</u>	Days <u>4</u>	If LESS than 1 day, hrs. or min.		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Denmark</u> (State or country)					
FATHER					
13. NAME <u>Stephen Beck</u>					
14. BIRTHPLACE (city or town) <u>Denmark</u> (State or country)					
MOTHER					
15. MAIDEN NAME <u>Christena Jacobson</u>					
16. BIRTHPLACE (city or town) <u>Denmark</u> (State or country)					
17. INFORMANT <u>Clarence Lee Beck</u> (Address) <u>Thornton, Idaho Route #1,</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Cedar Butes, Idaho</u> Date <u>Nov, 29th 1931</u>					
19. UNDERTAKER <u>Wm. J. Keller</u> (Address) <u>Idaho</u>					
20. FILED <u>11/28</u> , 193 <u>31</u> <u>Chas. J. ...</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov, 26th 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug.</u> 1931, to <u>Nov. 26</u> , 1931.					
I last saw him alive on <u>Nov. 25</u> , 1931; death is said to have occurred on the date stated above, at <u>2 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Thrombosis</u>					
Other contributory causes of importance:					
<u>Myocardial degeneration</u> <u>Hypertrophic Chordata</u>					
Name of operation <u>None</u> Date of <u>Nov. 26</u>					
What test confirmed diagnosis? <u>Aut.</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>No</u> Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify					
(Signed) <u>W. J. Keller</u> , M. D.					
(Address) <u>Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 4 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonneville</u>		CERTIFICATE OF DEATH		State File No. <u>77186</u>	
City of <u>Idaho Falls</u>		Registration District No. <u>23</u>		Local Registrar's No. <u>226</u>	
		Primary Registration District No. <u>2173</u>			
		(No. <u>L.H.H. Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Gerald Don Flowers</u>					
(a) Residence. No. <u>Shelley, Ida.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced. (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 17, 1921</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>9</u>	<u>11</u>	<u>20</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Shelley, Ida.</u>					
MOTHER FATHER	13. NAME <u>William H. Flowers</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Harper, Utah</u>				
	15. MAIDEN NAME <u>Ellen L. Clawson</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Farmington, Utah</u>				
17. INFORMANT (Address) <u>William H. Flowers, Shelley, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Shelley, Ida.</u> Date <u>Nov 30, 1931</u>					
19. UNDERTAKER (Address) <u>John G. Wood, Idaho Falls</u>					
20. FILED <u>Nov 30, 1931</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 27, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 13, 1931</u> , to <u>Nov 27, 1931</u> . Last saw him alive on <u>Nov 27, 1931</u> ; death is said to have occurred on the date stated above, at <u>4:40 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Acute Lymphatic Leukemia</u> Date of onset <u>Nov 12, 31</u>					
Other contributory causes of importance: <u>Acute Myo & Endocarditis Aug 1931</u>					
Name of operation <u>None</u> Date of <u> </u>					
What test confirmed <u>Specimen</u> Was there an autopsy? <u>No</u>					
23. If death was due to other causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 1931. Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u> </u> Manner of injury <u> </u> Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u> </u> (Signed) <u>H. C. Ruydt</u> M. D. (Address) <u>Shelley, Idaho</u>					

659

Nov 27 14 13

RECEIVED DEC 4

1931 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77187

PLACE OF DEATH

County of Bonanza
City of Idaho Falls

Registration District No.

Primary Registration District No.

(No. St. H. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 2292. FULL NAME Harold Edmond Nelson

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Mrs Pearl Nelson
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 13, 1903

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
28 3 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer(b) General nature of industry, business, or establishment in which employed (or employer) Janitor work etc.

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

10. NAME OF FATHER Smith Nelson

11. BIRTHPLACE OF FATHER (city or town) Franklin Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Gunnagerman

13. BIRTHPLACE OF MOTHER (city or town) West Jordan Utah
(State or Country)

14. Informant Mrs Pearl Nelson
(Address) Idaho Falls, Ida.

15. Filed 11/30, 1931 Unfaded
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

11/26, 1931, to 11/28, 1931
that I last saw him live on 11/28, 1931
and that death occurred, on the date stated above, at 1:35 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever(duration) yrs. mos. 21 ds.

CONTRIBUTORY Preforation of bowels
(Secondary)

(duration) yrs. mos. 1 ds.

18. Where was disease contracted
if not at place of death? at home

Did an operation precede death? yes Date of 11/28/31Was there an autopsy? NoWhat test confirmed diagnosis? at operation(Signed) E. A. Cantonwine, M. D.11/30, 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls, Ida. Date of Burial 11/30 1931

20. Undertaker V. F. M. Han Address Idaho Falls, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instruction on back of certificate.

RECEIVED DEC 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **77188**

PLACE OF DEATH

County of Bonnyville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 214-0

Local Registrar's No. 230

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Henry Payne

(a) Residence. No. P.D. #2 St. _____

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 15, 1840

7. AGE Years 91 Months 3 Days 14 If LESS than 1 day, _____ hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Poanoke
(State or country) Virginia

10. NAME OF FATHER Payne

11. BIRTHPLACE OF FATHER (city or town) Virginia
(State or Country)

12. MAIDEN NAME OF MOTHER Elvira Temperance

13. BIRTHPLACE OF MOTHER (city or town) Virginia
(State or Country)

14. Informant H. W. Payne
(Address) P.D. #2 Idaho Falls Ida

15. Filed 11/30, 1931 C. J. Farnham
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 29, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Intermittently 1930 to last 10 yrs. 1931
that I last saw him alive on Sept. 1, 1931

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

Nephritis (duration) 8 yrs. mos. ds.

18. Where was disease contracted

if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Harry L. Williams, M. D.

Nov. 30, 1931 (Address) Idaho Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls Ida 12/2 1931

20. Undertaker

Address

T. F. McHale T. F. McHale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		77189	
PLACE OF DEATH		Registration District No. 13		State File No.	
County of <u>Bonneville</u>		Primary Registration District No. 2150		Local Registrar's No. 207	
City of <u>Idaho Falls</u>		(No. <u>L.D.S. Hospital</u>)		869	
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Ray Garth Stoker</u>		St. <u>Shelley, Idaho</u>			
(a) Residence, No.		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 7 1930</u>					
7. AGE	Years <u>1</u>	Months <u>8</u>	Days <u>24</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Shelley, Idaho</u> (State or country)					
MOTHER FATHER	13. NAME <u>Frank Stoker</u>				
	14. BIRTHPLACE (city or town) <u>Utah</u> (State or country)				
	15. MAIDEN NAME <u>Grace Luke</u>				
	16. BIRTHPLACE (city or town) <u>Utah</u> (State or country)				
17. INFORMANT <u>Frank Stoker</u> (Address) <u>Shelley, Ida.</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Shelley</u> Date <u>Nov 4</u> , 1931					
19. UNDERTAKER <u>Jack A. Wood</u> (Address) <u>Idaho Falls, Ida.</u>					
20. FILED <u>11/3</u> , 1931 <u>W. J. ...</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 1</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>10-28</u> , 1931, to <u>11-1</u> , 1931					
I last saw him alive on <u>11-1</u> , 1931; death is said to have occurred on the date stated above, at <u>6:15 P. m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Ataxia media with Mastoiditis and symptoms of meningitis from brain abscess</u>					
Other contributory causes of importance:					
<u>Tonsillitis + Bronchial Pneumonia</u>					
Name of operation <u>Mastoidectomy</u> Date of <u>11-1-31</u>					
What test confirmed diagnosis? <u>Laboratory</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify					
(Signed) <u>Edwin Guttery</u> , M. D.					
(Address) <u>Shelley, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 77190 State File No.	
County of <u>Conneville</u>	City of <u>Idaho Falls</u>	Registration District No. <u>73</u>	Primary Registration District No. <u>2150</u>	Local Registrar's No. <u>209</u> <u>1019</u>	
2. FULL NAME <u>Lenora Rammell</u>		(No. <u>L. S. S. Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
(a) Residence. No. _____		St. <u>Idaho Falls</u>		Idaho	
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. _____		ds. How long in U. S., if of foreign birth? yrs. mos. _____		ds. _____	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Alma H. Rammell</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec 18, 1884</u>					
7. AGE	Years <u>47</u>	Months <u>10</u>	Days <u>17</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
MOTHER	11. Total time (years) spent in this occupation _____				
	12. BIRTHPLACE (city or town) <u>Idaho Falls, Idaho</u> (State or country)				
	13. NAME <u>George E. Little</u>				
FATHER	14. BIRTHPLACE (city or town) <u>Missouri</u> (State or country)				
	15. MAIDEN NAME <u>Martha Taylor</u>				
	16. BIRTHPLACE (city or town) <u>England</u> (State or country)				
17. INFORMANT <u>Mr. Alma H. Rammell</u> (Address) <u>Idaho Falls, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho Falls, Idaho</u> Date <u>Nov 8, 1931</u>					
19. UNDERTAKER <u>Idaho Falls, Idaho</u> (Address)					
20. FILED <u>Nov 6, 1931</u> <u>C. C. Connerman</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 5, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 1, 1931</u> , to <u>Nov 5, 1931</u>					
I last saw him alive on <u>Nov 5, 1931</u> ; death is said to have occurred on the date stated above, at <u>7:10 P. M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Lobar Pneumonia</u>					
Date of onset <u>Oct 12, 1931</u>					
Other contributory causes of importance: <u>Obesity</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>W. R. Ray, M.D.</u> Idaho Falls, Idaho					
(Address) _____					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 4 1931
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

77192

CERTIFICATE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 13

Primary Registration District No. 2140

Local Registrar's No. 211

(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Claude Lee

(a) Residence. No. Ashton Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. 1 mos. 14 ds.

How long in U. S., if of foreign birth? 1 yrs. 1 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

male

white

married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Mrs Anna Lee

6. DATE OF BIRTH (month, day and year) Dec 23 - 1887

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

43

10

6

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Junction City, Oregon

10. NAME OF FATHER

James E. Lee

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Kansas

12. MAIDEN NAME OF MOTHER

Mary Swearingen

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Oregon

14. Informant Mrs Anna Lee

(Address)

Ashton Idaho

15. Filed

Nov 7

19 31

Confidential

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October 29

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 10 - 1931 to Oct 29, 1931

that I last saw him alive on Oct 29, 1931

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis & Chronic Valvular Heart

(duration) 1 yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) 1 yrs. 1 mos. 14 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. Spencer M. D.
Oct 30, 1931 (Address) Idaho Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls Ida Nov 1 1931

20. Undertaker

Address

V. H. M of Kansas Idaho Falls, Idaho

RECEIVED DEC 4 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
77193
State File No.

PLACE OF DEATH

County of Bonerville
City of Idaho Falls

Registration District No. 23

Primary Registration District No. 12150

(No. St. 10 S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 12

2. FULL NAME Clarence V. Cuthbert

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced. (write the word) married

5a. If married, widowed or divorced HUSBAND of Evelyn Cuthbert (or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 25-1898

7. AGE Years 33 Months 8 Days 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Utah Power & Light Co.

9. BIRTHPLACE (city or town) Prigby Idaho (State or country)

10. NAME OF FATHER John A. Cuthbert

11. BIRTHPLACE OF FATHER (city or town) ? (State or Country)

12. MAIDEN NAME OF MOTHER Lenore Blair

13. BIRTHPLACE OF MOTHER (city or town) ? (State or Country)

14. Informant Mrs. Evelyn Cuthbert (Address) Idaho Falls Idaho

15. Filed in 19 31 C. F. M. Haviland Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 5 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19

that I last saw him alive on 19

and that death occurred on the date stated above at 3:25 P. M.

The CAUSE OF DEATH* was as follows: gun shot wound from 32- caliber rifle held in hands of deceased person

from evidence C. B. Cuthbert did not die from self-inflicted gunshot wound.

(bullet cut blood vessels) ds.

CONTRIBUTORY (Secondary) artery & vein

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/8

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Dr. J. F. M. Haviland M. D.

Nov. 9 - 1931 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Prigby Idaho Date of Burial 11/8 19 31

20. Undertaken C. F. M. Haviland Address Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 77194	
County of <u>Bonneville</u>		Registration District No. <u>21</u>		Local Registrar's No. <u>213</u>	
City of <u>Idaho</u>		Primary Registration District No. <u>2140</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Kathleen Margaret Cramer</u>					
(a) Residence. No. <u>Idaho</u> St. <u>Idaho</u>					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 11, 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
		<u>1</u>	<u>1</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
MOTHER FATHER	13. NAME <u>Walter Cramer</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Amy E. Raulle</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
17. INFORMANT (Address) <u>Walter Cramer</u> <u>Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>Nov 13, 1931</u>					
19. UNDERTAKER (Address) <u>John G. Wood</u> <u>Idaho</u>					
20. FILED <u>Nov 13, 1931</u> Registrar <u>W. J. Cramer</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 12, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____					
I last saw h. alive on _____, 193____: death is said to have occurred on the date stated above, at <u>12-40 a.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Unknown</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) <u>W. J. Cramer</u> , M. D.					
(Address) <u>Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 4 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bonneville
City of Idaho FallsRegistration District No. 73Primary Registration District No. 2 1 N 2

DO NOT WRITE IN THIS SPACE

State File No. 77196Local Registrar's No. 214

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Margene Petersen(a) Residence. No. Shelley Idaho St. Shelley Idaho(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) December 2 19257. AGE Years 2 Months 11 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Loshen Idaho13. NAME James E. Petersen14. BIRTHPLACE (city or town) (State or country) Denmark15. MAIDEN NAME Eldine Jackson16. BIRTHPLACE (city or town) (State or country) Idaho17. INFORMANT James E. Petersen (Address) Shelley Idaho18. BURIAL, CREMATION, OR REMOVAL Place Loshen Date Nov 14, 193119. UNDERTAKER Jack A. Shaw (Address) Idaho Falls, Idaho20. FILED Nov 14, 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 11, 193122. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1931, to Nov. 11, 1931I last saw her alive on Nov. 10, 1931; death is said to have occurred on the date stated above, at 5:15 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Typhoid fever Oct 16, 1931

Other contributory causes of importance:

Meningitis Oct 26, 1931Name of operation Widal Date of NovWhat test confirmed diagnosis Widal Was there an autopsy No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury Nov, 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Petersen M. D.(Address) Shelley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77198	
PLACE OF DEATH			
County of <u>Bonneville</u>			
City of <u>Idaho Falls</u>			
CERTIFICATE OF DEATH			
Registration District No. <u>73</u>		Local Registrar's No. <u>217</u>	
Primary Registration District No. <u>21.1.1.0</u>			
(No. _____ (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Naomi Purcell</u>			
(a) Residence. No. _____		St. <u>Rt. # 3</u>	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>April 1, 1917</u>			
7. AGE	Years <u>14</u>	Months <u>7</u>	Days <u>11</u>
	If LESS than 1 day, hrs. or min. _____		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
	10. Date deceased last worked at this occupation (month and year) _____		
	11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) <u>Ammon</u> (State or country) <u>Idaho</u>			
FATHER	13. NAME <u>Everett L. Purcell</u>		
	14. BIRTHPLACE (city or town) <u>Missouri</u> (State or country) _____		
	15. MAIDEN NAME <u>Elmira Anderson</u>		
	16. BIRTHPLACE (city or town) <u>Utah</u> (State or country) _____		
MOTHER	17. INFORMANT <u>Everett L. Purcell</u> (Address) <u>Rt. 3 Idaho Falls, Ida.</u>		
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Ammon, Ida.</u> Date <u>Nov. 15, 1931</u>		
	19. UNDERTAKER <u>Jack A. Wood</u> (Address) <u>Idaho Falls, Ida.</u>		
	20. FILED <u>Nov 16, 1931</u> _____ Registrar.		
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Nov. 12, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.			
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at <u>4:30 P. M.</u>			
The principal cause of death and related causes of importance were as follows:			
<u>accidental, neck broken, school bus up setting, breaking neck</u>			
Other contributory causes of importance: _____			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide <u>accident</u> Date of injury <u>11/12/31</u>			
Where did injury occur? <u>Ena. Purcell's car</u> (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. <u>In public, conveyance</u>			
Manner of injury <u>broken neck</u>			
Nature of injury <u>11 21</u>			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____			
(Signed) <u>Dr. J. H. Allen (Coroner)</u> (Address) <u>Idaho Falls, Ida.</u>			

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **77199**

PLACE OF DEATH

County of Bonnaville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 2ND
(No. 2010 S Hospital)

Local Registrar's No. 215

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 1810 Blvd St.

(Usual place of abode)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Mrs Bessie Turnbull (or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 12 - 1880

7. AGE Years 50 Months 11 Days 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miners

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) California (State or country)

10. NAME OF FATHER James W Turnbull

11. BIRTHPLACE OF FATHER (city or town) Unknown (State or Country)

12. MAIDEN NAME OF MOTHER Watson

13. BIRTHPLACE OF MOTHER (city or town) Canada (State or Country)

14. Informant Mrs Bessie Turnbull (Address) Idaho Falls Idaho

15. Filed Dec 6, 1931 C. J. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1931, to Nov 14, 1931, that I last saw him alive on Nov 14, 1931, and that death occurred, on the date stated above, at 4 P. m. The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. ds. 7
CONTRIBUTORY Post operative (Secondary)

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of Nov 14

Was there an autopsy? ✓

What test confirmed diagnosis? Culture

(Signed) C. J. ..., M. D.

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida. Date of Burial 11/17 1931

20. Undertaker V. F. McMan Address Idaho Falls Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77200

State File No.

PLACE OF DEATH

County of Boundary,

CERTIFICATE OF DEATH

City of Moyie Springs, Ida. Registration District No. 79

Curley Creek District. Primary Registration District No. 2156

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louisa Jane Roberts,

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Widowed
------------------	---------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 27, 1856.

7. AGE Years 75	Months 7	Days	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. At home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Indiana10. NAME OF FATHER
David Sutton11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown12. MAIDEN NAME OF MOTHER
Stanley13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Unknown14. Informant Ruth Roberts
(Address)

15. Filed Sept. 28, 1931.

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 27, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 4, 1931, to Sept 27, 1931
that I last saw her alive on Sept 6, 1931

and that death occurred, on the date stated above, at 9:45 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Cholecystitis
(duration) yrs. mos. 4 ds.

(duration) yrs. mos. 30 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed)

Sept 28, 1931 (Address) Bonners Ferry, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Wray, Colorado

19

20. Undertaker

Address

H.R. Crouch, Bonners Ferry, Ida.

RECEIVED NOV 25 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77201

State File No.

PLACE OF DEATH

County of Boundary
City of Bonnors Ferry

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David T. Deselm

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 15 yrs.

mos.

ds.

How long in U. S. if of foreign birth?

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMattie Deselm6. DATE OF BIRTH (month, day and year) June 12, 1863

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.68227

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Ohio

10. NAME OF FATHER

John Deselm11. BIRTHPLACE OF FATHER (city or town)
(State or Country)France

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown

14.

Informant
(Address)Mrs. Mattie DeselmBonnors Ferry, Idaho

15.

Filed

Sept. 4 - 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 8, 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept. 6th 1931to Sept. 8th 1931

that I last saw him alive on

Sept. 8th 1931and that death occurred, on the date stated above, at 9:25 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Typhoid Fever (?)(duration) yrs. 1 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? History

(Signed)

Sept. 9 - 1931 (Address) Bonnors Ferry, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker
H.R. Crouch, BonnorsSept. 11, 1931
Address
Ferry, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 25 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77202

State File No.

PLACE OF DEATH

County of Boundary
City of Bonnerr's Ferry

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 2156
(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles R. McCarty,

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of Edith May McCarty
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 23, 18817. AGE Years Months Days If LESS than 1 day.
50 7 13 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant(b) General nature of industry, business, or establishment in which employed (or employer) Grocery and produce(c) Name of employer Mac Marrs.9. BIRTHPLACE (city or town) Anderson
(State or country) Indiana10. NAME OF FATHER Benjamin McCarty11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant W.R. McCarty,
(Address) Seattle, Wash.15. Filed Sept 7, 1931 Registrar E. E. Fry

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 6, 1931. 19....
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19...., to....., 19....
that I last saw him alive on....., 19....and that death occurred, on the date stated above, at 7:40 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Angine Pectoris
(Sudden death)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? History(Signed) E. E. Fry, M. D.
Sept 7, 1931 (Address) Bonnerr's Ferry, Ida.19. Place of Burial, Cremation, or Removal Seattle, Wash. Date of Burial 19....20. Undertaker H.R. Crouch, Bonners Ferry, Ida. Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

Exact statement of OCCUPATION is very important.

RECEIVED NOV 25 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77203

State File No.

PLACE OF DEATH

County of Boundary

City of Moyie Springs,

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marcellous Emery LaFountain

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
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5a. If married, widowed, or divorced
HUSBAND of Josie LaFountain
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 5, 1888.

7. AGE Years 43	Months 7	Days 24	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Logging Contractor(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Big Rapids
(State or country) Mich.

10. NAME OF FATHER

Oliver LaFountain

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Canada

12. MAIDEN NAME OF MOTHER

Emily Boshaw

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Canada

14. Informant Mrs. Josie LaFountain

(Address)

Moyie Springs, Idaho.

15.

Filed

Oct. 24, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct. 28, 1931.

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Accidental death.

Crushing injury of skull
Struck by falling tree

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

Oct 29, 1931

(Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonners Ferry, Ida.

Oct. 31, 1931

20. Undertaker

Address

H.R. Crouch, Bonners Ferry, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED NOV 25 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77204

State File No.

PLACE OF DEATH

County of BoundaryCity of Bonnerr's Ferry

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156(No. Bonnerr's Ferry Hospital)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward D. DesJardines

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Unknown</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>62</u>			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Day laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) France
(State or country)10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Unknown14. Informant Hospital Record
(Address)15. Filed Oct. 24, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct. 23, 1931

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept. 5th, 1931to Oct. 23rd, 1931that I last saw him alive on Oct. 23rd, 1931and that death occurred, on the date stated above, at 6 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Encephalitis.(duration) yrs. 2 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No. Date ofWas there an autopsy? No.What test confirmed diagnosis? History.

(Signed)

Oct. 24, 1931 (Address) Bonnerr's Ferry, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonnerr's Ferry, Ida. Oct. 26, 1931

20. Undertaker

Address

H. R. Crouch, Bonnerr's Ferry, Ida.

RECEIVED NOV 25 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77205

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

(No. Bonners Ferry Hospital)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Katherine Lucille Walcott

(a) Residence. No.

St. Troy, Mont.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Fred Walcott

6. DATE OF BIRTH (month, day and year) Feb. 23, 1883

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or

48

7

10

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Montana

10. NAME OF FATHER

C.A. Ripley

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Mollie Jones,

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

Kansas

14.

Informant
(Address)

Fred Walcott,

Troy, Mont.

15.

Filed

Oct. 4, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct. 3, 1931.

(Month)

(Day)

19
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept. 27, 1931, to Oct. 2, 1931.

that I last saw him alive on Oct. 2, 1931.

and that death occurred, on the date stated above, at 6:55 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Syphilis.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Troy, Montana.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Syphilis.

(Signed)

Oct. 4, 1931. (Address) Bonners Ferry, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Troy, Mont.

19

20. Undertaker

Address

H.R. Crouch, Bonners Ferry, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

EXACTLY.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77206

State File No.

PLACE OF DEATH

County of Butte
City of Arco

CERTIFICATE OF DEATH

Registration District No. 59Primary Registration District No. 2129

(No.)

Local Registrar's No. 51

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MARY JANE BEVERLAND-HANNA(a) Residence. No. ARCO, IDAHO St.Length of residence in city or town where death occurred 46 yrs. mos. ds. (If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) WIDOWED

5a. If married, widowed, or divorced

HUSBAND of William Hanna
(or) WIFE of6. DATE OF BIRTH (month, day and year) JAN. 8, 1862

7. AGE Years Months Days If LESS than 1 day.
69 9 16 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Salt Lake City
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Near Edinburgh Scotland

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Near Edinburgh Scot.14. Informant C. A. Battelstein
(Address)15. Filed Oct. 31, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

June 1, 1929, to Oct. 18, 1931
that I last saw her alive on Oct. 18, 1931

and that death occurred, on the date stated above, atm.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic interstitial
nephritis
(duration) 10 yrs. mos. ds.

CONTRIBUTORY
(Secondary)(duration) 2 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physician's examSigned Oct. 26, 1931 (Address) Arco, Idaho M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

Arco Idaho Oct 26 1931

20. Undertaker

Address

67 Teck Salt Lake City, Utah

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED DEC 11 1931	
County of <u>Fairfield</u>		CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
City of <u>Camas</u>		Registration District No.		State File No. <u>77207</u>	
Primary Registration District No.		Local Registrar's No. <u>58</u>			
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Keith O. Maxwell</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced. (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>1</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE <u>8</u> Years <u>7</u> Months <u>5</u> Days	If LESS than 1 day, hrs. or min.				
<u>8 1923 April 5</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank etc.				
	10. Date deceased last worked at this occupation (month and year)				
MOTHER FATHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) (State or country) <u>Fairfield Idaho</u>				
	13. NAME <u>Charles Orval Maxwell</u>				
14. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					
15. MAIDEN NAME <u>Anna May Colby</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Epaphrodisia Utah</u>					
17. INFORMANT (Address) <u>Chas. O. Maxwell</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Fairfield</u> Date <u>Nov-14, 1931</u>					
19. UNDERTAKER (Address) <u>W. C. Cannon</u>					
20. FILED <u>Nov-13, 1931</u> <u>W. B. Parkinson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov-12, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 8</u> , 1931, to <u>Nov 12</u> , 1931.					
I last saw him alive on <u>Nov-12</u> , 1931; death is said to have occurred on the date stated above, at <u>3 1/2</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Appendicitis (pus)</u>					Date of onset <u>Nov 4, 1931</u>
Other contributory causes of importance:					
Name of operation <u>Appendectomy</u> Date of <u>Nov 8-1931</u>					
What test confirmed diagnosis? <u>W</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>W. B. Parkinson</u> , M. D.					
(Address) <u>Fairfield Idaho</u>					

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
77208
State File No.

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 122
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William J. Tidwell
(a) Residence. No. 5 mi. So. West of Nampa St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of C. Clara Tidwell
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 8th 1861

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
70 29

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work rancher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Mount Pleasant
(State or country) Utah

10. NAME OF FATHER Jefferson Tidwell

11. BIRTHPLACE OF FATHER (city or town) unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Sarah Seely

13. BIRTHPLACE OF MOTHER (city or town) unknown
(State or Country)

14. Informant Stewart R. Tidwell
(Address) Nampa Idaho

15. Filed 11-10, 1931 Deborah Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 7 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1931, to Nov 7 1931
that I last saw him alive on Jan 7 1931
and that death occurred, on the date stated above, at 5 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic nephritis.
Myocarditis.

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? no
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) Amel J. Swanger Nov 13, 1931 (Address) Nampa, Id.

19. Place of Burial, Cremation, or Removal Interment Date of Burial 19

20. Undertaker John D. Talley Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 2
Primary Registration District No. 1006
(No. _____ St.)

File No. 77209
Registered No. 123

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Walter Richard Hook

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the word.)

6. DATE OF BIRTH Nov. 9 1931
(Month) (Day) (Year)

7. AGE _____ yrs. _____ mos. 2 ds.
IF LESS than 1 day
how many _____ hrs. or
_____ mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ✓
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE
(State or Country) Nampa, Canyon Co., Idaho

10. NAME OF FATHER Frank Louis Hook

11. BIRTHPLACE OF FATHER Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Margaret L. Prose

13. BIRTHPLACE OF MOTHER Idaho
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank L. Hook
(Address) Nampa, Ida.

15. Filed 11-10 1931 Pat L. Hook
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 7 1931, to Nov 9 1931,
that I last saw him alive on Nov 7 1931,
and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Faulty closure of Foramen Ovale.

(Duration) _____ yrs. _____ mos. 2 ds.

Contributory (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Samuel S. Swaine, M. D.

Nov 9 1931 (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Kahlerbury DATE OF BURIAL Nov 10 1931

20. UNDERTAKER W. D. Gally ADDRESS Nampa, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77210

State File No.

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 006(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 242. FULL NAME Joseph William Ham

(a) Residence No.

St. Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos. 2

ds.

How long in U. S. if of foreign birth? yrs.

mo.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>widower</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElizabeth Ham6. DATE OF BIRTH (month, day and year) Jan. 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>79</u>	<u>10</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.rancher(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Illinois

10. NAME OF FATHER

unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country) "

12. MAIDEN NAME OF MOTHER

"13. BIRTHPLACE OF MOTHER (city or town)
(State or County) "14. Informant Mr. Ray Ham
(Address) Nampa, Idaho15. Filed 11-12, 1931
Registrar. John Ham

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 11th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Oct. 20th 1931, to Nov. 11th 1931.that I last saw him alive on Oct. 11th 1931.and that death occurred, on the date stated above, at 1:45 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Phlebotomy of the
cavities of the heart
and all large vessels

(duration) 0 yrs. 0 mos. 10 ds.CONTRIBUTORY
(Secondary)

Carcinoma of the
mediastinum (duration) 0 yrs. 1 mos. 10 ds.

18. Where was disease contracted Ardena, Idaho
if not at place of death?Did an operation precede death? No Date of —Was there an autopsy? YesWhat test confirmed diagnosis? Post mortem exam.(Signed) E. D. Kelley, M. D.11/11/1931 (Address) Nampa, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

mt in Home Ida. 11-12 1931

20. Undertaker

Address

Wm. Jolley Nampa, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77211

State File No.

PLACE OF DEATH

County of Canyon
City of Arise

Registration District No. 2
Primary Registration District No. 2006

Local Registrar's No. 1-25

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Dickman Jr

(a) Residence. No. St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 61 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 3-1880

7. AGE 61 Years Months Days 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Eagle, Idaho
(State or country)

10. NAME OF FATHER Henry Dickman

11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)

12. MAIDEN NAME OF MOTHER Pauline Miller

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Oliver Dickman
(Address) Nampa, Idaho

15. Filed 11-12, 1931 Death
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Hadn't seen him before
that I last saw him alive on Nov 10
and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris and
Acute Dilatation heart.

(duration) yrs. mos. ds. 1
CONTRIBUTORY Elm for past week.
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Chemical history

(Signed) James B. Bell M. D.

11/11, 1931 (Address) Nampa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Kohler's Date of Burial 19

20. Undertaker W. R. Robinson Address Nampa, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. 5-1-35

RECEIVED DEC 8 1931

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Canyon
City of Nampa

If death occurs away from usual residence, give facts called for under special information.

Registration District No. _____
Primary Registration District No. 7006
(No. _____, _____ St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 17212
Registered No. 126

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Bruce Lou Simcik

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OR DIVORCED Single
(Write the word.)

6. DATE OF BIRTH Mich 30 1926
(Month) (Day) (Year)

7. AGE 5 Yrs. 7 Mos. 13 ds.
IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Nampa Idaho

10. NAME OF FATHER

E. J. Simcik

11. BIRTHPLACE OF FATHER

(State or Country) Bloomington Idaho

12. MAIDEN NAME OF MOTHER

Emma Lou

13. BIRTHPLACE OF MOTHER

(State or Country) Idaho Springs Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. B. J. Byrnes
(Address) Nampa Idaho

15. Filed 18-15 1931

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

11 14 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9 1931 to 11-14 1931
that I last saw him alive on 11-13-1931
and that death occurred on the date stated above, at 12:45 AM.
The CAUSE OF DEATH* was as follows:

Intestinal "Flu"

(Duration) _____ Yrs. _____ mos. 5 ds.
Contributory (Secondary) Chronic Bronchitis

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Dr. B. J. Byrnes M. D.
(Address) Nampa

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. 4 mos. 5 days. In the _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence Nampa Idaho

19. PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 19____

20. UNDERTAKER John D. Talley ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77213

State File No.

PLACE OF DEATH

County of CanyonCity of Hampton

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006

(No.)

Local Registrar's No. 127

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grant Sidney Virgin(a) Residence. No. 324 12 Ave North St. 10

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb 37. AGE Years Months Days If LESS than 1 day, hrs. or min.
11 9 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Engle
(State or country) Idaho10. NAME OF FATHER Levi Virgin11. BIRTHPLACE OF FATHER (city or town) Elk Creek
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Bergetta Hansen13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or Country)14. Informant Mr. S. Virgin
(Address) 324 12 Ave North15. Filed 11-19-31 1931 Death Canyon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 17 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 11-10-31 1931 to 11-17 1931
that I last saw him alive on 11-16 1931
and that death occurred, on the date stated above, at 2:22 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Dysentery(duration) yrs. mos. 14 ds.
CONTRIBUTORY ✓
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? laboratory finding(Signed) F. A. Horton M. D.11-19-31 1931 (Address) Hampton

19. Place of Burial, Cremation, or Removal Date of Burial

Wahlelawen Nov 18 1931

20. Undertaker Address

W. S. Talley 45, 42 Ave. S.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77214**

PLACE OF DEATH

County of Canyon
City of Naupaka

Registration District No. 7Primary Registration District No. 2006Local Registrar's No. 128(No. Damaritan Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George W. Pachtyen(a) Residence. No. 2006 St. 92

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 74 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov 1857

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
74 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Madison-Wis
(State or country)10. NAME OF FATHER John11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)12. MAIDEN NAME OF MOTHER Stubblefield13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)14. Informant P. J. Pachtyen
(Address) Naupaka #215. Filed 11-24-1931 Death Comay
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 16, 1931, to Nov. 19, 1931that I last saw him alive on Nov. 19, 1931and that death occurred, on the date stated above, at 6:20 P. m.

The CAUSE OF DEATH* was as follows:

Phlegmas of mesenteric
artery of ileum

(duration) 2 hrs. 0 mos. 0 ds.CONTRIBUTORY
(Secondary)(duration) 0 yrs. 0 mos. 0 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of Nov. 16, '31Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) W. C. Kott M. D.Nov. 23, 1931 (Address) Naupaka, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Kohlulaun Cms

Date of Burial

11-22-1931

20. Undertaker

FR Robinson

Address

Naupaka Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77215

State File No.

PLACE OF DEATH

County of CanyonCity of NampaRegistration District No. 7Primary Registration District No. 1006(No. 716-16 av S)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1292. FULL NAME Charles Dean Wilkin(a) Residence. No. 716-16 av S St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 7-17-847. AGE 47 Years Months Days If LESS than 1 day, hrs. or min.8. OCCUPATION OF DECEASED P.R. and telephone work
(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) ~~Name of employer~~ Bedford9. BIRTHPLACE (city or town) Iowa
(State or country)10. NAME OF FATHER William11. BIRTHPLACE OF FATHER (city or town) Iowa
(State or Country)12. MAIDEN NAME OF MOTHER Snore13. BIRTHPLACE OF MOTHER (city or town) Iowa
(State or Country)14. Informant Mrs C. Wilkin
(Address) Nampa Ida15. Filed 11-24-31 Edith Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 3, 1931, to Nov. 22, 1931
that I last saw him alive on Nov. 21, 1931
and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of -Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W.C. Dalt, M. D.Nov. 23, 1931 (Address) Nampa, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Nampa Ida Date of Burial 11-25 1931

20. Undertaker

W.C. Robinson Address Nampa

DEC 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77216

State File No.

PLACE OF DEATH

County of Canyon
City of Naupa

Registration District No. 7Primary Registration District No. 1000(No. Mersey Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1302. FULL NAME Mrs. Mae Davis(a) Residence. No. Kenna Idaho St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Clem L. Davis
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sep 25 - 1875

7. AGE Years 56 Months 10 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Indianola, Iowa
(State or country)10. NAME OF FATHER J. F. Mame11. BIRTHPLACE OF FATHER (city or town) Iowa
(State or Country)12. MAIDEN NAME OF MOTHER Emma Wallace13. BIRTHPLACE OF MOTHER (city or town) Iowa
(State or Country)

14. Informant Clem L. Davis
(Address) Kenna Idaho

15. Filed 11-23, 1931 Death Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 22nd 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 1931, to Nov. 22nd, 1931,
that I last saw her alive on Nov. 21st, 1931,
and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Metastatic carcinoma.
Entire peritoneal
surface covered with
nodules. (duration) 0 yrs. 2 mos. 0 ds.

CONTRIBUTORY Carcinoma of
(Secondary) uterus. (duration) 1 yrs. 0 mos. 0 ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes. Date of 11-11-31.Was there an autopsy? No.What test confirmed diagnosis? Exploratory Lap.

(Signed) J. H. DeKlepper, M. D.
11/23/1931 (Address) Naupa, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Kenna Idaho Date of Burial 11-24 1931

20. Undertaker J. H. Robinson Address Naupa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 1931

PLACE OF DEATH

County of Canyon
City of Harlem

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77217

Registration District No. 2
Primary Registration District No. 2006

Local Registrar's No. 151

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 2 1/2 miles southeast of Harlem
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of R. H. Yost

6. DATE OF BIRTH (month, day, and year) May 20-1902

7. AGE Years 26 Months 6 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baie, Ida
(State or country)

13. NAME Thomas Wilson

14. BIRTHPLACE (city or town) Baie, Ida
(State or country)

15. MAIDEN NAME May Fisher

16. BIRTHPLACE (city or town) S. D.
(State or country)

17. INFORMANT Mr. Wilson
(Address)

18. BURIAL, CREMATION, OR REMOVAL Marie Hill
Place Baie, Ida Date 11-27-1931

19. UNDERTAKER Schneider & W. L. Lamm
(Address) Baie

20. FILED 11-25, 1931 W. E. Stellingma
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to Nov. 22, 1931.

I last saw him live on Nov. 22, 1931. death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

Sarcoma, mediastinum (Right)

Other contributory causes of importance:

Name of operation none Date of operation

What test confirmed diagnosis? physician's report Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. E. Stellingma, M. D.

(Address) Baie, Idaho

Stellingma,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77218

State File No.

PLACE OF DEATH

County of Canyon
City of Naup

Registration District No. 7

Primary Registration District No. 1006

(No. Meray Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 122

2. FULL NAME Kathryn McCabe Donald

(a) Residence. No. 415-19 Ave E St.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. S. Donald

6. DATE OF BIRTH (month, day and year) 5-3-96

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
35 6 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) De Lamar
(State or country) Idaho

10. NAME OF FATHER Geo J. Mc Cabe

11. BIRTHPLACE OF FATHER (city or town) Mo.
(State or Country)

12. MAIDEN NAME OF MOTHER Mamie Miles

13. BIRTHPLACE OF MOTHER (city or town) Penn
(State or Country)

14. Informant James S. Donald
(Address) Naup Idaho

15. Filed 12-1-1931 Idaho Canyon
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
November 25th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11/24/1931 to 11/28/1931
that I last saw her alive on 11/27/1931
and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:
acute intestinal obstruction

(duration) 0 yrs. 0 mos. 4 ds.

CONTRIBUTORY Mekel's diverticulum
(Secondary) (congenital) (duration) - yrs. - mos. - ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of 11/24/31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Dr. A. B. McCoy M. D.

12-2- 1931 (Address) Naup Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Kohlerman Date of Burial 12-1-1931

20. Undertaker JK Robinson Address Naup Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77219

State File No.

Local Registrar's No. 123

PLACE OF DEATH

County of Canyon
City of Rural

Registration District No. 7
Primary Registration District No. 2006

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Augusta Wagner(a) Residence. No. 2 miles East ofampa

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGeorge Wagner6. DATE OF BIRTH (month, day and year) 10-7-77

7. AGE Years Months Days If LESS than 1 day,
53 11 23 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ohio
(State or country)10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Unknown

14. Informant George Wagner
(Address) R.F.D. Nayapa Ida

15. Filed 12-2, 1931 Death
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1931, to Nov 30, 1931that I last saw her alive on Nov 25, 1931

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Central hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

High Blood pressure
& Rheumatism

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? None(Signed) W.C. Smith, M. D.12/3, 1931 (Address) Nayapa Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Kohlerhouse

Date of Burial

12-3 1931

20. Undertaker

F. K. Robinson

Address

Nayapa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

74^a

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77220**

PLACE OF DEATH

County of CampanCity of MelbaRegistration District No. 7Primary Registration District No. 2006Local Registrar's No. 12/

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret E. Kowelson(a) Residence. No. Melba Ida St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of not married
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov 13 - 19657. AGE 65 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town, State or country) Plainfield, Ohio10. NAME OF FATHER V. J. Kowelson11. BIRTHPLACE OF FATHER (city or town, State or Country) Plainfield Ohio12. MAIDEN NAME OF MOTHER Ellen Hilton13. BIRTHPLACE OF MOTHER (city or town, State or Country) Ohio14. Informant J. J. Kowelson
(Address) Cashock, Ohio15. Filed 11-8, 1931 Edith Conway Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11-3-31

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

that I last saw him alive on, 19

and that death occurred, on the date stated above, at, m.

The CAUSE OF DEATH* was as follows:

Gun shot wounding head,
from 12-gauge shot
gun, just back of
right ear (duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. V. Packham11-3, 1931 (Address) Golden Grove
Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Naupa Ida 11-8 1931

20. Undertaker Address

J. H. Robinson Naupa
Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 4 1931

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77221

State File No.

County of Payson

City of Payson

Registration District No. 9

Primary Registration District No. 2007

Local Registrar's No. 16

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna M. McCoy

(a) Residence. No. Payson St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of
(or) WIFE of Mr. H. McCoy

6. DATE OF BIRTH (month, day, and year) Dec 19 - 1976

7. AGE Years 55 Months _____ Days _____ If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Redsburg
(State or country) Virginia

13. NAME Thos. White

14. BIRTHPLACE (city or town) New York
(State or country) New Jersey

15. MAIDEN NAME Mary D. Sells

16. BIRTHPLACE (city or town) Ireland
(State or country) _____

17. INFORMANT (Address) W. E. Caldwell

18. BURIAL, CREMATION, OR REMOVAL Place Payson Date 11-29-1931

19. UNDERTAKER (Address) Caldwell

20. FILED Dec 9, 1931 Full record

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 27 1931

22. I HEREBY CERTIFY, That I attended deceased from _____

About August, 1931, to Nov 27, 1931.

I last saw her alive on Nov 26, 1931; death is said

to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma involving about

the right upper and lower May 1931

abdominal quadrants

Primary seat under border of liver.

Other contributory causes of importance: none

Name of operation Exfoliating Date of _____

What test confirmed diagnosis? Exfoliating Was there an autopsy? _____

23. If death was due to external causes (violence) all in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. E. Caldwell, M. D.

(Address) Payson, Ida

Registrar.

RECEIVED DEC 4 1931

PLACE OF DEATH

County of Canyon
City of PalmaSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77222Registration District No. 3Primary Registration District No. 1007Local Registrar's No. 15(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Albert Jennings Vander Venter 886(a) Residence. No. Palma Ida St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Van De Venter6. DATE OF BIRTH (month, day, and year) April 15 18917. AGE Years 50 Months 7 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Medical Springs Idaho13. NAME Joseph Van De Venter14. BIRTHPLACE (city or town) (State or country) Idaho15. MAIDEN NAME Elen Vander16. BIRTHPLACE (city or town) (State or country) Idaho17. INFORMANT (Address) Lydia Van De Venter Palma Ida18. BURIAL, CREMATION, OR REMOVAL Place Palma Ida Date 11-24 193119. UNDERTAKER (Address) Calder Ida20. FILED Dec 3 1931 Ida Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 22 193122. I HEREBY CERTIFY, That I attended deceased from June 10 1931, to Nov 22 1931.I last saw him alive on Nov 22 1931; death is said to have occurred on the date stated above, at 7-15 a.m.

The principal cause of death and related causes of importance were as follows:

Mitral Valvular
heart disease

Other contributory causes of importance:

Gall StonesName of operation none Date ofWhat test confirmed diagnosis? none Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 1931.Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wetherill M. D.(Address) Palma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77223

State File No.

PLACE OF DEATH

County of Canyon

City of Caldwell

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1005

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME G. Walter Martin

(a) Residence. No. 411 Chgo

St.

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 20 1930

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

1

6

16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Caldwell Ida
(State or country)

10. NAME OF FATHER Wm G. Martin

11. BIRTHPLACE OF FATHER (city or town) Burley
(State or Country) Ida

12. MAIDEN NAME OF MOTHER Allie May Ross

13. BIRTHPLACE OF MOTHER (city or town) Plainview Texas
(State or County)

14. Wade H Ross

Informant (Address) 411 Chgo Caldwell Idaho

15. Filed 12-8-31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 6 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 24 31 to Dec. 5 31

that I last saw him alive on Dec 5, 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Nephritis,

(duration) yrs. mos. 6 ds.
CONTRIBUTORY Hot water burn &
(Secondary) bronchial pneumonia
(duration) yrs. mos. 11 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory
(Signed) Wm G. Ross, M. D.

12-6-31 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal Canyon Hill Cemetery Date of Burial Dec 7-1931

20. Undertaker Paul L. Case Address Caldwell Idaho

N. B.—Every item of information should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

Idaho.

Sept 25-

DEC - 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77225

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Linnie Viola Eidemiller(a) Residence. No. Wilder, Idaho St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept 26-18807. AGE Years 51 Months 2 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Milano co Ohio.
(State or country)10. NAME OF FATHER Mark P. Mills11. BIRTHPLACE OF FATHER (city or town) Ohio.
(State or Country)12. MAIDEN NAME OF MOTHER Lucinda Prose13. BIRTHPLACE OF MOTHER (city or town) Penn.
(State or Country)14. Informant Everett Eidemiller
(Address) Wilder, Ida.15. Filed 12-5- 1931- John B. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 29 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept. 25 to Nov. 29 1931
that I last saw him alive on Nov. 28 1931
and that death occurred, on the date stated above, at 4 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinoma of Colon with metastasis in liver & stomach(duration) 6 yrs. 6 mos. 6 ds.
CONTRIBUTORY neuritis
(Secondary)(duration) 1 yrs. 1 mos. 1 ds.18. Where was disease contracted if not at place of death? noDid an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? X-ray & Physical exam(Signed) J. B. Meyer, M. D._____, 1931 (Address) Caldwell19. Place of Burial, Cremation, or Removal Canyon Hill. 12-1-193120. Undertaker C. V. Peckham Address Caldwell Idaho

RECEIVED DEC 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77226

State File No.

PLACE OF DEATH

County of CanyonCity of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1005

(No. Memorial Park Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1332. FULL NAME Mrs Josephine S. Colvard

(a) Residence No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mo.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)
Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHoward P. Colvard

6. DATE OF BIRTH (month, day and year)

2-10-1909

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

229--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHome(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Grand Junction Colo.
(State or country)

10. NAME OF FATHER

Sam G. Smith11. BIRTHPLACE OF FATHER (city or town) Pittsburg
(State or Country) Iowa12. MAIDEN NAME OF MOTHER Mary E. Barger13. BIRTHPLACE OF MOTHER (city or town) Fairfield
(State or County) Iowa

14.

Informant
(Address)Howard P. Colvard521 No. 9 Caldwell Idaho

15.

Filed

11-17-1931John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 10 1931

(Month)

(Day)

19...
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 4th, 1931, to Nov 10, 1931that I last saw her alive on Nov 10, 1931and that death occurred, on the date stated above, at 10 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Hypostatic Pneumonia
Following Albuminuria
Instrument delivery
Conjunctivitis (duration) yrs. mos. 6 ds.
AlbuminuriaCONTRIBUTORY
(Secondary)(duration) yrs. mos. 10 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of Nov 8/31Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) J. S. Meyer, M. D.Nov 15, 1931 (Address) Caldwell

19. Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill Cemetery11-13-31 19

20. Undertaker

Address

Paul L. CaseCaldwell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

C. W. Peckham | Caldwell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
77228
State File No.

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 2005

Local Registrar's No. 135

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nicholas Bach

(a) Residence. No. Myssa, Ore St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Lilly Bach

6. DATE OF BIRTH (month, day and year) Nov 3-1873

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
58 0 19 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kansas

10. NAME OF FATHER Mike Bach

11. BIRTHPLACE OF FATHER (city or town) (State or Country) West Germany

12. MAIDEN NAME OF MOTHER Anna Hines

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Kenneth Bach
Myssa, Ore

15. Filed 11-26- 1931 John S. Meyers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 22 31 to Nov 22 31 1931
that I last saw him alive on Nov 22 31 1931
and that death occurred, on the date stated above, at 10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds. 8

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Myssa Oregon

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Percussion and X-ray

(Signed) W. A. Galt M. D. 11-24-31 (Address) Caldwell, Id

19. Place of Burial, Cremation, or Removal Caldwell Date of Burial 11-25-1931

20. Undertaker C. J. Dickham Address Caldwell

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

DEC 27 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77229

State File No.

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005

(No.)

Local Registrar's No. 1342. FULL NAME Johanna Nolen(a) Residence No. R.D. #2 St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

~~HUSBAND~~ of
(or) WIFE ofH. H. Nolen6. DATE OF BIRTH (month, day and year) 9-14-18607. AGE Years Months Days If LESS than 1 day, hrs. or min.
71 2 1 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lykens
(State or country) Penn10. NAME OF FATHER Lucas11. BIRTHPLACE OF FATHER (city or town) Not known
(State or Country)12. MAIDEN NAME OF MOTHER Not known13. BIRTHPLACE OF MOTHER (city or town) Not known
(State or Country)14. Informant R. C. Nolen
(Address) Los Angeles, Calif.15. Filed 11-21-, 1931 John S. Mayes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 15 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY That I attended deceased from Oct. 25-31 to Nov 15-31
that I last saw her alive on Nov 15-31
and that death occurred, on the date stated above, at 9:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Hemorrhageauto accident (duration) 5 hrs.
CONTRIBUTORY blow side of head
with traumatic pneumonia (duration) 21 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? NO Date ofWas there an autopsy? NOWhat test confirmed diagnosis? Paralysis rt. side(Signed) M. A. May M. D.11-18, 1931 (Address) Caldwell Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Canyon Hill Nov. 18 1931

20. Undertaker Address

C. V. Beckham Caldwell
Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77230

PLACE OF DEATH

County of BannockCity of Bode SpringsRegistration District No. 52Primary Registration District No. 2136Local Registrar's No. 176

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. oid Sharon Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Feb 18 - 1922

7. AGE

29

Years

5

Months

11

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousework(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Sharon Idaho

10. NAME OF FATHER

Richard Orr11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Salt Lake City Utah

12. MAIDEN NAME OF MOTHER

Joyan Hyman13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Liberty Idaho14. Informant
(Address)Richard Orr
Sharon Idaho

15. Filed

8/1/31

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 21, 1931, to July 23, 1931
that I last saw him alive on July 23, 1931and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

PeritonitisCONTRIBUTORY
(Secondary)Ruptured Appendix
(duration) yrs. mos. ds. 2018. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ellis Hackley, M. D.
July 23, 1931 (Address) Bode Springs Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

19. Place of Burial, Cremation, or Removal

Date of Burial

Sharon IdahoJuly 26 1931

20. Undertaker

Address

W. H. Williams

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 4 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77231 State File No.	
County of <u>Cassia</u>	City of <u>Elba</u>	Registration District No. <u>119</u>	Primary Registration District No. <u>2198</u>	Local Registrar's No. <u>206</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Foy Jacobson</u>					
(a) Residence. No. _____		St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Dr.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) (State or country) <u>Elba, Ida.</u>					
MOTHER FATHER	13. NAME <u>Heber M. Jacobson</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Manassas, Va.</u>				
	15. MAIDEN NAME <u>Ida Geneva Simpson</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Bayou La Poudre, Louisiana</u>				
17. INFORMANT <u>Heber M. Jacobson</u> (Address) _____					
18. BURIAL, CREMATION OR REMOVAL Place <u>Elba</u> Date <u>Oct 8</u> , 1931					
19. UNDERTAKER <u>None</u> (Address) _____					
20. FILED <u>Dec. 1</u> , 1931 <u>G. E. Sater</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 7</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from _____ <u>no</u> , 1931, to <u>no</u> , 1931.					
I last saw him alive on <u>no</u> , 1931; death is said to have occurred on the date stated above, at <u>8 A. m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Unknown</u>					
Other contributory causes of importance: _____					
Name of operation <u>no</u> Date of _____					
What test confirmed diagnosis? <u>usual</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____					
(Signed) <u>G. E. Sater</u> M. D. (Address) <u>Malta, Idaho</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77233

State File No.

PLACE OF DEATH

County of Cassia
City of Burley

CERTIFICATE OF DEATH

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 298

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

St.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Fred Gummow

6. DATE OF BIRTH (month, day and year)

June 11-1882

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

49 4 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Wisconsin

10. NAME OF FATHER

Andrew Wisniewski

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

Hansen

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

Fred Gummow
Burley Idaho

15.

Filed

12-7- 1907

F. H. Butler
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct. 31

(Month)

(Day)

1907
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 15, 1907, to Oct 31, 1907

that I last saw her alive on Oct 31, 1907

and that death occurred, on the date stated above, at 334

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Myocarditis

(duration) 10 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Alfred E. Hansen, M. D.

Nov 14, 1907 (Address) Burley Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley Idaho

19

20. Undertaker

Address

D. O. Johnson

Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

DEC 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
77234
State File No.

PLACE OF DEATH

County of Cassia
City of Burley

CERTIFICATE OF DEATH

Registration District No. 117
Primary Registration District No. 2196

Local Registrar's No. 297

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah M Hagberg

(a) Residence. No.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. COLOR OR RACE W. 5. Single, Married, Widowed, Married
(If married, write the word.)

5a. If married, widowed, or divorced
HUSBAND of Louis John Hagberg
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 23 - 1895

7. AGE Years 35 Months 10 Days 28 LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Oakley Idaho
(State or country)

10. NAME OF FATHER Moses B Martin

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MOTHER NAME OF MOTHER Fanny L Smith

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant S. Hagberg
(Address) Burley Ida.

15. Filed 2-7- 1931 Registrar F. C. Cutler

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 21, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1931, to Nov 21, 1931
that I last saw him alive on Nov 21, 1931

and that death occurred, on the date stated above, at m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute parenchymatous nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death?
Was there an autopsy?
What test confirmed diagnosis? Biopsy
(Signed) M. D.
(Address)

19. Place of Burial, Cremation, or Removal Burley Ida. Date of Burial 11-24 1931

20. Undertaker D. C. Johnson Address Burley

Barber

RECEIVED DEC 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77238

PLACE OF DEATH

County of *Cassia*City of *Burley*Registration District No. *117*Primary Registration District No. *2196*Local Registrar's No. *294*

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *James Aaron Wilson*

(a) Residence No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M*4. COLOR OR RACE *W*5. Single, Married, Widowed,
or Divorced (write the word.) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) *July 23-1918*

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min. *13 3 16*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. *Student*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) *Panguitch
Ut.*10. NAME OF FATHER *Oliver A. Wilson*11. BIRTHPLACE OF FATHER (city or town)
(State or Country) *Idaho*12. MOTHER NAME OF MOTHER *May A. Wilson*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) *Utah*

14.

Informant
(Address) *Mr. May Wilson*

15.

Filed *Nov 12 1931*Registrar. *H. H. Cutler*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Nov. 9 1931*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

*Nov 9 1931 to Nov 9 1931*that I last saw him alive on *Nov 9 1931*and that death occurred, on the date stated above, at *4:00 P. m.**State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Electrocution**(2)*

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? *no*Did an operation precede death? *no* Date of _____Was there an autopsy? *no*What test confirmed diagnosis? *Edgins*(Signed) *Shugl E. Dean* M. D.*Nov 10 1931* (Address) *Burley*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Burley Ida.**11-12 1931*

Burial Undertaker

Address

D. E. Johnson *Burley*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1931

PLACE OF DEATH
Clearwater

County of.....

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 20

Primary Registration District No. 2185

DO NOT WRITE IN THIS SPACE

State File No. 77239

Local Registrar's No. 46

(If death occurred in a hospital or institution, give its name instead of street and number.)
(No. Chas J. Lester)

2. FULL NAME.....

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (Give the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Emma Lester

6. DATE OF BIRTH (month, day, and year) Oct 20 1861

7. AGE

Years 70

Months

Days 18

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Labor

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Minn

12. BIRTHPLACE (city or town)
(State or country)

MOTHER FATHER

13. NAME

?

14. BIRTHPLACE (city or town)
(State or country)

?

15. MAIDEN NAME

?

16. BIRTHPLACE (city or town)
(State or country)

?

17. INFORMANT
(Address)

Mrs C.J. Lester Orofino

18. BURIAL, CREMATION, OR REMOVAL
Place

Lewiston Ida

Date Nov 11, 1931

19. UNDERTAKER
(Address)

W.A. Shaw Orofino

20. FILED Nov 9, 1931

W.A. Shaw

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 8 1931

22. I HEREBY CERTIFY, That I attended deceased from
March, 1930, to Nov. 8, 1931.

I last saw him alive on Nov. 8, 1931; death is said

to have occurred on the date stated above, at 10:00 am.

The principal cause of death and related causes of importance
were as follows:

Date of onset

Terminal Broncho-pneumonia

Other contributory causes of importance:

Semilethargy
Cardiac failure

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1931.

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) A. S. Pappenhagen, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1931

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77240

Registration District No. 90
Primary Registration District No. 2187

Local Registrar's No. 77

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herbert L. Wunderlick

(a) Residence. No. Orofino Hospital St. _____

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 14 1931

7. AGE Years Months Days 2 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orofino
(State or country)

13. NAME John Wunderlick

14. BIRTHPLACE (city or town) Minn
(State or country)

15. MAIDEN NAME Margret Mc Eaden

16. BIRTHPLACE (city or town) Mont
(State or country)

17. INFORMANT J. Wunderlick
(Address) Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date Nov 17, 193

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED Nov 17, 193 W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 16 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1931, to Nov. 16, 1931.

I last saw him alive on Nov 16, 1931; death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) A.B. Pappenhagen, M.D.

(Address) _____

RECEIVED DEC 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77241

State File No.

PLACE OF DEATH

County of ButteCity of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 76Primary Registration District No. 2153

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Victor Phillipson

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 34 yrs. 6 mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MaleCOLOR OR RACE White5. Single, Married, Widowed,
or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of Romina Scamellia6. DATE OF BIRTH (month, day and year) Feb 25, 1884

7. AGE

Years 67Months 9Days 13If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Painter and
Decorater(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Novate Verzosa
Italy10. NAME OF FATHER Luigi11. BIRTHPLACE OF FATHER (city or town)
(State or country) Novate Verzosa Italy12. MOTHER NAME OF MOTHER Anna13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Como Italy

14.

Informant
(Address) Mrs. Domenica Norini

15.

Filed Dec. 8, 1931Registrar. Rose M. M. M.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

12-
(Month)7
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

12-1, 1931, to 12-6, 1931that I last saw him alive on 12-6, 1931

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Tuber pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of.....Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Carrie A. M. D.Dec 8, 1931 (Address) Blackfoot, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Blackfoot, Idaho Dec. 9, 193120. Undertaker Turner Address Blackfoot

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 4 1931

PLACE OF DEATH
County of Elmore
City of King Hill

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Registration District No. 36
Primary Registration District No. 2021

DO NOT WRITE IN THIS SPACE

State File No. 77242Local Registrar's No. 944

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hilda Larson(a) Residence. No. King Hill Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 54 Months 2 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 24 years

12. BIRTHPLACE (city or town) Michigan
(State or country)

13. NAME Rundquist

14. BIRTHPLACE (city or town) Michigan
(State or country)

15. MAIDEN NAME Hilda Rundquist

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Lester E Jackson
(Address) Cheyenne

18. BURIAL, CREMATION, OR REMOVAL Paul Cem
Place Paul Idaho Date Nov. 19, 1931

19. UNDERTAKER W A Goodman
(Address) Reynolds Idaho

20. FILED Nov 17, 1931 Mrs M. Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 14th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1931 to Nov 14, 1931

I last saw her alive on Sept. 10, 1931; death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

She was a freeborn Communist
floor in basement of King Hill School and is supposed to have slipped and fell striking her head on bucket

Other contributory causes of importance:
Aggravated by long unconscious of the floor with blood on bucket & surrounding it

Name of operation None Date of -What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11.14.1931

Where did injury occur? School house King Hill
(Specify city or town, county, and state) Idaho

Specify whether injury occurred in industry, in home, or in public place. King Hill School house King Hill

Manner of injury Fall on slippery floor basementNature of injury Contusion & laceration of head

24. Was disease or injury in any way related to occupation of deceased?

Yes. If so, specify With chains & nails work(Signed) J. W. Davis M. D.(Address) 4 Lewis & My Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77244

State File No.

PLACE OF DEATH

County of FranklinCity of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2114

(No.)

Local Registrar's No. 26

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Allan J. Winn

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed,
or ~~Divorced~~ (write the word)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan 26 20 1917

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

14

10

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

School Boy

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Nephi Utah

10. NAME OF FATHER

Wm. Stanley Winn

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Nephi Utah

12. MAIDEN NAME OF MOTHER

Flores Tanner

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Nephi Utah

14.

Informant
(Address)

Wm. Stanley Winn

Preston Idaho

15.

Filed

Dec 8, 1931G. W. Stiles
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov.2031

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 20311931

that I last saw him alive on

Nov 20311931and that death occurred, on the date stated above, at 5 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Acute Intestinal Obstruction
caused by Adhesions following
Drainage Case of Appendicitis

(duration)

yrs.

mos.

ds. 2CONTRIBUTORY
(Secondary)Operation & Shock

(duration)

yrs.

mos.

ds. 218. Where was disease contracted
if not at place of death?

Did an operation precede death?

Yes

Date of

Nov, 18-31

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

Eugene H. Hickey, M. D.Nov. 201931

(Address)

Preston, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Preston IdahoNov2231

20. Undertaker

Preston

Address

Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED DEC 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **77245**

PLACE OF DEATH

County of Franklin
City of Preston

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119
(No. _____)

Local Registrar's No. 27

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Evelyn Hobbs

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>widowed</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Charles B. Hobbs

6. DATE OF BIRTH (month, day and year) Feb 2 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>9</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House hold work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kaysville Utah
(State or country)

10. NAME OF FATHER Shen Pernell

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER Louisa Driggs

13. BIRTHPLACE OF MOTHER (city or town) Nauvoo Ill
(State or County)

14. Informant Mrs. Louise Shumway
(Address) Preston

15. Filed Dec 8, 1931 G. W. State
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
11 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1931, to Nov 26 1931,
that I last saw her alive on Nov 20 1931,
and that death occurred, on the date stated above, at 7 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

(duration) yrs. mos. ds.
CONTRIBUTORY Chronic Cardiac Renal disease
(Secondary)

(duration) 3 yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) G. W. State, M. D.

19. (Address) _____

19. Place of Burial, Cremation, or Removal Franklin Idaho Date of Burial Nov 29 31 19

20. Undertaker M. W. Hendricks Address Preston Idaho

RECEIVED DEC 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77246

PLACE OF DEATH

County of Franklin

CERTIFICATE OF DEATH

City of Prescon

Registration District No. 27

Primary Registration District No. 2M9

Local Registrar's No. 15

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Keith Bertrand Neilsen

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 15 1915

7. AGE Years Months Days If LESS than 1 day.
16 7 15 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Schoolday

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Weston Idaho
(State or country)

10. NAME OF FATHER

Anton E. Neilsen

11. BIRTHPLACE OF FATHER (city or town) Weston
(State or Country)

12. MAIDEN NAME OF MOTHER Charlotte Anderson

13. BIRTHPLACE OF MOTHER (city or town) Trenton Utah
(State or Country)14. Informant Anton E. Neilsen
(Address) Weston Idaho

15. Filed Dec 31 1931 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 1 1931 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19 to 19
that I last saw h. alive on 19

and that death occurred, on the date stated above, at m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Jacking up car (Auto) and car
slipped off jack, car falling on
head causing a hemorrhageical
condition almost instant deathCONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. E. Hansen, M. D.

19. (Address) Preston

19. Place of Burial, Cremation, or Removal Date of Burial
Weston Idaho Oct 4 1931

20. Undertaker M. W. Hendricks Address Preston

RECEIVED NOV 18 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77247

State File No.

PLACE OF DEATH

County of FREMONT
City of ASHTON

Registration District No. 102
Primary Registration District No. 6

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME LEVI CHERRY

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. Single, Married, Widowed, or Divorced (write the word) MARRIED

5a. If married, widowed, or divorced
HUSBAND of MAUD CHERRY
(or) WIFE of

6. DATE OF BIRTH (month, day and year) JAN. 14th 1877

7. AGE Years Months JAN If LESS than 1 day, hrs. or min.
54 6 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. FARMER

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) UTAH
(State or country)

10. NAME OF FATHER

E.G. CHERRY11. BIRTHPLACE OF FATHER (city or town)
(State or Country)PENN.12. MAIDEN NAME OF MOTHER SHUMWAY13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)DONT KNOW

14. Informant MRS MAUD CHERRY
(Address)

15. Filed 10-13-31 ASHTON IDAHO
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

AUGUST 1st 1931

(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from his home, 19 , to his home, 19

that I last saw him alive on , 19 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

He died when seen
perhaps a apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. L. Hargis, M. D.

2th 1931

August (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker ASHTON IDAHO

Address

Lewis Riser

ashton Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 18 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77248

PLACE OF DEATH

County of. FREMONT
City of ASHTON

Registration District No. 102
Primary Registration District No. 51

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME. KATHERINE MARIE LARSEN

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. Single, Married, Widowed, or Divorced (write the word) WIDOWED.
5a. If married, widowed, or divorced HUSBAND of XXXXX CHRISTIA LARSEN (or) WIFE of		
6. DATE OF BIRTH (month, day and year) JULY 18th 1854		
7. AGE 77	Years 2 222	Months 20
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work AT HOME (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) DENMARK
(State or country)

10. NAME OF FATHER NELSE THOMPSON

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) DENMARK

12. MAIDEN NAME OF MOTHER DORTHY PETERSON

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) DENMARK

14. Informant HIRAM LARSEN
(Address) ASHTON IDAHO

15. Filed 10-9, 1931
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

OCT 8 'TH 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

OCT 5, 1931, to OCT 8, 1931
that I last saw her alive on OCT 8, 1931
and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:
Alcohol, milt.

CONTRIBUTORY
(Secondary)

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Haines
(Signed) H. Haines, M. D.
10/9/31, 19 (Address) Ashtn, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal ASHTON IDAHO	Date of Burial 10/12/31
20. Undertaker LEWIS KISER ASHTON IDAHO	Address

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 102County of JeromePrimary Registration District No. 6City of Ashton

(No. _____ St.)

File No. 77249

Registered No. _____

If death occurs away from
usual residence, give facts
called for under special
information.

2. FULL NAME

Bojase Ernest AndrewIf death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED.MaleWhiteSingle
(Write the word.)

6. DATE OF BIRTH.

Dec81931

(Month)

(Day)

(Year)

7. AGE

14Yrs. 9Mos. 0ds. 0IF LESS than 1 day
how many _____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work.
(b) General nature of in-
dustry, business, or estab-
lishment in which employ-
ed (or employer)Student

9. BIRTHPLACE

(State or Country)

Jerome County Idaho10. NAME OF
FATHERJoseph Andrew11. BIRTHPLACE
OF FATHER

(State or Country)

Idaho12. MAIDEN NAME
OF MOTHERMaude Lee13. BIRTHPLACE
OF MOTHER

(State or Country)

Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

Joseph Andrew
Ashton Idaho

15.

Filed

12-9-311931Chas. Meachen

Local Registrar

16. DATE OF DEATH

Dec81931

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from
Nov 14 1931, to Dec 8 1931,
that I last saw him alive on Dec 8 1931,
and that death occurred on the date stated above, at 11 P.M.
The CAUSE OF DEATH* was as follows:
Infarctus

(Duration)

Yrs.

mos.

ds.

Contributory
(Secondary)

(Duration)

Yrs.

mos.

ds.

(Signed)

(Address)

Yrs.

mos.

ds.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1)
MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place

In the

of death

yrs.

mos.

days

State

yrs.

mos.

days

Where was disease contracted
if not at place of death?Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Ashton Idaho12-9-31

20. UNDERTAKER

ADDRESS

Lewis KiserAshton Idaho

WARNING: IF UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77250

State File No.

PLACE OF DEATH

County of FREMONT

City of ASHTON

Registration District No. 102

Primary Registration District No. 6

Local Registrar's No. 205

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME LOTTIE SARAH SHEETS

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. Single, Married, Widowed, or Divorced (write the word) WIDOWED
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) JULY 27th 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>65</u>	<u>3</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work AT HOME

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) DIXON KY
(State or country)

10. NAME OF FATHER

CHARLES COX

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

EK. KY.

12. MAIDEN NAME OF MOTHER

SARAH ANDERSON

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

KY

14. Informant MRS LUKE SHEETS
(Address)

ASHTON IDAHO

15. Filed 11-27-31 ASHTON
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH NOV. 21st 1931

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw him alive on 11.A.M.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

death no physician in attendance

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed), M. D.

....., 19..... (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal <u>ASHTON IDAHO</u>	Date of Burial <u>11/25/1931</u>
---	-------------------------------------

20. Undertaker <u>LEWIS KISER</u>	Address <u>ASHTON IDAHO</u>
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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont
City of DRUMMOND IDAHO

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Registration District No. 106
Primary Registration District No. 8

DO NOT WRITE IN THIS SPACE

State File No. 77251

Local Registrar's No. 129

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wakamatsu. Ozaki.

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE JAPANESE 5. Single, Married, Widowed, or Divorced (write the word) SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) FEB. 22th 1878

7. AGE Years 53 Months 8 Days 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work SECTION MAN. RAILROAD

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer O.S.L. RAILROAD.

9. BIRTHPLACE (city or town) _____
(State or country) JAPAN

10. NAME OF FATHER IKUJI OZAKI

11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) JAPAN.

12. MAIDEN NAME OF MOTHER DONT KNOW

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country) JAPAN.

14. Informant S. HANASKA.
(Address) REXBURG IDAHO

15. Filed 11-27-1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

NOV. 25th 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1931 to Nov 25, 1931, that I last saw him alive on Nov 25, 1931, and that death occurred, on the date stated above, at 4 2 m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) E. R. Dargatzis, M. D. Nov 27, 1931 (Address) Ashton Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal _____ Date of Burial 11/27th 1931
REXBURG IDAHO
20. Undertaker _____ Address _____

LEWIS KISTER ASHTON IDAHO

RECEIVED DEC 5 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77252

PLACE OF DEATH

County of Germ
City of Emmett

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henrietta Ward Wayman

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fm 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 20 - 18477. AGE Years Months Days If LESS than 1 day, hrs. or min.
84 6 - - min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Moundsville West Va
(State or country)10. NAME OF FATHER John Ward11. BIRTHPLACE OF FATHER (city or town) not known
(State or Country)12. MAIDEN NAME OF MOTHER Harriet Wheeler13. BIRTHPLACE OF MOTHER (city or town) not known
(State or Country)14. Informant Josephine Forsell
(Address) Seattle, Wash.15. Filed Nov 21, 1931 J. D. Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 1, 1931, to Nov 24, 1931that I last saw her alive on Nov 18, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. D. Reynolds, M. D.Nov 21, 1931 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Emmett Idaho 11/22 1931

20. Undertaker Address

C. Buckner Emmett Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77253

State File No.

PLACE OF DEATH

County of Idaho
City of Emmett

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

813

2. FULL NAME Julius Ulmer Harrison

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Etta Harrison
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 9-1866

7. AGE Years Months Days If LESS than 1 day, hrs. min.
65 4 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Alabama
(State or country)

10. NAME OF FATHER Hiram S. Harrison

11. BIRTHPLACE OF FATHER (city or town) North Carolina
(State or Country)

12. MAIDEN NAME OF MOTHER Cecilia Johnston

13. BIRTHPLACE OF MOTHER (city or town) Alabama
(State or Country)

14. Informant Etta Harrison
(Address) Emmett Idaho

15. Filed 11/27, 1931 J. D. Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1928, to Nov 26, 1931
that I last saw him alive on Nov 24, 1931
and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Chronic Arteritis
Deformans

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. D. Reynolds, M. D.

11/27, 1931 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Emmett Idaho Date of Burial 11/27 1931

20. Undertaker C. D. Bucknum Address Emmett Idaho

RECEIVED DEC 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77254

State File No.

PLACE OF DEATH

County of Glen
City of Emmett

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Abner Warden(a) Residence. No. Emmett St.

(Usual place of abode)

Length of residence in city or town where death occurred. 36 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMinerva O Warden6. DATE OF BIRTH (month, day and year) Aug 18 - 18637. AGE Years Months Days If LESS than 1 day,
68 3 7 0 hrs. 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bates Co, Missouri
(State or country)10. NAME OF FATHER David Mitchel Warden11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Missouri12. MAIDEN NAME OF MOTHER Elli Gordon13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Ill.14. Informant Minerva Warden
(Address) Emmett Idaho15. Filed 11/27, 1931 J. H. Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov
(Month)25
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 18, 1931, to Nov 25, 1931that I last saw him alive on Nov 24, 1931and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Reynolds, M. D.11/27, 1931 (Address) Emmett*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Emmett Idaho

Date of Burial

11/27 1931

20. Undertaker

C. Buckner

Address

Emmett
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1931

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77255

State File No.

County of *Ben*

City of *Emmett*

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Clarence Levi De Walt*

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*

4. COLOR OR RACE *white*

5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *June 30 - 1887*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
44 4 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Sheep Camp Tender*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer *Andrew Little*

9. BIRTHPLACE (city or town) (State or country) *Colorado*

10. NAME OF FATHER *Edward De Walt*

11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Iowa*

12. MAIDEN NAME OF MOTHER *Angeline Meyers*

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Penn*

14. Informant *Mrs W Jones*
(Address) *Garner Idaho*

15. Filed *11/20, 1931* *J. H. Reynolds* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Nov 18* 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Nov 14*, 19*31*, to *Nov 18*, 19*31*, that I last saw him alive on *Nov 18*, 19*31*, and that death occurred, on the date stated above, at *12:00* m.

The CAUSE OF DEATH* was as follows:

Peritonitis following stab or abdominal cut
(duration) yrs. mos. ds.

CONTRIBUTORY *knife wound*
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *J. H. Reynolds*, M. D.
11/20, 19*31* (Address) *Emmett*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal *Emmett Ida* Date of Burial *Nov. 21, 1931*

20. Undertaker *W. L. Buckner* Address *Emmett Idaho*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

St. Valentine Hospital
PLACE OF DEATH
 County of *Blaine Idaho*
 City of *Conrad*
 State of IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
 Registration District No. *3A*
 Primary Registration District No. *2087*
 Local Registrar's No. *124*

(No. *124*)
 (In death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Orak E. Heady*
 (a) Residence. No. _____ St. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred *18* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>			21. DATE OF DEATH (month, day, and year) <i>11/25/1931</i>	
5a. If married, widowed or divorced, HUSBAND of (or) WIFE of <i>Carrolla Heady</i>					22. I HEREBY CERTIFY, That I attended deceased from <i>Feb.</i> 1929, to <i>Nov 28</i> , 1931.	
6. DATE OF BIRTH (month, day, and year) <i>Jan 14-1874</i>					I last saw him alive on <i>Nov 26</i> , 1931; death is said to have occurred on the date stated above, at <i>4:00</i> m.	
7. AGE	Years <i>59</i>	Months <i>10</i>	Days <i>6</i>	If LESS than 1 day, hrs. or min.	The principal cause of death and related causes of importance were as follows: <i>Rupture of Basilar Vein</i> <i>Hemorrhage</i> <i>Chronic Nephritis</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>				Date of onset <i>11/28-31</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				1918	
	10. Date deceased last worked at this occupation (month and year)				Other contributory causes of importance: <i>Dislocation Shoulder</i>	
11. Total time (years) spent in this occupation					Date of death <i>11/25</i>	
12. BIRTHPLACE (city or town) (State or country) <i>Leary Ind</i>					Name of operation <i>Ligation Vessels</i> Date of <i>11/14/31</i>	
MOTHER	13. NAME <i>Heady</i>				What test confirmed diagnosis <i>X-ray</i> Was there an autopsy? <i>Yes</i>	
	14. BIRTHPLACE (city or town) (State or country) <i>South Kansas</i>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <i>acc. det.</i> Date of injury <i>10/11/1931</i>	
	15. MAIDEN NAME <i>Carrolla Heady</i>				Where did injury occur? <i>Left arm Bulb Arm</i> (Specify city or town, county, and State)	
16. BIRTHPLACE (city or town) (State or country) <i>South Kansas</i>					Specify whether injury occurred in industry, in home, or in public place. <i>1st / home</i>	
17. INFORMANT (Address) <i>Harold Heady</i> <i>Buhl</i>					Manner of injury <i>Fell from tree</i>	
18. BURIAL, CREMATION, OR REMOVAL Place <i>Buhl</i> Date <i>11/28</i> , 1931					Nature of injury <i>Dislocation Shoulder</i>	
19. UNDERTAKER (Address) <i>Evans, Johnson</i> <i>L. Johnson</i>					24. Was disease or injury in any way related to occupation of deceased? <i>No</i> If so, specify	
20. FILED <i>Nov 30</i> , 1931					(Signed) <i>R. E. Lundy</i> , M. D. (Address) <i>Buhl</i>	

Registrar. *J. T. Murphy*

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. **77258**
Registered No. **168**

1. PLACE OF DEATH. Registration District No. **24**
County of **Gooding** Primary Registration District No. _____
City of **Tuttle** (No. _____, St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME **Henry Steele Lower**

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**

6. DATE OF BIRTH

August 13th 1991
(Month) (Day) (Year)

7. AGE

77 yrs. 3 mos. 0 ds.

IF LESS than 1 day
how many _____ hrs. or
_____ mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

Retired farmer

9. BIRTHPLACE

(State or Country)

Iowa

10. NAME OF FATHER

Dont know

11. BIRTHPLACE OF FATHER

(State or Country)

Dont know

12. MAIDEN NAME OF MOTHER

Dont know

13. BIRTHPLACE OF MOTHER

(State or Country)

Dont know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. H. S. Lower

(Address)

Tuttle Idaho

15.

Filed **11-13-**

19**31**

J. H. Cromwell

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 13th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

~~that I last saw him alive on~~

and that death occurred on the date stated above, at **6:30 A.** M.

The CAUSE OF DEATH* was as follows:

**Sudden death -
Caused by some heart
lesion**

(Duration) **0** yrs. **0** mos. **0** ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

J. H. Cromwell M. D.
Gooding Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Hayman, Ida **11-15-1931**

20. UNDERTAKER

ADDRESS

A. E. Thompson **Gooding Ida**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

Amended 4-28-72

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Gordmy*City of *Gordmy*

If death occurs away from usual residence, give facts called for under special information.

Registration District No. *24*

Primary Registration District No. _____

(No. _____ St.)

File No. *76259*

Registered No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

James Preston Fletcher

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WID-OWED OR DIVORCED *Married*6. DATE OF BIRTH *Feb 17th 1850*

(Month) (Day) (Year)

7. AGE *81* Yrs. *9* Mos. *1* ds. IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)*Retired farmer*

9. BIRTHPLACE

(State or Country)

Arkansas

10. NAME OF FATHER

*John**Fletcher*

11. BIRTHPLACE OF FATHER

(State or Country)

Kentucky

12. MAIDEN NAME OF MOTHER

Malinda Price

13. BIRTHPLACE OF MOTHER

(State or Country)

Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Jas R. Fletcher
*Corr. Ore.*15. Filed *11-30* 19*21*

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 18- 1921
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *Aug- 31* 19*21*, to *Nov 18* 19*21* that I last saw him alive on *Nov 14* 19*21* and that death occurred on the date stated above, at *7* M. The CAUSE OF DEATH* was as follows:
Heart disease(Duration) *?* Yrs. _____ mos. _____ ds.

Contributory (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

(Address)

J. H. Cromwell
Gordmy Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Gordmy Ida *11-30 1921*

20. UNDERTAKER

ADDRESS

W. C. Thompson *Gordmy Ida*

4-14-72

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of }
County of } ss. Certificate No. 77259
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for James Preston Fletcher who died on Nov. 18, 1931
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Gooding, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Item 10

omitted

John

Item 11

Arkansas

Kentucky

Item 12

omitted

Malinda Price

Item 13

omitted

Tennessee

Subscribed and sworn to before me this 14th day of

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at

My commission expires

(Seal)

555 77-10th E. Home
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires

(Seal)

.....
(Street Address, City, State)

RECEIVED DEC 7 1931

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Gooding*
City of *Gooding*

Registration District No. *24*
Primary Registration District No. _____
(No. _____ St.)

File No. *77360*
Registered No. *1778*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Martin Silk

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Male *white* *Single*
(Write the word.)

6. DATE OF BIRTH

Nov *11* *1851*
(Month) (Day) (Year)

7. AGE

80 Yrs. *0* Mos. *7* ds.

IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

farming

9. BIRTHPLACE

(State or Country)

Ireland

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER

(State or Country)

Ireland
unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER

(State or Country)

Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ed Luther

(Address)

Gooding Ida

15.

Filed *11-30* *1931*

J H Cronwall
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov *18* *1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

11-18 *1931* to *11-18* *1931*
that I last saw him alive on *11-18* *1931*
and that death occurred on the date stated above, at *3 AM*.
The CAUSE OF DEATH* was as follows:

Cancer of liver

(Duration) Yrs. *7* mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) *J H Cronwall* M. D.

11/30 1931 (Address) *Gooding Ida*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Gooding Ida

11-21-1931

20. UNDERTAKER

ADDRESS

W E Thompson

Gooding Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11. D.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 22 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77261

State File No.

PLACE OF DEATH
County of Idaho
City of near Hamich

Registration District No.
Primary Registration District No. 7-127

Local Registrar's No. 13

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Condit

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Indian 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May? 1865

7. AGE 66 Years 5 Months — Days — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Hamich Idaho
(State or country)

10. NAME OF FATHER James Condit

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Jean Parsons

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Ellis Ripp
(Address) Hamich

15. Filed 10/3, 1931 Nell Robertson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 2nd 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1931, to change, 1931, that I last saw him alive on October 1st, 1931, and that death occurred, on the date stated above, at 10 P. m. The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) [Signature] M. D.

Oct. 3, 1931 (Address) Hamich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Hamich Date of Burial 10/5 1931

20. Undertaker Funeral Home Address Hamich

RECEIVED NOV 28 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **77262**

PLACE OF DEATH

County of Idaho
City of Hamlet

CERTIFICATE OF DEATH

Registration District No. 119
Primary Registration District No. 1127 Local Registrar's No. 17

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George O Harvey
(a) Residence. No. _____ St. _____
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret L Harvey

6. DATE OF BIRTH (month, day and year) March 7. 1851

7. AGE Years 80 Months 6 Days 22 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Landlord
(c) Name of employer _____

9. BIRTHPLACE (city or town) Indiana
(State or country)

10. NAME OF FATHER Jesse Harvey

11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country)

12. MAIDEN NAME OF MOTHER Edmann

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country)

14. Informant C. J. Harvey
(Address)

15. Filed 9/30 1931 Will Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 29 1931
(Month) (Day) (Year)

17. WHEREBY CERTIFY, That I attended deceased from Sept. 28 1931, to Sept. 29 1931, that I last saw him alive on Sept. 28 1931, and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Coric Stevasi

(duration) _____ yrs. 8 mos. _____ ds.
CONTRIBUTORY chronic nephritis
(Secondary) (duration) _____ yrs. 6 mos. _____ ds.

18. Where was disease contracted _____
if not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? none
(Signed) W. J. Brown, M. D.
9/30 1931 (Address) Hamlet, Idaho

19. Place of Burial, Cremation, or Removal Woodland, Id Date of Burial 9/30 1931
Undertaker Friend Address _____

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77263**

PLACE OF DEATH
County of **Idaho**
City of **Grangeville**

Registration District No. **103**
Primary Registration District No. **2181**

Local Registrar's No. **40**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Mary Elizabeth Johnson**

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
4. COLOR OR RACE **white**
5. Single, Married, Widowed, or Divorced (write the word) **Single**
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) **8 / 3 / 1908**
7. AGE Years **73** Months **3** Days **8** If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) _____
(State or country) _____

PARENTS

10. NAME OF FATHER **Andrew Johnston**
11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) _____
12. MAIDEN NAME OF MOTHER **Adaline Sloan**
13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country) _____

14. Informant **Henry E. Eber**
(Address) **Grangeville**15. Filed **12-2-**, 19**31** **B. Chipman**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **Nov. 11**, 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Sept. 10**, 19**31**, to **Nov. 3**, 19**31**,
that I last saw **her** alive on **Nov. 3**, 19**31**,
and that death occurred, on the date stated above, at **3 P.** m.
The CAUSE OF DEATH* was as follows:

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? **No**What test confirmed diagnosis? **Minor findings**(Signed) **B. Chipman** M. D.**Nov. 12**, 19**31** (Address) **Grangeville**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **John Day Lea** Date of Burial **11-14 1931**20. Undertaker **Amcock Ind. Co.** Address **Grangeville**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **77264**

PLACE OF DEATH
County of *Idaho*
City of *Elk City*

Registration District No.
Primary Registration District No.

Local Registrar's No. **38**

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME *Carl E. Skyles*
(a) Residence. No. *Elk City, Idaho* St.
(Usual place of abode)
Length of residence in city or town where death occurred *36* yrs. mos. ds. How long in U. S., if of foreign birth *44* yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <i>Male</i>	4. COLOR OR RACE <i>W. skin</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day and year)				
7. AGE <i>68</i>	Years	Months	Days	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Construction Engineer</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>Mining</i> (c) Name of employer <i>Self</i>				
9. BIRTHPLACE (city or town) (State or country) <i>Sweden</i>				
10. NAME OF FATHER				
11. BIRTHPLACE OF FATHER (city or town) (State or Country) <i>Sweden</i>				
12. MAIDEN NAME OF MOTHER				
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) <i>Sweden</i>				
14. Informant <i>Arthur Pearson</i> (Address) <i>351 Knott St. Portland, Or.</i>				
15. Filed <i>12-2-</i> , 19 <i>31</i> . <i>B. Chipman</i> Registrar				

MEDICAL CERTIFICATE OF DEATH		
16. DATE OF DEATH <i>Nov. 10</i> , 19 <i>31</i> (Month) (Day) (Year)		
17. I HEREBY CERTIFY, That I attended, deceased from <i>Nov. 7</i> , 19 <i>31</i> , to <i>Nov. 7</i> , 19 <i>31</i> that I last saw him alive on <i>Nov. 7</i> , 19 <i>31</i> and that death occurred, on the date stated above, at <i>11 A.M.</i> m. The CAUSE OF DEATH* was as follows: <i>Chromosis Liver</i>		
(duration) <i>5</i> yrs. mos. ds.		
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.		
18. Where was disease contracted if not at place of death? Did an operation precede death? <i>No</i> Date of Was there an autopsy? <i>No</i> What test confirmed diagnosis? <i>Condition Liver</i> (Signed) <i>B. Chipman</i> M. D. <i>12-2-</i> , 19 <i>31</i> (Address) <i>Tranquille, Ida</i>		
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
19. Place of Burial, Cremation, or Removal <i>Portland, Oregon</i>	Date of Burial <i>Nov. 16</i> 19 <i>31</i>	
20. Undertaker <i>O. A. Haman</i>	Address <i>Tranquille, Idaho</i>	

172

RECEIVED DEC 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **77265**

PLACE OF DEATH

County of **Idaho**
City of **Grangeville**

CERTIFICATE OF DEATH

Registration District No. **103**
Primary Registration District No. **1001**
(No. **At Grangeville**)Local Registrar's No. **38**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **James H. Hill**(a) Residence. No. **Grangeville, Idaho** St.(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Divorced**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of**Not Known**6. DATE OF BIRTH (month, day and year) **Not Known**7. AGE Years Months Days If LESS than 1 day, hrs. or min.
About 70

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Time Keeper**(b) General nature of industry, business, or establishment in which employed (or employer) **Highway Construction**(c) Name of employer **Roy Green**9. BIRTHPLACE (city or town) **Wis.**
(State or country)10. NAME OF FATHER **Not Known**11. BIRTHPLACE OF FATHER (city or town) **Not Known**
(State or Country)12. MAIDEN NAME OF MOTHER **Not Known**13. BIRTHPLACE OF MOTHER (city or town) **Not Known**
(State or County)14. Informant **Roy Green**
(Address) **Grangeville, Idaho**15. Filed **12-2-**, 19**31** **R. Chipman**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

NOV **4**, 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 28, 19**31**, to **Nov. 3**, 19**31**
that I last saw him alive on **Nov 3**, 19**31**and that death occurred, on the date stated above, at **2 a.** m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:**Cerebral Hemorrhage**(duration) yrs. mos. **7** ds.
CONTRIBUTORY **Chronic Alcoholism**
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **no** Date ofWas there an autopsy? **no**What test confirmed diagnosis? **Autopsy**(Signed) **R. Chipman**, M. D.
Nov 5, 19**31**. (Address) **Grangeville, Id.**

19. Place of Burial, Cremation, or Removal

Date of Burial

Prairie Veil**Nov 6** 19

20. Undertaker

Address

Arthur M. Orwary

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 16 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77267**

PLACE OF DEATH

County of Idaho
City of KOOSKIA

Registration District No. 49
Primary Registration District No. 2127

Local Registrar's No. 16

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edith Marie Corbett

(a) Residence. No. home place KOOSKIA St.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE Indian 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
5 3 17 _____ hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (city or town) KOOSKIA IDAHO
(State or country)

10. NAME OF FATHER William Corbett Sr

11. BIRTHPLACE OF FATHER (city or town) KOOSKIA IDAHO
(State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth La France

13. BIRTHPLACE OF MOTHER (city or town) New York State
(State or Country)

14. Informant William Corbett Sr.
(Address) Kooskia Idaho

15. Filed Dec. 12, 1931 Nell Robertson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

9 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Sept. 6, 1931, to Sept. 12, 1931,
that I last saw her alive on Sept. 16, 1931,
and that death occurred, on the date stated above, at 3:45 a.m.
The CAUSE OF DEATH* was as follows:

Cancer of (ovary)

(duration) yrs. mos. ds. 12

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) as by, M. D.

9/19, 1931 (Address) Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Home Cemetery Kooskia 9/19/ 1931

20. Undertaker Address
none

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77268

State File No.

PLACE OF DEATH

County of Teelo

City of Kamiah

Registration District No. 49

Primary Registration District No. 2127

Local Registrar's No. 17

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sam Francis

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Indian 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND OF Priscilla Francis (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 54 Years Months Days If LESS than 1 day, hrs. or min. June

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Heppner (State or country) Oreagon

10. NAME OF FATHER Wilson Francis

11. BIRTHPLACE OF FATHER (city or town) Heppner Oreagon (State or Country)

12. MAIDEN NAME OF MOTHER Wm. Thomas

13. BIRTHPLACE OF MOTHER (city or town) Heppner Oreagon (State or Country)

14. Informant Priscilla Francis (Address) Kamiah Teelo

15. Filed Nov 12 1931 Nell Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 26 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1931, to Oct. 26, 1931, that I last saw him alive on Oct. 26, 1931, and that death occurred, on the date stated above, at 730 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Nasal

(Signed) W. H. Francis, M. D.

Oct 27, 1931 (Address) Kamiah Teelo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal First Crw. Church Cemetery Date of Burial Nov 1st 1931

20. Undertaker W. H. Francis Address Kamiah Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77269

State File No.

PLACE OF DEATH

County of Idaho

City of Harper

Registration District No. 106

Primary Registration District No. 2184

Local Registrar's No. 321

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chris Weholt

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 17th 1852

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 79 8 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Norway, Skien

PARENTS

10. NAME OF FATHER Olly Weholt

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Skien

12. MAIDEN NAME OF MOTHER Anna

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Skien

14. Informant Mrs Hays Ferguson - Daughter (Address) Harper Idaho

15. Filed Mar 20, 1931 J M Hubert Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 20th 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1931, to Mar 20th, 1931

that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 11 30 p m.

The CAUSE OF DEATH* was as follows: Three day attack of rheumatic neuralgia

(duration) yrs. mos. ds. CONTRIBUTORY Chronic rheumatism and (Secondary) chronic bronchitis (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) H W Henthorn, M. D. Mar 21st, 1931 (Address) Star Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Harper Date of Burial Mar 22 1931

20. Undertaker Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 3 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **77270**

PLACE OF DEATH

County of **Jefferson.**

City of **Rigby**

CERTIFICATE OF DEATH

Registration District No. **98**

Primary Registration District No. **2176**

Local Registrar's No. **21**

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Melvin Leonard Casey.**

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. **1** mos. **9** ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Babe**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Oct. 21, 1931**

7. AGE Years **0** Months **1** Days **9** If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Babe**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Rigby, Idaho.**
(State or country)

10. NAME OF FATHER **Theodore Casey.**

11. BIRTHPLACE OF FATHER (city or town) **Calif.**
(State or Country)

12. MAIDEN NAME OF MOTHER **Mamie Norwen**

13. BIRTHPLACE OF MOTHER (city or town) **Rigby, Idaho.**
(State or Country)

14. Informant **Mrs Theodore Casey**
(Address) **Rigby, Idaho.**

15. Filed **DEC 5 - 1931** **UB Crockett**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **Dec. 2 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Birth**, 19...., to **Dec 2**, 19**31**, that I last saw him alive on **Nov 26**, 19**31**, and that death occurred, on the date stated above, at **3:10 p. m.**
The CAUSE OF DEATH* was as follows:
Bronchopneumonia

CONTRIBUTORY (Secondary) **Unknown**
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? **No**
Did an operation precede death? **No** Date of
Was there an autopsy? **No**

What test confirmed diagnosis? **Byon!**
(Signed) **W. J. Ryan**, M. D.
12-2, 1931 (Address) **Rigby, Idaho**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Rigby, Idaho.** Date of Burial **12/4/31** 19

20. Undertaker **None.** Address

RECEIVED DEC 14 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **77271**

PLACE OF DEATH

County of **Jefferson**City of **Rigby**

CERTIFICATE OF DEATH

Registration District No. **98**Primary Registration District No. **2176**Local Registrar's No. **20**

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Adelia Heneritta Goulding.**

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. **9** mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F. M.

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married.

5a. If married, widowed, or divorced

~~husband~~
(or) WIFE of**John Goulding.**6. DATE OF BIRTH (month, day and year) **May 8 1868**

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.**63****6****22**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Utah.**
(State or country)

10. NAME OF FATHER

W. H. Crow.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)**Ill.**

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant **John Goulding**
(Address) **Rigby, Idaho.**15. Filed **DEC 5 - 1931**

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December 1, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 14, 1931, to Nov 14, 1931that I last saw him alive on **Nov 30, 1931**and that death occurred, on the date stated above, at **9:30 A.M.**

The CAUSE OF DEATH* was as follows:

**"Cardiac failure"
deceleration & exhaustion -**(duration) yrs. mos. **2** ds.CONTRIBUTORY
(Secondary)**Peptic Ulcer, Pharyngitis**

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **Yes** Date of **Nov 15 - 1931**Was there an autopsy? **No**What test confirmed diagnosis? **biological**(Signed) **H. A. Anderson**, M. D.**Dec 3, 1931** (Address) **Rigby, Idaho**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Rigby, Idaho.

Date of Burial

19

20. Undertaker

W. B. E. Chersell

Address

Rigby

RECEIVED NOV 30 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77272

State File No.

PLACE OF DEATH

County of

City of

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed 11/27, 1931

Chas F Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 16th - 31, to Oct 3rd, 1931
that I last saw him alive on Sept 7th, 1931

and that death occurred, on the date stated above, at 5 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Nephritis - Interstitial Chronic
(Terminal uremia)

(duration) 0 yrs. 1 mos. 1 ds.

CONTRIBUTORY
(Secondary)

(duration) 3 yrs. 3 mos. 3 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? 425 Date of Aug 31/31

Was there an autopsy? No

What test confirmed diagnosis? Blood Chemistry

(Signed) M. D.

Oct 1/31, 19 (Address) Jerome Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 30 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77273

PLACE OF DEATH

County of JeromeCity of Jerome

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. _____

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl E. Vandaveer

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day.
16 0 26 _____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. _____

(b) General nature of industry, business, or establishment in which employed (or employer) at School

(c) Name of employer _____

9. BIRTHPLACE (city or town) _____
(State or country) Oklahoma10. NAME OF FATHER Clarence Vandaveer11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) Oklahoma12. MAIDEN NAME OF MOTHER Marie E. Seely13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country) Oklahoma14. Informant Clarence Vandaveer
(Address) Jerome15. Filed _____, 19____
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 7 10 11 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Oct 9, 3:30 Pm, 1931, to Oct 9, 10:30 Pm, 1931that I last saw him alive on Oct 9, 11:30, 1931
and that death occurred, on the date stated above, at 3:30 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:yellow pneumonia(duration) _____ yrs. 1 mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____Did an operation precede death? no Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) R. B. Fairchild R. J. M. D.
Oct 10, 1931 (Address) Jerome

19. Place of Burial, Cremation, or Removal _____ Date of Burial _____

20. Undertaker _____ Address _____

19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 30 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77274

State File No.

PLACE OF DEATH

County of JeromeCity of Jerome

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rev Harry S McIntosh

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar 18707. AGE Years Months Days If LESS than 1 day, hrs. or min.
61 78. OCCUPATION OF DECEASED Presbyterian Minister
(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pittsburg
(State or country) Penn.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Penn.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant (Address) James Milloy
Low Falls15. Filed 10/15, 1931 C. P. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 12, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Oct 6, 1931, to Oct 12, 1931
that I last saw him alive on Oct. 12, 1931
and that death occurred, on the date stated above, at 129 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY Chronic Asthma
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. P. Zeller, M. D.

, 19 (Address)

19. Place of Burial, Cremation, or Removal Date of Burial

Fort Collins Colo 19

20. Undertaker Address

Ed Harrison Jerome, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED NOV 30 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **77275**

PLACE OF DEATH

City of *Hayden, Ida*County of *Blaine, Ida*City of *Blaine, Ida*

CERTIFICATE OF DEATH

Registration District No. *18*

Primary Registration District No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Bess Evelyn Kimberly*

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male*4. COLOR OR RACE *white*5. Single, Married, Widowed, or Divorced (write the word.) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *Febr. 1910*

7. AGE

Years

Months

Days

If LESS than 1 day,
_____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.*Laborer*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)*Belle Glan, Ida*10. NAME OF FATHER *Murrian Casey*11. BIRTHPLACE OF FATHER (city or town)
(State or Country) *Ida*12. MAIDEN NAME OF MOTHER *unknown*13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) *unknown*

14.

Informant
(Address)*Ed Gleason Sheriff
Jerome, Ida*

15.

Filed

*11/27, 1931**Chas F Zeller
Idaho* Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov
(Month)*9*
(Day)*1931*
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____
that I last saw h_____ alive on _____, 19____and that death occurred, on the date stated above, at *12:15 pm*.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Gun shot wounds from
parties unknown*

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) *W E Snelair**Nov 10, 1931* (Address) *Jerome*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Jerome cemetery**Nov 15 1931*

20. Undertaker

Address

W A Harrison Jerome

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED NOV 30 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
77276
State File No.

PLACE OF DEATH

County of Jerome
City of Jerome

CERTIFICATE OF DEATH

Registration District No. 18
Primary Registration District No. Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Neva May George

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Ray George

6. DATE OF BIRTH (month, day and year) Jan 2 - 1901

7. AGE Years 30 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kansas

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant (Address) Ray George

15. Filed Nov 27 1931 Chas F Jeller Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept - 29th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 29 - 1931 to Sept. 29 - 1931
that I last saw her alive on 2 PM 1931

and that death occurred, on the date stated above, at 230 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Heart Disease =
and Hemorrhage.
Uterine Hemorrhage

(duration) yrs. mos. ds.
CONTRIBUTORY Confinement
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) G. H. Cooper M. D.
Sept. 30, 1931 (Address) Jerome, Ida.

19. Place of Burial, Cremation, or Removal Tiber Date of Burial Oct. 1 1931

20. Undertaker J. A. Harrison Address Jerome

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77277

PLACE OF DEATH

County of Jerome Registration District No. 18
City of Jerome Primary Registration District No. _____
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. A. H. Johnstone

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single. Married. Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Sept 25 / 1913

7. AGE 18 Years Months Days If LESS than 1 day, hrs. or min. 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) Wife

(c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country) Idaho

10. NAME OF FATHER F. H. Morris

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Ila P. Carlson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho

14. Informant (Address) Mrs. Ila S. Sorenson
Jerome

15. Filed 11/27 1931 Chas F Zeller
Regist.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 13 / 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1931, to Oct 15 1931
that I last saw her alive on Oct 14 1931
and that death occurred, on the date stated above, at 4:15 A. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Septicemia following
child birth

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) none

(duration) _____ yrs. _____ mos. 9 ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) J. E. Langenwelter M. D.
Oct 17 1930 (Address) Twins Falls, Ida.

19. Place of Burial, Cremation, or Removal Jerome Date of Burial Oct 16 1931

20. Undertaker F. E. Drake Address Twins Falls

RECEIVED NOV 25 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77278

State File No.

PLACE OF DEATH

County of MootenaiCity of Spirit Lake

CERTIFICATE OF DEATH

Registration District No. 45

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 112. FULL NAME Esther Adeline Cone

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 4 yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 18, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>68</u>	<u>0</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.At home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Cleveland
(State or country) Ohio10. NAME OF FATHER Zachias Cone11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Do not know12. MAIDEN NAME OF MOTHER Amelia Hester Warner13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) MichiganCharles F Cone14. Informant (Address) Spirit Lake, Idaho15. Filled Oct 28, 1931Registrar. W. Spooner

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 1 1931, to Oct 27 1931
that I last saw her alive on Aug 2nd 1931and that death occurred, on the date stated above, at 2:45 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pericious Anemia(duration) 1 yr. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? normal(Signed) John B. Sibley, M. D.
Oct 27 1931 (Address) Spirit Lake, Ida19. Place of Burial, Cremation, or Removal
Sibley, IowaDate of Burial
10- 193120. Undertaker
Cassedy Funeral Home Address
Rathdrum, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77279

State File No.

PLACE OF DEATH

County of KootenaiCity of Spirit Lake

CERTIFICATE OF DEATH

Registration District No. 45

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred William Rooks

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 0 yrs. 11 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of 06. DATE OF BIRTH (month, day and year) Nov. 24, 19307. AGE Years Months Days If LESS than 1 day, hrs. or min.
10 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 0(b) General nature of industry, business, or establishment in which employed (or employer) 0(c) Name of employer 09. BIRTHPLACE (city or town) Spirit Lake, Ida.
(State or country)10. NAME OF FATHER Gail Rooks11. BIRTHPLACE OF FATHER (city or town) Granite, Ida.
(State or Country)12. MAIDEN NAME OF MOTHER Effie Barnett13. BIRTHPLACE OF MOTHER (city or town) Moscow, Idaho.
(State or Country)14. Informant Gail Rooks
(Address)15. Filed Oct 21, 1931 W.C. Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 21, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1930, to Oct. 21, 1931
that I last saw him alive on Oct. 21, 1931
and that death occurred, on the date stated above, at 62 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:1) Hemophilia (severe type)
2) Small cut on lip - bled 4 days
causing fatal anemia
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? 0Did an operation precede death? No Date of —Was there an autopsy? NoWhat test confirmed diagnosis? Bleeding Time Test(Signed) John W. Schori, M. D., 19 (Address) Spirit Lake, Ida.19. Place of Burial, Cremation, or Removal Greenwood Cemetery, S. L. Ida. Date of Burial 10-22-193120. Undertaker Local Moose Lodge Address

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77280

State File No. _____

PLACE OF DEATH

County of Boole
City of Boonville

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 168

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAnna Johnson

6. DATE OF BIRTH (month, day and year)

1860-5-25

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workLumber grader(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Clearwater Timber Co.

9. BIRTHPLACE (city or town)

(State or country)

Sweden

10. NAME OF FATHER

John11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Sweden

12. MAIDEN NAME OF MOTHER

Don't know13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Sweden

14.

Informant
(Address)Margaret Johnson

15.

Filed

11-29, 1931N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov.81931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept.1931Nov.1931that I last saw him alive on Nov. 5, 1931and that death occurred, on the date stated above, at 2:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Ch. myocarditis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Examination(Signed) Harold J. Sturges, M. D.Nov. 10, 1931 (Address) Forest Ave. IDAHO

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Ave. IDAHO11-11, 1931

20. Undertaker

Address

Harold J. SturgesForest Ave. IDAHO

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77281

State File No.

PLACE OF DEATH

County of RootenaiCity of Rathdrum

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050(No. Rootenai County Hospital)Local Registrar's No. 1692. FULL NAME William Rhodes(a) Residence No. St.(Usual place of abode.)
Length of residence in city or town where death occurred 4 yrs. mo. ds. How long in U. S. if of foreign birth? 129 yrs. mo. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Do not know5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Do not know7. AGE Years 70 Months - Days - If LESS than 1 day, - hrs. or - min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work -(b) General nature of industry, business, or establishment in which employed (or employer) -(c) Name of employer -9. BIRTHPLACE (city or town) (State or country) -10. NAME OF FATHER Do not know11. BIRTHPLACE OF FATHER (city or town) (State or Country) -12. MAIDEN NAME OF MOTHER -13. BIRTHPLACE OF MOTHER (city or town) (State or County) -14. Informant (Address) Mrs. C. Brown-Motion
Rathdrum15. Filed 11-24, 1931W. J. Stueger
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 21, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug. 1, 1930, to Nov. 21, 1931
that I last saw him alive on Nov. 20, 1931and that death occurred, on the date stated above, at 3:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Chronic Interstitial
Nephritis

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? - Date of -Was there an autopsy? -

What test confirmed diagnosis?

(Signed) Frank Henry M. D.
11-24, 1931 (Address) Rathdrum

19. Place of Burial, Cremation, or Removal

Date of Burial

Funerary - Rathdrum 11-25 1931

20. Undertaker

Address

Barrett Funeral Home Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77282

PLACE OF DEATH

County of Idaho
City of Celina

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
(No.)Local Registrar's No. 165

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm. J. Stiner(a) Residence. No. 425 S. 8th St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE w 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) aug 6 18457. AGE Years 86 Months 2 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown14. Informant (Address) Harry Stiner 914 N. 4th15. Filed 11-29, 1931. H. J. Stinger Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Found dead in wood shed. Death due to Exertion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. B. Mooney M. D.

....., 19..... (Address)

19. Place of Burial, Cremation, or Removal Date of Burial

Greenwood Cem Spokane 11-21 1931

20. Undertaker Address

R. B. Mooney C. d. A.

RECEIVED DEC 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77283

State File No.

PLACE OF DEATH

County of Boole
City of Rathdrum

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pearl Richardson

(a) Residence No.

St. Bray, Colorado

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 6 mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWill Richardson August6. DATE OF BIRTH (month, day and year) Sept. 15-18697. AGE Years Months Days If LESS than 1 day.
62 0 15 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Greensburg Indiana10. NAME OF FATHER Carroll Lawson11. BIRTHPLACE OF FATHER (city or town) (State or Country) West Virginia12. MAIDEN NAME OF MOTHER Melcerdysaugh13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Indiana

14.

Informant (Address) Mrs. M. L. Westland
Rathdrum

15.

Filed 11-29 1931N. J. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 7th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 3, 1931, to Nov. 7, 1931that I last saw her alive on Nov. 6, 1931and that death occurred on the date stated above, at 4:09 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Lobar pneumonia
(double)(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank M. D.11/10, 1931 (Address) Rathdrum, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Ross Grove Cemetery - Rathdrum 11-11 1931

20. Undertaker

Address

Carey Funeral Home RathdrumWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **77284**

PLACE OF DEATH

County of **KOOTENAI**
City of **Coeur d'Alene**

CERTIFICATE OF DEATH

Registration District No. **30**
Primary Registration District No. **1050**
(No. _____)

Local Registrar's No. **161**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Segurd Alfred Hofsund**

(a) Residence. No. **1104 N. 9TH STREET** St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. **25** yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W.** 5. Single, Married, Widowed, or Divorced (write the word.) **married**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Lena

6. DATE OF BIRTH (month, day and year) **1883 - 5 - 6**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
48 6 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Men. Black Well Lmbr. Co.**

(b) General nature of industry, business, or establishment in which employed (or employer) **Pres. N.I. sawmills Loom**

(c) Name of employer

9. BIRTHPLACE (city or town) **Wisconsin**
(State or country)

10. NAME OF FATHER

Nels. Hofsund

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Norway

12. MAIDEN NAME OF MOTHER

Annae

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

Norway

14.

Informant
(Address)

Mr. Segurd Hofsund

15.

Filed **11-30**, 19**31**

N.J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 29, 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to **Nov. 29**, 19**31**
that I last saw him alive on **did not see before death**

and that death occurred, on the date stated above, at **11/29**

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chronic myocardial degeneration

(duration) **2** yrs. ____ mos. ____ ds.

CONTRIBUTORY
(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? **No** Date of _____

Was there an autopsy? **No**

What test confirmed diagnosis? **History + mode of death only**
(Signed) **John Oldhead**, M. D.
Dec. 2, 19**31** (Address) **Coeur d'Alene, Ida.**

19. Place of Burial, Cremation, or Removal

Forest Cemetery

Date of Burial

12-2 19**31**

20. Undertaker

Mooney Mortuary

Address

Coeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

DEC 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77285

PLACE OF DEATH

County of Rootenae
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
(No. Coeur d'Alene Hospital)

Local Registrar's No. 162

(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Alan Balean

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs. 2 mos. 12 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? 7 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofBelle Balean

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day.
27 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Mechanic (Auto)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Bergen Norway

10. NAME OF FATHER

Armand de Balean

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Norway

12. MAIDEN NAME OF MOTHER

Shanna

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Norway

14.

Informant (Address)

Mr. Barclay

15.

Filed 11-29, 1931H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 17, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Sept 5 - 1931, to Nov - 17 - 1931
that I last saw him alive on Nov - 17 - 1931

and that death occurred, on the date stated above, at 3:30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

about (duration) 12 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) 3 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death?

CanadaDid an operation precede death? Yes Date of Oct 2Was there an autopsy? NoWhat test confirmed diagnosis? X-ray(Signed) Armand de Balean M. D.11-23, 1931 (Address) C. d. Alene

19. Place of Burial, Cremation, or Removal

Date of Burial

Evergreen Cem. Rathdrum 11-21 1931

20. Undertaker

Address

Cassedy Funeral Home C. d. Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED DEC 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77286

State File No.

PLACE OF DEATH

County of Boone
City of Boone & Blaine

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
(No.)

Local Registrar's No. 162

2. FULL NAME Edward M. Jones
(a) Residence. No. 605 Boone & Blaine one St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helene Jones
6. DATE OF BIRTH (month, day and year) Feb 24 1877
7. AGE Years 54 Months 8 Days 8 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Dana City
(State or country) Iowa

10. NAME OF FATHER Donald Jones
11. BIRTHPLACE OF FATHER (city or town) Wales
(State or Country)
12. MAIDEN NAME OF MOTHER Jane Jones
13. BIRTHPLACE OF MOTHER (city or town) Wales
(State or Country)

14. Informant Mrs Helene Jones
(Address) Boone & Blaine Idaho

15. Filed 11-29, 1931 N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 24, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 31, 1931, to Nov. 20, 1931
that I last saw him alive on Nov. 20, 1931
and that death occurred, on the date stated above, at 10:10 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Sarcoma of spine and lungs.

(duration) 1 yrs. mos. ds.
CONTRIBUTORY Sarcoma of right leg.
(Secondary)
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Usual
(Signed) John C. Wood, M. D.
Nov. 25, 1931 (Address) Boone & Blaine

19. Place of Burial, Cremation, or Removal Forest Cemetery Date of Burial 11/25, 1931

20. Undertaker P. B. Mooney Address Boone & Blaine

RECEIVED DEC 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77287

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 164

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. A. Richards(a) Residence. No. 314 - S. 16th

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDaisy Richards6. DATE OF BIRTH (month, day and year) 1861-8-137. AGE Years Months Days If LESS than 1 day, hrs. or min.
70 3 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

N. Y.

10. NAME OF FATHER

Richards

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Don't Know

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

PARENTS

14. Informant Hazel Miller
(Address) Coeur d'Alene Idaho15. Filed 12-5, 1931M. Sturges

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December 2, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
December 1, 1931, to Dec 2, 1931that I last saw him alive on Dec 2, 1931and that death occurred, on the date stated above, at 2:00 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Myocarditis(duration) yrs. mos. ds. 2
CONTRIBUTORY Chronic Myocarditis
(Secondary)(duration) 3 yrs. mos. ds.18. Where was disease contracted if not at place of death? at place of deathDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Cholerae Sign(Signed) J. H. Brown M. D.Dec 3, 1931 (Address) Coeur d'Alene Id.19. Place of Burial, Cremation, or Removal Date of Burial
Forest Cem. Coeur d'Alene 12-4 193120. Undertaker Address
Cassedy Funeral Home Coeur d'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Booleynai*
City of *Coeur d'Alene*Registration District No. *30*Primary Registration District No. *1050*(No. *859-Government Way*)State File No. *75288*Local Registrar's No. *1016*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Jennie Jacobs

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

*M.*5. SINGLE, MARRIED, WID-
OWED OR DIVORCED*married*

(Write the word)

6. DATE OF BIRTH

*Sept**2**1855*

(Month)

(Day)

(Year)

7. AGE

76 Yrs.Mos. *2*ds. *24*IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business or establishment in which employed (or employer).

House wife

9. BIRTHPLACE

(State or Country)

N. Y.

10. NAME OF

Father

Henry Spalding

11. BIRTHPLACE

OF FATHER

(State or Country)

Penn.

12. MAIDEN NAME

OF MOTHER

Polly Edison

13. BIRTHPLACE

OF MOTHER

(State or Country)

N. Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. O. R. Shern

(Address)

308 Foster

15.

Filed

*11-29*19*31**N. J. Sturgeon*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

*November 26*19*31*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
*November 26 1931 to November 26 1931*that I last saw her alive on *November 26 1931*,
and that death occurred on the date stated above, at *11:00 PM.*

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration)

yrs.

mos. *5*

ds.

Contributory
(Secondary)*Arthritis myocarditis*

(Duration)

yrs.

mos.

ds.

(Signed)

E. R. Spohn

M. D.

19

(Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place *Hospital* In the
of death yrs. mos. *2* days. State yrs. mos. ds.Where was disease contracted?
if not at place of death? *at Residence*

Former or

usual residence

Coeur d'Alene Ida

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Forest - Am. Co. Alene Ida *11-29 1931*

20. UNDERTAKER

ADDRESS

Cassidy Funeral Home *Co. Alene*

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 4-16-1931 DEC 11 1931

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Kootenai
City of Post FallsRegistration District No. 35
Primary Registration District No. 1050
(No. _____ St.)File No. 77280
Registered No. 158

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Benjamin Ensminger

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-OWED OR DIVORCED. Single
(Write the word.)

6. DATE OF BIRTH.

March 8 1869
(Month) (Day) (Year)

7. AGE

62 Yrs. 8 Mos. 22 ds.IF LESS than 1 day
how many hrs. or
..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work... Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE

(State or Country) Kansas

10. NAME OF FATHER

Samuel Ensminger

11. BIRTHPLACE OF FATHER

(State or Country) Indiana

12. MAIDEN NAME OF MOTHER

Susan Knap

13. BIRTHPLACE OF MOTHER

(State or Country) Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lizzie Lockett(Address) Post Falls

15.

Filed 11-30 1931H. J. Shugart
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 30 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from November 27, 1931 to November 29, 1931, that I last saw him alive on November 29, 1931, and that death occurred on the date stated above, at 2-20 A.M. The CAUSE OF DEATH* was as follows:Apoplexy, (complicated by acute bronchitis)(Duration) Yrs. 4 mos. 4 ds.Contributory Arterio-sclerosis
(Secondary)(Duration) 8 yrs. 0 mos. 0 ds.(Signed) G. L. M. C. C. C. M. D.
12/2/31 (Address) Post Falls, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Garden Valley, Wash.

DATE OF BURIAL

Dec. 1, 1931

20. UNDERTAKER

HAZEN & JAEGER

ADDRESS

Spokane, Wn

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25-M-1-19

DEC 11 1931

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Kootenai*
City of *Coeur d'Alene*

Registration District No. _____

Primary Registration District No. _____

(No. *407-8.12th* St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

*Michael J. Ward*State File No. *77290*

Local Registrar's No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

widowed

(Write the word)

6. DATE OF BIRTH

6 18 1859
(Month) (Day) (Year)

7. AGE

*72 Yrs. 5 Mos. 12 ds.*IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

Retired logger

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country)

Ont. Canada

10. NAME OF FATHER

John Ward.

11. BIRTHPLACE OF FATHER

(State or Country)

Ont. Canada

12. MAIDEN NAME OF MOTHER

Margaret O'Brien

13. BIRTHPLACE OF MOTHER

(State or Country)

Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Edward Ward

(Address)

Coeur d'Alene, Idaho

15.

Filed

*11-30**1931**N. J. Sturges*

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 30 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *November 20 1931* to *Nov 30 1931*,that I last saw him alive on *November 28 1930* and that death occurred on the date stated above, at *8:30 A.M.*

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.(Duration) *2* yrs. mos. ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

OM Stusted M. D.*November 1931* (Address) *205 Wiggitt Bldg. Coeur d'Alene, Idaho*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. Thomas Ave. 12-3 1931

20. UNDERTAKER

ADDRESS

Casey Funeral Home *C. D. Glenn*

RECEIVED DEC 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77291

State File No.

PLACE OF DEATH

County of KootenaiCity of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050(No. Lakeside Hospital)Local Registrar's No. 160

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Hübner(a) Residence. No. Dalton Gardens

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds.How long in U. S. if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1860-10-10

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

71020

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Waukena

10. NAME OF FATHER

Frank

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Germany

12. MAIDEN NAME OF MOTHER

Eliz. Colter

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Germany

14.

Informant
(Address)Mrs. Mary Meyer
John W. Sturges

15.

Filed

12-5, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov
(Month)30
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov.Nov. 301931that I last saw him alive on Nov. 30, 1931and that death occurred, on the date stated above, at 8 P.-m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Struck by auto fracturing both lower legs + producing profuse hemorrhage(duration) — yrs. — mos. — ds.

CONTRIBUTORY

(Secondary)

(duration) — yrs. — mos. — ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11-30-31Was there an autopsy? noWhat test confirmed diagnosis? Examination

(Signed)

Harold J. Sturges, M. D.12-2, 1931

(Address)

Coeur d'Alene

19. Place of Burial, Cremation, or Removal

Date of Burial

Spokane Wash -Dec. 4, 1931

20. Undertaker

Address

Mooney MortuaryCoeur d'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77292

PLACE OF DEATH

County of KootenaiCity of Caldwell

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 155

No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Donald James Munn(a) Residence. No. 2021 N. 4th Street

St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 13 yrs. 3 mos. 24 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W.5. Single, Married, Widowed,
or Divorced (write the word.)single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

July 18, 1918

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.13324

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workStudent(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer _____

9. BIRTHPLACE (city or town)

(State or country)

Coeur d'Alene
Idaho

10. NAME OF FATHER

John J. Munn

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Boston
Mass

12. MAIDEN NAME OF MOTHER

Dorothy Gair

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Colo

14.

Informant
(Address)John James Munn
Caldwell

15.

Filed 11/21, 1931H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 12

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 5:20 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Accidental - Struck by
a car producing cerebral
concussion of brain
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? exam(Signed) H. J. Sturges, M. D.11-14, 1931 (Address) Caldwell

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest cemetery11/15 1931

20. Undertaker

Address

Mooney MortuaryCaldwell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77293

PLACE OF DEATH

County of Postlemer

City of Post Falls

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

(No.)

Local Registrar's No. 156

90

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred H. Jordan

(a) Residence. No. Post Falls St.

(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1861

7. AGE Years 70 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mass.
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Mass.
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) Mass.
(State or Country)

14. Informant Post J. Jordan
(Address) James P. Mass.

15. Filed 11/21, 1931. H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 14, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
that I last saw him..... alive on....., 19.....

and that death occurred, on the date stated above, at 11 PM m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

(Sudden)
Probably Valvular / heart
disease

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) W. H. H. Brown, M. D.
, 19..... (Address).....

19. Place of Burial, Cremation, or Removal Post Falls Ida Date of Burial Nov 18 1931

20. Undertaker Mooney Mortuary Address Post Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 19 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
County of Latah
City of Near Palouse Wash.
Registration District No. 65
Primary Registration District No. 2148

DO NOT WRITE IN THIS SPACE

77294

State File No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Harvey Parkins

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Effie Parkins
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 18. 1857

7. AGE Years Months Days If LESS than 1 day, hrs. min.
74 6 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Knoxville
(State or country) Illinois

13. NAME James Parkins

14. BIRTHPLACE (city or town) Not known
(State or country)

15. MAIDEN NAME Charlotte Wise

16. BIRTHPLACE (city or town) Ithaca
(State or country) N.Y.

17. INFORMANT Lotta Daily
(Address) Palouse Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Palouse Wash. Date Nov. 7, 1931

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED Nov 6, 1931 J. G. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1931, to Nov 5, 1931.

I last saw him alive on Nov 5, 1931; death is said to have occurred on the date stated above, at 7:05 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder. Date of onset about Sept.

Other contributory causes of importance:

Name of operation None Date of -What test confirmed diagnosis? - Was there an autopsy? -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 1931.

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. -

Manner of injury -Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

If so, specify E. K. Wolfe(Signed) E. K. Wolfe, M. D.(Address) Palouse Wash.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77295

State File No.

PLACE OF DEATH

County of Latah

City of Kendrick

CERTIFICATE OF DEATH

Registration District No. 63

Primary Registration District No.

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dora Mary Hall

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 5, 1853

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
78 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bathen, Maine

10. NAME OF FATHER Samuel Chas. Leslie

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bathen, Mass.

12. MAIDEN NAME OF MOTHER Mary Ann Dolber

13. BIRTHPLACE OF MOTHER (city or town) (State or County) New Bedford, Mass.

14. Informant (Address) Mrs. E. J. Smith
Spokane, Wash.

15. Filed Nov. 5, 1931 B. F. Nebit.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 3 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 3, 1931, to Nov 3, 1931
that I last saw her alive on Nov 3, 1931

and that death occurred, on the date stated above, at 1:07 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Hypertension (essential)

(duration) 15 yrs. mos. ds.

CONTRIBUTORY Acute cardiac dilatation
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical exam.

(Signed) D. A. Christensen, M. D.

Nov 3, 1931 (Address) Kendrick, Idaho.

19. Place of Burial, Cremation, or Removal Date of Burial

Spokane Wash. 19

20. Undertaker Address

Bowen Wansall Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1931

PLACE OF DEATH

County of Latah.
City of Juliaetta.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 63
Primary Registration District No. _____

DO NOT WRITE IN THIS SPACE

77296

State File No. _____

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Marion Fowler.

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced, (write the word) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 27th, 1844.

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or min.
87. 5. 2.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

13. NAME Isaac Fowler.

14. BIRTHPLACE (city or town) (State or country) Elizabethtown. Pa.

15. MAIDEN NAME Verlinda Rhodes.

16. BIRTHPLACE (city or town) (State or country) Jacksonville. Ohio.

17. INFORMANT (Address) Mrs. F. M. Fowler Juliaetta, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Oct. 2nd, 1931.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED Nov 9 1931 B. J. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) sep. 30th, 1931.

22. I HEREBY CERTIFY, That I attended deceased from _____

Nov. 2nd, 1931, during life.I last saw him alive on Nov. 2nd, 1931 death is saidto have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Organic Heart12 years?never seen by meduring life.

Other contributory causes of importance:

old age.Name of operation none Date of cWhat test confirmed diagnosis? c Was there an autopsy? c

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? c Date of injury c, 1931.Where did injury occur? c (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. cManner of injury cNature of injury c

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Paul H. Hanning M.D.(Address) Lewiston, Idaho.

RECEIVED DEC 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77297

State File No.

PLACE OF DEATH

County of LatahCity of Hendrick

CERTIFICATE OF DEATH

Registration District No. 63

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Augusta Wolff

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S. if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND or
(or) WIFE ofHerman H. Wolff6. DATE OF BIRTH (month, day and year) Nov. 2, 18737. AGE Years 58 Months 23 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9. BIRTHPLACE (city or town) Germany
(State or country)10. NAME OF FATHER August Schneider11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)

12. MAIDEN NAME OF MOTHER ?

13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)14. Informant Mrs. Phyllis Wolff
(Address) Hendrick, Ida15. Filed Nov 25 19 31 B.T. Webb
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 25 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 11 1931, to Nov. 25 1931that I last saw her alive on Nov. 23 1931and that death occurred, on the date stated above, at 5:20 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pylosic stenosis (ulcer)
Operative diagnosis cancer
Improved by autopsy.(duration) 5 yrs. mos. ds.CONTRIBUTORY
(Secondary)Inanition(duration) yrs. 2 mos. 3 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of Sept. 22, 1931Was there an autopsy? YesWhat test confirmed diagnosis? Autopsy(Signed) D. Christensen, M. D.Nov. 25, 1931 (Address) Hendrick, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Hendrick, Ida Nov. 27 1931

20. Undertaker

Address

J. P. Pichard Troy, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 7 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		City of <u>Princeton (Rural)</u>		State File No. <u>77298</u>	
Registration District No. <u>65</u>		Primary Registration District No. <u>2146</u>		Local Registrar's No. <u>144</u>	
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mayme Amelia Gillam</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>4</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. <u>Married, widowed, or divorced</u> HUSBAND or WIFE of <u>Alfred Gillam</u>					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 20, 1893</u>					
7. AGE	Years <u>38</u>	Months <u>1</u>	Days <u>28</u>	If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
FATHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) (State or country) <u>Caldwell, Idaho</u>				
	13. NAME <u>Albert Merryman</u>				
MOTHER	14. BIRTHPLACE (city or town) (State or country) <u>Kansas.</u>				
	15. MAIDEN NAME <u>Hey</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Kansas.</u>				
17. INFORMANT (Address) <u>Alfred Gillam</u> <u>Princeton, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Freeze Cemetery</u> Date <u>Nov. 22, 1931</u>					
19. UNDERTAKER (Address) <u>W. R. Short</u> <u>Princeton, Ida.</u>					
20. FILED <u>Nov 20</u> , 1931 <u>W. R. Thompson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 18, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at <u>6 P. m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Human age following childbirth</u>					
Date of onset _____					
Other contributory causes of importance: <u>Malnutrition & frequent childbirths</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>W. R. Short</u> _____ M. D.					
(Address) <u>Princeton, Ida.</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

DEC 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77299

State File No.

PLACE OF DEATH

County of Latah
City of Near Princeton

CERTIFICATE OF DEATH

Registration District No. 65
Primary Registration District No. 2145 Local Registrar's No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmer Thayer(a) Residence. No. Princeton Ida. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Thelma Thayer
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 5. 1909

7. AGE Years Months Days If LESS than 1 day.
22 7 23 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Taxidermist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Alpha
(State or country) Ida.

10. NAME OF FATHER William Thayer

11. BIRTHPLACE OF FATHER (city or town) Mich.
(State or Country)

12. MAIDEN NAME OF MOTHER Hettie Gaddis

13. BIRTHPLACE OF MOTHER (city or town) Cannon
(State or Country) Colo.

14. Informant William Thayer
(Address) Princeton Ida.

15. Filed Dec. 3 1931 D. P. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 28. 1931 19.....
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....
that I last saw him alive on 19.....

and that death occurred, on the date stated above, at 430 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Gunshot wound in headAccidental

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. P. Thompson M.D.11/29 1931 (Address) Princeton

19. Place of Burial, Cremation, or Removal

Date of Burial

PollatchDec 3 193120. Undertaker D. D. Kimball

Address

Polouse Wash

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77300

State File No.

PLACE OF DEATH

County of Latah

Registration District No. 64

City of Troy

Primary Registration District No. 2147

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Alfred Smith

(a) Residence, No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 25-1888

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
5'6" 48 3 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

10. NAME OF FATHER

Paul Smith

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Sweden

12. MAIDEN NAME OF MOTHER

Anna Stina Smith

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Sweden

14.

Informant (Address)

Geo Smith
Troy Ida

15.

Filed

Nov 20 1931

Lucy M Pickard
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

76 Nov. 4 1931, to Nov. 20 1931
that I last saw him alive on Nov. 20 1931

and that death occurred, on the date stated above, at 8 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Typhoid fever

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) C. P. Meyer D.

11-23- 1931 (Address) Troy, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Westdale cem Nov 23 1931

20. Undertaker

Address

John J. Pickard Troy Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		CERTIFICATE OF DEATH Registration District No. <u>65</u> Primary Registration District No. <u>2145</u>		State File No. <u>77301</u>	
City of <u>Princeton</u>				Local Registrar's No. _____	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Annie Mc Vay</u>					
(a) Residence. No. <u>Princeton</u> St. _____ (Usual place of abode) Length of residence in city or town where death occurred. <u>15</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Clay Mc Vay</u>					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 18. 1882</u>					
7. AGE <u>49</u> Years	Months <u>0</u>	Days <u>28</u>	If LESS than 1 day, _____ hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Little Sioux Iowa</u>					
13. NAME <u>Charles Parshall</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Waterford, Ind.</u>					
15. MAIDEN NAME <u>Nancy Potter</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Mondamin, Iowa.</u>					
17. INFORMANT <u>Clay Mc Vay</u> (Address) <u>Pricenson Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Potlatch, Idaho</u> Date <u>Oct. 18, 1931</u>					
19. UNDERTAKER <u>D.D. Kimball</u> (Address) <u>Palouse</u>					
20. FILED <u>Oct-16</u> , 1931 <u>J. H. Thompson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 16. 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased, from <u>Sept.</u> , 1931, to <u>Oct. 16</u> , 1931.					
I last saw <u>her</u> alive on <u>Oct. 10</u> , 1931; death is said to have occurred on the date stated above, at <u>1045 AM.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Pericarditis Anaemia</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____					
(Signed) <u>R. C. Libron</u> M. D. (Address) <u>Potlatch Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH		77302	
PLACE OF DEATH County of <u>Latah</u> City of <u>Potlatch</u>		State File No. _____	
Registration District No. <u>65</u> Primary Registration District No. <u>2145</u> (No. <u>Potlatch Hospital</u>)		Local Registrar's No. _____	
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Anna M. Burns</u>			
(a) Residence. No. _____ (Usual place of abode)		St. <u>Avon, Idaho</u>	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>John Burns</u>			
6. DATE OF BIRTH (month, day, and year) <u>Aug. 12, 1892</u>			
7. AGE	Years	Months	Days
	<u>39</u>	<u>2</u>	<u>9</u>
If LESS than 1 day, hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Pittsвилл.</u> (State or country) <u>Wis.</u>			
13. NAME <u>L.C. Meacham</u>			
14. BIRTHPLACE (city or town) <u>Pa.</u> (State or country)			
15. MAIDEN NAME <u>Bertha Dittman</u>			
16. BIRTHPLACE (city or town) <u>Wis.</u> (State or country)			
17. INFORMANT <u>Frank Meacham</u> (Address) <u>Headquarters, Ida.</u>			
18. BURIAL, CREMATION, OR OTHER DISPOSAL Place <u>Moscow</u> Date <u>10/26</u> , 1931			
19. UNDERTAKER <u>H.R. Short</u> (Address) <u>Moscow</u>			
20. FILED <u>Oct-26</u> , 1931 <u>J.M. Thompson</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>10/21/31</u> 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct-17</u> , 1931, to <u>Oct-21</u> , 1931.			
I last saw <u>her</u> alive on <u>Oct-20</u> , 1931; death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows:			
<u>Pulmonary Tuberculosis</u>			Date of onset <u>1920</u>
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____, 1931.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			
If so, specify _____			
(Signed) <u>H.C. Libson</u> , M.D. <u>Potlatch</u>			
(Address) _____			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH		State File No. 77303	
PLACE OF DEATH County of <u>Latah</u> City of <u>Princeton</u>		Registration District No. <u>65</u> Primary Registration District No. <u>2145</u>	
		Local Registrar's No. _____	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Albert E. Shook</u>			
(a) Residence. No. <u>Princeton</u> St. _____			
(Usual place of abode)			
Length of residence in city or town where death occurred. <u>14</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Laura Shook</u>			
6. DATE OF BIRTH (month, day, and year) <u>Jan. 20. 1867</u>			
7. AGE	Years <u>64</u>	Months <u>8</u>	Days <u>15</u>
If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation <u>4</u>		
12. BIRTHPLACE (city or town) (State or country) <u>Indiana</u>			
MOTHER FATHER	13. NAME <u>Joseph Shook</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Penn.</u>		
	15. MAIDEN NAME <u>McKabe</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>		
17. INFORMANT (Address) <u>Laura Shook Princeton Ida.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Potlatch Ida.</u> Date <u>Oct 8</u> , 193 <u>1</u>			
19. UNDERTAKER (Address) <u>D. D. Kimball Palouse Wash.</u>			
20. FILED <u>Oct 6</u> , 193 <u>1</u> <u>J. W. Thompson</u>			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Oct. 5 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>July 27</u> , 19 <u>31</u> , to <u>Oct. 5</u> , 19 <u>31</u>			
I last saw him alive on <u>July 27</u> , 19 <u>31</u> ; death is said to have occurred on the date stated above, at <u>6:30 p.m.</u>			
The principal cause of death and related causes of importance were as follows:			
Tuberculosis - pulmonary			Date of onset <u>1928</u>
Other contributory causes of importance:			
✓			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>31</u> .			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify _____			
(Signed) <u>Chas. H. Britman</u> , M. D.			
(Address) <u>Moscow, Idaho.</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		City of <u>West of Botlatch</u>		State File No. <u>77304</u>	
Registration District No. <u>63</u>		Primary Registration District No. <u>2145</u>		Local Registrar's No.	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Enoch Thomas Lewis</u>					
(a) Residence. No. <u>Latah 83</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>15</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Thelma Lewis</u>					
6. DATE OF BIRTH (month, day, and year) <u>May 18, 1953</u>					
7. AGE <u>78</u>	Years <u>78</u>	Months <u>5</u>	Days <u>6</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Mo.</u>					
13. NAME <u>James Lewis</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Va.</u>					
15. MAIDEN NAME <u>Catherine Horton</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Va.</u>					
17. INFORMANT <u>A.L. Lewis</u> (Address) <u>Palouse Wash.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Freeze</u> Date <u>Oct. 26, 1931</u>					
19. UNDERTAKER <u>D.D. Kimball</u> (Address) <u>Palouse Wash.</u>					
20. FILED <u>Oct 26</u> , 1931 <u>J. W. Thompson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 24, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 15</u> , 1931, to <u>Oct 24</u> , 1931.					
I last saw <u>him</u> alive on <u>Oct 15</u> , 1931; death is said to have occurred on the date stated above, <u>1230 p.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Carcinoma of Stomach</u> <u>1930.</u>					
Other contributory causes of importance:					
Name of operation <u>✓</u> Date of <u>✓</u>					
What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>✓</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u> If so, specify <u>gastrointestinal</u>					
(Signed) <u>J. W. Thompson</u> M. D.					
(Address) <u>Botlatch Idaho</u>					

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PLACE OF DEATH

County of Latah
City of Princeton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 65
Primary Registration District No. 2141

DO NOT WRITE IN THIS SPACE

State File No. 77305

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ulrich Lienhard

(a) Residence. No. Princeton St. _____

(Usual place of abode)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Flora Lienhard
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15 1854

7. AGE Years 77 Months 5 Days 13 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 1925 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Rosenburg
(State or country) Switzerland

13. NAME Lienhard

14. BIRTHPLACE (city or town) Switzerland
(State or country)

15. MAIDEN NAME Do not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INHERITANCE Flora Lienhard
(Address) Princeton Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Mendenhall Date Oct. 30. 1931

19. UNDERTAKER D.D. Kimball
(Address) Palouse Wash.

20. FILED Oct 28, 1931 D. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931, to Oct 28, 1931.

I last saw him alive on Oct 27, 1931; death is said to have occurred on the date stated above, at 620 A.M.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus.

Date of onset

Aug 1931

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. M. Thompson, M. D.

(Address) Boothlaken Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 19 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77306**

PLACE OF DEATH

County of Laurel

City of Pollatch

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth E. Baldwin

(a) Residence. No. Pollatch St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? ✓ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. M. Baldwin

6. DATE OF BIRTH (month, day and year) Aug 3rd 1857

7. AGE Years 74 Months 3 Days 10 If LESS than 1 day, ✓ hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (city or town) Scotland (State or country)

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't Know

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Scotland

14. Informant Henry G. Friedrichsen (Address) Pollatch

15. Filed Nov 14th 1931 J. G. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 6th 1931 to Nov 13th 1931 that I last saw her alive on Nov 6th 1931 and that death occurred, on the date stated above, at 7:45 P. M. The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) _____ yrs. _____ mos. 1 ds.

CONTRIBUTORY (Secondary) Senility

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) J. G. Thompson M. D. Nov 13th 1931 (Address) Pollatch

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lewiston Idaho Date of Burial Nov 16 1931

20. Undertaker Vassar Undertaking Co Address Lewiston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 14 1931

PLACE OF DEATH
County of Latah
City of MOSCOW

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77307

Registration District No. 61
Primary Registration District No. 1011

Local Registrar's No. 61

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie P. Morganroth

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of William Morganroth
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 18, 1931

7. AGE Years 56 Months 1 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland, Ohio13. NAME Simon ~~Hank~~ Hawk14. BIRTHPLACE (city or town) (State or country) Boston, Mass.15. MAIDEN NAME Catherine Snyder16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT (Address) William Morganroth
163 S. Asbury St.18. BURIAL, CREMATION, OR REMOVAL Place Moscow Cemetery Date Nov. 23, 193119. UNDERTAKER (Address) H. R. Short20. FILED Dec. 5, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 18 193122. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1931, to Nov. 18, 1931I last saw her alive on Nov. 18, 1931; death is saidto have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis chr.
Endocarditis chr.

Date of onset

Unknown

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Urinal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) Harry Embrose, M. D.(Address) Moscow, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 14 1931

PLACE OF DEATH

County of MOSCOWCity of Latah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77308Registration District No. 61Primary Registration District No. 1011Local Registrar's No. 62(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Reil

(a) Residence. No. _____

St. Genesee, Ida.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed, or Divorced, (write the word)
Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFrances Reil6. DATE OF BIRTH (month, day, and year) Jan. 20, 1857

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.73107

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

retired section laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

N.P. Railroad10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

Buffalo

12. BIRTHPLACE (city or town) (State or country)

New York

MOTHER FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

"

15. MAIDEN NAME

"

16. BIRTHPLACE (city or town) (State or country)

"

17. INFORMANT (Address)

J. J. Borg Uniontown, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place

Date _____, 193

19. UNDERTAKER (Address)

H. R. Short Moscow, Ida.

20. FILED

Dec. 5, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 27 19322. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1931, to Nov 27, 1931I last saw him alive on Nov. 27, 1931; death is said to have occurred on the date stated above, at 12:10 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Nephritis

Other contributory causes of importance:

Arterio sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Chas. H. Gritman, M. D.

(Address)

Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1931

PLACE OF DEATH

County of Seneca
City of Mohler

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77309**

Registration District No. 02Primary Registration District No. 207 Local Registrar's No. 16

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Edward Blakeman 81

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Sarah M. Blakeman
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 30 1877

7. AGE Years 64 Months 6 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Jessup, Pa.13. NAME Andrew Jackson Blakeman14. BIRTHPLACE (city or town) (State or country) New York15. MAIDEN NAME Louisa Hicks16. BIRTHPLACE (city or town) (State or country) Pa.17. INFORMANT Mr. Geo. Blakeman
(Address) Mohler, Pa.18. BURIAL, CREMATION, OR REMOVAL
Place Crematorium Date 11/3, 193119. UNDERTAKER Samuel Hicks
(Address) Mohler, Pa.20. FILED 11/3, 1931 R. E. Dwyer

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 31 193122. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1931, to Oct 31, 1931.

Last saw him alive on Oct 31, 1931; death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris
(6 lines)

Other contributory causes of importance:

High Blood Pressure Small

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) R. E. Dwyer M. D.(Address) Mohler, Pa.

PLACE OF DEATH

County of Lewis
City of Craigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
77310
State File No.

Registration District No. 60
Primary Registration District No. 2129

Local Registrar's No. 17

(No.)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Donald Dean Crawford

(a) Residence. No. St.

(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 13 1931

7. AGE Years Months Days If LESS than 1 day, hrs. min. 3 26

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Craigmont (State or country) Idaho

MOTHER FATHER

13. NAME Charles S. Crawford

14. BIRTHPLACE (city or town) Craigmont (State or country) Idaho

15. MAIDEN NAME Edna M. Regua

16. BIRTHPLACE (city or town) Boonville (State or country) Mocho

17. INFORMANT Mrs. Charles Crawford (Address) Craigmont, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place 100th Ave S. S. 19 1931

19. UNDERTAKER Chas. Crawford (Address) Craigmont

20. FILED 11/9, 1931. P. E. Dumas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1931, to Nov 8, 1931.

I last saw him alive on Nov 4, 1931; death is said to have occurred on the date stated above, at 5:00 A.M. The principal cause of death and related causes of importance were as follows:

Defective
non-resonance
(definitely)
month

Other contributory causes of importance: Pneumonia 4 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. E. Dumas, M. D.

(Address) Craigmont, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1 1931

PLACE OF DEATH

County of Lewis
City of Winchester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77311

State File No.

Registration District No. 60
Primary Registration District No. 2179 Local Registrar's No. 18

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johnathan Benjamin Backlund
(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Orpha Matilda Backlund
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 30, 1885

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
fourty six two twenty

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov 20 11. Total time (years) spent in this occupation 17 years

12. BIRTHPLACE (city or town) Cannon Falls
(State or country) Minnesota

13. NAME Lars Joseph Backlund

14. BIRTHPLACE (city or town) Sweden
(State or country)

15. MAIDEN NAME Johanna Backlund

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT John J. ...
(Address) Winchester, Ida

18. BURIAL, CREMATION, OR REMOVAL 007 Cemetery
Place Craigmont Date 11/24, 1931

19. UNDERTAKER Craigmont, Idaho
(Address) Craigmont, Ida

20. FILED 11/24, 1931 R. E. Dull
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 Broth in my office dead, 1931.

Nov 20, 1931; death is said

to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows: Angina Pectoris Date of onset 7

Sudden death following pain in region of heart.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) John Langhlin, M.D.

(Address) Winchester, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 14 1931

PLACE OF DEATH

County of LewisCity of SamiahSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 49Primary Registration District No. 2127

DO NOT WRITE IN THIS SPACE

State File No.

77312

Local Registrar's No.

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Frances Marion Dunning

(a) Residence. No. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. / mos. _____

(If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed,
or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nora E. Dunning6. DATE OF BIRTH (month, day, and year) Sept 13 1868

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or min. _____8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. _____9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Farmer10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town)
(State or country) Gilroy California13. NAME Francis M. Dunning14. BIRTHPLACE (city or town)
(State or country) Kentucky15. MAIDEN NAME Elizabeth M. McNeil16. BIRTHPLACE (city or town)
(State or country) Canada17. INFORMANT
(Address) W. E. Dunning
Samiah Id.18. BURIAL, CREMATION, OR REMOVAL
Place. Cremation Date. 7/8, 193119. UNDERTAKER
(Address) Craigmont Adwells
Craigmont Ida

20. FILED _____, 1931

Will Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 8 193122. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1931, to Dec 8, 1931I last saw him alive on Dec 7, 1931; death is said
to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance
were as follows: _____

Date of onset

Myocardial Infarction 1925

Other contributory causes of importance: _____

Coronary Artery (nephritis) 29mo.
Rheumatism 1 yearName of operation None Date of _____What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. E. Dunning M. D.(Address) Kentwood Adwells

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 10 1931

PLACE OF DEATH

County of LincolnCity of Cumma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 77313Local Registrar's No. 25

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. O. L. Holmes

(a) Residence. No.

(Usual place of abode)

St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLaura Holmes6. DATE OF BIRTH (month, day, and year) April 16, 18807. AGE Years Months Days If LESS than 1 day, hrs. or min.
51 7 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Section Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country)

Lawsonburg Kan13. NAME Unknown Wm Holmes

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Laura Holmes (Address)18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Id Date Dec 1, 193119. UNDERTAKER J. E. Hickok (Address) Shoshone Idaho20. FILED 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 28 1931

22. I HEREBY CERTIFY, That I attended deceased from

Dead when I arrived 1931 to 1931
I last saw him alive on Nov 28, 1931; death is saidto have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importancewere as follows: Acute Myocarditis Date of onsetTypical history of myocarditis. Ex. hypertension. Shock. Pastoral disease.

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) T. E. J. Barrett, M. D.(Address) Shoshone, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 16 1931

PLACE OF DEATH

County of LincolnCity of Dutch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No.....

Primary Registration District No.....

DO NOT WRITE IN THIS SPACE

State File No. 77314Local Registrar's No. 24

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George W. Loden

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 66 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) Grassy Cove
(State or country) Tennessee

13. NAME Wm Loden

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Jud Ford
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Buhl, Idaho Date Dec 1, 1931

19. UNDERTAKER W. E. Lockett
(Address) W. E. Lockett

20. FILED 1931 Registrar. W. E. Lockett

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 26 193122. I HEREBY CERTIFY, That I attended deceased from Nov 26 to Nov 26 1931

Dead to Survived

I last saw him alive on Nov 26, 1931: death is said

to have occurred on the date stated above, at 4400th.

The principal cause of death and related causes of importance

were as follows: Gunshot wound Date of onset 11/28

in Head

Homicide

Coronary Injury

Verdict

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? CX Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 11/26 1931

Where did injury occur? Dutch, Idaho

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Lockett M. D.

(Address) W. E. Lockett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Lincoln</u>		Registration District No.		State File No. <u>77315</u>	
City of <u>Richfield</u>		Primary Registration District No.		Local Registrar's No. <u>27</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>William H. Armstrong</u>					
(a) Residence. No. St.					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Marquette Armstrong</u>					
6. DATE OF BIRTH (month, day, and year) <u>July 11 1886</u>					
7. AGE		Years <u>44</u>	Months <u>4</u>	Days <u>23</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Canada</u>					
FATHER	13. NAME <u>John Armstrong</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>				
	15. MAIDEN NAME <u>Unknown</u>				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>England</u>				
	17. INFORMANT <u>Marquette Armstrong</u> (Address)				
18. BURIAL, CREMATION, OR REMOVAL Place. <u>Richfield, Ida. 12-6</u> , 1931					
19. UNDERTAKER <u>W. S. Johnson</u>					
20. FILED <u>1931</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 1931</u> , to <u>Dec. 1931</u>					
I last saw him alive on <u>Dec. 1931</u> ; death is said to have occurred on the date stated above, at <u>7 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>Death occurred before my arrival history of chronic myoelectric</u>					
Other contributory causes of importance: <u>Acute Gastritis</u>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>no.</u> If so, specify					
(Signed) <u>W. E. O. Barrett</u> , M.D.					
(Address) <u>Thompson, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		State File No. 77316	
County of <u>Lincoln</u>			
City of <u>Dietrich</u>			
Registration District No.		Local Registrar's No. <u>26</u>	
Primary Registration District No.			
(No.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>W. E. Philson</u>			
(a) Residence. No.		St.	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Unknown</u>			
7. AGE	Years	Months	Days
	<u>65</u>		
		If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
	12. BIRTHPLACE (city or town) (State or country)		
FATHER	13. NAME		
	14. BIRTHPLACE (city or town) (State or country)		
MOTHER	15. MAIDEN NAME		
	16. BIRTHPLACE (city or town) (State or country)		
17. INFORMANT (Address)			
18. BURIAL, CREMATION OR REMOVAL Place <u>Shoshone</u> Date <u>Dec 2</u> , 193 <u>1</u>			
19. UNDERTAKER (Address) <u>Shoshone Ida</u>			
20. FILED <u>Nov 30</u> , 193 <u>1</u> <u>J. L. Fuller</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Nov 26</u> , 193 <u>1</u>			
22. I HEREBY CERTIFY, That I attended deceased from			
Dead <u>when arrived</u> , 193 <u>1</u> , to			
I last saw h. alive on, 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>6:50</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Chronic coronary artery disease</u>			
<u>"Death due to hanging by my neck"</u>			
<u>suicide</u>			
Other contributory causes of importance:			
Name of operation			
Date of			
What test confirmed diagnosis? <u>CX</u> Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? <u>suicide</u> Date of injury <u>Nov 26</u> , 193 <u>1</u>			
Where did injury occur? <u>Dietrich Ida</u> (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify			
(Signed) <u>T. E. O'Barrett</u> , M.D.			
(Address) <u>Shoshone Ida</u>			

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WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

DEC 5 1931

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178
(No. _____, St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 77317
Registered No. 57

If death occurs away from
usual residence, give facts
called for under special in-
formation.

If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

2. FULL NAME Elbert Lee Berry

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Single
(Write the word.)

6. DATE OF BIRTH

Nov 21, 1864
(Month) (Day) (Year)

7. AGE

66 Yrs. 11 Mos. 27 ds.

IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work

Farmer

(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer)

Self

9. BIRTHPLACE

(State or Country)

Miss.

10. NAME OF FATHER

Abraham Marshall.

11. BIRTHPLACE OF FATHER

(State or Country)

Alabama

12. MAIDEN NAME OF MOTHER

Elizabeth Owen.

13. BIRTHPLACE OF MOTHER

(State or Country)

Tenn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed

11/1819.31

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 17, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

11/8 1931, to 19
that I last saw him alive on 11/8 1931,
and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Cerebral embolism

(Duration) _____ Yrs. _____ mos. _____ ds.
Contributory (Secondary) Probably Hypertension

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Edw. Jones M. D.

11/17 19.31 (Address) Robert L. Jones

*State the Disease Causing Death; or in deaths from Violent Causes, state
(1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted
if not at place of death?

Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Annis Lds. Nov 19, 1931

20. UNDERTAKER ADDRESS

W. B. Scherell, Rigby

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77318

PLACE OF DEATH
County of MadisonCity of Replurg

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2178

State File No.

Local Registrar's No. 58(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Larry Ray Gardner

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 17/19317. AGE Years Months Days If LESS than 1 day, hrs. or min. 8 68. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Replurg, Ida.
(State or country)13. NAME Nathanial Gardner14. BIRTHPLACE (city or town) Utah
(State or country)15. MAIDEN NAME Zelda Van Vleet16. BIRTHPLACE (city or town) Idaho
(State or country)17. INFORMANT Nathanial Gardner
(Address) Replurg18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date 11/28, 193119. UNDERTAKER Russel R. Flamm
(Address) Replurg20. FILED 11/27, 1931 J. R. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 25, 193122. I HEREBY CERTIFY, That I attended deceased from Nov 21st, 1931, to Nov 25, 1931.I last saw him alive on Nov 25th, 1931; death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Discolitis

Date of onset

Nov 15-31

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 1931.Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Parley Nelson, M. D.(Address) Replurg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<i>Minidoka</i>	CERTIFICATE OF DEATH		77319		State File No.		Local Registrar's No. <i>65</i>	
City of	<i>Rupert</i>	Registration District No. <i>19</i>		Primary Registration District No. <i>2013</i>					
		(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME		<i>Theodore Lingy</i>							
(a) Residence. No. _____		St. _____							
(Usual place of abode)									
Length of residence in city or town where death occurred.		yrs. mos.		ds. How long in U. S., if of foreign birth?		yrs. mos.		ds.	
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH				
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			21. DATE OF DEATH (month, day, and year)				
<i>Male</i>	<i>White</i>	<i>Married</i>			<i>Nov 8 1931</i>				
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attended deceased from _____				
					<i>Nov 8, 1931, to Nov 8, 1931.</i>				
6. DATE OF BIRTH (month, day, and year)					I last saw h. _____ alive on _____, 1931: death is said				
<i>Dec 22/1902</i>					to have occurred on the date stated above, at _____ m.				
7. AGE					The principal cause of death and related causes of importance were as follows:				
Years	Months	Days	If LESS than 1 day, _____ hrs. or min.		Date of onset				
<i>29</i>	<i>10</i>	<i>16</i>			<i>Accident - Automobile</i>				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					<i>Fracture of ribs bilateral L. 3</i>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					<i>R.T. with puncture of lungs with hemorrhage into lungs.</i>				
10. Date deceased last worked at this occupation (month and year)					Other contributory causes of importance:				
11. Total time (years) spent in this occupation					<i>Fracture of R. & L. Clavicles</i>				
12. BIRTHPLACE (city or town) (State or country)					Name of operation _____ Date of _____				
<i>Missouri</i>					What test confirmed diagnosis? _____ Was there an autopsy? _____				
13. NAME					23. If death was due to external causes (violence) fill in also the following:				
<i>J. W. Lingy</i>					Accident, suicide, or homicide? _____ Date of injury _____, 1931.				
14. BIRTHPLACE (city or town) (State or country)					Where did injury occur? (Specify city or town, county, and State)				
<i>Kansas</i>					Specify whether injury occurred in industry, in home, or in public place.				
15. MAIDEN NAME					Manner of injury _____				
<i>Millie Dibs</i>					Nature of injury _____				
16. BIRTHPLACE (city or town) (State or country)					24. Was disease or injury in any way related to occupation of deceased?				
<i>Missouri</i>					If so, specify _____				
17. INFORMANT (Address)					(Signed) _____, M.D.				
<i>Mrs. Millie Lingy</i>					(Address) _____				
<i>Rupert Idaho</i>									
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 1931									
<i>Rupert Idaho</i>									
19. UNDERTAKER (Address)									
<i>W. A. Gordon</i>									
<i>Rupert Idaho</i>									
20. FILED _____, 1931					Registrar.				

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Minidoka</u>		CERTIFICATE OF DEATH		State File No. <u>77320</u>	
City of <u>Rupert</u>		Registration District No. <u>19</u>		Local Registrar's No. <u>64</u>	
		Primary Registration District No. <u>2015</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Walter E. Larson</u>					
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec 19 1930</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
		<u>11</u>	<u>29</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
MOTHER FATHER	13. NAME <u>Leonard Larson</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Colorado</u>				
	15. MAIDEN NAME <u>Louise McDaniel</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Missouri</u>				
17. INFORMANT <u>Leonard Larson</u> (Address) <u>Rupert Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rupert Cem</u> Date _____, 193__					
19. UNDERTAKER <u>W. D. Goodman</u> (Address) <u>Rupert Idaho</u>					
20. FILED _____, 193__					
REGISTRAR. _____					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 18 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193__, to _____, 193__.					
I last saw him alive on _____, 193__: death is said to have occurred on the date stated above, at <u>8:45</u> m.					
The principal cause of death and related causes of importance were as follows: _____ Date of onset _____					
<u>This patient was dead when seen by me, 5 mos. ago. I treated the child & it had an enlarged prostate. The cause of death was urinary.</u>					
Other contributory causes of importance: _____					
<u>It is my opinion pressure from the enlarged prostate interfering with respiration & causing asphyxiation</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: _____					
Injury, suicide, or homicide? _____ Date of injury _____, 193__.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>W. D. Goodman</u> , M. D.					
(Address) <u>Rupert Idaho</u>					

F RECEIVED DEC 5 1931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Munich</u>	City of <u>Idaho</u>	CERTIFICATE OF DEATH		State File No. <u>77321</u>	
Registration District No. <u>19</u>		Primary Registration District No. <u>2015</u>		Local Registrar's No. <u>62</u>	
2. FULL NAME <u>John Simpson</u> (No. <u>19</u> death occurred in a hospital or institution, give its name instead of street and number.)					
(a) Residence No. <u>St.</u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Mar 20 1862</u>					
7. AGE	Years <u>68</u>	Months <u>7</u>	Days <u>19</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
MOTHER FATHER					
13. NAME <u>John Simpson</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Mary Christensen</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Norway</u>					
17. INFORMANT (Address) <u>Oliver M. Simpson</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Idaho</u> Date <u>Oct 9, 1931</u>					
19. UNDERTAKER <u>W. A. Cardman</u> (Address)					
20. FILED <u>12-3</u> , 1931 <u>E. W. Elmore</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 6, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>October, 1931</u> to <u>Oct 6, 1931</u>					
I last saw him alive on <u>Oct 4, 1931</u> ; death is said to have occurred on the date stated above, at <u>4:35 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Chronic valvular heart disease, and Arterio sclerosis</u>					
Other contributory causes of importance: <u>Chronic Nephritis</u>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>E. W. Elmore</u> , M. D.					
(Address) <u>Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		RECEIVED DEC 5 1931	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		77322	
CERTIFICATE OF DEATH		State File No.	
PLACE OF DEATH County of <u>Shoshone</u> City of <u>Rupert</u>		Registration District No. <u>19</u> Primary Registration District No. <u>2013</u>	
(No.)		Local Registrar's No. <u>61</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Carthy Gemke</u>			
(a) Residence. No. St.			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years <u>76</u>	Months	Days
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Germany</u>			
MOTHER	13. NAME <u>John Verthine</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>		
	15. MAIDEN NAME <u>Steckelberry</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>		
17. INFORMANT <u>Mrs Chester Titels</u> (Address)			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Paul Cemetery</u> Date <u>Oct 29</u> , 1931			
19. UNDERTAKER <u>Ed E. Egan</u> (Address) <u>Rupert Idaho</u>			
20. FILED <u>11-5</u> , 1931 <u>Ed E. Egan</u> Registrar.			
21. DATE OF DEATH (month, day, and year) <u>Oct 19</u> 1931		22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 10</u> , 1931, to <u>Oct 19</u> , 1931.	
I last saw <u>her</u> alive on <u>Oct 19</u> , 1931; death is said to have occurred on the date stated above, at <u>10 P.</u> m.		The principal cause of death and related causes of importance were as follows: <u>Carcinoma</u>	
Other contributory causes of importance: <u>Cancer of Breast</u>		Date of onset <u>1929</u>	
Name of operation <u>Breast Removal</u> Date of <u>1929</u>			
What test confirmed diagnosis? <u>Diagn.</u> Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Y</u> Date of injury <u>.....</u> , 1931.			
Where did injury occur? <u>L</u> (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			
If so, specify <u>Hugh E. Egan</u> (Signed) <u>Burley Idaho</u> , M. D.			
(Address) <u>Burley Idaho</u>			

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		F. RECEIVED DEC 5 1931	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE			
BUREAU OF VITAL STATISTICS		State File No. 77323			
County of <u>Minidoka</u>	City of <u>Rupert</u>	Registration District No. <u>19</u>	Local Registrar's No. <u>60</u>		
Primary Registration District No. <u>2015</u>					
(No. <u>915</u>)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Martha Elizabeth Batty</u>					
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Oct 13 1957</u>					
7. AGE <u>74</u> Years	Months <u>1</u>	Days <u>0</u>	If LESS than 1 day, hrs. or min. _____		
OCCUPATION		11. Total time (years) spent in this occupation _____			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
12. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					
13. NAME <u>Joshua Willis</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Kentucky</u>					
15. MAIDEN NAME <u>Blount 12mo</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Ross 12mo</u>					
17. INFORMANT <u>Graham E. Christen</u>					
(Address) <u>American Falls</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>American Falls</u> Date _____, 1931					
19. UNDERTAKER <u>W. A. Goodman</u>					
(Address) <u>Rupert Idaho</u>					
20. FILED <u>11-10</u> , 1931 <u>E. H. Moore</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 13 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 10</u> , 1931, to <u>Nov 13</u> , 1931.					
I last saw him alive on <u>Nov 13</u> , 1931; death is said to have occurred on the date stated above, at <u>3:45</u> m.					
The principal cause of death and related causes of importance were as follows: <u>(Bundled)</u>					
<u>Arteriosclerosis about 1920</u>					
Other contributory causes of importance: <u>Ch. Bright's Disease about 1925</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Edmund Regnier</u> , M. D.					
(Address) <u>Rupert, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO *Ke*

DO NOT WRITE IN THIS SPACE

77325

State File No.

County of Nez Perce
City of near Lewiston

Registration District No.

Primary Registration District No. _____

(No. Garden Gulch 1914)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jake Martin

(a) Residence. No. Garden Gulch Idaho.

St.

(If nonresident give city or town and State.)
 S. of foreign birth? yrs. mos. da

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
----------------	---------------------------	--

16. DATE OF DEATH Nov. 18 1931
(Month) (Day) (Year)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Martin

17. I HEREBY CERTIFY, That I attended deceased from
19 to , 19

6. DATE OF BIRTH (month, day and year) Mar 1 1851

that I last saw h..... alive on....., 19.....
and that death occurred, on the date stated above, at 5.30 A.M.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	17	

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Common Laborer

Unknown
died suddenly

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town).....
(State or country) Kentucky

(duration) _____ yrs. _____ mos. _____ ds

CONTRIBUTORY
(Secondary)

18. Where was disease contracted
if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) _____, M. D.

..... 19..... (Address).....

10. NAME OF FATHER Elsbury Martin

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Kentucky

12. MAIDEN NAME OF MOTHER Polina Williby

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Kentucky

14. Informant Mrs. Myrtle Sorseth
(Address) Lewiston, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
--	----------------

Normal Hill Lewiston	19
----------------------	----

20. Undertaker	Address
----------------	---------

15. Filed Nov. 1931

Registrar

Vassar Mortuary Inc. | Lewiston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 19 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Ney Perce
City of Lafwari Idaho
Registration District No. 128
Primary Registration District No.

DO NOT WRITE IN THIS SPACE

77326

State File No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leila Corbett

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Indian 4/4 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-18-31

7. AGE Years Months Days If LESS than 1 day, hrs. min.
12 Days

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Lafwari Idaho
(State or country)13. NAME Dave Corbett14. BIRTHPLACE (city or town) Idaho
(State or country)15. MAIDEN NAME Ida Allen16. BIRTHPLACE (city or town) Idaho
(State or country)17. INFORMANT Dave Corbett
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Lafwari Idaho Date —, 193119. UNDERTAKER —
(Address)20. FILED Nev, 1931 George Gaignard
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-30-193122. I HEREBY CERTIFY, That I attended deceased from 11-30-, 1931, to 11-30-, 1931.I last saw her alive on 11-30-, 1931; death is saidto have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance

were as follows:

Purpura Fulminans

Date of onset

11-30-31

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Gaignard, M. D.(Address) Caldene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 16 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77327

County of Reg. PerceCity of Arden Junction

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No.

State File No.

Local Registrar's No.

(No.
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Carter S. Fisher Jr.

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Indian5. Single, Married, Widowed,
or Divorced (write the word)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

3 DaysIf LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Summerside
Washington

13. NAME

Carter S. Fisher Jr.14. BIRTHPLACE (city or town)
(State or country)Poffenburg
Washington

15. MAIDEN NAME

Lucy Paul16. BIRTHPLACE (city or town)
(State or country)Idaho17. INFORMANT
(Address)Carter S. Fisher Jr.

18. BURIAL, CREMATION, OR REMOVAL

Place Arden Junction Date 12-1-, 193119. UNDERTAKER
(Address)20. FILED Nov. 1, 1931George Gagnard
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-30- 1931

22. I HEREBY CERTIFY, That I attended deceased from

11-28-, 1931, to 11-30-, 1931.I last saw him alive on 11-28-, 1931; death is saidto have occurred on the date stated above, at 10:59 a.m.

The principal cause of death and related causes of importance

were as follows:

Purpura Hemorrhagica Date of onset 11-28-31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Gagnard, M.D.(Address) Bulldog Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 10 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <i>Key Perce</i>	<i>near Caldwell Idaho</i>	CERTIFICATE OF DEATH		State File No. <i>77328</i>	
City of <i>Caldwell Idaho</i>		Registration District No. <i>128</i>		Local Registrar's No.	
Primary Registration District No.		(No.)		(If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <i>Charles Estes</i>		(a) Residence. No. St.		(Usual place of abode)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.		(If nonresident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <i>-</i>					
7. AGE <i>65</i> Years	Months <i>-</i>	Days <i>-</i>	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Drifter</i>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation <i>✓</i>		
12. BIRTHPLACE (city or town) <i>Klamath Falls Oregon</i> (State or country)					
13. NAME <i>Unknown</i>					
14. BIRTHPLACE (city or town) <i>Unknown</i> (State or country)					
15. MAIDEN NAME <i>Unknown</i>					
16. BIRTHPLACE (city or town) <i>Unknown</i> (State or country)					
17. INFORMANT (Address) <i>James Brantley Caldwell Idaho</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>Rocky Creek Cemetery</i> , 1931					
19. UNDERTAKER (Address)					
20. FILED <i>Nov. 1, 1931</i> <i>George Gaignard M.D.</i> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>11-8-1931</i>					
22. I HEREBY CERTIFY, That I attended deceased from, 1931, to, 1931.					
I last saw h. alive on, 1931: death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance was as follows: <i>Two hours, died just before doctor arrived. Probably Angina Pectoris.</i>					
Other contributory causes of importance: <i>11-8-31</i>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <i>George Gaignard</i> , M.D.					
(Address) <i>Caldwell Idaho</i>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 14 1931

PLACE OF DEATH

County of Nez Perce.City of Lewiston.STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1809(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Victor Spensley.(a) Residence. No. St. Marysville, California.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofKate Spensley.6. DATE OF BIRTH (month, day, and year) May 30th, 1861

7. AGE

70.

Years

Months

5.

Days

5.If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)England.

MOTHER FATHER

13. NAME Joseph Spensley.14. BIRTHPLACE (city or town)
(State or country)England.15. MAIDEN NAME Not known.16. BIRTHPLACE (city or town)
(State or country)England.17. INFORMANT
(Address)Marysville, California.

18. BURIAL, CREMATION, OR REMOVAL

Place Lewiston, Idaho. Date 11/10/31. 193

19. UNDERTAKER

Brower-Wann Company.

(Address)

Lewiston, Idaho.

20. FILED

Dec. 2, 1931.J. M. Lyle
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 77329Local Registrar's No. 31

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/4/31. 19322. I HEREBY CERTIFY, That I attended deceased from Nov. 4 193, to Nov 4 193/I last saw him alive on Nov 4 193/; death is saidto have occurred on the date stated above, at 8:30 p.m.The principal cause of death and related causes of importance
were as follows:

Date of onset

Pulmonary edema

Other contributory causes of importance:

Chr. NephritisName of operation None Date of NoneWhat test confirmed diagnosis? Chest X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury Nov 4 193.Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place. NoneManner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None(Signed) J. B. Caroson, M. D.(Address) Lewiston, Idaho.

RECEIVED DEC 14 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **77330**

PLACE OF DEATH

County of Nez Perce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. St Joseph Hospital)Local Registrar's No. 1619

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant son Mr & Mrs Harry Spaur.(a) Residence. No. Union Town Wash.St. (Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov, 21 19317. AGE Years 0 Months 0 Days 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Uniontown Wash.
(State or country)10. NAME OF FATHER Harry Spaur11. BIRTHPLACE OF FATHER (city or town) Springfield
(State or Country) Illinois12. MAIDEN NAME OF MOTHER Hilda Lahmen13. BIRTHPLACE OF MOTHER (city or town)
(State or County)14. Informant Harry Spaur
(Address) Uniontown Washington15. Filed Dec 2, 1931 J. M. Pyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 30, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1931, to Nov 28, 1931
that I last saw him alive on Nov 28, 1931and that death occurred, on the date stated above, at m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pneumonia(duration) 9 yrs. 9 mos. 9 ds.CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds.18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? no Date of Was there an autopsy? noWhat test confirmed diagnosis? no(Signed) J. M. Pyle11-30-31, 1931 (Address) Lewiston19. Place of Burial, Cremation, or Removal
Uniontown Wash.Date of Burial
12/1/31 19

20. Undertaker

Vassar Mortuary Inc

Address

Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Naz Perce.</u>		CERTIFICATE OF DEATH		State File No. <u>77331</u>	
City of <u>Lewiston.</u>		Registration District No. <u>96</u>		Local Registrar's No. <u>41</u>	
(No. <u>The White Hospital.</u>)		Primary Registration District No. <u>1009</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Verona Fay Rafferty.</u>					
(a) Residence. No. <u>18th. Street near Main.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>June 25th, 1926.</u>					
7. AGE <u>5.</u>	Years	Months <u>5.</u>	Days <u>5.</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Elberton,</u> (State or country) <u>Washington.</u>					
13. NAME <u>E. R. Rafferty,</u>					
14. BIRTHPLACE (city or town) <u>Idaho.</u> (State or country)					
15. MAIDEN NAME <u>Trassie Brooks,</u>					
16. BIRTHPLACE (city or town) <u>Washington.</u> (State or country)					
17. INFORMANT (Address) <u>Lewiston, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Clarkston, Wash.</u> Date <u>12/2/31,</u> 1931					
19. UNDERTAKER <u>Brower-Wann Company,</u> (Address) <u>Lewiston, Idaho.</u>					
20. FILED <u>Dec 2,</u> 1931, <u>J. M. Lyle</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>11/30/31.</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>11-20</u> , 1931, to <u>11-30</u> , 1931.					
I last saw him alive on <u>11-30</u> , 1931; death is said to have occurred on the date stated above, at <u>8 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Toxemia</u> <u>11-27-31</u>					
Other contributory causes of importance: <u>Septicemia</u> <u>11-20-31</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>Culture of spleen</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>E. L. White</u> , M. D.					
(Signed) <u>E. L. White</u> , M. D.					
(Address) <u>Lewiston, Idaho.</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77332

State File No. _____

PLACE OF DEATH

County of Nez PerceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. County Jail Court House NezPerce) County

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Kittsmiller(a) Residence. No. Lewiston Idaho

St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 52 yrs. _____ mos. _____ ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

1879

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

52

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workCommon Laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)LewistonIdaho

10. NAME OF FATHER

Thomas L. Kittsmiller11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Ohio

12. MAIDEN NAME OF MOTHER

Margaret Jardon13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Ireland14. Informant Wm Kittsmiller(Address) Lewiston Idaho15. Filed Dec 2 1931J. M. Pyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov.281931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY That I attended deceased from

was dead when first seen

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 2:00 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Heart Disease -
myocard

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? no

(Signed)

11-28, 19____ (Address) Wm Kittsmiller

19. Place of Burial, Cremation, or Removal

Date of Burial

Normal Hill19

20. Undertaker

Vassar Mortuary Inc

Address

Lewiston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1209(No. Porter Block.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leslie Albert Porter.(a) Residence. No. Porter Block. St. _____

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced
HUSBAND of Rose Porter.
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 1st, 1856.

7. AGE Years Months Days If LESS than 1 day, hrs. min.
75. 10. 19.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired property owner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burlington,
(State or country) New York.

13. NAME Louid G. Porter.

14. BIRTHPLACE (city or town) New York.
(State or country)

15. MAIDEN NAME Dehlia Honeywood.

16. BIRTHPLACE (city or town) New York.
(State or country)

17. INHERITANCE (Address) Rose Porter
Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Nov. 22nd, 1931.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Dec. 3, 1931. J. M. Lyle
Registrar.

DO NOT WRITE IN THIS SPACE

77333

State File No. _____

Local Registrar's No. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/20/31. 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1931, to 11-20, 1931.

I last saw him alive on 11-20, 1931; death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Intestinal parasites Date of onset 11-16-31

Other contributory causes of importance:

Apoplexy 11-20-30
Arterio Sclerosis 1928

Name of operation None Date of _____
What test confirmed diagnosis? Cardiac symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) E. L. White _____, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gerald Duane Dammerell.(a) Residence. No. _____ St. Kendrick, Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word)Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) March 13th, 1929.

7. AGE

Years

Months

Days

IF LESS than
1 day, _____ hrs.
or _____ min.2.8.7.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At home.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Lewiston,
Idaho.

13. NAME

J. H. Dammerell.

14. BIRTHPLACE (city or town)

(State or country)

N. Dak.

15. MAIDEN NAME

Edith Larson.

16. BIRTHPLACE (city or town)

(State or country)

Black Diamond,
Washington.17. INFORMANT
(Address)J. H. Dammerell.
Kendrick, Idaho.18. BURIAL, CREMATION, OR REMOVAL
PlaceLewiston, Idaho. Date 11/22/31 193119. UNDERTAKER
(Address)Brower-Wann Company,
Lewiston, Idaho.

20. FILED

Dec. 2, 1931. J. M. Fyle
Regist.

DO NOT WRITE IN THIS SPACE

77334

State File No. _____

Local Registrar's No. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/20/31. 1931

22. I HEREBY CERTIFY, That I attended deceased from

Nov 12, 1931, to Nov 20, 1931I last saw him live on Nov 20, 1931; death is saidto have occurred on the date stated above, at 4 P. m.The principal cause of death and related causes of importance
were as follows:

Date of onset

Ruptured gangrenous
appendix

Other contributory causes of importance:

General PeritonitisName of operation appendectomy Date of Nov 12 -What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Paul Johnson M. D.
Lewiston, Idaho.

RECORDED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77335

PLACE OF DEATH

County of NexPerceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. St Joseph Hospital)Local Registrar's No. 41

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Hazel Martha Bolbas(a) Residence. No. 317 -13th Street

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Divorced</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 22-1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>26</u>	<u>3</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work at Home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Virginia10. NAME OF FATHER
Earon Bane11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Virginia12. MAIDEN NAME OF MOTHER
Pouline13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Virginia14. Informant Mrs T.C. Johnson
(Address) Lewiston Idaho.15. Filed Dec 2 1931J. M. Fyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 20 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

November 13 1931, to Nov 20 1931that I last saw him alive on Nov 20 1931and that death occurred, on the date stated above, at 8:00 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Septicemia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Abortion

(duration) yrs. mos. ds.

18. Where was disease contracted Don't know
if not at place of death? currentDid an operation precede death? yes Date of Nov 14 31Was there an autopsy? noWhat test confirmed diagnosis? Blood Culture(Signature) Nov 26 1931 (Address) Lewiston

19. Place of Burial, Cremation, or Removal

Normal Hill

Date of Burial

11/22/31

20. Undertaker

Vassar Mortuary Inc.

Address

Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 14 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77336

State File No.

PLACE OF DEATH

County of Boise Registration District No. 96
City of Boise Primary Registration District No. 1009 Local Registrar's No. 131
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miss Ida Johnson

(a) Residence. No. 1320-13th St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Johnson

6. DATE OF BIRTH (month, day and year) July 18-1889

7. AGE Years 42 Months 3 Days 24 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Troy Ida

10. NAME OF FATHER per Johnson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Boise

12. MAIDEN NAME OF MOTHER Anna Olson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden

14. Informant (Address) Miss Ida Johnson
1320-13th

15. Filed Nov 2 1931 W. M. Gyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6 1931 to Nov 1 1931
that I last saw him alive on Nov 1 1931

and that death occurred, on the date stated above, at 11:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Uraemia

(duration) 3 yrs. mos. ds.
CONTRIBUTORY Chronic Nephritis Chronic Endocarditis
(Secondary)

(duration) 7 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Troy Ida

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chronic

(Signed) W. M. Gyle M. D.
Nov 1 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

20. Undertaker Address

John J. Pickard Troy Ida

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Naz Perce</u>		CERTIFICATE OF DEATH Registration District No. <u>96</u> Primary Registration District No. <u>1009</u> Local Registrar's No. <u>88</u>		State File No. <u>77337</u>	
City of <u>Lewiston</u>					
(No. <u>1117 12th, Avenue</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Hubert Salchert</u>					
(a) Residence. No. <u>1117 12th, Avenue</u> <u>SK</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 25th, 1884</u>					
7. AGE <u>47</u>	Years	Months <u>2</u>	Days <u>6</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Logger</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Wisconsin</u>					
13. NAME <u>George Salchert</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Not known</u>					
15. MAIDEN NAME <u>Mary Anheiser</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>					
17. INFORMANT (Address) <u>Mrs. Julia Salchert, Lewiston, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston, Idaho</u> Date <u>Nov. 4/31/03</u>					
19. UNDERTAKER (Address) <u>Brower-Wann Company, Lewiston, Idaho</u>					
20. FILED <u>Dec 2 1903</u> <u>J. M. Lyle</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 1st, 1903</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 1</u> , 1903, to <u>Nov. 1</u> , 1903.					
I last saw him alive on <u>Nov. 1</u> , 1903; death is said to have occurred on the date stated above, at <u>7 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Angina Pectoris</u>					
Date of onset <u>11/1/31</u>					
Other contributory causes of importance:					
<u>Coronary Occlusion</u>					
Date of onset <u>11/1/31</u>					
Name of operation <u>None</u> Date of <u>None</u>					
What test confirmed diagnosis <u>Clinical</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>None</u> Date of injury <u>Nov. 1, 1903</u>					
Where did injury occur? <u>None</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Home</u>					
Manner of injury <u>None</u>					
Nature of injury <u>None</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify					
(Signed) <u>W. H. Stockslager</u> , M. D.					
(Address) <u>Lewiston, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE

77338

State File No. _____

Local Registrar's No. _____

(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ed Kelso.(a) Residence. No. St. Winchester, Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 8th, 1867.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
64. 6. 24.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan.

13. NAME Wm. R., Kelso.

14. BIRTHPLACE (city or town) (State or country) Ohio.

15. MAIDEN NAME Olive Twitchell.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT (Address) Dr. Wm. Kelso.
Winchester, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont, Idaho. Date Nov. 5th, 1931.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Dec 2, 1931. J. M. Lyle
Reg. & T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 2nd., 1931.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1931, to Nov. 2, 1931.

I last saw him alive on Nov. 2, 1931; death is said

to have occurred on the date stated above, at 8:30 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Electric hemorrhage 3 years
due to ulcers. ago

Other contributory causes of importance:

Over eating &
lack of care.

Name of operation _____ Date of _____

What test confirmed diagnosis? Heart Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) Dr. A. B. Halliday, M. D.

(Address) Lewiston, Idaho.

Dr. Larsson
 PHYSICIAN
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
 should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
 Exact statement of OCCUPATION is very important. See instructions on back.

RIPPLE, DR.

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77339

State File No.

PLACE OF DEATH

County of NezperceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. 419 - 16th Ave)Local Registrar's No. 49

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elias F. Nelson(a) Residence. No. 419-16th Ave

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced

HUSBAND of Carrie Anderson Nelson
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 18 1852

7. AGE 79 Years 3 Months 17 Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired9. BIRTHPLACE (city or town) Tromsøe
(State or country) Norway

10. NAME OF FATHER

Nels Nelson11. BIRTHPLACE OF FATHER (city or town) Norway
(State or Country)

12. MAIDEN NAME OF MOTHER

Bertha Elizabeth Nelson13. BIRTHPLACE OF MOTHER (city or town) Norway
(State or County)14. Informant Mrs. John M. Provost
(Address) Lewiston Idaho15. Filed Dec 2 1931J. M. Pyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 5, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 27th 1931 to Nov 5th 1931that I last saw him alive on Nov 5th 1931and that death occurred, on the date stated above, at 1.15 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Hypertrophoma(duration) _____ yrs. + mos. _____ ds.

CONTRIBUTORY (Secondary)

One known

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Pyelogram(Signed) O. E. Larson, M. D.Nov 6th 1931 (Address) Lewiston Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Normal Hill11/7/31 19

20. Undertaker

Address

Vassar Mortuary Inc.Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **77340**

PLACE OF DEATH

County of NezPerce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009
(No. 702-5th Ave)

Local Registrar's No. 31

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel Moore

(a) Residence No. 702-5th Ave
(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 5. 1862

7. AGE Years 69 Months 5 Days 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9. BIRTHPLACE (city or town) Ontario
(State or country) Canada

10. NAME OF FATHER John Moore

11. BIRTHPLACE OF FATHER (city or town) Ontario
(State or Country) Canada

12. MAIDEN NAME OF MOTHER Margaret McMahon

13. BIRTHPLACE OF MOTHER (city or town) Ontario
(State or County) Canada

14. Informant Mr Eugene Balcock
(Address) Lewiston Idaho.

15. Filed Dec. 2 1931 J. M. Pyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 5 1931, to Nov 5 1931
that I last saw him live on Nov 5 1931

and that death occurred, on the date stated above, at 3 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) years mos. ds.

CONTRIBUTORY Chronic Hypertension
(Secondary)

(duration) years mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. O. Clark, M. D.
Nov 7 1931 (Address) Lewiston Idaho

19. Place of Burial, Cremation, or Removal
North Hill

Date of Burial
11/7/31 19

20. Undertaker
Vassar Mortuary Inc.

Address
Lewiston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Naz Perce.City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1009(No. 1217 18th. Avenue.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emeline Saphronia Culdice.(a) Residence. No. 1217 18th. Avenue. 96

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word)
Widowed.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) June 25th, 1849.

7. AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.82.4.9.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At home.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Missouri.

MOTHER FATHER

13. NAME Not known.14. BIRTHPLACE (city or town)
(State or country)Not known.

15. MAIDEN NAME

Not known.16. BIRTHPLACE (city or town)
(State or country)Not known.17. INFORMANT
(Address)L. P. Whitcomb.
Lewiston, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Nov. 6th, 193119. UNDERTAKER
(Address)Brower-Wann Company,
Lewiston, Idaho.

20. FILED

Dec 2, 1931

Registrar.

DO NOT WRITE IN THIS SPACE

77341

State File No. CarsonLocal Registrar's No. 918

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 4th, 1931.22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1931, to Nov 4, 1931.I last saw alive on Nov 4th, 1931; death is said
to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance
were as follows:

Date of onset

Uterine cancer4 yrs.

Other contributory causes of importance:

Name of operation none Date of Nov 4What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury Nov 4, 1931.Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.Manner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None(Signed) O. B. Carson, M.D.(Address) Lewiston, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN CARROW.

MARGIN RESERVED FOR DRUGS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
77342
State File No. _____

PLACE OF DEATH

County of Nez Perce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No. _____
(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Lem
(a) Residence. No. 0212 6th Street St. _____
(If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Yellow 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1912

7. AGE Years 19 Months _____ Days _____ If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) _____ (State or country) China

10. NAME OF FATHER George Mong

11. BIRTHPLACE OF FATHER (city or town) _____ (State or Country) China

12. MAIDEN NAME OF MOTHER Not Obtainable

13. BIRTHPLACE OF MOTHER (city or town) _____ (State or Country) China

14. Informant St Joseph Hospital (Address) Lewiston Idaho

15. Filed Dec 2, 1931 J. M. Pyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Nov. 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 12 1930 to Nov 15 1931
that I last saw him alive on Nov 15 1931
and that death occurred, on the date stated above, at 7.30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Exhaustion
(duration) _____ yrs. _____ mos. + ds.

CONTRIBUTORY Pulmonary TB
(Secondary) (duration) + yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Presence of TB bacilli
(Signed) O. B. Carrow M. D.
11/17 1931 (Address) Lewiston Idaho

19. Place of Burial, Cremation, or Removal Normal Hill Date of Burial 11/17/31 19

20. Undertaker Vassar Mortuary Inc. Address Lewiston

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. **77343**
Registered No. _____

1. PLACE OF DEATH
County of Oneida
City of Malad
Registration District No. _____
Primary Registration District No. _____
(No. _____, _____ St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Arvilla Williams Jones

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
(Write the word.)

6. DATE OF BIRTH November 28 1903
(Month) (Day) (Year)

7. AGE 27 Yrs. 11 Mos. 20 ds.
IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work. Housewife
(b) General nature of industry, business or establishment in which employed (or employer) _____

9. BIRTHPLACE Cherry Creek, Idaho.
(State or Country)

10. NAME OF FATHER Edwin Williams

11. BIRTHPLACE OF FATHER Willard, Utah.
(State or Country)

12. MAIDEN NAME OF MOTHER Lucy Emma Green

13. BIRTHPLACE OF MOTHER Woodruff, Idaho.
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ben D. Jones
(Address) Malad, Idaho

15. Filed 11-30 1931 Ben Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 18 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 4 1931, to Nov 18 1931
that I last saw her alive on Nov 18 1931
and that death occurred on the date stated above, at 4:45 P.M.

The CAUSE OF DEATH* was as follows:
Sepsis with pyloptic following premature labor and appendicitis
(Duration) _____ Yrs. _____ mos. 21 ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. M. Jones M. D.
11/20/31 (Address) Malad, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days.

Where was disease contracted if not at place of death? _____
Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL Cherry Creek, Idaho. DATE OF BURIAL Nov 21, 1931

20. UNDERTAKER John M. Richards ADDRESS Loyan, Utah

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Lincoln</u>		CERTIFICATE OF DEATH Registration District No. <u>26</u> Primary Registration District No. <u>2064</u>		State File No. <u>77344</u>	
City of <u>Malden</u>				Local Registrar's No. <u>55-</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Jones</u>					
(a) Residence. No. <u>1000 1st St</u> St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year)					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year)			
		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Malden, Lincoln Co Idaho</u>					
MOTHER FATHER		13. NAME <u>Ben D Jones Jr.</u>			
		14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>			
		15. MAIDEN NAME <u>Arnette Pullman</u>			
		16. BIRTHPLACE (city or town) (State or country) <u>Malden</u>			
17. INFORMANT (Address) <u>N. P. Gant, Malden, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Cherry Creek</u> Date <u>Nov 9</u> , 1931					
19. UNDERTAKER (Address) <u>same</u>					
20. FILED <u>11/30</u> , 1931 <u>J. W. Keen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 9</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 9</u> , 1931, to <u>Nov 9</u> , 1931.					
I last saw her alive on <u>Nov 9</u> , 1931; death is said to have occurred on the date stated above, at <u>5 a. m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Pneumonia - 6 mos.</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>✓</u> Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?					
No. If so, specify _____					
(Signed) <u>N. P. Gant</u> , M. D.					
(Address) <u>Malden, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Oneida</u>		CERTIFICATE OF DEATH Registration District No. <u>26</u> Primary Registration District No. <u>2064</u>		State File No. <u>77345</u>	
City of <u>Malad</u>				Local Registrar's No. <u>54</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>George Snow Scott</u>					
(a) Residence. No. <u>Hosbrook Ida</u> St. _____					
(Usual place of abode) _____ (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Charles Miles</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Apr. 28, 1870</u>					
7. AGE Years <u>61</u>		Months <u>6</u>		Days <u>5</u>	
				If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) <u>Nov. 27</u>				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Calif. State</u>					
MOTHER FATHER	13. NAME <u>George S. Scott</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Scotland</u>				
	15. MAIDEN NAME <u>Josephine S. Snow</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Calif. State</u>				
17. INFORMANT <u>Sarah M. Scott</u> (Address) <u>Hosbrook Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Hosbrook Ida</u> Date <u>Nov 6</u> , 193 <u>1</u>					
19. UNDERTAKER <u>J. H. Kerns</u> (Address) <u>Malad Ida</u>					
20. FILED <u>11/30</u> , 193 <u>1</u> <u>J. H. Kerns</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 2</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 <u>1</u> , to _____, 193 <u>1</u> . I last saw him alive on <u>Sept 9</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>8:30</u> a.m. The principal cause of death and related causes of importance were, as follows: <u>Myocardial stenosis and regurgitation</u>					
					Date of onset <u>years ago</u>
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>W. H. Waples</u> M.D. (Address) <u>Malad Ida</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<i>Oneida</i>	CERTIFICATE OF DEATH		State File No. <i>77346</i>	
City of	<i>Malad</i>				
Registration District No. <i>2069</i>		Local Registrar's No. <i>103</i>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <i>Daniel James</i>					
(a) Residence. No. <i>Malad Id. Rt. 1</i> St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred <i>1</i> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
1. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>			
5a. If married, widowed, or divorced HUSBAND of <i>Rebecca Wooley</i> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <i>Nov. 29, 1885</i>					
7. AGE	Years <i>45</i>	Months <i>11</i>	Days <i>4</i>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Joining</i>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) <i>Nov. 24</i>				
	11. Total time (years) spent in this occupation <i>14</i>				
12. BIRTHPLACE (city or town) (State or country) <i>St. John, Idaho</i>					
MOTHER	13. NAME <i>John James</i>				
	14. BIRTHPLACE (city or town) (State or country) <i>Wales</i>				
	15. MAIDEN NAME <i>Hannah Lynham</i>				
	16. BIRTHPLACE (city or town) (State or country) <i>Wales</i>				
17. INFORMANT (Address) <i>Becca James</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>St. John, Idaho</i> Date <i>Nov. 5, 1931</i>					
19. UNDERTAKER (Address) <i>J. M. T. Cerus</i>					
20. FILED <i>11/30</i> , 1931					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>Nov. 2, 1931</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>Oct. 26</i> , 1931, to <i>Nov. 2</i> , 1931.					
I last saw him alive on <i>Nov. 2</i> , 1931; death is said to have occurred on the date stated above, at <i>5 A.</i> m.					
The principal cause of death and related causes of importance were as follows:					
<i>Lying infarct followed by bronchitis pneumonia</i>					
Other contributory causes of importance: <i>Asthma</i>					
Name of operation <i>none</i> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <i>no</i>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <i>no</i> Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <i>D. P. Garst</i> , M. D.					
(Address) <i>Malad, Idaho</i>					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77347

PLACE OF DEATH

County of Curry Registration District No. 3
City of Homedale Primary Registration District No. 2005
(No. _____)

Local Registrar's No. 141

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Baker (Cakes)

(a) Residence. No. Homedale Ida St.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) married

5a If married, widowed, or divorced
HUSBAND of Maudie Bell Baker
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Dec 20 - 1872

7 AGE Years 58 Months 11 Days 14 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Oregon

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Glade Ross
(Address) Wilder Ida

15 Filed 12-7-1931 John B. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec. 11 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Nov 27, 1931, to Dec 4, 1931.

that I last saw him alive on Dec 4, 1931.

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pleural pneumonia

(duration) _____ yrs. _____ mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T. A. Benjamin, M. D.
Dec 4, 1931 (Address) Homedale

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Homedale Ida Date of Burial 12-7-1931

20. Undertaker C. V. Beckham Address Calgary

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **77348**

PLACE OF DEATH

County of PayetteCity of New Plymouth

CERTIFICATE OF DEATH

Registration District No. 4Primary Registration District No. 1008(No. None)Local Registrar's No. 34

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louisa Miller(a) Residence. No. Missouri St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
---------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. J. Miller6. DATE OF BIRTH (month, day and year) Feb 20, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>80</u>	<u>7</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER Andrew Little11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Smith13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Mrs. E. J. Edwards
(Address) Centerville, Mo.15. Filed Oct 10, 1931 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October 9 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct. 7, 1931, to Oct 9, 1931that I last saw her alive on Oct 9, 1931and that death occurred, on the date stated above, at 6 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy(duration) 0 yrs. 0 mos. 3 ds.CONTRIBUTORY Cerebral Arterio-
(Secondary) Sclerosis (duration) 10 yrs. 0 mos. 0 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Examination(Signed) W. J. Edwards M.D.
Oct 11, 1931 (Address) New Plymouth, Mo.19. Place of Burial, Cremation, or Removal Albany, Missouri Date of Burial Oct 14 193120. Undertaker H. L. Peterson Address Centerville, Mo.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Payette</u>		CERTIFICATE OF DEATH		State File No. <u>77349</u>	
City of <u>Payette</u>		Registration District No. <u>1008</u>		Local Registrar's No. <u>35</u>	
(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>A. H. Garside</u>					
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Zelma E. Garside</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Feb 7-1876</u>					
7. AGE	Years <u>55</u>	Months <u>8</u>	Days <u>5</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
FATHER	13. NAME <u>Samuel Garside</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Nancy Skinner</u>				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
	17. INFORMANT <u>Mrs Zelma E. Garside</u> (Address) <u>Payette Ida</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Payette Idaho</u> Date <u>Oct 15, 1931</u>					
19. UNDERTAKER <u>Glen C. Landon</u> (Address) <u>Payette Idaho</u>					
20. FILED <u>Oct 15, 1931</u> <u>J. C. Woodward</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 12, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him alive on <u>Oct 3</u> , 1931; death is said to have occurred on the date stated above, at <u>10:45</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
<u>No physician in attendance</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>J. R. Woodward</u> M. D.					
(Address) <u>Payette, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Payette</u>		CERTIFICATE OF DEATH		State File No. <u>77350</u>	
City of <u>Payette</u>		Registration District No. <u>4</u>		Local Registrar's No. <u>37</u>	
		Primary Registration District No. <u>1008</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Eva Anna Draper</u>					
(a) Residence. No. <u>1022 1st ave. South</u> St. _____					
(Usual place of abode) _____ (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
6a. If married, widowed, or divorced HUSBAND of <u>Chas. F. Draper</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 12, 1890</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>61</u>	<u>1</u>	<u>24</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Shelbyville, Ind.</u> (State or country)					
FATHER	13. NAME <u>unknown</u>				
	14. BIRTHPLACE (city or town) <u>unknown</u> (State or country)				
	15. MAIDEN NAME <u>unknown</u>				
MOTHER	16. BIRTHPLACE (city or town) <u>unknown</u> (State or country)				
	17. INFORMANT <u>C. F. Draper</u> (Address) <u>Payette, Ida.</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Payette, Ida.</u> Date <u>Nov 8, 1931</u>				
19. UNDERTAKER <u>Pharm. & Sarsden</u> (Address) <u>Payette, Ida.</u>					
20. FILER <u>Nov 7, 1931</u> <u>J. C. Woodward</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 5, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 3, 1931</u> , to <u>Nov 5, 1931</u>					
I last saw <u>her</u> alive on <u>Nov 5, 1931</u> ; death is said to have occurred on the date stated above, at <u>12 noon</u> . The principal cause of death and related causes of importance were as follows:					
<u>Cerebral hemorrhage</u>					Date of onset <u>11-3-31</u>
Other contributory causes of importance:					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>Merrie R. Taylor</u> , M. D.					
(Address) <u>Payette, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1931		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		State File No. 77351	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH			
County of <u>Payette</u>		Registration District No. <u>4</u>		Local Registrar's No. <u>36</u>	
City of <u>Payette</u>		Primary Registration District No. <u>1008</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Neil Henry</u>					
(a) Residence. No. <u>134</u> N. <u>Seventh</u> St. <u>869</u>					
(Usual place of abode)					
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>none</u>					
6. DATE OF BIRTH (month, day, and year) <u>Oct-2 1904</u>					
7. AGE Years <u>7</u>		Months <u>1</u>		Days <u>2</u>	
				If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>school child.</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Carallace</u> (State or country) <u>Oregon</u>					
FATHER		13. NAME <u>Glenn M. Henry</u>			
		14. BIRTHPLACE (city or town) <u>Wagon</u> (State or country) <u>Oregon</u>			
MOTHER		15. MAIDEN NAME <u>Uicie Pugh</u>			
		16. BIRTHPLACE (city or town) <u>Spedd</u> (State or country) <u>Oregon</u>			
17. INFORMANT <u>Mrs. O. B. Stauf</u> (Address) <u>Payette, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Carallace</u> Date <u>Nov 7, 1931</u>					
19. UNDERTAKER <u>Glenn C. Landon</u> (Address) <u>Payette, Idaho</u>					
20. FILED <u>Nov 7, 1931</u> <u>J. B. Woodward</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 5, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 1, 1931</u> , to <u>Nov 4, 1931</u>					
I last saw him alive on <u>Nov 4, 1931</u> death is said to have occurred on the date stated above, at <u>4 P. M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Otitis media rt.</u> <u>Oct 1, 1931</u>					
Other contributory causes of importance:					
<u>Mastoiditis and meningitis, streptococcus</u>					
Name of operation <u>Mastoidectomy</u> Date of <u>Oct 22, 1931</u>					
What test confirmed diagnosis? <u>Sp. Puff</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____ (Signed) <u>Morris R. Pugh</u> M. D.					
(Address) <u>Payette, Ida.</u>					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77352

PLACE OF DEATH

County of PowerCity of Coeur d'AleneAm. Falls, ID.

CERTIFICATE OF DEATH

Registration District No. 25Primary Registration District No. 202

(No. _____)

Local Registrar's No. 32

If death occurred in a hospital or institution, give its name instead of street and number.

2. FULL NAME Elmer Shepard

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE Years 16 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Superior Falls, Idaho.
(State or country)10. NAME OF FATHER Sumner Shepard11. BIRTHPLACE OF FATHER (city or town) North Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Myrtle E. Jones13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant (Address) Frank Jones
Idaho15. Filed Nov 4 1934 Carroll Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 1 1934
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 24 1931 to Oct 31 1931that I last saw him alive on Oct 31 1931and that death occurred, on the date stated above, at 5:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Pneumonia(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Myocardial Degeneration (Coronary)
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) Dr. J. G. Lewis M.D.
Nov 1 1934 (Address) Am. Falls, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Neerby, Ida.

19

20. Undertaker

Address

R. E. JohnsonBurley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1931

PLACE OF DEATH

County of PowerCity of Arbon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 23Primary Registration District No. 2072

DO NOT WRITE IN THIS SPACE

State File No. 77354Local Registrar's No. 33

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mareta H. Anderson

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND OF (or) WIFE of A. O. Anderson

6. DATE OF BIRTH (month, day, and year) Sept. 11, 1892

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
60 57 1 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brigham City, Utah

13. NAME James Hanson

14. BIRTHPLACE (city or town) (State or country) Sanholm Denmark

15. MAIDEN NAME Margaret Hanson

16. BIRTHPLACE (city or town) (State or country)

17. INHERITANCE (Address) Mona Anderson

18. BURIAL, CREMATION, OR REMOVAL Place Menden Date Nov. 10, 1931

19. UNDERTAKER (Address) J. S. Berman

20. FILED Nov. 9, 1931 G. M. Holt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 7, 193122. I HEREBY CERTIFY, That I attended deceased from July 22, 1931, to Nov 7, 1931.

I last saw her alive on Aug 31, 1931; death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:
apoplexy

Other contributory causes of importance:
fractured hip July 18-1931

Name of operation July 22 - 1931 Date of _____

What test confirmed diagnosis X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1931.

Where did injury occur? July 18 - 1931
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury Death by R gun

Nature of injury fractured hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify as term

(Signed) J. S. Berman, M. D.
(Address) Pocatello

74d

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of PowerCity of American Falls, Idaho

CERTIFICATE OF DEATH

Registration District No. 25Primary Registration District No. 2072State File No. 77355Local Registrar's No. 31(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Katherine Zimmerman

(a) Residence. No. _____

St. American Falls, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F-Male

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word)
Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Adam Zimmerman

6. DATE OF BIRTH (month, day, and year) Oct. 4, 1855

7. AGE

Years
76Months
0Days
28If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) North Russia

MOTHER FATHER

13. NAME Baunbacher14. BIRTHPLACE (city or town)
(State or country) North Russia

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address) John Zimmerman
Stephens Da.

18. BURIAL, CREMATION, OR REMOVAL

Place I.O.O.F.Date Nov. 3, 1931

19. UNDERTAKER

(Address) American Falls, Idaho.

20. FILED

11/4, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 1, 193122. I HEREBY CERTIFY, That I attended deceased from
Sept 4, 1931, to Nov 1, 1931.I last saw him alive on Nov 1, 1931; death is saidto have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance

were as follows

Cerebral hemorrhage

Date of onset

Oct. 25, 1931fracture femur Oct 4, 1931

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. F. Schick M. D.(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>	City of <u>Kellogg</u>	Registration District No. <u>123</u>		State File No. <u>77356</u>	
		Primary Registration District No. <u>2201</u>		Local Registrar's No. <u>50</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>James Eugene Todd</u>					
(a) Residence. No. <u>728 So. Duane</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>July 25-1924</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>7</u>	<u>4</u>	<u>2</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Kellogg, Ida</u> (State or country)					
MOTHER FATHER	13. NAME <u>George Vance Todd</u>				
	14. BIRTHPLACE (city or town) <u>Oregon</u> (State or country)				
	15. MAIDEN NAME <u>Ellen M. Emuigi</u>				
	16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)				
17. INFORMANT <u>George E. Todd</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Kellogg, Ida</u> Date <u>Apr 30, 1931</u>					
19. UNDERTAKER <u>W. E. Stuart</u> (Address) <u>Kellogg, Ida</u>					
20. FILED <u>Nov 30, 1931</u> <u>Wm. Helen M. Z. Biele</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 27, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 27th</u> , 1931, to _____, 1931.					
I last saw him alive on <u>Nov 27th</u> , 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Fracture of skull with loss of brain substance</u> <u>Accidental</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>Nov 27, 1931</u>					
Where did injury occur? <u>Hardner & Sons</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>Coasting</u>					
Nature of injury <u>Skull fracture</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify _____					
(Signed) <u>W. E. Stuart</u> , M. D.					
(Address) <u>Kellogg, Ida</u>					

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
77357
State File No.

PLACE OF DEATH

County of Shoshone
City of Kellogg

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201
(No.)

Local Registrar's No. 49

2. FULL NAME Charles Mardon
(If death occurred in a hospital or institution, give its name instead of street and number.)

(a) Residence No. 124 N. Riverside Kellogg Idaho St.

(Usual place of abode.) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Mardon

6. DATE OF BIRTH (month, day and year) Sept 30 1871

7. AGE Years 60 Months 9 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Miner (b) General nature of industry, business, or establishment in which employed (or employer) Lead & Silver mine (c) Name of employer

9. BIRTHPLACE (city or town) England (State or country)

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (city or town) England (State or Country)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (city or town) England (State or County)

14. Informant Mrs M. Collins (Address)

15. Filed Nov 30 1931 Mrs. Helen M. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1931 to Nov. 26 1931 that I last saw him alive on Nov. 26 1931 and that death occurred, on the date stated above, at 2:53 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Pneumonia - (probably broncho pneumonia)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Siderosis (duration) many yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None except brown sputum. Was doing better & eating (Signed) Scott K. Bennett M.D. Nov 27 1931 (Address) Kellogg Idaho

19. Place of Burial, Cremation, or Removal Windsor Cemetery Date of Burial Nov 28 1931

20. Undertaker H. B. Thornhill Address Kellogg, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **77358**

PLACE OF DEATH

County of Shoshone
City of Kellogg

CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

(No. _____)

Local Registrar's No. 48

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Eugene Frank Sailor

(a) Residence. No. Silver King St.

(Usual place of abode.) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Wh</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) 10-12-31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>6 weeks</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Silver King
(State or country)

10. NAME OF FATHER Elmer Sailors

11. BIRTHPLACE OF FATHER (city or town) Kellogg
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Fern Rodgers

13. BIRTHPLACE OF MOTHER (city or town) North Decale
(State or County)

14. Informant (Address) Mrs Frank Rodgers

15. Filed Nov 30, 1931 Mrs Helen M. Breda
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11 23 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1931, to _____, 19____.

that I last saw him alive on Nov 25th, 1931.

and that death occurred, on the date stated above, at 30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Bronchitis pneumonia

(duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) W. B. Thornhill, M. D.
11/27, 1931. (Address) Kellogg Idaho

19. Place of Burial, Cremation, or Removal <u>Greenview cemetery</u>	Date of Burial <u>Nov 28</u> 19 <u>31</u>
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20. Undertaker <u>H. B. Thornhill</u>	Address <u>Kellogg Idaho</u>
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RECEIVED DEC 4 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77359

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Shoshone

City of Kellogg (Pine Creek)

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 47

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Malcolm Lewis Pratt
Pine Creek

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

White

5. Single, Married, Widowed,
or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Aug 7, 1868

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

63

2

6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Mining

(b) General nature of industry,
business, or establishment in
which employed (or employer)

Miner (Lead & Silver)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Shocopi Missouri

10. NAME OF FATHER

William Pratt

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Canada

12. MAIDEN NAME OF MOTHER

Janette McCallen

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Canada

14.

Informant
(Address)A. B. Pratt
Seattle, Wn

15.

Filed Nov. 20, 1931

Mrs. Helen M. Pratt
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

Nov 12 1931

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:found dead in bed
apparently heart
failureCONTRIBUTORY
(Secondary)

Myocarditis

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. B. Pratt
11/12/31 (Address) Walla Walla

19. Place of Burial, Cremation, or Removal

Date of Burial

Herington, Id

20. Undertaker

Address

H. B. Thornhill

Kellogg, Id

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 4 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
County of Shoshone
City of Kellogg Registration District No. 123
Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 77360Local Registrar's No. 46(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Mary Anna Arnold(a) Residence. No. Central Ave St. _____(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Arnold6. DATE OF BIRTH (month, day, and year) Feb. 2 - 18807. AGE Years 50 Months 8 Days 20 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago13. NAME Chicago14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Austria17. INFORMANT (Address) Martin Arnold18. BURIAL, CREMATION, OR REMOVAL Place Masson Date 10/31, 193119. UNDERTAKER (Address) Kellogg20. FILED Nov. 30, 1931 Mr. Helen M. Brice Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/29 193122. I HEREBY CERTIFY, That I attended deceased from 26 to 29, 1931I last saw him alive on 26, 1931. Death is said to have occurred on the date stated above, at 6 P. m.The principal cause of death and related causes of importance were as follows: Myocardial infarction Date of onsetOther contributory causes of importance: Atherosclerosis
Thrombosis Cerebral
MyocardialName of operation No Date of _____What test confirmed diagnosis? None Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide None Date of injury _____, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. H. Wallace M. D.(Address) Wallace Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of *Shoshone*
City of *Wallace*

Registration District No. *20*Primary Registration District No. *1011*

DO NOT WRITE IN THIS SPACE

State File No. *77361*Local Registrar's No. *100*

(If death occurred in a hospital or institution, give its name instead of street and number.)
(No. *Providence Hospital*)

2. FULL NAME *Infant of J. B. Kelly*(a) Residence. No. *Green, Idaho*

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) *Nov-21-1931*

7. AGE Years Months Days If LESS than 1 day, 10 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Wallace*
(State or country)

13. NAME *J. B. Kelly*

14. BIRTHPLACE (city or town) *Madison*
(State or country)

15. MAIDEN NAME *Ina Dougherty*

16. BIRTHPLACE (city or town) *Idaho*
(State or country)

17. INFORMANT *J. B. Kelly*
(Address) *Green, Idaho*

18. BURIAL, CREMATION, OR REMOVAL
Place *Wallace* Date *Nov 23 1931*

19. UNDERTAKER *W. R. Smith*
(Address) *Wallace, Idaho*

20. FILED *Nov 23, 1931* *F. R. Quigley*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from

Nov 21, 1931, to *Nov 21*, 1931

I last saw him alive on *Nov 21*, 1931; death is said

to have occurred on the date stated above, at *7:00* a.m.

The principal cause of death and related causes of importance

were as follows: *Hemophilia* *Infantile* *Rotter* *gaster*

Other contributory causes of importance: *Rotter* *infantile*

Name of operation *none* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. A. Mawney*, M.D.

(Address) *Wallace, Idaho*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>		Registration District No. <u>20</u>		State File No. <u>77362</u>	
City of <u>Burke</u>		Primary Registration District No. <u>1011</u>		Local Registrar's No. <u>99</u>	
(No. <u>Residence</u> If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Charles V. Fisher</u>					
(a) Residence. No. <u>Burke Idaho</u> St. <u>Burke Idaho</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred <u>21</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Christina Fisher</u>					
6. DATE OF BIRTH (month, day, and year) <u>May 13-1887</u>					
7. AGE <u>54</u> Years	<u>6</u> Months	<u>8</u> Days	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>					
9. Industry or business in which work was done, as silk or saw mill, bank, etc. <u>Lead Mining</u>					
10. Date deceased last worked at this occupation (month and year) <u>May 10-31</u>					
11. Total time (years) spent in this occupation <u>21</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
13. NAME <u>Bennett Fisher</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Iowa</u>					
15. MAIDEN NAME <u>Not known</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Not known</u>					
17. INFORMANT <u>Mrs Christina Fisher</u> (Address) <u>Burke Idaho</u>					
18. BURIAL, CREMATION, OR REMAINT Place <u>St. James Catholic Church</u> Date <u>Nov-24 1931</u>					
19. UNDERTAKER <u>A. Bever</u> (Address) <u>Wallace Idaho</u>					
20. FILED <u>Nov 24</u> , 1931 <u>J. L. Quigley</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 20 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 16</u> , 1931, to <u>Nov 20</u> , 1931.					
I last saw him live on <u>Nov 16</u> , 1931; death is said to have occurred on the date stated above, at <u>11:45 P.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Subcutaneous emphysema of both lungs</u>					
Date of onset <u>Several months</u>					
Other contributory causes of importance: <u>None</u>					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide <u>None</u> Date of injury....., 1931.					
Where did injury occur?..... (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u>					
If so, specify..... (Signed) <u>W. L. Waller</u> M.D. (Address) <u>Wallace Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <i>Shoshone</i>	City of <i>Wallace</i>	Registration District No. <i>70</i>	Primary Registration District No. <i>1011</i>	State File No. <i>77363</i>	Local Registrar's No. <i>98</i>
(If death occurred in a hospital or institution, give its name instead of street and number.) (No)					
2. FULL NAME <i>Miss Noble Bertene Tang</i>					
(a) Residence. No. <i>Kellogg, Idaho</i> , St. <i>J</i>					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Single</i>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years <i>23</i>	Months <i>6</i>	Days <i>2</i>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Bookkeeper</i>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Butchershop</i>				
	10. Date deceased last worked at this occupation (month and year) <i>January, 1931</i>				
	11. Total time (years) spent in this occupation <i>2 years</i>				
12. BIRTHPLACE (city or town) (State or country) <i>Sacramento, Cal.</i>					
MOTHER FATHER	13. NAME <i>Olé Martin Tang</i>				
	14. BIRTHPLACE (city or town) (State or country) <i>Norway</i>				
	15. MAIDEN NAME <i>Rosie Horvick</i>				
	16. BIRTHPLACE (city or town) (State or country) <i>Norway</i>				
17. INFORMANT <i>Mrs. Victor M. Tang</i> (Address) <i>Kellogg, Idaho</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>Kellogg, Idaho</i> Date <i>Sept 30</i> , 1931					
19. UNDERTAKER <i>Harold Thornhill</i> (Address) <i>Kellogg, Idaho</i>					
20. FILED <i>Nov 14</i> , 1931 <i>H. R. Quigley</i> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>Sept 25</i> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <i>Apr</i> , 1931, to <i>Sept 28</i> , 1931					
I last saw him alive on <i>Sept 27</i> , 1931; death is said to have occurred on the date stated above, at <i>2-9</i> m.					
The principal cause of death and related causes of importance were as follows:					
<i>Sarcoma of left hip</i>					Date of onset
Other contributory causes of importance: <i>None</i>					
Name of operation Date of					
What test confirmed diagnosis? <i>Bispy</i> Was there an autopsy? <i>No</i>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <i>W. L. Lindsey</i> , M. D.					
(Address) <i>Kellogg, Idaho</i>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>		CERTIFICATE OF DEATH		77364	
City of <u>Mullan</u>		Registration District No. <u>20</u>		State File No.	
		Primary Registration District No. <u>1011</u>		Local Registrar's No. <u>97</u>	
2. FULL NAME <u>Emil Salmi</u> (No. <u>1689</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
(a) Residence. No. <u>Mullan Idaho</u>		St. <u>Mullan Idaho</u>			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>Matilda Salmi</u>					
6. DATE OF BIRTH (month, day, and year) <u>April 13 - 1887</u>					
7. AGE <u>44</u> Years	<u>6</u> Months	<u>19</u> Days	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lead Mining</u>					
10. Date deceased last worked at this occupation (month and year) <u>Nov 2</u>		11. Total time (years) spent in this occupation <u>10 yrs</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Finland</u>					
13. NAME <u>Not Known</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Finland</u>					
15. MAIDEN NAME <u>Not Known</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Finland</u>					
17. INFORMANT <u>Mr. Matilda Salmi</u> (Address) <u>Mullan Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mullan Idaho</u> Date <u>Nov - 8</u> , 1931					
19. UNDERTAKER <u>W. C. Waller</u> (Address) <u>Waller Idaho</u>					
20. FILED <u>Nov 8</u> , 1931 <u>L. D. Ziegler</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 2</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from 1931, to <u>Nov 2</u> , 1931.					
I last saw him live on <u>Nov 2</u> , 1931; death is said to have occurred on the date stated above, at <u>9:45</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
<u>Body crushed</u>					
<u>falling on a log</u>					
<u>other contributory causes of importance:</u>					
<u>None</u>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes or violence, fill in also the following:					
Accident, suicide, homicide, etc. Date of injury <u>Nov 2</u> , 1931					
Where did injury occur? <u>Mullan Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>In mine</u>					
Manner of injury <u>Body crushed</u>					
Nature of injury <u>falling on a log</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
(Signed) <u>W. C. Waller</u> Coroner					
(Address) <u>Waller Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of	<i>Shoshone</i>	Registration District No. <i>20</i>		State File No. <i>77365</i>	
City of	<i>Wallace</i>	Primary Registration District No. <i>1011</i>		Local Registrar's No. <i>46</i>	
		(No. <i>Providence Hospital</i>)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <i>Baby Bass</i>					
(a) Residence. No. <i>Wallace, Idaho</i> St.					
(Usual place of abode)				(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None.</i>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <i>Wallace Idaho</i>					
13. NAME <i>Wilbur Bass</i>					
14. BIRTHPLACE (city or town) (State or country) <i>Idaho</i>					
15. MAIDEN NAME <i>Fay Whitehurst</i>					
16. BIRTHPLACE (city or town) (State or country) <i>Mullan Idaho</i>					
17. INFORMANT <i>Mrs E Whitehurst</i> (Address) <i>Wallace, Idaho</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>Wallace, Idaho</i> Date <i>Nov 7, 1931</i>					
19. UNDERTAKER <i>G. A. River (Ward Under)</i> (Address) <i>Wallace, Idaho</i>					
20. FILED <i>Nov 7, 1931</i> <i>F. R. Linsley</i> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>Oct 31, 1931</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>10/21</i> , 1931, to <i>10/31</i> , 1931.					
I last saw her alive on <i>10/31</i> , 1931. Death is said to have occurred on the date stated above, at <i>1:30 P.</i> m.					
The principal cause of death and related causes of importance were as follows:					
<i>Premature 6 mos</i>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <i>James R. Dean</i> , M. D.					
(Address)					

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PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<i>Shoshone</i>	City of		<i>Vallee</i>		Registration District No.		<i>20</i>	
Primary Registration District No.		<i>1011</i>		Local Registrar's No.		<i>95</i>		<i>31</i>	
(No. <i>Providence Hospital</i>)		(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME		<i>Henry Zoret</i>							
(a) Residence. No.		<i>Burke Idaho</i>		St.		<i>Burke Idaho</i>			
Length of residence in city or town where death occurred		<i>14</i> yrs.		mos.		ds.		How long in U. S., if of foreign birth?	
<i>18</i> yrs.		mos.		ds.					
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)							
<i>Male</i>	<i>White</i>	<i>Married</i>							
5a. If married, widowed, or divorced									
HUSBAND of <i>Mary Zoret.</i>									
(or) WIFE of									
6. DATE OF BIRTH (month, day, and year)									
<i>Jan 3</i>									
7. AGE									
Years		Months		Days		If LESS than 1 day, hrs. or min.			
<i>41</i>		<i>9</i>		<i>28</i>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.									
<i>Miner</i>									
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
<i>Gas Mine</i>									
10. Date deceased last worked at this occupation (month and year)									
<i>Aug 29-31</i>									
11. Total time (years) spent in this occupation									
<i>9 yrs</i>									
12. BIRTHPLACE (city or town) (State or country)									
<i>Austria</i>									
13. NAME									
<i>Henry Zoret</i>									
14. BIRTHPLACE (city or town) (State or country)									
<i>Austria</i>									
15. MAIDEN NAME									
<i>Magdalene Leung</i>									
16. BIRTHPLACE (city or town) (State or country)									
<i>Austria</i>									
17. INFORMANT (Address)									
<i>Mary Zoret, Burke Idaho</i>									
18. BURIAL, CREMATION, OR REMOVAL Place									
<i>Native Id.</i>									
Date									
<i>Nov 6, 1931</i>									
19. UNDERTAKER (Address)									
<i>W. A. Brown (Wood and Co.)</i>									
<i>Vallee Id.</i>									
20. FILED									
<i>Nov 6, 1931</i>									
Registrar.									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year)									
<i>Nov 1, 1931</i>									
22. I HEREBY CERTIFY, That I attended deceased from									
<i>Aug 30, 1931, to Nov 1, 1931</i>									
I last saw him live on									
<i>Nov 1, 1931</i> ; death is said to have occurred on the date stated above, at									
<i>5:45 p.m.</i>									
The principal cause of death and related causes of importance were as follows:									
<i>Myocardial infarction, coronary artery disease, with several years</i>									
Other contributor causes of importance									
<i>Right lower lobe pneumonia</i>									
Name of operation									
Date of									
What test confirmed diagnosis?									
Was there an autopsy?									
23. If death was due to external causes (violence) fill in also the following:									
Accident, suicide, or homicide?									
Date of injury									
Where did injury occur?									
(Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place.									
Manner of injury									
Nature of injury									
24. Was disease or injury in any way related to occupation of deceased?									
<i>No</i>									
If so, specify									
(Signed) <i>W. A. Brown</i> M. D.									
(Address) <i>Vallee Id.</i>									

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Henry Zoret
now lying buried in Wallace United Cemetery, in the City or Town of Wallace
County of Shoshone State of Idaho, who died on the 1 day of Nov, 1931, Aged 41 years 9 months
28 days, the cause of death being Myocarditis - Pulmonary TB and
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever
or yellow fever as shown by the certificate of death of said deceased, given by
Dr. Mowery attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
to West Hills Memorial Cemetery in the City or Town of Yakima County of --
State of Washington to take effect upon the approval by the local board of health of the City, Town, or County of
Shoshone it being understood and provided that nothing herein shall be deemed as contravening or in
anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses
or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If
the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new
metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

Permit issued to: Dale L. Cornell
Cornell's Hard Funeral Home
Wallace, Idaho
this 7th day of May, A.D. 1933.
W. W. Benson
by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,
Town or County of _____ State of Idaho, this _____ day of _____, 19____.

Health Officer

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1931

RECEIVED DEC 12 1931

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of WashoeCity of Wallace

CERTIFICATE OF DEATH

State File No. 77367Registration District No. 70Primary Registration District No. 104(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)Local Registrar's No. 942. FULL NAME Elmore Dudley Collocott(a) Residence. No. 381 Second Ave St. Mullan Ida

(Usual place of abode)

Length of residence in city or town where death occurred. 6 yrs. - mos. - ds. How long in U. S., if of foreign birth? 7 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Nov 10 19117. AGE Years 20 Months 11 Days 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silver Lead mine10. Date deceased last worked at this occupation (month and year) Oct 1931 11. Total time (years) spent in this occupation 2 yrs12. BIRTHPLACE (city or town) McKusick (State or country) P. C. Canada13. NAME S. W. Collocott14. BIRTHPLACE (city or town) London (State or country) England15. MAIDEN NAME Alice Masters16. BIRTHPLACE (city or town) Bellville (State or country) Ont. Canada17. INFORMANT S. W. Collocott (Address) Mullan Ida18. BURIAL, CREMATION OR REMOVAL Place Mullan Date Nov 3, 193119. UNDERTAKER Bruce G. Harstedt (Address) Wallace Ida20. FILED Nov 3, 1931, Registrar. S. L. Quigley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from

, 193, to , 193

I last saw him on Nov 1 1931; death is saidto have occurred on the date stated above at 11:42 a.m.

The principal cause of death and related causes of importance

were as follows: Gunshot wound Date of onsethead and chestwhile cleaninggun for huntingOther contributory causes of importance: NO RX

RECEIVED DEC 4 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77368

State File No. _____

PLACE OF DEATH

County of IdahoCity of Felt

CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 2176

(No. _____)

Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Agnes Holmquist(a) Residence No. Felt Idaho

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND or (or) WIFE of

Robert Holmquist

6. DATE OF BIRTH (month, day and year)

November 25 - 1887

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

441114

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Sweden

10. NAME OF FATHER

Andrew Anderson

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Sweden

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

Sweden

14.

Informant (Address)

Robert Holmquist
Felt Idaho

15.

Filed

11-30-1931Abie M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 8 - 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

October 29th 1931, to Nov. 8th 1931that I last saw him alive on Nov. 29th 1931and that death occurred, on the date stated above, at 7:00 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Hemiplegia

CONTRIBUTORY (Secondary)

High Blood Pressure

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? clinical

(Signed)

J. W. Keen

M. D.

Nov. 8, 1931 (Address) St. Anthony's

19. Place of Burial, Cremation, or Removal

Date of Burial

Felt, Idaho11-11-1931

20. Undertaker

Address

Flamm & Eckersel Rushburg, Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 4 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77369

State File No.

PLACE OF DEATH

County of TetonCity of Tetonia

CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 2176

(No.)

Local Registrar's No. 12

2. FULL NAME

Ora Pearl Daniels(a) Residence. No. Tetonia Idaho

(Usual place of abode.)

St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofE. G. Daniels

6. DATE OF BIRTH (month, day and year)

July 5, 1882

7. AGE

Years

Months

Days

If LESS than 1 day,

49418

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Clifton Idaho

10. NAME OF FATHER

W. M. Fullmer11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Utah

12. MAIDEN NAME OF MOTHER

Lucy Monroe13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Utah

14.

Informant
(Address)E. G. Daniels
Tetonia Idaho

15.

Filed 11-27- 1931Oliver M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov
(Month)24
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

11-22

1931, to

11-24

1931

that I last saw her alive on 11-23 1931and that death occurred, on the date stated above, at 11 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

acute Lobar Pneumonia(duration) yrs. mos. 3 ds.CONTRIBUTORY
(Secondary)Chronic Nephritis(duration) yrs. 6 mos. — ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. J. Parkins M. D.19 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Clawson Ida11-27- 1931

20. Undertaker

Address

Keller & HayesIdaho FallsIdaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		RECEIVED DEC 5 1931	
PLACE OF DEATH <i>Twin Falls</i> County of <i>Blaine</i> City of <i>Twin Falls</i> Registration District No. <i>19</i> Primary Registration District No. <i>2015</i>		DO NOT WRITE IN THIS SPACE State File No. <i>77370</i> Local Registrar's No. <i>63</i>	
(If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME <i>Sarah Robertson Livingston</i>			
(a) Residence. No. <i>6</i> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <i>June 24 1885</i>			
7. AGE	Years <i>46</i>	Months <i>5</i>	Days <i>21</i>
If LESS than 1 day, hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Wife</i>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <i>Utah</i>			
13. NAME <i>Mary Robertson</i>			
14. BIRTHPLACE (city or town) (State or country) <i>Don't know</i>			
15. MAIDEN NAME <i>Don't know</i>			
16. BIRTHPLACE (city or town) (State or country) <i>Don't know</i>			
17. INFORMANT (Address) <i>Eland Livingston</i> <i>Rupert Idaho</i>			
18. BURIAL, CREMATION, OR REMOVAL Place <i>Payson</i> Date <i>Nov 18, 1931</i>			
19. UNDERTAKER (Address) <i>W. A. Goodman</i> <i>Rupert Idaho</i>			
20. FILED <i>1931</i>			
21. DATE OF DEATH (month, day, and year) <i>Nov 15, 1931</i>			
22. I HEREBY CERTIFY, That I attended deceased from <i>11-13</i> , 1931, to <i>11-15</i> , 1931.			
I last saw her alive on <i>11-15</i> , 1931; death is said to have occurred on the date stated above, at <i>6:15</i> p.m. The principal cause of death and related causes of importance were as follows: <i>Appendicitis</i>			
Other contributory causes of importance: <i>General peritonitis</i>			
Name of operation <i>Appendectomy</i> Date of <i>11-13-31</i>			
What test confirmed diagnosis? <i>Specimen</i> Was there an autopsy? <i>Yes</i>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury <i>11-12-31</i>			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? <i>No</i>			
If so, specify (Signed) <i>E. Russell Weaver</i> , M. D. (Address) <i>Twin Falls Idaho</i>			

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Twin Falls</u>		BUREAU OF VITAL STATISTICS		State File No. <u>77374</u>	
City of <u>Buhl</u>		Registration District No. <u>39</u>		Local Registrar's No. <u>182</u>	
		Primary Registration District No. <u>2087</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Archie Joe Fairchild</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode)					
Length of residence in city or town where death occurred. <u>2</u> yrs. <u>8</u> mos. <u>4</u> ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single Married, Widowed, or Divorced. (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>March 2-1927</u>					
7. AGE	Years <u>2</u>	Months <u>8</u>	Days <u>4</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) _____ (State or country) <u>Buhl, Ida</u>					
FATHER	13. NAME <u>William Fairchild</u>				
	14. BIRTHPLACE (city or town) _____ (State or country) <u>Basin, Ida</u>				
MOTHER	15. MAIDEN NAME <u>Nora Hibner</u>				
	16. BIRTHPLACE (city or town) _____ (State or country) <u>Concordia Kan</u>				
17. INFORMANT <u>J. M. Fairchild</u> (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Buhl, Ida</u> Date <u>Nov 8, 1931</u>					
19. UNDERTAKER <u>J. J. Phelan</u> (Address) _____					
20. FILED <u>Nov. 12, 1931</u> Registrar. <u>J. J. Phelan</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 6, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 2 hours after death</u> _____ 1931, to _____ 1931					
I last saw him _____ alive on _____, 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Drowned</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____					
(Signed) <u>Dr. Mac Manus</u> , M. D. (Address) <u>Buhl, Idaho</u>					

RECEIVED DEC 2 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77375

PLACE OF DEATH

County Summit
City of BuhlRegistration District No. 39
Primary Registration District No. 2087Local Registrar's No. 95

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Van Winkle(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 6. DATE OF BIRTH (month, day and year) July 17 19037. AGE 27 Years 3 Months 18 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) Tenn
(State or country)10. NAME OF FATHER Fritz Van Winkle11. BIRTHPLACE OF FATHER (city or town) Tenn
(State or Country)12. MAIDEN NAME OF MOTHER Georgie Bell13. BIRTHPLACE OF MOTHER (city or town) Tenn
(State or Country)14. Informant J. W. Bell
(Address) Buhl, Idaho15. Filed Nov. 11, 1931
J. T. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 5, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 that I last saw him on Nov. 5, 1931and that death occurred, on the date stated above, at 10:01 a.m.

The CAUSE OF DEATH* was as follows:

Internal hemorrhage.
due to fire wounds. mos. ds.CONTRIBUTOR Gunshot wound.
(Secondary)(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death? Did an operation precede death? No. Date of Was there an autopsy? Yes.What test confirmed diagnosis? Autopsy.(Signed) Frank A. Dwyer. M. D.19. (Address) Corona.Film, S.W.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl CemeteryDate of Burial Nov 9 193120. Undertaker McWilla & DuggAddress Buhl, Ida.

RECEIVED DEC 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77376

State File No. _____

PLACE OF DEATH

County of Idaho FallsRegistration District No. 37City of Idaho FallsPrimary Registration District No. 2085Local Registrar's No. 181

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. Jennie Mae Snygher

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE white5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of H. E. Snygher6. DATE OF BIRTH (month, day and year) Nov. 30/18727. AGE 59 Years Months Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho10. NAME OF FATHER Joseph Winkler11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio12. MAIDEN NAME OF MOTHER Maggie Coeper13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio

14.

Informant
(Address) H. E. Snygher
Idaho Falls

15.

Filed 12/5 1931Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 22

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct. 10 1931, to Oct. 26 1931that I last saw him alive on Oct. 26 1931and that death occurred, on the date stated above, at 1 am. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Valvular Heart Disease(duration) 4 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) ____ yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ____Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) H. W. Wilson, M. D.Nov 23 1931 (Address) Idaho Falls Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Idaho Falls Nov 24 193120. Undertaker J. C. Drake Address Idaho Falls

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77377

State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085Local Registrar's No. 186

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nathan L. Jannichill

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 13 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofRachel Esther Jannichill6. DATE OF BIRTH (month, day and year) May 18 - 1849

7. AGE 82 Years 6 Months 12 Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Former

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Ohio

10. NAME OF FATHER

Andrew W. Jannichill

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Dubois
Chattanooga Tenn

12. MAIDEN NAME OF MOTHER

Lydia Bailey

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Penn

14.

Informant
(Address)Mrs. O. E. Bolton
Merba - Ida

15.

Filed

12/5, 1931Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 20, 1931, to Nov 30, 1931

that I last saw him alive on Nov 28, 1931and that death occurred, on the date stated above, at 10 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis(duration) 3 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

Chas. R. Smith M. D.
Dec 1, 1931 (Address) Twin Falls - Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Filer Cemetery12-2, 1931

20. Undertaker

Address

White Mortuary IncTwin FallsIda.

Information should be carefully supplied. AGE should be stated EXACTLY. EXACTLY.
 uld state CAUSE OF DEATH in plain terms, so that it may be properly classified.
 Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77378

State File No. _____

PLACE OF DEATH

County of IdahoRegistration District No. 37City of Idaho FallsPrimary Registration District No. 1085Local Registrar's No. 185

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. Idaho Falls

St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
 How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OF RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 23/1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>21</u>		<u>6</u>	<u>5</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Wife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Idaho10. NAME OF FATHER Claude L. Nichols11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Utah12. MAIDEN NAME OF MOTHER Pearl Moss13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Idaho

14.

Informant
(Address)Mrs. Pearl Nichols
331 3rd Ave E

15.

Filed

11-30 1951Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) 11(Day) 28(Year) 1931

17. I HEREBY CERTIFY, That I attended deceased from

11-25, 1931, to 11-28, 1931that I last saw her alive on 11-28, 1931and that death occurred, on the date stated above, at 2:00 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
 CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
 whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 The CAUSE OF DEATH* was as follows:

Abortion - septic - 6 wks(duration) _____ yrs. _____ mos. 5 ds.CONTRIBUTORY
(Secondary)Septicemia - streptococci
hemolytic type (duration) _____ yrs. _____ mos. 2 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? yes Date of 11-25-31Was there an autopsy? yesWhat test confirmed diagnosis? Autopsy

(Signed)

Lo Russell Stearns, M. D.
11-28, 1931 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls Nov 30 1931

20. Undertaker

Address

F. E. Drake Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77379	
County of <u>Lewin Falls</u>		City of <u>Lewin Falls</u>		State File No.	
Registration District No. <u>37</u>		Primary Registration District No. <u>2085</u>		Local Registrar's No. <u>184</u>	
(No. <u>Lewin Falls Co. Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mike Ryan (M.S. Holleran)</u> 31					
(a) Residence. No. St. (Usual place of abode)					
Length of residence in city or town where death occurred <u>23</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Unknown</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <input checked="" type="checkbox"/>					
6. DATE OF BIRTH (month, day, and year) <u>3/1/67</u>					
7. AGE <u>About 64</u>	Years <u>8</u>	Months <u>27</u>	Days <u>27</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Prospector</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>miner</u>					
10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>					
11. Total time (years) spent in this occupation <u>Unknown</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
13. NAME <u>Unknown</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
15. MAIDEN NAME <u>Unknown</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
17. INFORMANT <u>Miss Maxwell, Supt. County Hospital</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Unknown</u> Date <u>Unknown</u> , 193 <u>Unknown</u>					
19. UNDERTAKER <u>Edwards & Johnson</u> (Address) <u>Lewin Falls, Idaho</u>					
20. FILED <u>12/1</u> , 193 <u>Elizabeth J. Smith</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>193</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 28</u> , 193 <u>1</u> , to <u>Nov. 28</u> , 193 <u>1</u> .					
I last saw <u>him</u> alive on <u>Nov. 28</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>2</u> <u>6</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Acute military tuberculosis</u>					
Other contributory causes of importance:					
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 193 <u>1</u> . Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify (Signed) <u>E. D. Meave</u> , M. D. (Address) <u>Lewin Falls, Idaho</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77380

State File No.

PLACE OF DEATH

County of Pay Falls

Registration District No. 37

City of Pay Falls

Primary Registration District No. 2086

Local Registrar's No. 183

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roma Moore

(a) Residence. No. Siler St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of Chloe Moore (or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr 20/1866

7. AGE Years 65 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Farmer (c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

10. NAME OF FATHER Geo. Moore

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio

14. Informant Mrs Chloe Moore (Address) Siler

15. Filed 12/5 1931 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 25 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 15 1931, to Nov 25 1931 that I last saw him alive on Nov 25 1931 and that death occurred, on the date stated above, at 9 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Carcinoma of Liver

(duration) 3 yrs. 3 mos. 3 ds. CONTRIBUTORY (Secondary)

(duration) 3 yrs. 3 mos. 3 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Ed. Weaver M. D. 11/26 1931 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal Sec. Cemetery Date of Burial Nov 27 1931

20. Undertaker J. E. Drake Address Pay Falls

RECEIVED DEC 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77382

State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2080
(No. Twin Falls County Gen Hospital)
Local Registrar's No. 180

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Vada Vanskike

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs.

mos. 7 ds.

How long in U S if of foreign birth? yrs.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCarol Vanskike

6. DATE OF BIRTH (month, day and year)

April 8-1894

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or37712

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Colorado

10. NAME OF FATHER

C. H. Kinney11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Iowa

12. MAIDEN NAME OF MOTHER

Nancy Young13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown

14.

Informant
(Address)Carol Vanskike
Fairfield, Ida

15.

Filed

12/51931Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov
(Month)20
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 13th1931to Nov 201931that I last saw her alive on Nov 20th 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Obstruction bowels Ch. adhesion
intestines - uterus Bladder Obstruction(duration) 3 yrs.CONTRIBUTORY
(Secondary)Heart dilation acute

(duration) yrs.

18. Where was disease contracted
if not at place of death?Fairfield Ida.

Did an operation precede death?

yes Date of 11/16/31

Was there an autopsy?

no

What test confirmed diagnosis?

Operation

(Signed)

Amicus A. Anderson, M.D.11/20/31

19

(Address)

Fairfield

19. Place of Burial, Cremation, or Removal

Date of Burial

Fairfield Ida

19

20. Undertaker

Address

White Mortuary IncTwin FallsIda,

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
77383
State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1285
(No.)

Local Registrar's No. 179

2. FULL NAME Bertie Pearl Darnell
(If death occurred in a hospital or institution, give its name instead of street and number.)

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 13 yrs. 6 mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 5 - 1881

7. AGE Years Months Days If LESS than 1 day,
50 8 14 hrs. or
.... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) San Saba
(State or country) Texas

10. NAME OF FATHER John C. Darnell

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Alabama

12. MAIDEN NAME OF MOTHER Mary Black

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Georgia

14. Informant Mrs. J. P. Mullins
(Address) Twin Falls, Ida.

15. Filed 12/5, 1931. Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 19, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1931, to Nov 19, 1931,
that I last saw her alive on Nov 18, 1931,
and that death occurred, on the date stated above, at 6 PM.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia (Bilateral)
lobular

(duration) yrs. mos. 0 ds.

CONTRIBUTORY Dilation Heart Aorta
(Secondary)

(duration) yrs. mos. 1 ds.

18. Where was disease contracted ☒
if not at place of death?

Did an operation precede death? no Date of ☒Was there an autopsy? noWhat test confirmed diagnosis? Clinical only(Signed) Duncan S. Alexander M. D.11-19, 1931 (Address) Twin Falls, Ida.

19. Place of Burial, Cremation, or Removal Twin Falls Ida. Date of Burial 11/23 1931

20. Undertaker White Mortuary Twin Falls Address Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Twin Falls</u>		CERTIFICATE OF DEATH		State File No. <u>77384</u>	
City of <u>Twin Falls,</u>		Registration District No. <u>37</u>		Local Registrar's No. <u>178</u>	
		Primary Registration District No. <u>1025</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>James A. Young</u>					
(a) Residence. No. <u>729</u> <u>2nd. Ave. East</u> St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. <u>21</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX		4. COLOR OR RACE		5. Single, Married, Widowed, or Divorced (write the word)	
<u>Male</u>		<u>White</u>		<u>Married</u>	
5a. If married, widowed, or divorced					
HUSBAND of <u>Emma Young</u>					
(or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Apr. 11th, 1870</u>					
7. AGE		Years		Months	
<u>61</u>		<u>7</u>		<u>7</u>	
		Days		If LESS than 1 day, hrs. or min.	
		<u>7</u>		<u>7</u>	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Owner and operator of Gravel Pit.</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gravel Pit.</u>			
		10. Date deceased last worked at this occupation (month and year) <u>Nov. 11th, 1931</u>			
		11. Total time (years) spent in this occupation <u>7</u>			
12. BIRTHPLACE (city or town) <u>Godfrey, Ill</u> (State or country)					
MOTHER		13. NAME <u>William Young</u>			
		14. BIRTHPLACE (city or town) <u>Dublin, Ireland</u> (State or country)			
		15. MAIDEN NAME <u>Eliza Farrel</u>			
		16. BIRTHPLACE (city or town) <u>Dublin, Ireland</u> (State or country)			
17. INFORMANT <u>Mrs. Emma Young</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Twin Falls</u> Date <u>11-23, 1931</u>					
19. UNDERTAKER <u>Thomas J. Shuman</u> (Address) <u>Twin Falls</u>					
20. FILED <u>12-15, 1931</u> <u>Elizabeth J. Smith</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 18</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931					
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at <u>1:30</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Angina Pectoris</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Charles R. Scott</u> M. D.					
(Address) <u>Twin Falls, Idaho</u>					

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
77385
State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085(No. 1343-7th ave East)Local Registrar's No. 127

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leatrude Emery(a) Residence. No. 1343-7th ave East St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female white 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE — Years — Months — Days If LESS than 1 day,
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Twin Falls, Ida
(State or country)10. NAME OF FATHER A. C. Emery11. BIRTHPLACE OF FATHER (city or town) Ida
(State or Country)12. MAIDEN NAME OF MOTHER Lorinel Howard13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant A. C. Emery
(Address) 1343-7th ave East15. Filed 12/25, 1931. Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 16, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

1931, to 11-16, 1931that I last saw her alive on 11-16, 1931and that death occurred, on the date stated above, at 7:30pm

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.
(no pituitrin used)

(duration) yrs. mos. ds.
CONTRIBUTORY Rapid labor
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. D. Weaver M. D.
11/17, 1931. (Address) Twin Falls

19. Place of Burial, Cremation, or Removal Twin Falls Date of Burial Nov 18 1931

20. Undertaker S. C. Phillips Address Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77386

State File No.

PLACE OF DEATH

County of San Fall
City of San Fall

Registration District No. 37Primary Registration District No. 1086Local Registrar's No. 126

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

(If nonresident give city or town and State.)

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (Write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Nov 11/1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

—2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Idaho

10. NAME OF FATHER

O M Barnes11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho

12. MAIDEN NAME OF MOTHER

Agnes Olson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Idaho

14.

Informant
(Address)O M Barnes
San Fall

15.

Filed 12/5, 1932Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 14

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

11/11/31, 1931, to 11/14, 1931that I last saw him alive on 11/13, 1931and that death occurred, on the date stated above, at 9 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral hemorrhageCONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

E. D. Weaver, M. D.11/14, 1931 (Address) San Fall

19. Place of Burial, Cremation, or Removal

Date of Burial

Richland, Nov 15, 1931

20. Undertaker

Address

H. E. Vrooke, San Fall

RECEIVED DEC 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77388

State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2081Local Registrar's No. 174

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Burton John Glenn(a) Residence. No. Kimberly Ida St.

(Usual place of abode.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? 188 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 27-19217. AGE Years 10 Months 3 Days 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Kimberly Ida
(State or country)10. NAME OF FATHER Andrew Glenn11. BIRTHPLACE OF FATHER (city or town) Salt Lake City
(State or Country) Utah12. MAIDEN NAME OF MOTHER Mary E. Tolman13. BIRTHPLACE OF MOTHER (city or town) Frank
(State or Country) Utah14. Informant (Address) Andrew Glenn
Kimberly Ida15. Filed Box 295
12/5, 1931 Elizabeth G. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 6, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Nov. 6 - 1931 to Nov. 6 - 1931
that I last saw him not been alive 19
and that death occurred, on the date stated above, at 5-10 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:fracture and
cervical (axis) vertebral
fracture, accident
(duration) yrs. mos. ds.CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis clinical and X-Ray(Signed) J. Davis M. D.Nov 7 - 1931 (Address) Kimberly Ida19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 11 9 193120. Undertaker White Mortuary Inc Address Twin Falls Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77389

State File No.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085

Local Registrar's No. 173

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Cardin

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 1 - 31

7. AGE Years X Months X Days + If LESS than 1 day, 17 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, Ida.
(State or country)

13. NAME W. O. Cardin

14. BIRTHPLACE (city or town) Sage 7790
(State or country)

15. MAIDEN NAME Olina Cardin

16. BIRTHPLACE (city or town) Independence, Mo.
(State or country)

17. INFORMANT W. O. Cardin
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date Nov 22, 1931

19. UNDERTAKER Evans & Johnson
(Address) Twin Falls

20. FILED 12/5, 1931 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193 /

22. I HEREBY CERTIFY, That I attended deceased from

Nov 1, 1931, to Nov 1, 1931.

I last saw him alive on Nov 1, 1931; death is said

to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Congenital Malformations

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) H. Wilson, M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 77390	
County of <i>Valley</i>	City of <i>Yellow Pine</i>	Registration District No.	Primary Registration District No.	Local Registrar's No. <i>15</i>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <i>Sam Hancock</i>					
(a) Residence. No. St. <i>Yellow Pine - Idaho</i>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<i>About 60</i>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <i>England</i>					
FATHER	13. NAME				
	14. BIRTHPLACE (city or town) (State or country)				
	15. MAIDEN NAME				
MOTHER	16. BIRTHPLACE (city or town) (State or country)				
	17. INFORMANT (Address) <i>P. Luning</i>				
18. BURIAL, CREMATION, OR REMOVAL Place <i>Montana Wash.</i> Date, 193					
19. UNDERTAKER (Address) <i>Montana Wash.</i>					
20. FILED <i>Nov 17</i> , 193					
21. DATE OF DEATH (month, day, and year) 193					
22. I HEREBY CERTIFY, That I attended deceased from <i>Nov 14</i> , 1931, to <i>Nov 14</i> , 1931.					
I last saw him alive on, 193 ..: death is said to have occurred on the date stated above, at <i>2:30</i> m.					
The principal cause of death and related causes of importance were as follows:					
<i>Accidental death</i>					
<i>Car in tunnel in</i>					
<i>cutting tunnel at Yellow Pine, Idaho</i>					
<i>Crushed chest & suffocation</i>					
Other contributory causes of importance:					
Name of operation					
Date of					
What test confirmed diagnosis?					
Was there an autopsy? <i>Yes</i>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <i>Accident</i> Date of injury <i>11/14</i> , 1931					
Where did injury occur? <i>Yellow Pine, Idaho</i>					
(Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <i>Mining</i>					
Manner of injury <i>Car in tunnel</i>					
Nature of injury <i>Chest crushed & suffocation</i>					
24. Was disease or injury in any way related to occupation of deceased?					
<i>Yes</i> If so, specify					
(Signed) <i>Rescoe O. Bird - Coroner</i>					
(Address) <i>Coocall Idaho</i>					

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77391

PLACE OF DEATH
County of Valley
City of McCall

Registration District No. _____
Primary Registration District No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Leonard Hill

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Nov 17-1922

7. AGE Years 11 Months _____ Days 8 If LESS than 1 day, hrs. or min. _____

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) _____

MOTHER

13. NAME Corrie Hill

14. BIRTHPLACE (city or town) (State or country) _____

15. MAIDEN NAME Hilda Abola

16. BIRTHPLACE (city or town) (State or country) _____

FATHER

17. INFORMANT (Address) Hilda Schenck
McCall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place McCall, Idaho Date Nov 29 1931

19. UNDERTAKER (Address) W. S. Porter
McCall, Idaho

20. FILED Nov 29, 1931 Hindson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/25 1931

22. I HEREBY CERTIFY, That I attended deceased from Examination today, to 11/25, 1931
I last examined on, 1931: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:
Ruptured artery in
constriction of
strangulation. { instant
death.

Other contributory causes of importance:
Rubber drawn into
air passages (lungs) " "

Name of operation _____ Date of _____
What test confirmed diagnosis? EX - Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? acc. Date of injury 11/25, 1931
Where did injury occur? in car, on
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury pearing and by tag
Nature of injury laceration of lung

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) H. S. Porter, M. D.
(Address) _____

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Washington
City of WeiserRegistration District No. 86
Primary Registration District No. 1010
(No. _____ St.)File No. 77392
Registered No. 28

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Anna Gertrude Nichols

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
(Write the word.)

6. DATE OF BIRTH

Dec 6 1896
(Month) (Day) (Year)

7. AGE

54 Yrs. 11 Mos. 26 ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)House work

9. BIRTHPLACE

(State or Country)

Utah

10. NAME OF FATHER

Alma Chivell

11. BIRTHPLACE OF FATHER

(State or Country)

England

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER

(State or Country)

England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

W. B. Michaels

(Address)

Weiser Idaho

15.

Filed

Dec 7 1931W. R. Hamilton
E. J. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 2 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased on Oct 31 - 1931, to Dec 2 - 1931, that I last saw her alive on Dec 2 1931, and that death occurred on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Acute suppurative Pancreatitis(Duration) _____ Yrs. _____ mos. _____ ds.
Contributory (Secondary) Chronic Cholelithiasis(Duration) 2 yrs. _____ mos. _____ ds.
(Signed) F. A. Schmidt M. D.Dec 2 1931 (Address) Weiser Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Hillcrest Cemetery
L. C. Northam

DATE OF BURIAL

Dec 5 1931

20. UNDERTAKER

ADDRESS

Weiser Idaho

1. PLACE OF DEATH

 County of Washington
 City of Weiser

 Registration District No. 86
 Primary Registration District No. 2112
 (No. _____ St.)

 If death occurs away from
 usual residence, give facts
 called for under special in-
 formation.

2. FULL NAME

Jessie Lerne Blotky

 If death occurred in a hos-
 pital, institution or camp,
 give its NAME instead of
 street and number.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX 7 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WID-
 OWED OR DIVORCED married
 (Write the word.)

6. DATE OF BIRTH

Oct 29 1909
 (Month) (Day) (Year)

7. AGE

22 Yrs. 16 ds.

 IF LESS than 1 day
 how many _____ hrs.
 or _____ min.?

8. OCCUPATION

 (a) Trade, profession or
 particular kind of work.
 (b) General nature of in-
 dustry, business or estab-
 lishment in which employ-
 ed (or employer).

Housewife

9. BIRTHPLACE

(State or Country)

Ore gon

10. NAME OF FATHER

Wm Aldred

11. BIRTHPLACE OF FATHER

(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Lida Chandler

13. BIRTHPLACE OF MOTHER

(State or Country)

Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mr Wm Aldred

(Address)

Weiser Idaho

15.

Filed

Nov 14 1931 W. B. Hallston
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 15 1931
 (Month) (Day) (Year)

 17. I HEREBY CERTIFY, That I attended deceased from
Nov. 12 1931 to Nov. 15 1931
 that I last saw h. er alive on Nov. 15 1931
 and that death occurred on the date stated above, at 4:15 P.
 The CAUSE OF DEATH* was as follows:

Unknown

 (Duration) _____ Yrs. _____ mos. 5 ds.

 Contributory
 (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

Hyden Haucher M. D.

Nov. 19 1931

 (Address) Weiser - Idaho

 *State the Disease Causing Death; or in deaths from Violent Causes, state
 (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

 Where was disease contracted
 if not at place of death?

 Former or
 usual residence

19. PLACE OF BURIAL OR REMOVAL

Wickham Cemetery

DATE OF BURIAL

11-17-1931

20. UNDERTAKER

L. C. Hartman

ADDRESS

Weiser Idaho

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 86County of WashingtonPrimary Registration District No. 1010

City of _____

(No. _____, _____ St.)

File No. 77395Registered No. 23

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Donald Lee Weeks

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

(Write the word.) single

6. DATE OF BIRTH

Jan171828

(Month)

(Day)

(Year)

7. AGE

3

Yrs.

Mos.

ds.

IF LESS than 1 day

how many _____ hrs.

or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF FATHER

O. W. Weeks

11. BIRTHPLACE OF FATHER

(State or Country)

Kansas

12. MAIDEN NAME OF MOTHER

Leona Widener

13. BIRTHPLACE OF MOTHER

(State or Country)

Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

O. W. Weeks

(Address)

Midvale, Idaho

15.

Filed

Nov 8th1931G. R. Havelin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov

(Month)

7th

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 5 1931, to Nov 7 1931that I last saw him alive on Nov 7 1931and that death occurred on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Tubercular meningitis

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

F. A. Schmidt

M. D.

11-8-1931 (Address) Midvale, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Midvale, Idaho

Former or usual residence

Midvale, Idaho

19. PLACE OF BURIAL OR REMOVAL

Midvale, Idaho

DATE OF BURIAL

11-8-1931

20. UNDERTAKER

L. E. Northrup

ADDRESS

Midvale, Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

2
H
6

CERTIFICATE OF DEATH

 State of Idaho
 BOARD OF HEALTH
 Bureau of Vital Statistics
 File No. **77396**

1. PLACE OF DEATH

 County of **Washington**
 City of **Wenatchee**
Registration District No. **86**Primary Registration District No. **1110**

(No. _____)

(St. _____)

Registered No. **24**
 If death occurs away from
 usual residence, give facts
 called for under special in-
 formation.

2. FULL NAME

Fredrick Livingston Barker (Barker)
 If death occurred in a hos-
 pital, institution or camp,
 give its NAME instead of
 street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Wht5. SINGLE, MARRIED, WID-
OWED OR DIVORCED**Married**
(Write the word.)

6. DATE OF BIRTH

Oct 7
(Month) (Day)**1894**
(Year)

7. AGE

87 Yrs. **1** Mos. **—** ds.
 IF LESS than 1 day
 how many _____ hrs.
 or _____ min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work.**Invalid**(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer).

9. BIRTHPLACE

(State or Country)

N.Y.10. NAME OF
FATHER**Peter A. Barker**11. BIRTHPLACE
OF FATHER

(State or Country)

N.Y.12. MAIDEN NAME
OF MOTHER**Mary White**13. BIRTHPLACE
OF MOTHER

(State or Country)

N.Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Oscar Barker

(Address)

Wenatchee Idaho

15.

Filed

Nov 8th 1931**W. B. Hamilton**

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 7th
(Month) (Day)**1931**
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 23 1931 to **Nov 7 1931**that I last saw him alive on **Nov 7 1931**and that death occurred on the date stated above, at **7:30 A.M.**

The CAUSE OF DEATH* was as follows:

Senility

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory
(Secondary)**Chronic myocarditis**(Duration) **2** yrs. **+** mos. _____ ds.

(Signed)

Hyden Barker M.D.**Nov 10 1931**(Address) **Wenatchee Idaho**
 *State the Disease Causing Death; or in deaths from Violent Causes, state
 (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

 Where was disease contracted
 if not at place of death?

 Former or
 usual residence

19. PLACE OF BURIAL OR REMOVAL

Wenatchee Cemetery

DATE OF BURIAL

11-9-1931

20. UNDERTAKER

L. G. Northrup

ADDRESS

Wenatchee Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

DEC 11 1931

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of *Washington*
City of *Wenatch*

Registration District No. *86*
Primary Registration District No. *2112*
(No. *R. 1. 8 No. 1* St.)

File No. *77397*
Registered No. *23*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Clara Helen Thompson

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *J* 4. COLOR OR RACE *Wht* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *single*
(Write the word.)

6. DATE OF BIRTH *Nov 1 1931*
(Month) (Day) (Year)

7. AGE *—* Yrs. *—* Mos. *—* ds. IF LESS than 1 day how many..... hrs. or..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF FATHER

Frank Thompson

11. BIRTHPLACE OF FATHER

(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Ruth Carter

13. BIRTHPLACE OF MOTHER

(State or Country)

Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Frank Thompson

(Address)

Wenatch

15.

Filed

Nov 7 1931

M. R. H. H. H. H. H.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Nov 6 1931* to *Nov 6 1931* that I last saw her alive on *Nov 6 1931* and that death occurred on the date stated above, at *6 P. M.* The CAUSE OF DEATH* was as follows:

acute nephritis
(not definite)
(Duration) Yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) *W. Marshall* M. D.

Nov 10 1931 (Address) *Wenatch*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Thelvest Cemetery

DATE OF BURIAL

11-7-1931

20. UNDERTAKER

H. C. Nordstrom

ADDRESS

Wenatch Ida

FORM V. S. No. 5-25 M. 1-19.

RECEIVED DEC 10 1931
CERTIFICATE OF DEATHState of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Washington
City of WeiserRegistration District No. 86Primary Registration District No. 2112

(No. _____ St.)

File No. 77398Registered No. 22

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Benjamin F Steinvarden

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
(Write the word.)

6. DATE OF BIRTH

Sept 25 1984
(Month) (Day) (Year)

7. AGE

86 Yrs. 1 Mos. 22 ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).Farmer

9. BIRTHPLACE

(State or Country)

Germany

10. NAME OF FATHER

Henry Steinvarden

11. BIRTHPLACE OF FATHER

(State or Country)

Germany

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER

(State or Country)

Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Oscar Stout

(Address)

Weiser Ida

15.

Filed

Nov 7 1931 W. R. Hamilton

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 6 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Jan 1930 to Nov 6th, 1931that I last saw him alive on Nov 6th, 1931
and that death occurred on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

uraemia(Duration) _____ Yrs. _____ mos. 2 ds.Contributory (Secondary) Chronic Interstitial Nephritis(Duration) Several yrs. _____ mos. _____ ds.(Signed) W. R. Hamilton M. D.11/7/31 (Address) Weiser, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Hillcrest Cemetery

DATE OF BURIAL

11-8-1931

20. UNDERTAKER

L. C. Northman

ADDRESS

Weiser Ida

1. PLACE OF DEATH

County of

City of

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No.)

St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No.

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

(Write the word.)

6. DATE OF BIRTH

7. AGE

IF LESS than 1 day
how many..... hrs.
or..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15. Filed

19 31

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred on the date stated above, at

The CAUSE OF DEATH* was as follows:

Contributory
(Secondary)

(Signed)

Nov 9 1931

(Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death..... yrs..... mos..... days. In the State..... yrs..... mos..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

RECEIVED DEC 17 1931

STATE OF IDAHO

77400

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77400

PLACE OF DEATH

County of Canyon

CERTIFICATE OF DEATH

City of Near Talmage

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 239

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

George S. Ellis

(a) Residence. No. 2161

St. Idaho

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
----------------	---------------------------	---

5a. If married, widowed or divorced
HUSBAND of Alpha Ellis
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Feb 13-1898

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

33

8

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

Drug Store

(c) Name of employer

Self

9. BIRTHPLACE (city or town) (State or country)

Salt Lake City, Utah

10. NAME OF FATHER

Edward S. Ellis

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Salt Lake City, Utah

12. MAIDEN NAME OF MOTHER

Agnes Maddison

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Coeville, Utah

14.

Informant (Address)

Edwards S. Ellis's Grace Idaho

15.

Filed

Dec 13-1931 Mrs. G. G. Fitz

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 11

(Month)

(Day)

1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 11, 1931, to Nov. 11, 1931

that I last saw him alive on Nov. 11, 1931

and that death occurred, on the date stated above, at 7 P. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Killed by car accident (auto) near Talmage, Idaho. Never saw him alive

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

None

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) Edw. S. Ellis, M. D.

11/12/1931 (Address) Soda Springs, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Salt Lake City

Nov 15-1931

20. Undertaker

Address

E. S. Whitman

Soda Springs Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77402

PLACE OF DEATH

County of Pannack
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 2161

(No. Pocatello General Hospital)

Local Registrar's No. 197

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herbert Crandall Woodward

(a) Residence. No. 201 Park Ave. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 19 yrs. 3 mo. 19 ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Married

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
37 3 19 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

Rail Road
C. & N. R. R.

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Windsor
New York

10. NAME OF FATHER

Chas. W. Woodward

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Capeville
N. Y. State

12. MAIDEN NAME OF MOTHER

Catherine Levine

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Deposet
N. Y. State

14. Informant (Address) Ellen Woodward

15. Filed 12-4-31 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec. 3 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1931, to Dec 3, 1931, that I last saw him alive on Dec 4, 1931, and that death occurred, on the date stated above, at 11:30 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.
CONTRIBUTORY Acid Pepsicemia
(Secondary) neg
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chemical

(Signed) W. L. Proctor M. D.
12-4-31 (Address) Pocatello, Ida.

19. Place of Burial, Cremation, or Removal Date of Burial

Mt. View 12/6/31

20. Undertaker Address

H. L. McHuen Pocatello, Idaho

Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

77403
DO NOT WRITE IN THIS SPACE
State File No. 77403

PLACE OF DEATH

County of Idaho
City of Kamiah

Registration District No. 49
Primary Registration District No. 2127

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Adam Blum

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. Single Married, Widowed, or Divorced (write the word)

16. DATE OF DEATH Dec 11 1931
(Month) (Day) (Year)

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Katherine

17. I HEREBY CERTIFY, That I attended deceased from Investigation Dec 16, 1931

6. DATE OF BIRTH (month, day and year) 6-1-1892

that I last saw him alive on _____, 19____

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
39 6 10

and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* was as follows:

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

(duration) yrs. mos. ds.

CONTRIBUTOR (Secondary) Accident to head (duration) 16 yrs. mos. ds.

9. BIRTHPLACE (city or town) (State or country) Elizabeth Idaho

18. Where was disease contracted if not at place of death? Spokane

10. NAME OF FATHER Andrew Blum

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

11. BIRTHPLACE OF FATHER (State or Country) Germany

What test confirmed diagnosis? _____

12. MAIDEN NAME OF MOTHER Leonora Kalisket

(Signed) A. H. Harrison, M. D.

13. BIRTHPLACE OF MOTHER (State or Country) Iowa

Dec 16, 1931 (Address) Tramplers Id.

14. Informant William Blum
(Address) 7.4724 Nelson St. Spokane, W.

19. Place of Burial, Cremation, or Removal Spokane Date of Burial 19

15. Filed 12/19/31 Nell Robertson
Registrar

20. Undertaker M. L. Green Address Tramplers Id.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 19 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77404

State File No.

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116

Local Registrar's No.

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alvin James Harris

(a) Residence. No. Salmon Idaho St.

Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Flora Harris
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE about 43 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Great Valley New York
(State or country)

13. NAME Allen D. Harris

14. BIRTHPLACE (city or town) Salmon Idaho
(State or country)

15. MAIDEN NAME Carrie Bay

16. BIRTHPLACE (city or town) Salmon Idaho
(State or country)

17. INFORMANT Frank A. Harris
(Address) Salmon Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Cemetery Date 11-12 1931.

19. UNDERTAKER William C. Doehle
(Address) Salmon Idaho

20. FILED Dec 15 1931 Chas E. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-10 1931.

22. I HEREBY CERTIFY, That I attended deceased from 10/9, 1931, to 10/10, 1931.

I last saw him alive on 10/10, 1931; death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Sublethal injury caused by a log falling on him in the timber.

This was an accidental injury.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? near Gibbonsville
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Deceased was loading logs to

Manner of injury like house fall

Nature of injury fire usual

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas R. Hammer, M. D.

(Address) Salmon

77404

1889

RECEIVED JAN 9 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77405

State File No.

PLACE OF DEATH

County of *Idaho*City of *Arco*

CERTIFICATE OF DEATH

Registration District No. *59*Primary Registration District No. *2129*

(No.)

Local Registrar's No. *52*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *David Brockie*(a) Residence. No. *Arco, Idaho*

St.

(Usual place of abode.)

Length of residence in city or town where death occurred *16* yrs. mos. ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth *23* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of *Agnes Brockie*6. DATE OF BIRTH (month, day and year) *Dec. 7, 1887*7. AGE Years *44* Months *18* Days *18* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Fireman*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Englishman, Idaho*
(State or country)10. NAME OF FATHER *John Brockie*11. BIRTHPLACE OF FATHER (city or town) *Idaho*
(State or Country)12. MAIDEN NAME OF MOTHER *Mary Pursey*13. BIRTHPLACE OF MOTHER (city or town) *Idaho*
(State or Country)14. Informant (Address) *John Brockie*15. Filed *Dec 26*, 19*31*, *J. L. Salt* Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Dec. 25*, 19*31*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Shot gun wound in head accidentally inflicted. Verdict of Coroner's jury*

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Physical examination*(Signed) *J. L. Salt, J. R. Acting Coroner*, M. D.*Dec. 26*, 19*31*, (Address) *Arco, Idaho*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Arco, Idaho**Dec. 27*, 19*31*

20. Undertaker

Address

*Gladys Garnier**Arco, Idaho*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

7 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of AdaCity of BoiseRegistration District No. 8Primary Registration District No. 2004(No. V.A., Boise, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME WILLIAMS, John R.(a) Residence. No. St. Ashton, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. Gertrude Williams6. DATE OF BIRTH (month, day, and year) Feb. 10, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>40</u>	<u>10</u>	<u>5</u>	

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Painter9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.XX10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Missouri
(State or country)13. NAME XX14. BIRTHPLACE (city or town) XX
(State or country)15. MAIDEN NAME XX16. BIRTHPLACE (city or town) XX
(State or country)17. INFORMANT L. H. BEAMAN
(Address) V.A., Boise, Idaho18. BURIAL, CREMATION, OR REMOVAL
Place Ashton, Idaho Date 12-15-1931 19319. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho20. FILED 12-15, 1931 W. H. Rhodes
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 77407Local Registrar's No. 100

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 15, 193122. I HEREBY CERTIFY, That I attended deceased from
Dec. 12, 1931, to Dec. 15, 1931I last saw him alive on Dec. 15, 1931; death is said
to have occurred on the date stated above, at 12.05a m.

The principal cause of death and related causes of importance

were as follows:

Valvular heart disease mitral
regurgitation; Aortitis, chronic.

Date of onset

Other contributory causes of importance:

Acute cardiac dilatationName of operation none Date ofWhat test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1931Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. SMITH, Reg. Medical Officer M. D.
(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>Parker 77409</i> DO NOT WRITE IN THIS SPACE 77409 </div>	
County of <u>Ada</u>		Registration District No. <u>2</u>		State File No. _____	
City of <u>Boise.</u>		Primary Registration District No. <u>1004</u>		Local Registrar's No. _____	
(No. <u>St. Luke's Hospital.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Ella Marjorie Hammond.</u>					
(a) Residence. No. <u>Parma Idaho.</u> St. <u>Parma Idaho.</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>October. 22. 1908</u>					
7. AGE <u>23</u> Years		<u>2</u> Months		<u>9</u> Days	
If LESS than 1 day, _____ hrs. or _____ min.					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Vale Oregon.</u>					
MOTHER FATHER					
13. NAME <u>Charles. E. Hammond.</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Appleton. Wisconsin.</u>					
15. MAIDEN NAME <u>Marie Johnson.</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Sweden.</u>					
17. INFORMANT <u>Charles. E. Hammond.</u> (Address) <u>Parma Idaho. R.D. # 3.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill Cemetery. Date Jan. 2. 1932.</u>					
19. UNDERTAKER <u>Summers & Krebs.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>1-2</u> , 193 <u>2</u> <u>W.H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 31. 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 27</u> , 193 <u>1</u> , to _____, 193 <u>1</u> .					
I last saw him alive on <u>Dec 30</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>2:00 p.m. Dec 31</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Septicemia</u>					
Other contributory causes of importance: <u>Marriage</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> .					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify _____					
(Signed) <u>W.H. Rhodes</u> , M.D. (Address) <u>Boise, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Ada	Registration District No.		9-10		Primary Registration District No.		9-10	
City of	Star.	Local Registrar's No.		52				77410	
(If death occurred in a hospital or institution, give its name instead of street and number.)									
2. FULL NAME Wesley. M. Pollard.									
(a) Residence. No. 1/2 Mile East of Star Idaho. St.									
(Usual place of abode)									
Length of residence in city or town where death occurred. 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.									
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)							
Male.	White.	Married.							
5a. If married, widowed, or divorced									
HUSBAND of (or) WIFE of Mrs. Maude Pollard.									
6. DATE OF BIRTH (month, day, and year) Jan. 18. 1880.									
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.					
51.		10.	14.						
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.									
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
10. Date deceased last worked at this occupation (month and year)									
11. Total time (years) spent in this occupation									
12. BIRTHPLACE (city or town) Missouri.									
(State or country)									
13. NAME Harvey Pollard.									
14. BIRTHPLACE (city or town) Missouri.									
(State or country)									
15. MAIDEN NAME Valia Shaffer.									
16. BIRTHPLACE (city or town) Missouri.									
(State or country)									
17. INFORMANT Allie Pollard.									
(Address) Star, Idaho.									
18. BURIAL, CREMATION, OR REMOVAL									
Place Star Cemetery. Date Dec. 4, 1931.									
19. UNDERTAKER Summers & Krebs.									
(Address) Boise, Idaho.									
20. FILED									
21. DATE OF DEATH (month, day, and year) Dec. 2. 1931.									
22. I HEREBY CERTIFY, That I attended deceased from Dec. 2. 1931, to Dec. 2. 1931.									
I last saw him alive on Dec. 2. 1931; death is said to have occurred on the date stated above, at 5 p. m.									
The principal cause of death and related causes of importance were as follows: Unknown, possibly Cerebral Hemorrhage & High Blood Pressure									
Date of onset									
Other contributory causes of importance: None known									
Name of operation None									
Date of									
What test confirmed diagnosis? None Was there an autopsy?									
23. If death was due to external causes (violence) fill in also the following:									
Accident, suicide, or homicide? No Date of injury, 1931.									
Where did injury occur? (Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place. Public place									
Manner of injury None									
Nature of injury									
24. Was disease or injury in any way related to occupation of deceased? No									
If so, specify									
(Signed) E. J. Shaffer, M. D.									
(Address) Star, Idaho									

2056

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO JAN 7 1932		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		77411	
County of	Ada	Registration District No.		3	
City of	Boise	Primary Registration District No.		1004	
		(No. <u>St. Luke's Hospital</u>)		Local Registrar's No. <u>342</u>	
		(If death occurred in a hospital or institution, give its name instead of street and number.)		749	
2. FULL NAME		<u>Louis Sai</u>			
(a) Residence. No. <u>713</u>		St. <u>Boise</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
<u>Male</u>	<u>Chinese</u>	<u>Married</u>			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of <u>Lee Shee</u>					
6. DATE OF BIRTH (month, day, and year) <u>April 25-1868</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>63</u>	<u>9</u>	<u>12</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>and Restaurant</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Portland, Ore.</u>					
13. NAME <u>Not obtainable</u>					
14. BIRTHPLACE (city or town) (State or country) <u>China</u>					
15. MAIDEN NAME <u>Not obtainable</u>					
16. BIRTHPLACE (city or town) (State or country) <u>China</u>					
17. INFORMANT <u>Louis Tang Boise</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Hang Hong</u>					
Place <u>China</u> Date <u>1932</u>					
19. UNDERTAKER <u>Schmidt & W. Gause</u>					
(Address) <u>Boise Ida</u>					
20. FILED <u>12-30</u> , 1931 <u>W. W. Rhodes</u>					
Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 7</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 27</u> , 1931, to <u>Dec 7</u> , 1931.					
I last saw him alive on <u>Dec 7</u> , 1931; death is said to have occurred on the date stated above, at <u>9 a. m.</u>					
Principal cause of death and related causes of importance were as follows:					
<u>Cerebral Hemorrhage - accompanied with thrombosis</u>					
Other contributory causes of importance: <u>Hypertension</u>					
<u>suspected virus from</u>					
Name of operation <u>Not performed</u> Date of <u>Not performed</u>					
What test confirmed diagnosis? <u>Not performed</u> Was there an autopsy? <u>Not performed</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>Not performed</u> Date of injury <u>Not performed</u> , 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>Not performed</u>					
Nature of injury <u>Not performed</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>Not performed</u>					
(Signed) <u>W. W. Rhodes</u> M. D.					
(Address) <u>Boise Ida</u>					

RECEIVED JAN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77412

State File No.

341

PLACE OF DEATH

County of AdaCity of BowRegistration District No. 2Primary Registration District No. 1004Local Registrar's No. 41(No. St. Luke's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Earl Dwight Tillman

(Usual place of abode)

St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant

(Address)

15.

Filed

12-29-31

W. H. Rhodes

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

December 24, 1931, to December 28, 1931

that I last saw him alive on December 27, 1931

and that death occurred, on the date stated above, at 2:10 P.M.

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

12/29, 1931 (Address) 347 Eastman Blvd, Boise, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Meridian Idaho

12-30-31

20. Undertaker

B. H. Robinson

Address

Meridian Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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RECEIVED IAN 7 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of AdaCity of BoiseRegistration District No. 3Primary Registration District No. 1004Local Registrar's No. 340

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose Jane Kargel(a) Residence. No. _____ St. Butte, Mont.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles Kargel

6. DATE OF BIRTH (month, day, and year) June 14-1880

7. AGE Years 51 Months 6 Days 10 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) V. S. A.
(State or country)

13. NAME Joseph Kennedy

14. BIRTHPLACE (city or town) V. S. A.
(State or country)

15. MAIDEN NAME Hellie Galen

16. BIRTHPLACE (city or town) V. S. A.
(State or country)

17. INFORMANT A. A. Jump
(Address) Boise, Id.

18. BURIAL, CREMATION, OR REMOVAL Boise
Place Mount Hill Date 12-24 1931

19. UNDERTAKER Schubert & W. W. Rhodes
(Address) Boise, Id.

20. FILED 12-29, 1931 W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-24 193122. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1931, to Dec 24, 1931.

I last saw him alive on Dec 24, 1931; death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? Section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify _____

(Signed) Alfred J. J. J., M. D.(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

PLACE OF DEATH

 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of AdaCity of BoiseRegistration District No. 2Primary Registration District No. 1004

State File No.

77414

Local Registrar's No. 339
 (No. St. Lukes)
 (If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Richard Leonard Stecker 201(a) Residence. No. Parma Ada St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX male
 4. COLOR OR RACE white
 5. Single, Married, Widowed, or Divorced, (write the word) Widowed

 5a. If married, widowed, or divorced
 HUSBAND of (or) WIFE of Widowed
6. DATE OF BIRTH (month, day, and year) May 13 - 1885
 7. AGE Years 46 Months 7 Days 10
 If LESS than 1 day, hrs. or min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

 12. BIRTHPLACE (city or town) Parma
 (State or country) Ohio

 13. NAME Richard H. Stecker

 14. BIRTHPLACE (city or town) Terrissee
 (State or country)

 15. MAIDEN NAME Martha Marshall

 16. BIRTHPLACE (city or town) Terrissee
 (State or country)

 17. INFORMANT Emma J. Stecker
 (Address) Parma, Ada

 18. BURIAL, CREMATION, OR REMOVAL
 Place Parma Date 12-26 1931

 19. UNDERTAKER V. Beckman
 (Address) Caldwell, Ada

 20. FILED 12-29, 1931 W. H. Rhodes
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 29, 1931
 22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1931, to Dec 23, 1931.
I last saw him alive on Dec 23, 1931; death is saidto have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Basal fracture of skull.

Other contributory causes of importance:

Focal meningitis - infection agent not determined
Name of operation none Date ofWhat test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? yes Date of injury Nov 26, 1931.Where did injury occur? Boise, Idaho
 (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Public place - Hotel BoiseManner of injury Fall down stairsNature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) Emmett E. Lusk, M. D.(Address) Boise, Idaho

RECEIVED JAN 7

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77415

PLACE OF DEATH
County of Ada
City of BoiseRegistration District No. 2
Primary Registration District No. 1004
(No. St. Alphonsus)

Local Registrar's No. 338

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minerva Olive Warden

(a) Residence. No. Emmett Idaho St.

Length of residence in city or town where death occurred. yrs. 36 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 27-1871

7. AGE Years 60 Months 8 Days 23
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) & State - Oregon
(State or country)

10. NAME OF FATHER Daniel G. Davis

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Tennessee

12. MAIDEN NAME OF MOTHER Rebecca A. Davis

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Smith Co. Tenn.14. Informant Bernice Shuler
(Address) Emmett, Idaho15. Filed 12-26, 1931 W. H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 23 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from December 8, 1931, to December 23, 1931, that I last saw her alive on December 23, 1931, and that death occurred, on the date stated above, at 7 A. M.
The CAUSE OF DEATH* was as follows:Carcinoma of Cervix
uteri

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harold W. Stone, M. D.

12/24, 1931 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Emmett, Idaho
Date of Burial 12/26 193120. Undertaker C. W. Buckner
Address Emmett, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1937
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77417

State File No.

336

County of AdaCity of Boise.Registration District No. 2Primary Registration District No. 1004

Local Registrar's No.

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Alexander.(a) Residence. No. Boise, Idaho. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos.

ds.

(If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word)

Married.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

1862

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.
or min.69

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Janitor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Tenn.

MOTHER FATHER

13. NAME Unknown14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)Pearl Allen18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 12-22-31 19319. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.20. FILED 12-23 193

1

W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/16/31 193

22. I HEREBY CERTIFY, That I attended deceased from

Dec 10, 1931, to Dec 16, 1931I last saw him alive on Dec 16, 1931; death is saidto have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. C. Callahan, M. D.(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Ada	CERTIFICATE OF DEATH		State File No. 77418	
City of	Boise.	Registration District No.	2	Local Registrar's No. 335	
		Primary Registration District No.	1004		
		(No. St. Lukes Hospital.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Joanne Elizabeth Shaw.					
(a) Residence. No. 805. N. 19. Street. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
Female.	White.	Single.			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Sept. 19. 1926					
7. AGE	Years	Months	Days	If LESS than: 1 day, hrs. or min.	
	5	2	29		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) Boise, Idaho. (State or country)					
13. NAME C. Rupert Shaw.					
14. BIRTHPLACE (city or town) Caldwell, Idaho. (State or country)					
15. MAIDEN NAME Margaret Jeanette Kutneski.					
16. BIRTHPLACE (city or town) Salt Lake City. (State or country) Utah.					
17. INFORMANT C. Rupert Shaw. (Address) 805. N. 19 Street. Boise, Idaho.					
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Dec. 1931.					
19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.					
20. FILED 12-21, 1931. W. H. Rhodes Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 12-18 1931					
22. I HEREBY CERTIFY, That I attended deceased from May, 1931, to death, 1931.					
I last saw her alive on 12-18, 1931; death is said to have occurred on the date stated above, at 5:00 p. m.					
The principal cause of death and related causes of importance were as follows:					
Bronchopneumonia 12-17-31					
Other contributory causes of importance: Adhesive pericarditis 11-15-31					
Name of operation None Date of					
What test confirmed diagnosis? Was there an autopsy? Yes					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify No.					
(Signed) H. F. West M.D.					
(Address) 414-15 Eastman Bldg.					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 774119	
County of <u>Ada</u>		City of <u>Boise</u>		State File No.	
Registration District No. <u>2</u>		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>334</u>	
(No. <u>510 Broad Street.</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Simpson F. Melton Sr.</u>					
(a) Residence. No. <u>510 Broad Street.</u> St. <u>92</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>1</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widower.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Belle Melton.</u>					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 16-1851</u>					
7. AGE Years <u>80</u>		Months <u>3</u>		Days <u>0</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Missouri.</u>					
13. NAME <u>Unknown.</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Unknown.</u>					
15. MAIDEN NAME <u>"</u>					
16. BIRTHPLACE (city or town) (State or country) <u>"</u>					
17. INFORMANT <u>Simpson Melton Jr.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem.</u> Date <u>12/18/31</u>					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>12-18</u> , 1931 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12/16/31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 15</u> , 1931, to <u>Dec 16</u> , 1931.					
I last saw him alive on <u>Dec 15</u> , 1931; death is said to have occurred on the date stated above, at <u>6 A.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Coronary thrombosis</u> Date of onset <u>Dec 15, 1931</u>					
Other contributory causes of importance: <u>Advanced age</u>					
Name of operation <u>None</u> Date of <u>None</u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931. Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify (Signed) <u>J. M. Bratney</u> , M. D. (Address) <u>Boise, Idaho.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		COUNTY OF <u>Ada</u>		State File No. <u>77420</u>	
City of <u>Boise</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>333</u>	
		Primary Registration District No. <u>1004</u>			
		(No. <u>401 South 5th Street.</u>)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mrs. Clara E. Campbell.</u>					
(a) Residence. No. <u>401 South 5th</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>38</u> yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>William O. Campbell.</u>					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 12-1846</u>					
7. AGE Years <u>85</u>	Months <u>10</u>	Days <u>4</u>	If LESS than 4 days, — hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Somers, Conn.</u>					
13. NAME <u>William Little.</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Conn.</u>					
15. MAIDEN NAME <u>Amelia Woodard.</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Conn.</u>					
17. INFORMANT <u>Howard Campbell.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cem.</u> Date <u>12/17/31</u>					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>12-16-1931</u> <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12/16/31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 8 -</u> , 1931, to <u>Dec. 16</u> , 1931.					
I last saw her alive on <u>Dec. 15</u> , 1931; death is said to have occurred on the date stated above, at <u>2:30 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Myocardial disease, of unknown duration</u>					
Date of onset					
Other contributory causes of importance:					
<u>Terminal condition, Angina Pectoris, Mild symptoms for last 10 days</u>					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>no</u>					
(Signed) <u>W. H. Rhodes</u> , M. D.					
(Address) <u>Boise.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

PLACE OF DEATH

County of AdaCity of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

77421

State File No. _____

Local Registrar's No. 332

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Baldwin Mackey.(a) Residence. No. 513 1/2 West Jefferson Street.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lydia. A. Mackey.

6. DATE OF BIRTH (month, day, and year) Jan. 18. 1898

7. AGE Years 73 Months 10 Days 26. If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Monmouth,
(State or country) Ill.

13. NAME William Mackey.

14. BIRTHPLACE (city or town) Penn.
(State or country)

15. MAIDEN NAME Jane Donnelly.

16. BIRTHPLACE (city or town) _____
(State or country) Penn.

17. INFORMANT Mrs. Lydia. A. Mackey.
(Address) 513 1/2 Jefferson St. Boise.

18. PLACE OF INTERMENT Monnis Hill Cemetery. Date Dec. 17. 1931.
Place _____ Date _____, 193 _____

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-16 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 14 193 1

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 th, 1931, to Dec 14 th, 1931

I last saw him alive on Dec 14 th, 1931; death is said to have occurred on the date stated above, at 11 45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193 _____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) _____

(Address) _____

J. Springer M. D.
Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

PLACE OF DEATH

7 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77422

State File No.

Local Registrar's No.

381

County of AdaCity of BoiseRegistration District No. 2Primary Registration District No. 1004(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Jimmie B. Bartlett(a) Residence. No. St. Luke's Hospital St.(Usual place of abode)
Length of residence in city or town where death occurred. 37 yrs. — mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
~~HUSBAND~~ or (or) WIFE of Geo. S. Bartlett6. DATE OF BIRTH (month, day, and year) July 9-18697. AGE Years 62 Months 5 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home10. Date deceased last worked at this occupation (month and year) Nov. 2-1931 11. Total time (years) spent in this occupation 4312. BIRTHPLACE (city or town) Richland Center
(State or country) Wisconsin13. NAME Jas. C. Cunniff14. BIRTHPLACE (city or town) Nova Scotia
(State or country)15. MAIDEN NAME Charlotte Steele16. BIRTHPLACE (city or town) N. S. C.
(State or country)17. INFORMANT Geo. S. Bartlett
(Address) 117 E - Bayview, Boise, Ida.18. BURIAL, CREMATION, OR REMOVAL
Place Boise, Ida. Date 12-18, 193119. UNDERTAKER Schubert & W. G. Gann
(Address) Boise, Ida.20. FILED 13-16, 1931 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec-11, 193122. I HEREBY CERTIFY, That I attended deceased from Aug. 25th, 1931, to Dec. 11th, 1931.I last saw her alive on Dec. 11th, 1931; death is saidto have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance

were as follows: Essential arterial hyper-tension, of unknownduration.

Other contributory causes of importance:

progressive capillarychanges in the brain,more rapid after Nov. 22-31Name of operation none Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) J. M. Taylor, M. D.(Address) Boise, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 19 1937
DO NOT WRITE IN THIS SPACE
77423
State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 150
(No. St Lukes Hospital Boise Ida)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles C. Darrah.

(a) Residence. No. Sweet Idaho St. 106

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of Florence Darrah
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 12, 1880

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
51 7 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Telephone & Truck Line

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bellaire
(State or country) Ohio

10. NAME OF FATHER Robert Darrah

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown

12. MAIDEN NAME OF MOTHER Amanda ?

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Unknown

14. Informant Mrs. C. C. Darrah
(Address) Sweet, Idaho.

15. Filed 12-31-31 1931 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-15 1931, to Death 1931
that I last saw him alive on 12-26 1931
and that death occurred, on the date stated above, at 9:30 P. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary abscess left.
with emphysema.

(duration) yrs. mos. ds. 60
CONTRIBUTORY Myocarditis.
(Secondary) (duration) yrs. mos. ds. 30

18. Where was disease contracted Unknown
if not at place of death?

Did an operation precede death? Yes Date of 12-11-31

Was there an autopsy? No

What test confirmed diagnosis? Gray & operative finding

(Signed) H. F. West M. D.

12-30 1931 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal Sweet, Idaho. Date of Burial Dec. 29 19

20. Undertaker Paul L. Case Address Caldwell

Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77424

State File No.

PLACE OF DEATH

County of

City of Meridian R1

Registration District No.

Primary Registration District No. 2003

Local Registrar's No. 25

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ihehna Ardis Wall

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) ✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 11-1928

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 2 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Meridian
(State or country) Idaho R1

10. NAME OF FATHER L. V. Wall

11. BIRTHPLACE OF FATHER (city or town) Illinois
(State or Country)

12. MAIDEN NAME OF MOTHER Martha A. Hamilton

13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or Country)

14. Informant Mrs. H. V. Wall

(Address) Meridian R1

15. Filed 11/13, 1931 J. H. M.
Registrar

16. DATE OF DEATH

Nov. 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1931, to Nov 13, 1931

that I last saw her alive on Nov 13, 1931

and that death occurred, on the date stated above, at 8 a- m.

The CAUSE OF DEATH* was as follows:

diphtheria

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? culture

(Signed) J. H. M., M. D.

11/13, 1931 (Address) J. H. M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Roswell Idaho. 11-14 1931

20. Undertaker Address

Mrs. Nina M. Lallyampa Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77425

State File No.

PLACE OF DEATH

County of Ada
City of Meridian

Registration District No.

Primary Registration District No. 2003

Local Registrar's No. 26

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest P. Engelking

89

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Jennie Engelking

6. DATE OF BIRTH (month, day and year)

June 13, 1866

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

65

5

20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Stockman Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Chicago Ill

10. NAME OF FATHER

Conrad Engelking

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Germany

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Don't Know

14. Informant (Address)

Mrs. Jennie Engelking Meridian, Ada

15. Filed

12-6, 1931

N. P. Neal
Registrar

16. DATE OF DEATH

Dec 3rd, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

12-3, 1931, to 12-3-1931

that I last saw him alive on 12-3-3, 1931

and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Neal, M. D.

12-6, 1931 (Address) Meridian

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Meridian, Ada

Dec 6th 31

20. Undertaker

B. W. Robinson

Address

Meridian, Ada

RECEIVED JAN 8 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77426

PLACE OF DEATH

County of AdaCity of MeridianRegistration District No. 11Primary Registration District No. 2003

(No. _____)

Local Registrar's No. 27

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Lewis Lockwood

(a) Residence No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs Linn Lockwood6. DATE OF BIRTH (month, day and year) Jan 4 - 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>64</u>	<u>11</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ritchison Co
(State or country) Michigan10. NAME OF FATHER Joseph Lockwood11. BIRTHPLACE OF FATHER (city or town) New York City
(State or Country) N.Y.12. MAIDEN NAME OF MOTHER Thea J. Martindale13. BIRTHPLACE OF MOTHER (city or town) New York City
(State or Country) N.Y.14. Informant (Address) Mrs L. Lockwood
C. L. Meridian St15. Filed 12-8-31 1931 J. F. King
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 7, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1931, to Dec 7, 1931that I last saw him alive on Dec 6, 1931
and that death occurred, on the date stated above, at 2:30 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Myocarditis(duration) 1 yrs. mos. ds.CONTRIBUTORY (Secondary) Influenza & Rheumatism
(duration) 40 yrs. mos. 7 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? YesWhat test confirmed diagnosis? X-Ray(Signed) J. F. King M. D.
12-8-31, 1931 (Address) Meridian, Ida19. Place of Burial, Cremation, or Removal Mar's Hill Cemetery Date of Burial Dec 10 193120. Undertaker W. S. Matier Address Meridian, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77427

State File No.

PLACE OF DEATH

County of AdaCity of Meridian

CERTIFICATE OF DEATH

Registration District No. 11Primary Registration District No. 2003

(No.)

Local Registrar's No. 28

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Myers

(a) Residence No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. / yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHattie Myers

6. DATE OF BIRTH (month, day and year)

Apr. 20 - 1859

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.727720

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of worklaborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Pen's Manor
Pennsylvania

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14.

Informant
(Address)Hattie Myers
Meridian, Idaho

15.

Filed 12-12, 1931H. H. Myers
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

12
(Month)10
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 20, 1931, to Dec. 10, 1931that I last saw him alive on Dec. 10, 1931and that death occurred, on the date stated above, at 10 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:carcinoma of pancreas

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Symptoms(Signed) H. H. Myers, M. D.

, 19.... (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Meridian Cemetery Dec. 12 1931

20. Undertaker

Address

O. B. Waters Meridian

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77428

State File No.

PLACE OF DEATH

County of Ada
City of Meridian

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2003

(No.)

Local Registrar's No. 29

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leona Starr

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
hrs. or min.
72 11 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pouersville
(State or country) M.O.10. NAME OF FATHER Jessie Shaver11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Baumbridge Ind.12. MAIDEN NAME OF MOTHER Freda Ellis13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Baumbridge Ind.

14.

Informant
(Address)

15.

Filed 12-18, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 16, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 20, 1931, to Dec 16, 1931

that I last saw him alive on Dec 13, 1931and that death occurred, on the date stated above, at 3:35 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cancer Stomach(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? X Ray(Signed) H. F. Neal, M. D.12-17, 1931 (Address) Meridian

19. Place of Burial, Cremation, or Removal

Date of Burial

Meridian Cemetery Dec. 18 1931

20. Undertaker

Address

W. H. Statler Meridian

RECEIVED JAN 8 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

77429

PLACE OF DEATH

CERTIFICATE OF DEATH

County of AdaCity of MeridianRegistration District No. 11Primary Registration District No. 2003Local Registrar's No. 30

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harriet Lane(a) Residence. No. St. Neal

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 28, 18377. AGE Years Months Days If LESS than 1 day, hrs. or min.
94 1 298. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Coldwater, Michigan
(State or country)10. NAME OF FATHER Oliver Nelson11. BIRTHPLACE OF FATHER (city or town) Michigan
(State or Country)12. MAIDEN NAME OF MOTHER Louisa Schweortel13. BIRTHPLACE OF MOTHER (city or town) Michigan
(State or Country)14. Informant Ira B. Lane
(Address) Meridian R-115. Filed 12-30, 1931 Registrar. J. F. Neal

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 29, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1931, to Dec 27, 1931that I last saw him alive on Dec 27, 1931
and that death occurred, on the date stated above, at 7 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
General debility from senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. F. Neal, M. D.12-29, 1931 (Address) Meridian Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Meridian Cemetery Dec 31, 1931

20. Undertaker Address

W. S. Matur Meridian Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77431

Registration District No. 3
Primary Registration District No. 1904 Local Registrar's No. 329

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Samuel Swan.(a) Residence. No. 1312. N. 6 th Street. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 10 yrs. mos. ds.(If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 3. 1908

7. AGE Years Months Days If LESS than 1 day, hrs. min.
23 2 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

13. NAME Samuel. W. Swan.

14. BIRTHPLACE (city or town) Missouri.
(State or country)

15. MAIDEN NAME Emma Fisher.

16. BIRTHPLACE (city or town) Iowa.
(State or country)

17. INFORMANT Mrs. Emma Swan.
(Address) 1312. N. 6 th St. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. Dec. 14. 1931

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-14 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 11 193122. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1931, to , 1931.I last saw him alive on , 1931; death is saidto have occurred on the date stated above, at 8:15 P.M. m.

The principal cause of death and related causes of importance

were as follows: Suicide, shot himself Date of onset in head with a .765Caliber revolver,causes of importance:

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

PLACE OF DEATH

County of **Ada.**City of **Boise.**STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. **2**Primary Registration District No. **1004**(No. **1703 N. 13th Street.**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Mrs. Lettie Stokes**(a) Residence. No. **1703 N. 13th Street.** St.

(Usual place of abode)

Length of residence in city or town where death occurred. **13** yrs. mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

Black5. Single, Married, Widowed,
or Divorced (write the word)**Widow.**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of**Louis S. Stokes.**

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.**95**

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**None.**9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)**Miss.**

MOTHER FATHER

13. NAME **William Milligan.**

14. BIRTHPLACE (city or town)

(State or country) **So. Carolina.**

15. MAIDEN NAME

Unknown.

16. BIRTHPLACE (city or town)

(State or country) **So. Carolina.**17. INFORMANT
(Address)**Mrs. W. H. Cooper.
Boise, Idaho.**

18. BURIAL, CREMATION, OR REMOVAL

Place **Morris Hill Cem.** Date **12/15/31**19. UNDERTAKER
(Address)**Wm. McBratney.
Boise, Idaho.**20. FILED **12-14**, 1931**W. H. Rhodes**
Registrar.

DO NOT WRITE IN THIS SPACE

77432

State File No.

Local Registrar's No. **328**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **12/11/31** 193

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1931, to **Dec 11**, 1931I last saw him alive on **Dec 10**, 1931; death is saidto have occurred on the date stated above, at **11:15 P.M.**The principal cause of death and related causes of importance
were as follows:

Date of onset

**Arteriosclerosis and Right
Valvular Heart Disease**

Other contributory causes of importance:

Coronary sclerosisName of operation **None** Date ofWhat test confirmed diagnosis? **None** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931

Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) **W. H. Rhodes**, M. D.(Address) **Boise, Idaho.**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1937

PLACE OF DEATH

County of **Ada.**City of **Boise.**STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. **2**Primary Registration District No. **1004**(No. **St. Alphonsus Hospital.**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Merna Viola Lively**(a) Residence. No. **Meridian, Idaho.** St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word)

Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) **May 31st 1929**

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.**2****6****10**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Goodland, Kan.**
(State or country)

MOTHER FATHER

13. NAME

J. H. Lively.14. BIRTHPLACE (city or town)
(State or country)**Sparta, Illinois**

15. MAIDEN NAME

Goldie Tanner.16. BIRTHPLACE (city or town)
(State or country)**Loa, Utah.**17. INFORMANT
(Address)**John H. Lively.
Meridian, Idaho.**18. BURIAL, CREMATION, OR REMOVAL
Place**Morris Hill Cem. 12/12/31**19. UNDERTAKER
(Address)**Wm. McBratney.****Boise, Idaho.**

20. FILED

12-14, 1931, W. W. Rhoden

Registrar.

DO NOT WRITE IN THIS SPACE

77433

State File No.

Local Registrar's No. **827**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **12/11/31** 193122. I HEREBY CERTIFY, That I attended deceased from **12/8**, 1931, to **12/11**, 1931.I last saw him alive on **12/11**, 1931; death is saidto have occurred on the date stated above, at **10:15 A.M.**

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Acute throat infection 2 wks priorName of operation **none** Date ofWhat test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? **no** Date of injury **12/11**, 1931.Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) **A. J. Coats**, M. D.(Address) **Boise, Idaho.**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

PLACE OF DEATH

County of **Ada.**City of **Boise.**STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. **2**Primary Registration District No. **1004**(No. **St. Alphonsus Hospital.**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **William Henry Palmer.**(a) Residence. No. **Boise, Idaho.** St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. **8** yrs. mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word)

Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of**Caltha Palmer.**6. DATE OF BIRTH (month, day, and year) **Oct-2-1853**

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.**68****2****7**

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ind.

MOTHER FATHER

13. NAME

John Palmer.

14. BIRTHPLACE (city or town) (State or country)

Pa.

15. MAIDEN NAME

Mary Marlott.

16. BIRTHPLACE (city or town) (State or country)

Ind.

17. INFORMANT (Address)

Lew Palmer.**Hammett, Idaho.**

18. BURIAL, CREMATION, OR REMOVAL

Morris Hill Cemetery. Date **12-13**, 1931

19. UNDERTAKER (Address)

Wm. McBratney.**Boise, Idaho.**

20. FILED

12-11

1931

W. H. Rhodes

Registrar.

DO NOT WRITE IN THIS SPACE

77434

State File No. _____

Local Registrar's No. **326**

140

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **12/9/31** 193122. I HEREBY CERTIFY, That I attended deceased from **12/9**, 1931, to **12/9**, 1931.I last saw him alive on **12/9**, 1931; death is saidto have occurred on the date stated above, at **6 P.** m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hemorrhage**12/9/31**

Other contributory causes of importance:

Ruptured Kidney**12/9/31**Name of operation **Nephrectomy** Date of **12/9/31**What test confirmed diagnosis? **Rupture Kidney** Was there an autopsy? **no**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? **accident** Date of injury **12/9/1931**Where did injury occur? **Boise, Ida.** (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. **Home**Manner of injury **Slipped & fell on board**Nature of injury **Ruptured Kidney**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **Coming from our work to ambulance**(Signed) **Boise, Idaho.** M. D.(Address) **O. S. Allen**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77435**County of AdaCity of Boise.Registration District No. 2Primary Registration District No. 1004Local Registrar's No. **325**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME August Francie Montandon.(a) Residence. No. 722 1/2 Idaho Street. St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 30 yrs. mos.(If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed, or Divorced (write the word)

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs. Cynthia Montandon.6. DATE OF BIRTH (month, day, and year) Aug. 22, 1848

7. AGE

Years

Months

Days

If LESS than

83.311.1 day, _____ hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paris France.
(State or country)

MOTHER FATHER

13. NAME Francis Montandon.14. BIRTHPLACE (city or town) France.
(State or country)15. MAIDEN NAME Unknown.16. BIRTHPLACE (city or town) Unknown.
(State or country)17. INFORMANT O.F. Montandon.
(Address) Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Portland Ore. Date Dec. 5, 193119. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.20. FILED 12-3, 1931 W.H. Rhades
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 3 rd 193122. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1931., to Dec 3 rd., 1931.I last saw him alive on Dec 2 nd, 1931.; death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

angina pectoris.

Other contributory causes of importance:

arterio sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) J.A. Springer, M.D.(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

STATE OF IDAHO

Wahle

PLACE OF DEATH

 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of AdaCity of Boise.Registration District No. 2Primary Registration District No. 1004

State File No.

77436

Local Registrar's No. 328
 (No.)
 (If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Eardin. X. Starns.(a) Residence. No. 820 1/2 Idaho Street. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 3 yrs. mos.(If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,
or Divorced (write the word)
Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofPearl Olive Starns.6. DATE OF BIRTH (month, day, and year) Dec. 12-1877

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.53,1119,

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Furniture9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.finisher10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Sunset Kentucky.
(State or country)

MOTHER FATHER

13. NAME John Starns.14. BIRTHPLACE (city or town) Kentucky.
(State or country)15. MAIDEN NAME Velona Wilcox.16. BIRTHPLACE (city or town) Kentucky.
(State or country)17. INFORMANT Mrs. Pearl Olive Starns
(Address) 820 1/2 Idaho St. Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Walla Walla Wash Date Dec 7, 193119. UNDERTAKER Summers & Krebs
(Address) Boise Idaho20. FILED 12-3, 1931 W. E. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-30 1931

22. I HEREBY CERTIFY, That I attended deceased from

Nov 5, 1931, to Nov 30, 1931I last saw him alive on Nov 30, 1931; death is saidto have occurred on the date stated above, at 7 A. m. DayThe principal cause of death and related causes of importance
were as follows:ChronicMyocarditisMyocardial degenerationand acute nephritisarteritis

Other contributory causes of importance:

Cardiac Decompensation+ Hydrothorax(Left)

Name of operation Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1931Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify(Signed) J. H. Wahle M. D.
(Address) 515 East Main St. Boise Idaho

RECEIVED JAN 7 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77437	
County of	Ada	CERTIFICATE OF DEATH		State File No.	
City of	Bain	Registration District No.	2	Local Registrar's No. 322	
		Primary Registration District No.	1004		
		(No. <i>St. Alphonsus Hospital</i>)	(If death occurred in a hospital or institution, give its name instead of street and number.)		
2. FULL NAME		<i>Edward Riley</i>			
(a) Residence. No.		<i>1306 East St</i>			
		St. (If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs.	mos.	ds.	How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
<i>Male</i>	<i>White</i>	<i>Married</i>			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of <i>Sadie Riley</i>					
6. DATE OF BIRTH (month, day, and year) <i>Feb. 28, 1876</i>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<i>55</i>	<i>9</i>	<i>0</i>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
<i>Lagging</i>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
<i>Farmen in the Woods</i>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <i>Pen.</i>					
13. NAME <i>Not obtainable</i>					
14. BIRTHPLACE (city or town) (State or country) <i>"</i>					
15. MAIDEN NAME <i>"</i>					
16. BIRTHPLACE (city or town) (State or country) <i>"</i>					
17. INFORMANT <i>Mrs. Ed Riley</i> (Address) <i>Bain</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>St. Johns Cemetery</i> Date <i>12-1, 1931</i>					
19. UNDERTAKER <i>Schreiber & W. Gamm</i> (Address) <i>Bain</i>					
20. FILED <i>12-2, 1931</i> <i>W. H. Rhodes</i> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>11-28, 1931</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>July 7, 1931, to Nov 28, 1931.</i>					
I last saw him live on <i>Nov 28, 1931</i> ; death is said to have occurred on the date stated above, at <i>6 P.</i> m.					
The principal cause of death and related causes of importance were as follows:					
<i>Carcinoma of Stomach</i>					
Other contributory causes of importance:					
<i>none</i>					
Name of operation <i>Laparotomy</i> Date of <i>July 10/31</i>					
What test confirmed diagnosis <i>Phys. Exam.</i> Was there an autopsy? <i>No</i>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <i>No.</i> If so, specify					
(Signed) <i>Alfred Budy</i> , M. D.					
(Address) <i>Bain Idaho</i>					

Budge.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

PLACE OF DEATH

County of AdaCity of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

77438

State File No.

Local Registrar's No. 321

(No.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Casar Rodney Smith.(a) Residence. No. 2820. Madison St.

(Usual place of abode)

Length of residence in city or town where death occurred. 25 mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed, or Divorced (write the word)
Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHarriet Smith.6. DATE OF BIRTH (month, day, and year) Dec. 29. 1850

7. AGE

Years

80

Months

11

Days

2If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lafayette Ill.
(State or country)

MOTHER FATHER

13. NAME William Smith.14. BIRTHPLACE (city or town) New York.
(State or country)15. MAIDEN NAME Elizabeth Mc Nott.16. BIRTHPLACE (city or town) Ill.
(State or country)17. INFORMANT Mrs. Harriet Smith.
(Address) 2820. Madison St. Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Dec 31. 1931.19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.20. FILED 12-2, 1931. W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 1 1931

22. I HEREBY CERTIFY, That I attended deceased from

May 8, 1931, to Dec 1, 1931.I last saw him alive on May 8, 1931; death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

?

Other contributory causes of importance:

Cerebral Hemorrhage Dec 1
Dead when I saw him
TodayName of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 1931.Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Date of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) W. H. Rhodes, M. D.(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77439

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 320

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis E. Elizabeth Conway

(a) Residence, No. Eagle Idaho.

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

Single

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 16, 1925

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Eagle Idaho

MOTHER FATHER

13. NAME

John B. Conway

14. BIRTHPLACE (city or town) (State or country)

Eagle Idaho

15. MAIDEN NAME

Jean Martin

16. BIRTHPLACE (city or town) (State or country)

Idaho

17. INFORMANT (Address)

John B. Conway
Eagle Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place

Morgue

Date Dec 3, 1931

19. UNDERTAKER (Address)

J. J. Jones
Boise Idaho

20. FILED

12-2, 1931

W. H. Rhoades

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-1-1931

22. I HEREBY CERTIFY, That I attended deceased from

Nov 23, 1931, to Dec 1, 1931.

I last saw her alive on Nov 30, 1931; death is said

to have occurred on the date stated above, at 7 AM.

The principal cause of death and related causes of importance

were as follows:

ex. mastoid inf., Blood stream inf. & sinus thrombosis.

Other contributory causes of importance:

sinus thrombosis
ex. mastoid infection

Name of operation Mastoidectomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) H. Jones, M.D.

(Address) 518 Eastman

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

PLACE OF DEATH

County of AdaCity of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77440Registration District No. 2Primary Registration District No. 1004Local Registrar's No. 319

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Everett Watson(a) Residence. No. Gooding, Ida

(Usual place of abode)

Length of residence in city or town where death occurred. 1012 yrs. How long in U. S., if of foreign birth? 1012 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Mary Watson
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 26-1864

7. AGE Years 67 Months 8 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frankfort, Ky
(State or country)

13. NAME William Watson

14. BIRTHPLACE (city or town) Ky
(State or country)

15. MAIDEN NAME Nancy Thurnburg

16. BIRTHPLACE (city or town) Ky.
(State or country)

17. INFORMANT Mary Watson Gooding
(Address)

18. BURIAL, CREMATION, OR REMOVAL
to Place Gooding, Ida Date 12-1, 1931

19. UNDERTAKER Schubert & W. Bauer
(Address) Boise, Ida

20. FILED 12-1, 1931 W. H. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-30-193122. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1931, to Nov 30, 1931.I last saw him alive on Nov 30, 1931; death is saidto have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Gas PoisoningName of operation None Date ofWhat test confirmed diagnosis? Histology & Physical

23. If death was due to external causes (violence) fill in also the following:

accident, suicide, or homicide? Date of injury None, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ronald T. Nokes(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1937

PLACE OF DEATH

County of AdaCity of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 77441Local Registrar's No. 318

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eugust Geske.(a) Residence. No. 121 1/2 s. 9 th Street. St. Lemhi Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed, or Divorced (write the word)
Single.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) About. 1866.

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.65.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER / FATHER

13. NAME Unknown.14. BIRTHPLACE (city or town) Unknown.
(State or country)15. MAIDEN NAME Unknown.16. BIRTHPLACE (city or town) Unknown.
(State or country)17. INFORMANT Clyde. E. Summers.
(Address) 906. Bannock St. Boise. Ida.18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Dec 1931.19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.20. FILED 123-1, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 27, 193122. I HEREBY CERTIFY, That deceased deceased fromNov 27, 1931, to Nov 27, 1931I last saw him on Nov 27, 1931; death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Stroke, himself with strap in his room at Central Hotel.

Other contributory causes of importance:

Despondent, without funds, and work

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Clyde E. Summers, Coroner, M.D.(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		STATE OF IDAHO JAN 7 1932		77442	
City of <u>Boise</u>		CERTIFICATE OF DEATH		State File No. _____	
Registration District No. _____		Primary Registration District No. <u>2004</u>		Local Registrar's No. <u>104</u>	
(No. <u>Veterans Administration, Boise, Idaho</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)		888	
2. FULL NAME <u>READY, John D.</u>					
(a) Residence. No. <u>Gen. Del.</u>		St. <u>Twin Falls, Idaho</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>--</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 5, 1889</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.	
	<u>42</u>	<u>0</u>	<u>20</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Mass.</u> <u>M.W.</u> (State or country)					
MOTHER FATHER	13. NAME <u>XX</u>				
	14. BIRTHPLACE (city or town) <u>XX</u> (State or country)				
	15. MAIDEN NAME <u>XX</u>				
	16. BIRTHPLACE (city or town) <u>XX</u> (State or country)				
17. INFORMANT <u>L. H. Beaman</u> (Address) <u>V. A., Boise, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Shipped</u> Place <u>Lynn, Mass.</u> Date <u>12/28/31</u> 1931					
19. UNDERTAKER <u>McBratney Funeral Home</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>12-28</u> , 1931 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 25, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____ <u>July 19,</u> 1931, to <u>Dec. 25,</u> 1931. I last saw him alive on <u>Dec. 25,</u> 1931: death is said to have occurred on the date stated above, at <u>1.30 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Valvular Heart Disease Mitral Insufficiency; Myocarditis.</u> Date of onset _____					
Other contributory causes of importance: <u>Hypostatic Pneumonia</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify <u>Pericarditis</u> (Signed) <u>F. C. SMITH</u> Reg. Med. Off., M. D. (Address) <u>V. A., Boise, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		RECEIVED JAN 7 1932 DO NOT WRITE IN THIS SPACE 77443 State File No.	
County of <u>Ada</u>		Registration District No. <u>8</u>		Local Registrar's No. <u>103</u>	
City of <u>Boise</u>		Primary Registration District No. <u>2004</u>			
(No. <u>Veterans' Administration, Boise, Idaho</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>HULETT, Charles R.</u>					
(a) Residence. No. <u>446 Second Ave. East, Twin Falls, Idaho</u> (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Mrs. Gertrude Hulett</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 1, 1897</u>					
7. AGE	Years <u>34</u>	Months <u>10</u>	Days <u>24</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Illinois</u> (State or country)					
MOTHER FATHER	13. NAME <u>XX</u>				
	14. BIRTHPLACE (city or town) <u>XX</u> (State or country)				
	15. MAIDEN NAME <u>XX</u>				
	16. BIRTHPLACE (city or town) <u>XX</u> (State or country)				
17. INFORMANT <u>Doris Crawford</u> (Address) <u>Veterans' Adm., Boise, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Shipped</u> Place <u>Twin Falls, Ida.</u> Date <u>Dec. 27, 1931</u>					
19. UNDERTAKER <u>Wm. McBratney</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>Dec 26, 1931</u> <u>W.A. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12-25</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>November 19</u> , 1931, to <u>December 25</u> , 1931.					
I last saw him alive on <u>December 25, 1931</u> ; death is said to have occurred on the date stated above, at <u>8.25</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
V.H.D. Mitral Stenosis					
Other contributory causes of importance:					
V.H.D. Mitral Regurgitation					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify					
(Signed) <u>W.A. Rhodes</u> M. D.					
(Address) <u>Boise, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 17 1931

STATE OF IDAHO

John Boeck

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

BUREAU OF VITAL STATISTICS

77444

County of Ada

CERTIFICATE OF DEATH

State File No. _____

City of Boise.Registration District No. 8Primary Registration District No. 2004Local Registrar's No. 102

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane Elliott.(a) Residence. No. 3 Miles West Of Boise. St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 21 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow.</u>
--------------------------	-----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) May. 15. 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>86</u>	<u>7</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland.
(State or country)13. NAME William Gibson.14. BIRTHPLACE (city or town) Ireland.
(State or country)15. MAIDEN NAME Agnes Herron.16. BIRTHPLACE (city or town) Ireland.
(State or country)17. INFORMANT E. G. Elliott.
(Address) R. D. # 2. Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery Dec. 22. 1931.19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.20. FILED 12-21, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 20th 1931

22. I HEREBY CERTIFY, That I attended deceased from

Dec 19th 1931, 1931, to Dec. 20th 1931, 1931I last saw him alive on Dec 19th 1931; death is saidto have occurred on the date stated above, at 1230 p.m.

The principal cause of death and related causes of importance

were as follows:

Edema of lungs - (acute)

Date of onset

Other contributory causes of importance:

Emphysema

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) John Boeck M. D.(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

PLACE OF DEATH

County of Ada

City of _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 8Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE

State File No. 77445Local Registrar's No. 101

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Josephene Cousens(a) Residence. No. 6 Miles West 1. Mile South of Boise.

(Usual place of abode)

Length of residence in city or town where death occurred. 11 yrs. mos.(If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced, (write the word) Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofCharles. L. Cousens.6. DATE OF BIRTH (month, day, and year) Feb. 4. 1871.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
60. 10 10.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Auburn Calif.
(State or country)13. NAME Joe Wormington.14. BIRTHPLACE (city or town) England.
(State or country)15. MAIDEN NAME Unknown.16. BIRTHPLACE (city or town) Unknown.
(State or country)17. INFORMANT Charles. L. Cousens.
(Address) Meridian, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. Dec. 17. 193119. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.20. FILED 12-16, 1931 W. H. Rhode
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec-10 193122. I HEREBY CERTIFY, That I attended deceased from 1929 - 1931, to Dec 10, 1931.I last saw her alive on Nov. 28, 1931; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Myocardial valve heart lesion
Chronic Nephritis
Date of onset 1930
1929

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? yes Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Chas. V. Summersay M. D.

(Address) _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77446	
County of <u>Ada</u>		Registration District No. <u>8</u>		State File No. _____	
City of <u>Boise.</u>		Primary Registration District No. <u>2004</u>		Local Registrar's No. <u>99</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Sigle Francis Gabriel.</u>					
(a) Residence. No. <u>1222. Vermont Street.</u> St. _____ (Usual place of abode)					
Length of residence in city or town where death occurred. <u>5</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mrs. S.F. Gabriel.</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 4. 1861.</u>					
7. AGE <u>70</u>	Years <u>0</u>	Months <u>4</u>	Days <u>4</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Illinois.</u> (State or country)					
13. NAME <u>Andrew Gabriel.</u>					
14. BIRTHPLACE (city or town) <u>Unknown.</u> (State or country)					
15. MAIDEN NAME <u>Shrulda Thompson.</u>					
16. BIRTHPLACE (city or town) <u>Unknown.</u> (State or country)					
17. INFORMANT <u>Mrs. S.F. Gabriel.</u> (Address) <u>1222. Vermont Street. Boise.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cemetery. Dec 11, 1931.</u>					
19. UNDERTAKER <u>Summers & Krebs.</u> (Address) <u>Boise, Ida</u>					
20. FILED <u>12-11</u> , 1931 <u>W. H. Rhoades</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 8</u> , 1931					
22. I HEREBY CERTIFY, that I attended deceased from <u>five until death, Dec 8</u> , 1931					
I last saw h. <u>five</u> , 1931; death is said to have occurred on the date stated above, at <u>10:45 P.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Myocardial degeneration reported to autopsy by Dr. Albert Beech. Dr. had seen him about 6 wks ago.</u>					
Other contributory causes of importance: <u>Myocarditis</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Cause of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>W. H. Rhoades</u> , M. D. (Address) <u>Boise, Idaho</u>					

gsl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 8
Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE

77447

State File No.

Local Registrar's No. 98

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Benjamin Hyndson Whittington 168
(a) Residence. No. 8 miles S. W. of Boise
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Mrs. Lucy C. Whittington
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 24-1866

7. AGE Years 65 Months 3 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Springfield Mo.
(State or country)

13. NAME John W. Whittington

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Marjorie Maloney

16. BIRTHPLACE (city or town) Texas
(State or country)

17. INFORMANT Mrs. Lucy C. Whittington
(Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Interred Date Dec 11, 1931

19. UNDERTAKER Summers & Krebs
(Address) Boise Idaho

20. FILED 12-10, 1931 W. N. Rhoder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1931, to Dec 8, 1931.

I last saw him alive on Dec 8, 1931; death is said

to have occurred on the date stated above, at 10.9 m.

The principal cause of death and related causes of importance were as follows:

Suicide Hung himself with rope

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury Dec 8, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. E. Summers Coroner

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77448

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 97

(No. V.A., Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME WALL, William H.
(a) Residence. No. St. Jensen, Utah
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of XX

6. DATE OF BIRTH (month, day, and year) August 7, 1895
1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
36 4 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XX

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Utah
(State or country)

13. NAME XX M. W.

14. BIRTHPLACE (city or town) XX
(State or country)

15. MAIDEN NAME XX

16. BIRTHPLACE (city or town) XX
(State or country)

17. INFORMANT L. H. BEAMAN
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Shipped
Place Jensen, Utah Date 12-10-31 193

19. UNDERTAKER MC. Bratney Funeral Home
(Address) Boise, Idaho

20. FILED 12-10, 1931 W. H. Rhoades
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1931, to December 8, 1931.

I last saw him alive on December 8, 1931; death is said

to have occurred on the date stated above, at 3.50 a.m.

The principal cause of death and related causes of importance were as follows:

Valvular heart disease mitral stenosis and insufficiency.

Date of onset

Other contributory causes of importance:
--

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. SMITH, Reg. Med. Officer, M. D.

(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS	
County of Ada		City of Boise		Registration District No. 8		State File No. 77449	
Primary Registration District No. 2004		Local Registrar's No. 96					
(No. Boise, Idaho. Route #2.)		(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Albert Eugene Brooks							
(a) Residence. No. Boise, Idaho. Route #2.		St. 					
Length of residence in city or town where death occurred. 20 yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX Male.	4. COLOR OR RACE White.	5. Single, Married, Widowed, or Divorced (write the word) Married.					
5a. If married, widowed, or divorced HUSBAND of Esther Brooks (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) December 1-1875							
7. AGE	Years 56	Months 0	Days 5	If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer						
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
	10. Date deceased last worked at this occupation (month and year)						
11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) Winthrop, Ohio. (State or country)							
MOTHER FATHER	13. NAME Felix Brooks						
	14. BIRTHPLACE (city or town) Canada. (State or country)						
	15. MAIDEN NAME Don't Know.						
	16. BIRTHPLACE (city or town) New York. (State or country)						
17. INFORMANT Mrs. A. E. Brooks. (Address) Boise, Idaho.							
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 12-9-31 193							
19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.							
20. FILED 12-9 , 193, W. H. Rhodes Registrar.							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) 12/6/31 193							
22. I HEREBY CERTIFY, That I attest deceased from Dec 6 , 193, to Jan , 193							
I last saw h..... alive on Between 2 & 3:30 P.M. death is said to have occurred on the date stated above, at h.							
The principal cause of death and related causes of importance were as follows:							
Accidentally shot himself in breast with 12 gauge shot gun Other contributory causes of importance:							
Name of operation..... Date of.....							
What test confirmed diagnosis?..... Was there an autopsy?.....							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of Dec 6 , 193/ Where did injury occur? At this home (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury.....							
Nature of injury.....							
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Chas. E. Summers Coroner Boise, Idaho 12/7/31 (Address) Boise, Idaho							

183

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH		State File No. <u>77450</u>	
City of <u>Boise.</u>		Registration District No. <u>8</u>		Local Registrar's No. <u>95</u>	
		Primary Registration District No. <u>2004</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Edward. T. Davis.</u>					
(a) Residence. No. <u>Pacific Hotel.</u> St. <u>749</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>20</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widower.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 7. 1863.</u>					
7. AGE Years <u>68</u>		Months <u>3</u>		Days <u>29.</u>	
If LESS than 1 day, hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Illinois.</u> (State or country)					
13. NAME <u>Unknown.</u>					
14. BIRTHPLACE (city or town) <u>Unknown.</u> (State or country)					
15. MAIDEN NAME <u>Unknown.</u>					
16. BIRTHPLACE (city or town) <u>Unknown.</u> (State or country)					
17. INFORMANT <u>Mrs. Edna Davis Pearce.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morris Hill Cemetery. Dec. 1938.</u>					
19. UNDERTAKER <u>Summers & Krebs.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>12-8</u> , 193 <u>1</u> <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 6 1931</u>					
22. I HEREBY CERTIFY, That I <u>attended</u> deceased from <u>Dec. 6</u> , 193 <u>1</u> , to <u>Dec. 6</u> , 193 <u>1</u> .					
I last saw him <u>live</u> <u>Dec. 6</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>12-6</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Apoplexy, found dead in bed</u> <u>Natural Causes.</u>					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 193 <u>1</u> .					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? If so, specify.....					
(Signed) <u>Chas. E. Summers</u> <u>Coroner</u> <u>Boise Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of AdaCity of KunaRegistration District No. 8
Primary Registration District No. 2004State File No. 77451Local Registrar's No. 94320(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Sarah Elmer King(a) Residence. No. Kuna, Idaho St.(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced
HUSBAND of Saloman King
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 9-19-18527. AGE Years 79 Months 3 Days 16 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) (State or country) Ohio13. NAME Do not know Smith14. BIRTHPLACE (city or town) (State or country) Ohio15. MAIDEN NAME Sarah Elmer Smith16. BIRTHPLACE (city or town) (State or country) Ohio17. INFORMANT (Address) L. C. King, Kuna, Idaho18. BURIAL, CREMATION, OR REMOVAL Place Meridian Date 12-8, 193119. UNDERTAKER (Address) Wm. McBratney, Boise, Idaho20. FILED 12-7, 1931 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-5- 193122. I HEREBY CERTIFY, That I attended deceased from off and on for over 2 years, 1931I last saw him alive on in Aug, 1931; death is saidto have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Incurable Pulmonary Abscess of right lung Date of onset 6-12-1928

Other contributory causes of importance:

noneName of operation none Date of _____What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) F. G. Coleman, M.D.(Address) Kuna, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH
RECEIVED JAN 12 1932

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
Adams
County of _____
City of **Indian Valley**

Registration District No. _____
Primary Registration District No. _____
(No. _____, St.)

File No. **77452**
Registered No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME **Martha Elizabeth Gray**

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Widow
(Write the word.)

6. DATE OF BIRTH.
Sept 4 1844
(Month) (Day) (Year)

7. AGE **87** **2** **21**
Yrs. Mos. ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work... **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9. BIRTHPLACE **North Carolina**
(State or Country)

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER _____
(State or Country)

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER _____
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) **Frank E Gray**
(Address) **Bain Station, Forest, Boise**

15. **1-9-32** 191 _____
Filed _____
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **November 24 31** **74 9**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **11-17-31** 191, to **11-17-31** 191, that I last saw her alive on **11-17-31** 191, and that death occurred on the date stated above, at **8:15 AM**.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) Yrs. mos. **5** ds.
Contributory (Secondary) **Hypertension**

(Signed) **W. H. E. Marx** M. D.
19. (Address) **Cambridge, Mass.**

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death... yrs. mos. days. In the State... yrs. mos. days.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL **Indian Valley** DATE OF BURIAL **11/28 1931**

20. UNDERTAKER **J. A. H. Nelson** ADDRESS **Cambridge Id**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Thatcher

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

77453

Registration District No. 84
Primary Registration District No. 2161

Local Registrar's No. 240

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amy Larkin Thatcher

(a) Residence. No. Thatcher Ida St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female, 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced, (write the word) married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard Thatcher

6. DATE OF BIRTH (month, day, and year) Nov 25 1881

7. AGE Years 50 Months Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) until 1931 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Ogden Utah
(State or country)

MOTHER FATHER
13. NAME Wm. Larkin
14. BIRTHPLACE (city or town) Ogden Utah
(State or country)
15. MAIDEN NAME Dora Woodhead
16. BIRTHPLACE (city or town) Ogden Utah
(State or country)

17. INFORMANT Howard Thatcher
(Address) Thatcher Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Thatcher Idaho Date Dec 17 1931

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Dec 31, 1931, Mrs. G. G. Fitz
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec-15- 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/15/31, 1931, to 12/15/31, 1931.

I last saw him alive on 12/13/31, 1931; death is said

to have occurred on the date stated above, at 2.5 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 12/13/31

Other contributory causes of importance:

none

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Exams Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 1931.

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Elmer Kaestli, M.D.

(Address) Idaho Springs Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JAN 6 1937

DO NOT WRITE IN THIS SPACE

77454

State File No.

PLACE OF DEATH

County of BannockCity of Lava Hot SpringsRegistration District No. 84Primary Registration District No. 2161Local Registrar's No. 241

(If death occurred in hospital or institution, give its name instead of street and number.)

(No. Municipal Sanitarium)2. FULL NAME Henry Samuel Mason(a) Residence. No. Lava Hot Springs Idaho

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Edith Mason

6. DATE OF BIRTH (month, day and year) Oct 23, 1887

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
44 0 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None9. BIRTHPLACE (city or town) (State or country) Council Bluffs Iowa10. NAME OF FATHER Dallas Mason11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri12. MAIDEN NAME OF MOTHER Annie Williams13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wales

14. Informant Charles Mason
(Address) Lava Hot Springs Ida

15. Filed Dec 31, 1931 M. G. J. Fitz
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 8 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1931, to Dec 8, 1931, that I last saw him alive on Sept 8, 1931, and that death occurred, on the date stated above, at 1:35 P. m.

The CAUSE OF DEATH* was as follows:
Tubercular Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY None known
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sept 21, 1931

Was there an autopsy? yes

What test confirmed diagnosis? Examination of tissue

(Signed) C. H. Bush M. D.

Dec 9, 1931 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

20. Undertaker Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JAN

6 1931

DO NOT WRITE IN THIS SPACE

State File No. **77455**

PLACE OF DEATH

County of **Bannock**City of **McCammon**Registration District No. **84**Primary Registration District No. **2161**Local Registrar's No. **242**

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. **Lucial Sutton** St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Single**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Dec 10, 1931**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **McCammon**
(State or country) **Ida**

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) **James Elzie Sutton**
(State or country) **Mass Ferry Ky.**

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) **Alma Lizzie Thomas**
(State or country) **Clinton Mo.**14. Informant **Dr. C. A. Rich copy from Birth Certificate**
(Address) **Lava**15. Filed **Dec 31, 1931** **Mrs. E. G. Fitz**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **Dec 10 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Birth 12-10, 1931 to Death 12-10 - 1931
that I last saw **her** alive on **Dec 10, 1931**
and that death occurred, on the date stated above, at **11:15 a. m.**

The CAUSE OF DEATH* was as follows:

**Premature delivery & severe
dry labor
8 Mo. gestation**

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **no** Date ofWas there an autopsy? **no**What test confirmed diagnosis? **Examination**
(Signed) **C. A. Rich** M. D.**12-10, 1931** (Address) **Lava Hot Springs**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
19

20. Undertaker Address

RECEIVED JAN 13 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77457

State File No.

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 29Primary Registration District No. 2161(No. Pocatello General Hospital)Local Registrar's No. 200

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane B. Wiers(a) Residence No. 531 West Bonnevill St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. 1 mos. 1 ds. How long in U. S. if of foreign birth? yrs. 1 mos. 1 ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov. 16 - 18807. AGE Years 51 Months 19 Days X If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper(b) General nature of industry, business, or establishment in which employed (or employer) Own home(c) Name of employer None9. BIRTHPLACE (city or town) Willaville
(State or country) Utah10. NAME OF FATHER Samuel Ames11. BIRTHPLACE OF FATHER (city or town)
(State or Country) New York State12. MAIDEN NAME OF MOTHER Isabell Liskman13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Scotland14. Informant (Address) Mrs. S. J. Ames15. Filed 12-5, 1931 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 4, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1931, to Dec 4, 1931
that I last saw her alive on Dec 3, 1931
and that death occurred, on the date stated above, at 2:48 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Mental deterioration
of epilepsy
(duration) 1 yrs. 1 mos. 1 ds.CONTRIBUTORY
(Secondary)(duration) 1 yrs. 1 mos. 1 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of -Was there an autopsy? NoWhat test confirmed diagnosis? Biopsy(Signed) W. H. Brothers, M.D.Dec 4, 1931 (Address) Boise, Idaho19. Place of Burial (Name of Cemetery or Removal) City View Cemetery Date of Burial 12/6, 193120. Undertaker H. L. McKean Address Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JAN 13 1932 DO NOT WRITE IN THIS SPACE 77458 State File No.	
County of <u>Bannock</u>		City of <u>Pocatello</u>		Registration District No. <u>28</u> Primary Registration District No. <u>2161</u> Local Registrar's No. <u>201</u>	
(No. <u>Yellowstone Hotel</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Roy William Gardener</u>					
(a) Residence. No. <u>Salt Lake City, Utah</u> St. <u>Salt Lake City, Utah.</u>					
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. <u>2</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Lessie Bigelow</u> (or) WIFE of <u>Lessie Bigelow</u>					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 14, 1882.</u>					
7. AGE	Years <u>49</u>	Months <u>2</u>	Days <u>22</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mountain States Tel. & Tel. Co.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Tel. & Tel. Co.</u>				
	10. Date deceased last worked at this occupation (month and year) <u>December 31.</u>				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>American Fork, Utah.</u>					
MOTHER FATHER	13. NAME <u>William H. Gardener</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>American Fork, Utah.</u>				
	15. MAIDEN NAME <u>Ellen Barrett</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>American Fork, Utah.</u>				
17. INFORMANT <u>Mrs. Roy W. Gardener</u> (Address) <u>Salt Lake City, Utah.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>On Arrival</u> Place <u>American Fork Ut.</u> Date <u>Dec. 7, 1931</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>Dec. 7, 1931.</u> <u>D C Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 6, 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>12/6/31</u> , 1931, to <u>12/7/31</u> , 1931. I last saw him alive on <u>12/6/31</u> , 1931; death is said to have occurred on the date stated above, at <u>6 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>Acute Coriary Failure.</u> <u>(Relataive)</u>					
Other contributory causes of importance:					
Name of operation <u>no</u> Date of <u>no</u>					
What test confirmed diagnosis? <u>no</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>no</u> , 1931. Where did injury occur? <u>no</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>no</u> Manner of injury <u>no</u> Nature of injury <u>no</u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>no</u> (Signed) <u>D C Ray</u> M. D. Pocatello, Idaho. (Address) <u>no</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77459 State File No.	
County of	Bannock	Registration District No. 28		Local Registrar's No. 202	
City of	Pocatello	Primary Registration District No. 2161			
		(No. Saint Anthony's Hospital)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME		Jenice Margot Woodland			
(a) Residence. No.		Pocatello, Idaho. St.			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs.	mos.	ds.	How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
Female	White	Single			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Dec. 6, 1931.					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.	
	0	0	0		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant				
	10. Date deceased last worked at this occupation (month and year)				
12. BIRTHPLACE (city or town) (State or country)		Pocatello, Idaho.			
MOTHER FATHER	13. NAME James H. Woodland				
	14. BIRTHPLACE (city or town) (State or country) Utah.				
	15. MAIDEN NAME Ione Walker				
	16. BIRTHPLACE (city or town) (State or country) Rockland, Idaho.				
17. INFORMANT James H. Woodland (Address) North of Pocatello City					
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Dec. 7, 1931.					
19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.					
20. FILED Dec. 7, 1931. J. C. Cran Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Dec. 6, 1931.					
22. I HEREBY CERTIFY, That I attended deceased from 12/6, 1931, to 12/6/31 2hrs., 1931.					
I last saw h.c. alive on at birth 12/6, 1931. death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
Birth Injury					
Nobody laceration					
Tentorium cerebral (post bell)					
Other contributory causes of importance:					
Fetalic torsion difficult delivery					
Name of operation					
Date of					
What test confirmed diagnosis? Vaginal Was there an autopsy? 20					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) O. C. Lead, M. D.					
(Address) Pocatello, Idaho.					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		State File No. <u>77460</u>	
City of <u>Pocatello</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>203</u>	
		Primary Registration District No. <u>2161</u>			
		(No. <u>Residence</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Chas. S. Dalton</u>					
(a) Residence. No. <u>726 South Third Ave. St.</u>					
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>husband of Sarah J. Davis</u> (or) WIFE					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 12, 1857.</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>74</u>	<u>9</u>	<u>22</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Farmington, Utah.</u>					
MOTHER FATHER	13. NAME <u>Chas. Dalton</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Pennsylvania</u>				
	15. MAIDEN NAME <u>Eunice Daniels</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Missouri</u>				
17. INFORMANT <u>Mrs. Chas. S. Dalton</u> (Address) <u>Pocatello, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>Dec. 8, 1931.</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>Dec. 7, 1931.</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 6, 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>11/1</u> , 193 <u>1</u> , to <u>12/6</u> , 193 <u>1</u> .					
I last saw him alive on <u>12/6</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>4 p.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Carcinoma, Cecum</u>					Date of onset
Other contributory causes of importance:					
<u>Chronic prostatic</u>					
Name of operation <u>NU</u> Date of <u>4</u>					
What test confirmed diagnosis? <u>Physician</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>Yes</u> Date of injury <u>1931.</u>					
Where did injury occur? <u>Yes</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Yes</u>					
Manner of injury <u>Yes</u>					
Nature of injury <u>Yes</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify					
(Signed) <u>O. J. Hall</u> M. D.					
(Address) <u>Pocatello, Idaho.</u>					

Registrar.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JAN 13 1932	
PLACE OF DEATH County of <u>Bannock</u> City of <u>Pocatello</u>		DO NOT WRITE IN THIS SPACE State File No. <u>77461</u>	
CERTIFICATE OF DEATH Registration District No. _____ Primary Registration District No. _____		Local Registrar's No. <u>204</u>	
(No. <u>407 N. Main</u>) (If death occurred in a hospital or institution give its name instead of street and number.)			
2. FULL NAME <u>Clarence A. Rademacher</u>			
(a) Residence. No. <u>407 N. Main</u> St. _____ (Usual place of abode) (If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
1. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Mary L.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced</u>	
6. DATE OF BIRTH (month, day, and year) <u>1884</u>			
7. AGE <u>47</u> Years Months _____ Days _____		If LESS than 1 day, _____ hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>A. S. L. R. R.</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Michigan</u>			
13. NAME <u>Peter Rademacher</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Michigan</u>			
15. MAIDEN NAME <u>Katherine Eckert</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Michigan</u>			
17. INFORMANT <u>Mrs. C. A. Rademacher</u> (Address) <u>407 N. Main</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Academy</u> Date <u>on arrival</u> , 1931			
19. UNDERTAKER <u>Schumacher & Bagley</u> (Address) <u>Pocatello, Idaho</u>			
20. FILED <u>12-7</u> , 1931 <u>D. C. Ray</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Dec. 7, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>12-7</u> , 1931, to <u>12-7</u> , 1931.			
I last saw him alive on <u>12-7</u> , 1931; death is said to have occurred on the date stated above, at <u>1 P.</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Angina Pectoris</u>			
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____, 1931.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____			
If so, specify _____			
(Signed) <u>D. C. Ray</u> M. D.			
(Address) <u>Pocatello, Idaho</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JAN 18 1937	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
City of <u>Pocatello</u>		Registration District No. <u>2</u>		State File No. <u>77462</u>	
		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>205</u>	
		(No. <u>Residence</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>James Alven Barzee</u>					
(a) Residence. No. <u>North of City</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. <u>7</u> mos. <u></u> ds. <u></u> How long in U. S., if of foreign birth? yrs. <u></u> mos. <u></u> ds. <u></u>					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>					
6. DATE OF BIRTH (month, day, and year) <u>August 26. 1884</u>					
7. AGE	Years <u>47</u>	Months <u>3</u>	Days <u>16</u>	If LESS than 1 day, hrs. <u></u> or min. <u></u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u></u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>				
	10. Date deceased last worked at this occupation (month and year) <u></u>				
11. Total time (years) spent in this occupation <u></u>					
12. BIRTHPLACE (city or town) (State or country) <u>Colorado</u>					
MOTHER FATHER	13. NAME <u>Reuben W. Barzee</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>England</u>				
	15. MAIDEN NAME <u>Aidah M. Kendall</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>				
17. INFORMANT <u>Mrs Aidah K. Barzee</u> (Address) <u>Iona Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Iona Idaho</u> Date <u></u> , 193 <u></u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello Idaho</u>					
20. FILED <u>12/13</u> , 193 <u>1</u> <u>J. C. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 12</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 11</u> , 193 <u>1</u> , to <u>Dec 12</u> , 193 <u>1</u>					
I last saw him alive on <u>Dec 11</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, <u>Dec 12</u> m. <u>3:00</u>					
The principal cause of death and related causes of importance were as follows: <u>Myocardial Insufficiency</u>					
Date of onset <u></u>					
Other contributory causes of importance: <u>Chronic Rheumatism</u>					
Name of operation <u>no</u> Date of <u>no</u>					
What test confirmed diagnosis? <u>Exam</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>no</u> Date of injury <u>no</u> , 193 <u></u>					
Where did injury occur? <u>home</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>home</u>					
Manner of injury <u>none</u>					
Nature of injury <u>none</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>none</u>					
(Signed) <u>J. C. Ray</u> , M. D.					
(Address) <u>Pocatello Idaho</u>					

12/13/31

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 77463	
County of <u>Bannock</u> City of <u>Pocatello</u>		Registration District No. <u>2</u> Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>206</u>	
(No. <u>Residence</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Carrie B. Swanton</u>					
(a) Residence. No. <u>725 N. 16th</u> St. <u>Hailey, Idaho</u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 25, 1869</u>					
7. AGE Years <u>62</u>	Months <u>1</u>	Days <u>19</u>	If LESS than 1 day, hrs. or min.		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Cumtland, Md.</u>					
FATHER					
13. NAME <u>unknown</u>					
14. BIRTHPLACE (city or town) (State or country) <u>unknown</u>					
MOTHER					
15. MAIDEN NAME <u>unknown</u>					
16. BIRTHPLACE (city or town) (State or country) <u>unknown</u>					
17. INFORMANT <u>H. F. Budenholzer</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>N. B. Co., Idaho</u> Date <u>On arrival</u> 193 <u>1</u>					
19. UNDERTAKER <u>Schumacher & Beasley</u> (Address) <u>Pocatello, Idaho</u>					
20. FILED <u>12-17</u> , 193 <u>1</u> <u>J. C. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 4</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>12/7</u> , 193 <u>1</u> , to <u>12/14</u> , 193 <u>1</u> . I last saw him alive on <u>12/14</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>3 P.</u> m. The principal cause of death and related causes of importance were as follows:					
<u>Pulmonary Embolism</u>					
Other contributory causes of importance: <u>Hypertension 12/7/31</u>					
Name of operation <u>Hysterectomy</u> Date of <u>12/7/31</u>					
What test confirmed diagnosis? <u>Physic.</u> Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193 <u>1</u> . Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury. Nature of injury.					
24. Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed) <u>J. C. Ray</u> , M. D. (Address) <u>Pocatello, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JAN 13 1932

DO NOT WRITE IN THIS SPACE

77464

State File No.

Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 207(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Milton Woodruff Thompson(a) Residence. No. 818 North Arthur Ave. St.Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Husband of Mary Wardle
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Sept. 30, 1894

7. AGE Years <u>37</u>	Months <u>2</u>	Days <u>18</u>	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop employee9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O. S. L. R. R.10. Date deceased last worked at this occupation (month and year) Nov. 1931. 11. Total time (years) spent in this occupation 9 Yrs.12. BIRTHPLACE (city or town) (State or country) Smithfield, Utah.13. NAME Heber J. Thompson14. BIRTHPLACE (city or town) (State or country) Utah.15. MAIDEN NAME Sylvia M. Woodruff16. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.17. INFORMANT Mrs. Milton W. Thompson
(Address) Pocatello, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Ida. Date Dec. 21, 1931.19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.20. FILED Dec. 21, 1931. D. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 18, 1931.22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1931, to 12-18, 1931.I last saw him alive on 12-18, 1931; death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia
Sept. pneumonia
Sept.

Other contributory causes of importance: -

Name of operation none Date of 20What test confirmed diagnosis? Wasthere an autopsy?23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 1931.Where did injury occur? —
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? noIf so, specify —(Signed) D. C. Ray, M. D.(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Bannock	CERTIFICATE OF DEATH		Registration District No.		28		77465	
City of	Pocatello	Residence		Primary Registration District No.		2161		State File No.	
		(If death occurred in a hospital or institution, give its name instead of street and number.)				Local Registrar's No.		208	
2. FULL NAME		Elizabeth Phillips						44	
(a) Residence. No.		744 South Hayes Ave.		St.					
Length of residence in city or town where death occurred.		43rs.		mos.		ds.		(If nonresident give city or town and state) yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)							
Female	White	Married							
5a. If married, widowed, or divorced									
HUSBAND of (or) WIFE of Wife of Edward Phillips									
6. DATE OF BIRTH (month, day, and year) Dec. 5, 1861									
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.					
	70	0	14						
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home								
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife								
	10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) Logan, Utah.									
FATHER	13. NAME Morgan Jones								
	14. BIRTHPLACE (city or town) (State or country) Wales								
MOTHER	15. MAIDEN NAME Unknown								
	16. BIRTHPLACE (city or town) (State or country) Unknown								
17. INFORMANT Edward Phillips (Address) Pocatello, Idaho.									
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Dec. 23, 1931									
19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.									
20. FILED Dec. 22, 1931. D. C. Ray Registrar.									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) Dec. 19, 1931									
22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931, to Dec. 19, 1931.									
I last saw him alive on Dec. 14, 1931; death is said to have occurred on the date stated above, at 6 P. M.									
The principal cause of death and related causes of importance were as follows:									
Coronary Artery									
Other contributory causes of importance:									
Name of operation none Date of									
What test confirmed diagnosis? Was there an autopsy?									
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.									
Where did injury occur? (Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place.									
Manner of injury									
Nature of injury									
24. Was disease or injury in any way related to occupation of deceased?									
If so, specify									
(Signed) M. D.									
(Address) Pocatello, Idaho.									

RECEIVED JAN 13 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77466

State File No.

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. 834 M. Grant)Local Registrar's No. 209

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah A. Peterson(a) Residence. No. 834 M. Grant St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJ. A. Peterson6. DATE OF BIRTH (month, day and year) Mar 28, 18837. AGE Years 48 Months 8 Days 25 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER Wm. Corbridge11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant (Address) J. A. Peterson
Pocatello, Idaho15. Filed Dec 23 1931 D. C. Roy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 21 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 10-3 1931 to 10-3 1931that I last saw her alive on 10-3 1931and that death occurred, on the date stated above, at 3:45 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Peritonitis Tubercular
or carcinoma Ovarial

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical findings(Signed) Dr. J. A. Peterson M. D.(Address) 2123 193119. Place of Burial, Cremation, or Removal Pocatello, Idaho Date of Burial Dec 23 193120. Undertaker H. L. McKen Address Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.
Exact statement of OCCUPATION is very important.

PARENTS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77467

State File No.

PLACE OF DEATH

County of Barnock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

(No. Poc. Gen. Hosp.)

Local Registrar's No. 210

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Calvin Cunningham

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 26, 1907

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
24 2 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Placerville, Utah
(State or country) Utah

10. NAME OF FATHER James H. Cunningham

11. BIRTHPLACE OF FATHER (city or town) Utah
(State or country)

12. MAIDEN NAME OF MOTHER Lenore Jensen

13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or country)

14. Informant James H. Cunningham
(Address) Iskram, Idaho

15. Filed Dec 29, 1931 J. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1931, to Dec 22, 1931,
that I last saw him alive on Dec 22, 1931,
and that death occurred, on the date stated above, at 3:10 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute mania

CONTRIBUTORY (Secondary) Electric burn of foot
(duration) 1 yrs. 2 mos. 2 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date Dec 15

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. A. Brothers, M. D.
12-22, 1931 (Address) Pocatello, Idaho

19. Place of Burial, Cremation, or Removal Barley, Idaho Date of Burial Dec. 23, 1931

20. Undertaker H. L. McHon Address Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77468 State File No.	
PLACE OF DEATH County of <u>Bannock</u> City <u>Jacobs</u>		CERTIFICATE OF DEATH Registration District No. <u>216</u> Primary Registration District No. <u>216</u> Local Registrar's No. <u>211</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME <u>John Mackin</u>			
(a) Residence, No. St. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>May 18-1850</u>			
7. AGE Years <u>81</u> Months <u>7</u> Days <u>1</u>	If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		21. DATE OF DEATH (month, day, and year) 193 <u>1</u>	
12. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 1</u> , 193 <u>1</u> to <u>Dec 19</u> , 193 <u>1</u>	
13. NAME <u>Thomas Mackin</u>		I last saw him alive on <u>Dec 16</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>7 a</u> m.	
14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>		The principal cause of death and related causes of importance were as follows:	
15. MAIDEN NAME <u>unknown</u>		Date of onset <u>1910</u>	
16. BIRTHPLACE (city or town) (State or country) <u>unknown</u>		Other contributory causes of importance: <u>Chronic myocarditis</u> <u>Chronic interstitial nephritis</u> <u>1915</u>	
17. INFORMANT (Address) <u>W. P. Ryan</u> <u>Glenns Henry Idaho</u>		Name of operation <u>Chinua</u> Date of <u>Dec</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>Dec 21</u> 193 <u>1</u>		What test confirmed diagnosis <u>Chinua</u> Was there an autopsy <u>Yes</u>	
19. UNDERTAKER (Address) <u>Bannock & Busby</u> <u>Jacobs</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Yes</u> Date of injury <u>1931</u> Where did injury occur? (Specify city or town, county, and State)	
20. FILED <u>12-24</u> , 193 <u>1</u>		Specify whether injury occurred in industry, in home, or in public place.	
Registrar <u>J. C. Key</u>		Manner of injury	
		Nature of injury	
		24. Was disease or injury in any way related to occupation of deceased?	
		If so, specify	
		(Signed) <u>W. W. Rogers</u> M. D.	
		(Address) <u>Idaho</u>	

RECEIVED JAN 13 1932

RECEIVED JAN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77469

PLACE OF DEATH

County of Bannock
City of Lava Hot Springs
Registration District No. 2
Primary Registration District No. 2161

Local Registrar's No. 212

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Alvin Wengreen(a) Residence. No. M. Cammon Ida

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 8, 1916

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
15 9 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Downers
(State or country) Idaho10. NAME OF FATHER Carl Arthur Wengreen11. BIRTHPLACE OF FATHER (city or town) Bandy Utah
(State or Country)12. MAIDEN NAME OF MOTHER Elva Rosella Brown13. BIRTHPLACE OF MOTHER (city or town) Murray
(State or Country) Utah14. Informant Mrs. C.A. Wengreen
(Address) M. Cammon Idaho15. Filed 12-29-31 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 24 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

On Dec 24, 1931, to Dec 24, 1931that I last saw him alive on Dec 24, 1931and that death occurred, on the date stated above, at 7:45 P.M.

The CAUSE OF DEATH* was as follows:

Gunshot wound in head. Bullet entered Occiput
from the back of the head
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted M. Cammon Idaho
if not at place of death?Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? X-Ray of head.(Signed) B. A. Blach M. D.12-24-31, 1931 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

McCammon, Idaho. Dec. 29, 1931.

20. Undertaker Address

Arthur W. Hall Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77470Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 213(No. 243 West Sherman St.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph W. Jenkins(a) Residence. No. St. Anthony, Idaho. St.Length of residence in city or town where death occurred. yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of Margaret W Wotherspoon
(or) WIFE of6. DATE OF BIRTH (month, day, and year) May 4 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>80</u>	<u>7</u>	<u>21</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Retired Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Wales
(State or country)13. NAME William Wells Jenkins14. BIRTHPLACE (city or town) Wales
(State or country)15. MAIDEN NAME Sarah Rossor16. BIRTHPLACE (city or town) Wales
(State or country)17. INFORMANT Mrs Claude Richardson
(Address) Pocatello Ida Ho18. BURIAL, CREMATION, OR REMOVAL
Place Ogden Utah Date 12-26, 193119. UNDERTAKER Hall
(Address)20. FILED 12-26, 1931 D Chay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 25 193122. I HEREBY CERTIFY, That I attended deceased from 12/16, 1931, to 12/25, 1931.I last saw him alive on 12/25, 1931; death is saidto have occurred on the date stated above, at 29 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Insufficiency with hypertrophy of the heart

Other contributory causes of importance:

Date of onset

Name of operation ✓ Date of ✓What test confirmed diagnosis Physical Was there an autopsy? 24

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 1931.Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Bannock	CITY OF		Pocatello		Registration District No.		28	
City of		Pocatello		Primary Registration District No.		2161		Local Registrar's No.	
								214	
2. FULL NAME		Madine Haggard		(No. Gen. Hosp.)		(If death occurred in a hospital or institution, give its name instead of street and number.)		57	
(a) Residence. No.		Pocatello, Ida.		(If nonresident give city or town and state)					
Length of residence in city or town where death occurred.		yrs. mos.		ds.		How long in U. S., if of foreign birth?		yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX	7.	4. COLOR OR RACE	21.	5. Single, Married, Widowed, or Divorced (write the word)	single				
5a. If married, widowed, or divorced									
HUSBAND of (or) WIFE of									
6. DATE OF BIRTH (month, day, and year)									
Apr. 7, 1913									
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.					
18									
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.									
Student									
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
10. Date deceased last worked at this occupation (month and year)									
11. Total time (years) spent in this occupation									
12. BIRTHPLACE (city or town) (State or country)									
Idaho									
13. NAME									
Homer Haggard									
14. BIRTHPLACE (city or town) (State or country)									
Idaho									
15. MAIDEN NAME									
16. BIRTHPLACE (city or town) (State or country)									
Idaho									
17. INFORMANT (Address)									
Homer Haggard, Pocatello, Ida.									
18. BURIAL, CREMATION, OR REMOVAL Place									
Pierce Co., Idaho, Jan 3rd, 1932									
19. UNDERTAKER (Address)									
Schumacher, Pocatello, Idaho									
20. FILED 12-30, 1931									
D. C. Ray Registrar									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year)									
Dec. 27, 1931									
22. I HEREBY CERTIFY, That I attended deceased from									
12/24, 1931, to 12/27, 1931									
I last saw him alive on 12/27, 1931; death is said to have occurred on the date stated above, at 2:50 P. M.									
The principal cause of death and related causes of importance were as follows:									
Diabetes Mellitus									
Date of onset 1925									
Other contributory causes of importance:									
-									
Name of operation									
Laboratory									
Date of									
What test confirmed diagnosis? Was there an autopsy? No									
23. If death was due to external causes (violence) fill in also the following:									
Accident, suicide, or homicide? Date of injury									
1931									
Where did injury occur? (Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place.									
Manner of injury									
Nature of injury									
24. Was disease or injury in any way related to occupation of deceased?									
No									
If so, specify									
(Signed) J. H. Gunning, M. D.									
(Address) Pocatello, Ida.									

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
77472
State File No.

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161
(No. St. Anthony's Hosp.)

Local Registrar's No. 215

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. 354 N. 7th St.

(Usual place of abode.)

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. Single, Married, Widowed, or Divorced (write the word.) Married (6 mos)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) 12-30-1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
— — — 3 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pocatello
(State or country) Ida.

10. NAME OF FATHER Thomas A Brownlee

11. BIRTHPLACE OF FATHER (city or town) Colo
(State or Country)

12. MAIDEN NAME OF MOTHER Senora Greuberg

13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or County)

14. Informant Thomas A Brownlee
(Address)

15. Filed 12 30 1931 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 30 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1931 to Dec 30 1931
that I last saw her alive on Dec 30 1931
and that death occurred, on the date stated above, at 10 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature (6 mos)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Wm J. Chess M. D.

(Signed) 12-30-1931 (Address) Pocatello Ida

19. Place of Burial, Cremation, or Removal Pocatello Ida Date of Burial 12-30 1931

20. Undertaker H. L. McKean Address Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

EXACTLY.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

Exact statement of OCCUPATION is very important.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Bannock
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 77473

Local Registrar's No. 216

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul Alexander

(a) Residence. No. 25 E. Hayden St.

(Usual place of abode.)

Length of residence in city or town where death occurred 25 yrs. 6 mos. 22 ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced Widowed
HUSBAND of Mrs. Paul Alexander
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 24 1864

7. AGE Years 67 Months 6 Days 22 IN LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) C. & L. R. B. & U. K. B. B.

(c) Name of employer

9. BIRTHPLACE (city or town) Upprimer
(State or country) Ohio

10. NAME OF FATHER Josiah Alexander

11. BIRTHPLACE OF FATHER (city or town) Upprimer
(State or Country) Ohio

12. MAIDEN NAME OF MOTHER Wm. J. Jones

13. BIRTHPLACE OF MOTHER (city or town) Upprimer
(State or Country) Ohio

14. Informant Blanche Jackson
(Address) Apex, Kansas

15. Filed 12-31 1931 D. C. Roy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis
Found dead in his home had
been sick a number of weeks. (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Arthur W. Hall Boomer
Pocatello 19____ (Address)

19. Place of Burial, Cremation, or Removal Mt. View Cemetery Date of Burial Jan. 2 1932

20. Undertaker J. L. McEacher Address Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH Registration District No. <u>2</u> Primary Registration District No. <u>216</u> (No. <u>Pocatello General Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		State File No. <u>77474</u>	
City of <u>Pocatello</u>				Local Registrar's No. <u>217</u>	
2. FULL NAME <u>Bruce McDougall</u> (a) Residence. No. <u>County Infirmary</u> St. <u></u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Unknown</u>					
7. AGE <u>About 83</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unknown</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>					
MOTHER FATHER	13. NAME <u>Unknown</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>				
	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>				
17. INFORMANT <u>W. W. Brothers</u> (Address) <u>Pocatello, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>Dec. 29, 1931</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>					
20. FILED <u>Dec. 29, 1931</u> <u>D. C. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day, and year) <u>Dec. 28, 1931</u> 22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 1</u> , 19 <u>31</u> , to <u>Dec 28</u> , 193 <u>1</u> . I last saw <u>him</u> alive on <u>Dec 28</u> , 193 <u>1</u> . death is said to have occurred on the date stated above, at <u>10</u> m. The principal cause of death and related causes of importance were as follows: <u>Organic heart disease</u> <u>Chronic myocarditis & g.</u> Other contributory causes of importance: <u>Chronic interstitial nephritis</u> <u>5 y.</u> Name of operation <u>None</u> Date of <u>Nov</u> What test confirmed diagnosis? <u>Chiefly</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>W. W. Brothers</u> M. D. (Address) <u>Pocatello, Idaho.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED JAN 12 1932	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	BANNOCK	CERTIFICATE OF DEATH		State File No. 77475	
City of	POCATELLO	Registration District No. 28		Local Registrar's No. 219	
Primary Registration District No. 2161		(No. POCATELLO GENERAL HOSPITAL)		179	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME FLORENCE INA ROGERSON					
(a) Residence. No. FORT HALL, IDAHO. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
FEMALE	WHITE	SINGLE			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) MAR. 23 1920					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
11	9	7			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT SCHOOL					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) FORT HALL, IDAHO. (State or country)					
13. NAME DANIEL E. ROGERSON					
14. BIRTHPLACE (city or town) HEBER CITY, UTAH. (State or country)					
15. MAIDEN NAME BLANCH TALFORD					
16. BIRTHPLACE (city or town) WEST WEBER, UTAH. (State or country)					
17. INFORMANT DANIEL E. ROGERSON (Address) FORT HALL, IDAHO.					
18. BURIAL, CREMATION, OR REMOVAL Place. CODEX, UTAH. Date JAN. 2, 1932					
19. UNDERTAKER ARTHUR W. HALL (Address) POCATELLO, IDAHO.					
20. FILED DEC. 31, 1931 D. C. Ray Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) DEC. 30, 1931					
22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1931, to Dec. 30, 1931.					
I last saw h. u. alive on Dec. 30, 4:30 P.M., 1931; death is said to have occurred on the date stated above, at 7:20 P.M.					
The principal cause of death and related causes of importance were as follows:					
Extensive burns involving almost the entire body					
Date of onset					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury Burns from exploded					
Nature of injury gasoline					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) Adam Newton, M. D.					
(Address) POCATELLO, IDAHO.					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JAN 13 1932	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
City of <u>Pocatello</u>		Registration District No. <u>28</u>		State File No. <u>77476</u>	
		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>218</u>	
		(No. <u>Pocatello General Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant LaBaugh</u>					
(a) Residence. No. <u>408 North 8th</u> St. <u>1619</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec 28th 31</u>					
7. AGE Years <u>0</u>		Months <u>--</u>		Days <u>--</u>	
If LESS than 1 day, hrs. or min. <u>3</u>					
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>			
		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
MOTHER		12. BIRTHPLACE (city or town) <u>Pocatello</u> (State or country) <u>Idaho</u>			
FATHER		13. NAME <u>C LaBaugh</u>			
		14. BIRTHPLACE (city or town) <u>Utah</u> (State or country)			
		15. MAIDEN NAME <u>Thelma Tipp</u>			
		16. BIRTHPLACE (city or town) <u>Kansas</u> (State or country)			
		17. INFORMANT <u>C. LaBaugh</u> (Address) <u>Pocatello Idaho</u>			
		18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello</u> Date <u>Dec 29, 1931</u>			
		19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello Idaho</u>			
		20. FILED <u>12-31, 1931</u> <u>D. Cray</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 28</u> 193 <u>1</u>					
22. I HEREBY CERTIFY That I attended deceased from <u>Dec 28</u> , 193 <u>1</u> , to <u>Dec 28</u> , 193 <u>1</u> .					
I last saw her alive on <u>Dec 28</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>7a</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Premature (6 1/2 mo)</u>					
Other contributory causes of importance:					
<u>Psychosis of mother 2 wks.</u>					
Name of operation <u>Claustr</u> Date of <u>Jan</u>					
What test confirmed diagnosis? <u>Claustr</u> Was there an autopsy <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>---</u> Date of injury <u>---</u> , 193 <u>1</u> .					
Where did injury occur? <u>---</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>---</u>					
Manner of injury <u>---</u>					
Nature of injury <u>---</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u>no</u>					
(Signed) <u>Thelma Tipp</u> , M. D.					
(Address) <u>Pocatello</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Benedict</u>		CERTIFICATE OF DEATH		State File No. <u>77477</u>	
City of <u>Plummer</u>		Registration District No. <u>46</u>		Local Registrar's No. <u>10</u>	
		(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Caroline White</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Richard N White</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE <u>87</u> Years	<u>7</u> Months	<u>2</u> Days	If LESS than 1 day, _____ hrs. or min.		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Martensville</u> (State or country) <u>Clark, Co., Illinois</u>					
MOTHER FATHER					
13. NAME <u>Louis (?) Dougherty</u>					
14. BIRTHPLACE (city or town) <u>Indiana</u> (State or country)					
15. MAIDEN NAME <u>Celia Gamble</u>					
16. BIRTHPLACE (city or town) <u>Indiana</u> (State or country)					
17. INFORMANT <u>Mrs. W. D. Pearce</u> (Address) <u>Plummer, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Plummer</u> Date <u>12/4, 1931</u>					
19. UNDERTAKER <u>H. S. Jaeger</u> (Address) <u>Fairfield, Mo.</u>					
20. FILED <u>Dec 12, 1931</u> <u>Fred A. Robertson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 24th, 1931</u> , to <u>Dec 2nd, 1931</u> .					
I last saw her alive on <u>Nov 24th, 1931</u> ; death is said to have occurred on the date stated above, at <u>4 P. M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u>					
Date of onset _____					
Other contributory causes of importance: <u>Senile Decay</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>St. Gall</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>At Home</u>					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u>					
If so, specify _____					
(Signed) <u>J. J. Huntington</u> M. D.					
(Address) <u>1100 E. 1st St., Plummer, Idaho</u>					

746

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECORDED JAN 6 1932
DO NOT WRITE IN THIS SPACE
77478
State File No.

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Benedict
City of St. Maries

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 43

(No. St. Maries Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank J. Fuller

(a) Residence. No. 229 - 12th St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

16 DATE OF DEATH
December 12 1931
(Month) (Day) (Year)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Dessie Fuller

17 I HEREBY CERTIFY, That I attended deceased from
November 30, 1931, to December 12, 1931.

that I last saw him alive on December 12, 1931.

and that death occurred, on the date stated above, at 7:45 a.m.

The CAUSE OF DEATH* was as follows:

Septicemia

6 DATE OF BIRTH (month, day and year) Mar. 19 - 1889

7 AGE Years Months Days 1 If LESS than day, hrs. or min.
48 8 27 1 day, min.

(duration) yrs. mos. 12 ds.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Pharmacist

(b) General nature of industry, business, or establishment in which employed (or employer)

Drug

(c) Name of employer

CONTRIBUTORY (Secondary) Dependent

(duration) yrs. mos. 1 ds.

9 BIRTHPLACE (city or town) Hatterville, Miss.
(State or country)

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of 12/7/31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Stonewall, M. D.

12/12/31, 1931 (Address) St. Maries, Idaho

10 NAME OF FATHER William Fuller

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Albany, New York

12 MAIDEN NAME OF MOTHER Malinda Jackson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 Informant Dessie C. Fuller
(Address) St. Maries

19 Place of Burial, Cremation, or Removal Date of Burial

St. Maries Id.

Dec 14 1931

20. Undertaker

Address

Geo. Mitchell

St. Maries

15 Filled 12/16, 1931 Walter Roberg
Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Bingham	CERTIFICATE OF DEATH		State File No. 77479	
City of	Aberdeen	Registration District No.	116	Local Registrar's No. 14	
		Primary Registration District No.	2195		
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME		Mrs Harriet Perkins			
(a) Residence. No.		St. Aberdeen Idaho			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		11	rs.	mos.	ds.
		How long in U. S., if of foreign birth?		yrs.	mos.
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	Female	4. COLOR OR RACE	W	5. Single, Married, Widowed, or Divorced (write the word)	Widow
5a. If married, widowed, or divorced					
HUSBAND of Mr. Will Perkins (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Apr 12, 1853					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
78		8	15		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Daughters' home					
10. Date deceased last worked at this occupation (month and year) Dec 25, 1931					
11. Total time (years) spent in this occupation 61					
12. BIRTHPLACE (city or town) (State or country) Illinois					
13. NAME John Alexander					
14. BIRTHPLACE (city or town) (State or country) Illinois					
15. MAIDEN NAME					
16. BIRTHPLACE (city or town) (State or country) Illinois					
17. INFORMANT (Address) Aberdeen, Idaho					
18. BURIAL, CREMATION, OR REMOVAL Place Burial Date , 193					
19. UNDERTAKER A. E. Davis (Address) American Falls, Idaho					
20. FILED 12/ 28 , 1931 M. C. Markum Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Dec 27 1931					
22. I HEREBY CERTIFY, That I attended deceased from January , 1931, to December 27, 1931					
I last saw her alive on Dec 26 , 1931; death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
Arterio Sclerosis					
Date of onset 1926					
Other contributory causes of importance: Cerebral Apoplexy					
Date of onset Dec 26, 1931					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury , 193.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) M. C. Markum, M. D.					
(Address) Aberdeen Idaho					

RECEIVED JAN 13 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77481

PLACE OF DEATH

County of BinghamCity of ShelleyRegistration District No. 121Primary Registration District No. 2194Local Registrar's No. 212

(No. of death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amos A. Stoddard(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Stoddard6. DATE OF BIRTH (month, day and year) Oct. 4 - 18717. AGE Years Months Days If LESS than 1 day, hrs. or min. 60 2 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Urbana, Ill.10. NAME OF FATHER Martin Stoddard11. BIRTHPLACE OF FATHER (city or town) (State or Country) Peoria, Ill.12. MAIDEN NAME OF MOTHER Mary Anna Priest13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Staffordshire, England14. Informant (Address) Wm. Stoddard and Shelley Ida15. Filed Jan 12 1932 Mr. Walter E. Patrick Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 23 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive before seen 9:30 a.m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

ApoplexyCONTRIBUTORY (Secondary) General from gastric ulcer
(duration) yrs. mos. ds. 2

18. Where was disease contracted if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. R. Robert M. D. Dec 26 1931 (Address) Shelley, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Payson, Idaho Date of Burial Dec. 28, 193120. Undertaker Jack A. Wood Address Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **77482**

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 8194

Local Registrar's No. 213

(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Thomas V. Daniels 204

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓
6. DATE OF BIRTH (month, day and year) Apr. 23rd 1916
7. AGE Years 15 Months 8 Days ✓ If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9. BIRTHPLACE (city or town) (State or country) Malad Ida
10. NAME OF FATHER Thomas V. Daniels
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Malad Ida
12. MAIDEN NAME OF MOTHER Jennie S. Jenkins
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Farmington Utah

14. Informant Phyllis Daniels
(Address) Shelly CR # 1 Idaho
15. Filed Jan. 12, 1932 Mr. Walter E. Latier Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 21st 1931
(Month) (Day) (Year)
17. I HEREBY CERTIFY That I attended deceased from 19th Nov to 21st Dec 1931
that I last saw him alive on 21st Dec 1931
and that death occurred, on the date stated above, at 2:15 P m.
The CAUSE OF DEATH was as follows:
Don't know, died suddenly - Had been crippled some 6 years from some spinal aff.
Contributory - I think he died from apoplexy
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? ✓ Date of ✓
Was there an autopsy? ✓
What test confirmed diagnosis? ✓
(Signed) Dec. 22-31 (Address) Shelly M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Malad, Idaho Date of Burial Dec 24, 1931
20. Undertaker Malad Undertaking Parlor Address Malad, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		RECEIVED JAN 12 1932 DO NOT WRITE IN THIS SPACE State File No. 77483	
County of <u>Bingham</u>		City of <u>Shelley</u>		Registration District No. <u>121</u> Primary Registration District No. <u>2194</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>212</u>			
2. FULL NAME <u>Mrs. Clara Crofts</u>					
(a) Residence. No. <u>Shelley, Idaho</u> St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Joseph Crofts</u>					
6. DATE OF BIRTH (month, day, and year) <u>July 22 1861</u>					
7. AGE	Years <u>70</u>	Months <u>4</u>	Days <u>24</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
MOTHER FATHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) (State or country) <u>Gunnison, Utah</u>				
	13. NAME <u>Lyman Stevens</u>				
MOTHER FATHER	14. BIRTHPLACE (city or town) (State or country) <u>England</u>				
	15. MAIDEN NAME <u>Adeline Maria Camara</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>New York</u>				
17. INFORMANT (Address) <u>Frank C. Crofts, Shelley, Idaho</u>					
18. DENTAL EXAMINATION, OR REMOVAL Place <u>Idaho</u> Date <u>Dec 20, 1931</u>					
19. UNDERTAKER (Address) <u>Jack A. Wood, Idaho Falls</u>					
20. FILED <u>Jan 12, 1932</u> <u>Mrs. Walter E. Patrick</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 16</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 15</u> , 1931, to <u>Dec 16</u> , 1931					
I last saw her alive on <u>Dec 15</u> , 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Carcinoma of the stomach</u> Date of onset <u>Jan 1 1931</u>					
Other contributory causes of importance: <u>Perforating ulcer of stomach + colon</u> <u>7-15-31</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Laboratory</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>Edwin C. Curtis</u> , M.D.					
(Address) <u>Shelley, Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1932

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of BoiseCity of Idaho City

Registration District No.

Primary Registration District No.

State File No. 77484

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Victor Johnson(a) Residence. No. Idaho City St.

(Usual place of abode)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Mary Johnson
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Sept 2, 18597. AGE Years 72 Months 3 Days 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 192311. Total time (years) spent in this occupation 20 years12. BIRTHPLACE (city or town) Princeton
(State or country) Illinois13. NAME Clara Johnson14. BIRTHPLACE (city or town) Svein
(State or country)15. MAIDEN NAME (Don't know)16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Joseph G. Dugan
(Address) Idaho City18. BURIAL, CREMATION, OR REMOVAL Place Idaho City Date 12 Nov., 193119. UNDERTAKER Schwartz McCann
(Address) Boise20. FILED 12/21, 193 Mrs E. K. Robison
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 13, 1931I HEREBY CERTIFY, That I attended deceased from May, 193 0, to Dec 13, 193 1I last saw him alive on Oct 20, 193 1; death is saidto have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance

were as follows:

Chronic myocardiitis

Other contributory causes of importance:

ArteriosclerosisChronic NephritisName of operation None Date of ✓What test confirmed diagnosis Autopsy Was there an autopsy? 20

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓, 193 1Where did injury occur? ✓
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. ✓Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No(Signed) J. M. Stewart, M. D.(Address) Idaho City

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District 78

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 77486
 Township _____ or Village _____ or
 City Sandpoint No. 779 Lake Street St., _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? 32 yrs. _____ mos. _____ ds.

2. FULL NAME

Charles Engberg.
 (a) Residence: No. _____ St., _____ Ward. 505B
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Aug. 18, 1861

7. AGE Years 70 Months 3 Days 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) Nov. 1931. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Sweden.

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Sweden.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMANT Mrs. W. P. Riley (Address) Butte, Mont.

18. BURIAL, CREMATION, OR REMOVAL Private Cemetery Place Sandpoint, Idaho Date Dec. 12, 1931

19. UNDERTAKER L. H. Moon (Address) Sandpoint, Idaho.

20. FILED Dec. 11, 1931 Joela Allen Registrar. Sandpoint

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) about Dec 5th, 1931.

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Natural Causes.
Probable unknown
chronic heart disease

Date of onset

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) L. H. Moon Coroner

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

Registration District No. 35 1931
RECEIVED JAN 31 1931
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 101
Township Hootenai or Village 77487 or
City Hootenai No. 885 St. 885 Ward 885
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

David Sylvester Miller
(a) Residence: No. 885 St. 885 Ward. 885
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of June B. Miller

6. DATE OF BIRTH (month, day, and year) March 11, 1874

7. AGE Years 67 Months 9 Days 20 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scaler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sawmill
10. Date deceased last worked at this occupation (month and year) October 1931 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Perry County
(State or country) Pa.

13. NAME Adam Miller

14. BIRTHPLACE (city or town) Pa.
(State or country)

15. MAIDEN NAME Mary Wagner

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMANT Don Miller
(Address) Hootenai, Idaho

18. BURIAL, CREMATION, OR REMOVAL Interment
Place Sandpoint, Idaho Date Jan. 3, 1932

19. UNDERTAKER D. H. Mason
(Address) Sandpoint, Idaho

20. FILED Dec 31, 1931 Viola Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 31, 1931

22. I HEREBY CERTIFY that I attended deceased from Dec 31 AM, 1931 to Dec 31 PM, 1931

I last saw him alive on Dec 31, 1931; death is said

to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Hypertension

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Heart Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1931

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) Don Miller M. D.

(Address) Sandpoint, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of BannerCity of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 7fPrimary Registration District No. 2155(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Evelyn F. Salyards(a) Residence. No. 329 S Marion St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 8 yrs. mo. ds. How long in U. S. if of foreign birth? 92 yrs. mo. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 20 19187. AGE Years 13 Months 11 Days 15 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Montana
(State or country)10. NAME OF FATHER Charles F Salyards11. BIRTHPLACE OF FATHER (city or town) Ill
(State or Country)12. MAIDEN NAME OF MOTHER Mabel Bettinger13. BIRTHPLACE OF MOTHER (city or town) Tenn
(State or Country)14. Informant C F Salyards
(Address) 329 S Marion15. Filed Dec 7 1931 Viola Allen
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 17488Local Registrar's No. 99

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 5 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Oct 11 1931, to Dec 5 1931that I last saw him alive on Dec 5 1931and that death occurred, on the date stated above, at 10:30 A.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cardiac Embolus(duration) few minutes yrs. mo. ds.CONTRIBUTORY Accidental contusions left tibia
(Secondary) followed by peritonitis (duration) 2 yrs. mo. ds.18. Where was disease contracted Oct 11, 1931
if not at place of death? Nov 23, 1931
Dec 5, 1931Did an operation precede death? yes Date of Dec 23, 1931Was there an autopsy? noWhat test confirmed diagnosis? clinical + microscopic(Signed) Wm F. Tyler M. D.Dec 7 1931 (Address) Sandpoint, Idaho19. Place of Burial, Cremation, or Removal Pinecrest Date of Burial Dec 7 193120. Undertaker Turnbull Co Address Sandpoint

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

 Registration District 78
 RECEIVED JAN 10 1931

 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

1. PLACE OF DEATH

 County Bonner State IDAHO Registered No. 77489
 Township _____ or Village _____
 City Sandpoint No. Parnell Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

John Morris Ferguson
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

 6. DATE OF BIRTH (month, day, and year) Jan. 3, 1881

 7. AGE Years 50 Months 11 Days 0 If LESS than 1 day, _____ hrs. _____ min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Indigian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

 12. BIRTHPLACE (city or town) Fillmore (State or country) N. Y.

 13. NAME Unknown

 14. BIRTHPLACE (city or town) Unknown (State or country) _____

 15. MAIDEN NAME Unknown

 16. BIRTHPLACE (city or town) Unknown (State or country) _____

 17. INFORMANT Parnell Hospital (Address) Sandpoint Idaho

 18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Ida Date Dec. 6, 1931

 19. UNDERTAKER P. E. Wezza (Address) Priest River Idaho

 20. FILED Dec 5, 1931 Viola Allen Registrar

MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (month, day, and year) Dec 3, 1931

 22. I HEREBY CERTIFY That I attended deceased from _____, 1931, to Dec 3, 1931

 I last saw him alive on Dec 3, 1931; death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were, as follows:

Shock and collapse from anesthetic during circumcision

 Date of onset Dec. 3, 1931

Other contributory causes of importance: _____

 Name of operation Circumcision Date of Dec. 3, 1931

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

 Accident, suicide, or homicide? _____ Date of Injury _____, 1931

Where did Injury occur? _____ (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place. _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____ M. D.

 (Address) Sandpoint, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 6 1932

DO NOT WRITE IN THIS SPACE

State File No. 77490

PLACE OF DEATH

County of Booner
City of Priest River

CERTIFICATE OF DEATH

Registration District No. 85
Primary Registration District No. 2185
(No. _____)

Local Registrar's No. 25

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cecil Harvey

(a) Residence. No. _____

St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 5, 1892

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
39 4 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Hillman
(State or country) Mich.

10. NAME OF FATHER

Edward Harvey

11. BIRTHPLACE OF FATHER (city or town) Ontario
(State or Country) Canada

12. MAIDEN NAME OF MOTHER Emma Vancounett

13. BIRTHPLACE OF MOTHER (city or town) Ontario
(State or Country) Canada

14. Informant Robert Harvey
(Address) Priest River, Idaho

15. Filed Dec 7 1931 J. E. Wessa
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 4 1931, to Dec 5 1931

that I last saw him alive on Dec 4 1931and that death occurred, on the date stated above, at 8:45 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Tuberculosis of vertebral column
Tuberculosis of hip joint.

(duration) 34 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) L. J. Stauffer M. D.Dec 7 1931 Address Priest River

19. Place of Burial, Cremation, or Removal Date of Burial

L.O.O.F. Cemetery 12/6 1931

20. Undertaker Address

moon mortuary Priest River

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

 DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 6
 Township _____ or Village _____
 City Cabinet No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Baby Tarrance

(a) Residence: No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Dec. 18 1931</u>		
7. AGE	Years	Months Days
		If LESS than 1 day, <u>6</u> hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
MOTHER	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (city or town) <u>Cabinet</u> (State or country) <u>Idaho</u>	
	13. NAME <u>Homer Wm Tarrance</u>	
	14. BIRTHPLACE (city or town) <u>Caldwell</u> (State or country) <u>Idaho</u>	
	15. MAIDEN NAME <u>Weltha May Brown</u>	
	16. BIRTHPLACE (city or town) <u>Emida</u> (State or country) <u>Idaho</u>	
	17. INFORMANT <u>Floyd G. Wendle M.D.</u> (Address) <u>Sandpoint Ida</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Cabinet, Ida</u> Date <u>Dec. 19</u> 19 <u>31</u>		
19. UNDERTAKER <u>Homer Wm Tarrance</u> (Address) <u>Cabinet Ida</u> (father)		
20. FILED <u>Jan 21, 1931</u> <u>John Larson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) <u>Dec. 19</u> 19 <u>31</u>
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at <u>4:30 P.M.</u>
The principal cause of death and related causes of importance were as follows: <u>Premature delivery</u> <u>6 mo gestation</u> <u>Cause of premature</u> <u>delivery unknown</u>
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19____ Where did Injury occur? _____ (Specify city or town, county, and State) Specify whether Injury occurred in industry, in home, or in public place.
Manner of Injury _____
Nature of Injury _____
24. Was disease or Injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) <u>Floyd G. Wendle</u> M. D. (Address) <u>Sandpoint, Ida</u>

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

 DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 7
 Township _____ or Village _____
 City Hope No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 13 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Pearl Nimmernan 176
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Carl Nimmernan</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Sept. 23, 1882</u>		
7. AGE <u>49</u> Years <u>3</u> Months <u>2</u> Days	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Chicago Ill.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Carl Nimmernan
(Address) Hope, Idaho

18. BURIAL, CREMATION, OR REMOVAL Private Cemetery
Place Sandpoint, Ida Date Dec. 29, 1931

19. UNDERTAKER R. E. Vlessa
(Address) Pratt River, Idaho

20. FILED Dec 29, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from

Did not attend 19____
 I last saw h_____ alive on _____, 19____; death is said

to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

Peritonitis
resulting from perforated
Gastric ulcer (pyloric)

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Floyd G. Wendle M. D.

(Address) Sandpoint, Ida.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

4 1932

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of CassiaCity of Fairfield

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No. St.)

File No.

77493

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Eliot Leroy Sanford

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

married

(Write the word.)

6. DATE OF BIRTH

April21864

(Month)

(Day)

(Year)

7. AGE

67

Yrs.

3

Mos.

23

ds.

IF LESS than 1 day
how many 9 hrs.
or 10 min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

Farm labor

(b) General nature of industry, business or establishment in which employed (or employer)

Haying crew

9. BIRTHPLACE

(State or Country)

Livingston Co New York

10. NAME OF FATHER

Thomas Jimmison Sanford

11. BIRTHPLACE OF FATHER

(State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER

(State or Country)

Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

L. L. Sanford

(Address)

Fairfield Idaho

15.

Filed

July 26 1931Alice Turner

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

7

(Month)

25

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-25 1931, to 7- 1931that I last saw him alive on 7-25 1931and that death occurred on the date stated above, at 2:15 P. M.

The CAUSE OF DEATH* was as follows:

Head injury, fractured skull.(Duration) Yrs. mos. 1 ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

Houston & Snyder M. D.7-26-31

(Address)

Gooding

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JAN 4 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77494

PLACE OF DEATH

County of Camas
City of Fairfield

Registration District No. 28
Primary Registration District No. (No.)

Local Registrar's No. 49

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Washington Peck

(a) Residence. No. 6 St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced
HUSBAND of Mary Francis Peck
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Oct 26, 1852

7 AGE Years 78 Months 6 Days 1 if LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Wheat raiser and cattle
(c) Name of employer

9 BIRTHPLACE (city or town) Blackfoot Wis.
(State or country)

10 NAME OF FATHER Jared George Peck

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER don't know

13 BIRTHPLACE OF MOTHER (city or town) don't know
(State or country)

14 Informant W. H. Peck
(Address) Fairfield Ida

15 Filled May 18, 1931 Allice Turner
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 26, 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to April 21, 1931, that I last saw him alive on April 10, 1931, and that death occurred, on the date stated above, at 2:30 p.

The CAUSE OF DEATH* was as follows:

Carcinoma of face and neck
(duration) 3 yrs. 10 mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. B. Parkinson M. D.
May 16, 1931 (Address) Fairfield Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Soldier Cemetery Date of Burial Apr 29, 1931

20. Undertaker E. J. Mc Ham Address Fairfield Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77495

PLACE OF DEATH

County of Cassia
City of Fairfield

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Smith M. F. Smith

(a) Residence. No.

St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant.....
(Address)

15 Filled _____, 19____
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 21 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

May, 1931, to May 21, 1931
that I last saw him alive on May 21, 1931

and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

(Spotted fever) (Tick fever)

(duration) ____ yrs. 1 mos. 2 ds.

CONTRIBUTORY
(Secondary)

Nephritis Interstitial

(duration) ____ yrs. 6 mos. 14 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Spots, albumin

(Signed) Wm. H. Parkinson M. D.

May 21, 1931 (Address) Fairfield Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

19

20. Undertaker

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77496**

PLACE OF DEATH

County of Camas
City of Fairfield

Registration District No. 58

Primary Registration District No. _____

Local Registrar's No. _____

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Mary Francis Cowser Peck

(a) Residence. No. Fairfield Route 2 St.

(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. (If nonresident give city or town and State)
How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced
HUSBAND of George W. Peck.
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE 72 Years 1 Months 2 Days
If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Polk County, Mo.
(State or country)

10 NAME OF FATHER James Cowser

11 BIRTHPLACE OF FATHER (city or town) Mo.
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Mo.
(State or country)

14 Informant W. A. Peck
(Address)

15 Filed May 16, 1931

Alice Turner
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 1 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 22 1931, to Mar 1 1931,
that I last saw her alive on Feb 22 1931

and that death occurred, on the date stated above, at 3 P m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
and bowels

(duration) ____ yrs. 6 mos. ____ ds.

CONTRIBUTORY
(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of Dec 31, 1930

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. A. Markinson M. D.
Mar 10 1931 (Address) Fairfield Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIO-
LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Golden Cemetery Date of Burial Mar 3 1931

20. Undertaker M. E. Hurd Address Fairfield Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO 4 1932
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77497

State File No.

PLACE OF DEATH

County of Comas

City of Fairfield

Registration District No. 58

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Orr Felzwiler

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced (write the word)

widowed

5a If married, widowed, or divorced

~~HUSBAND~~ or

(or) WIFE of

Peter E. Felzwiler

6 DATE OF BIRTH (month, day and year)

7 AGE

Years

Months

Days

If LESS than 1 day, min. hrs.

78

11

29

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Drumpton, Penn

10 NAME OF FATHER

John S. Orr

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Clarion Co. Penn.

12 MAIDEN NAME OF MOTHER

Jane Maffett

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Clarion Co Penn

14 Informant

(Address)

Fred Orr
Fairfield Delahe

15 Filed Feb 23, 1931

Allice Turner

Registrar

16 DATE OF DEATH

Jan

3

1931

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

19

to

19

that I last saw h. alive on 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs
and Kidneys

(duration)

yrs.

mos.

ds.

CONTRIBUTORY (Secondary)

T. B. Kidneys

(duration)

yrs.

mos.

ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

W. B. Parkinson

M. D.

19 (Address) Fairfield Delahe

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

Golden Cemetery

Jan 5 1931

20. Undertaker

Address

M. C. Han

Fairfield

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS while faintly, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

4 1934

DO NOT WRITE IN THIS SPACE

State File No. 77498

PLACE OF DEATH

County of Camas
City of Corral

Registration District No. 58

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Jacob Bach

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) Single

16 DATE OF DEATH

Jan 3 1934
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from

, 19, to 19

that I last saw h. alive on 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Was dead when I seen him

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. B. Parkinson M. D.

19 (Address) Fairfield Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Date of Burial

Corral Jan. 6 - 1934

20. Undertaker Address

Mc Han Fairfield

6 DATE OF BIRTH (month, day and year) Sept. 29 - 1873

7 AGE Years Months Days 1 if LESS than 1 day, hrs. or min. 57 3 10

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Monroe County, Ohio.

10 NAME OF FATHER John Bach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Catharine Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant C. L. Bach
(Address) Fairfield, Idaho

15 Filed Apr. 15, 1934 Alice Turner

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JAN 4 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77499

State File No.

Local Registrar's No.

PLACE OF DEATH

County of Cornwall

City of Fairfield

Registration District No. 38

Primary Registration District No.

(No. _____)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME

Adelle Cox

(a) Residence. No.

St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced (write the word)

widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Widowed

6 DATE OF BIRTH (month, day and year)

7 AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Malad Idaho

10 NAME OF FATHER

Ruben Moon

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Utah

12 MAIDEN NAME OF MOTHER

Lucie Harris

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Utah

14 Informant

Mrs Joe Moon

(Address)

Fairfield Idaho

15 Filed

July 15, 1931

Elice Lamm
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April
(Month)

28
(Day)

31
(Year)

17 I HEREBY CERTIFY, That I attended deceased from
Dec 10, 1931, to April 28, 1931
that I last saw her alive on April 28, 1931

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) W. B. Parkinson M. D.
1931 (Address) Fairfield Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

19

20. Undertaker

Address

RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JAN 4 1937
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77500

State File No.....

PLACE OF DEATH

County of Cornwall

City of Fairfield

Registration District No. 38

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Marie Gilson

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Nov. 24, 1917

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
13 4 22

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Fairfield
(State or country)

10 NAME OF FATHER William Leonard Gilson

11 BIRTHPLACE OF FATHER (city or town) Osborne Co. Kansas
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Anna Welch

13 BIRTHPLACE OF MOTHER (city or town) Osborne Co. Kansas
(State or country)

14 Informant Mrs. H. L. Gilson
(Address) Fairfield

15 Filed July 15, 1931 Alfred Turner
Registrar

16 DATE OF DEATH April 15, 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1931 to April 15, 1931
that I last saw her alive on April 15, 1931
and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma
Acute Brights, with
diabetic Metastases
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bright's
at which she went into Coma
(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Parkinson M. D.

19 (Address) Fairfield Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Soldier Cemetery Date of Burial April 17, 1931

20. Undertaker M. C. Han Address

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1932

STATE OF IDAHO

PLACE OF DEATH
County of Shoshone
City of Parma
Registration District No. 3
Primary Registration District No. 2007

DO NOT WRITE IN THIS SPACE
State File No. 77501

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laurence Jensen

(a) Residence. No. _____ St. _____
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>July 25-</u>			
7. AGE <u>51</u>	Years	Months	Days If LESS than 1 day, _____ hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

OCCUPATION	
12. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>	
FATHER	13. NAME
	14. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>
MOTHER	15. MAIDEN NAME
	16. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>
17. INFORMANT (Address) <u>E. L. Tate Parma Idaho</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Renew</u> Date _____, 1932	
19. UNDERTAKER (Address) <u>E. V. Beckham Caldwell Ida</u>	
20. FILED <u>1-4</u> , 1932 <u>John Waldrop</u> Registrar	

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>Dec 22 1931</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 10 1931</u> , to <u>Dec 22 1931</u> . I last saw him alive on <u>Dec 22 1931</u> ; death is said to have occurred on the date stated above, at <u>4.2</u> m. The principal cause of death and related causes of importance were as follows: <u>Chronic Hepatitis 1925 years</u> <u>Diabetes Dropsy 1927</u>	
Other contributory causes of importance: <u>no</u>	
Name of operation <u>None</u> Date of _____	
What test confirmed <u>urine</u> ? Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence) fill in also the following Accident, suicide, or homicide? <u>no</u> Date of injury _____, 1931 Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>no</u> (Signed) <u>J. M. Mitchell</u> , M. D. (Address) <u>Parma Idaho</u>	

RECEIVED JAN 4 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77502

State File No.

PLACE OF DEATH

County of Cassia

City of Burley

CERTIFICATE OF DEATH

Registration District No. 119

Primary Registration District No. 2198

Local Registrar's No.

(No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Elizabeth Melcher

(a) Residence. No.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

Yrs.

mos.

ds.

How long in U. S. if of foreign birth?

Yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

O. H. Melcher

6. DATE OF BIRTH (month, day and year)

Nov. 19 - 1858

7. AGE

Years

Months

Days

If LESS than 1 day,

73

2

12

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Pittsburg

10. NAME OF FATHER

Stephen Skelton

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Penn.

12. MAIDEN NAME OF MOTHER

Mary Grover

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Penn.

14. Informant (Address)

O. H. Melcher
about 1243

15. Filed

Jan. 1, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov.

1

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 29, 1931, to Nov. 29, 1931

that I last saw her alive on Nov. 29, 1931

and that death occurred, on the date stated above, at 1:30 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Lo har Manumaria

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of.

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Joseph W. Stach

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley Ida.

12-3 1931

Underwriter

Address

D. E. Johnson

Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM RECEIVED JAN 4 1922

1. PLACE OF DEATH

County of Caribou

City of Soda Springs

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

George S. Horsley

CERTIFICATE OF DEATH

Registration District No. 82

Primary Registration District No. 2159

(No. _____ St.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 77503

Local Registrar's No. 62

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED
Divorced

(Write the word)

6. DATE OF BIRTH

March 1st 1871
(Month) (Day) (Year)

7. AGE

IF LESS than 1
day how many
hrs. or
min.?

60 Yrs. 9 Mos. 0 ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work

Laborer

(b) General nature of industry, business or establishment in which employed (or employer)

Janitor at Grade School

9. BIRTHPLACE

(State or Country) Paris, Bear Lake Co.,

10. NAME OF

Father Thomas W. Horsley

11. BIRTHPLACE OF FATHER

(State or Country) England

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. W. Horsley
Soda Springs, Idaho

(Address)

15.

Filed 12-9- 1931 Dr. Russell T. Ziegler
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 1st, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That Dec. 1st deceased 1931
Nov. 22nd 1931 Dec. 1st 1931

that I last saw him alive on 5:55 A.
and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was, as follows:

Right Lung Lobe,
Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Ellis Kach 12-31 Soda Springs, Idaho Ida.
19 (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days In the State yrs. mos. 12-31 Soda Springs, Idaho

Where was disease contracted if not at place of death?

Former or usual residence Soda Springs, Idaho

19. PLACE OF BURIAL OR CREMATION 12-31 31
Soda Springs, Idaho DATE OF BURIAL

20. UNDERTAKER Whitman Soda Springs, Idaho
ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77504

PLACE OF DEATH

County of Caribou
City of Soda Springs

CERTIFICATE OF DEATH

Registration District No. 82Primary Registration District No. 2159

(No.)

Local Registrar's No. 66

2. FULL NAME

Charles Gibson Largilliere(a) Residence. No. Soda Springs Ida St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of School Boy

6. DATE OF BIRTH (month, day and year)

Feb 28-1917

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

14 9 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Hi School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Soda Springs Ida

10. NAME OF FATHER

Edgar W. Largilliere

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Evansville Wyo.

12. MAIDEN NAME OF MOTHER

Kathryn Dwyer

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Beagle Rock Ida

14.

Informant (Address)

W. Largilliere Soda Springs Ida

15.

Filed

Dec 21 1931Subscribed & Signed Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December 20th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 20-1931 to Dec 20-1931that I last saw him alive on Dec 19-1931and that death occurred, on the date stated above, at 245th min.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Guns shot (Revolver)
wound in chestaccidentalInstantaneous (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

none

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

sameDid an operation precede death? No Date of 0Was there an autopsy? NoWhat test confirmed diagnosis? Phys. Ex.(Signed) Subscribed & Signed M. D.Dec 27 1931 (Address) Soda Springs

19. Place of Burial, Cremation, or Removal

Date of Burial

Soda Springs Dec 22-1931

20. Undertaker

Address

E. L. Whitman Soda Springs Ida

RECEIVED JAN 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77505

State File No.

PLACE OF DEATH

County of CamdenCity of Soda Springs

CERTIFICATE OF DEATH

Registration District No. 82Primary Registration District No. 2159

(No.)

(If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME Alvah Mary Davis(a) Residence. No. Soda Springs Ida St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of William M. Davis
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept. - 8 - 18667. AGE Years Months Days If LESS than 1 day.
66 3 3 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Brigham City Utah
(State or country)10. NAME OF FATHER Wm. Henry Maylett11. BIRTHPLACE OF FATHER (city or town) Wayles
(State or Country) Laramie Wyoming

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) Wales
(State or Country)14. Informant Wm. J. Davis
(Address) Soda Springs Ida15. Filed 12-12, 1931 Dr. Russell Tignor
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 9 - 1931, to Dec 11 - 1931
that I last saw her alive on Dec 11, 1931and that death occurred, on the date stated above, at 8-P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral Hemorrhage
Left(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

None

(duration) yrs. mos. ds.

18. Where was disease contracted H
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? Physic. Exam.(Signed) Wm. J. Davis, M. D.12/11/1931 (Address) Soda Springs Ida19. Place of Burial, Soda Springs Ida Date of Burial 12-14 193120. Undertaker C. J. Whitman Address Soda Springs IdaMARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

EXACTLY.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

RECEIVED JAN 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77506

State File No.

PLACE OF DEATH

County of ClarkCity of SmawRegistration District No. 125Primary Registration District No. 2203

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

114

2. FULL NAME Matilda Ann Thomas

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed5a. ~~If married, widowed, or divorced~~

(or) WIFE of

Benjamin J Thomas

6. DATE OF BIRTH (month, day and year)

March 17, 1860

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

7195

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Brigham City Utah

10. NAME OF FATHER

Rees Waylett

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

England

12. MAIDEN NAME OF MOTHER

Sarah Ann Williams

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Wales

14.

Informant

Mrs Leah Leonardson

(Address)

Subois Idaho

15.

Filed

Dec 23, 1931W. F. Jones MD

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 22

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 7, 1931, to Dec 22, 1931that I last saw him alive on Dec 22, 1931and that death occurred, on the date stated above, at 9:10 AM

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

Enteritis & bowel trouble for many years

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

W. F. Jones M. D.
Dec 23, 1931 (Address) Subois Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Subois IdahoDec 26 1931

20. Undertaker

Address

V. F. McHauIdaho Falls Idaho

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 4 1932

DO NOT WRITE IN THIS SPACE

77508

State File No.

PLACE OF DEATH

County of ClearwaterCity of Weippe

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

No.

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Chester S. Snyder

(a) Residence. No.

Weippe

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofMarried

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

918

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

x

(c) Name of employer

x

9. BIRTHPLACE (city or town) (State or country)

Weippe Ida

10. NAME OF FATHER

Walter Snyder

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

West Virginia

12. MAIDEN NAME OF MOTHER

Glassie Boone

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

West Virginia

14.

Informant (Address)

Walter Snyder
Weippe Ida

15.

Filed

19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

12

(Month)

19

(Day)

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Friday Dec. 18, 1931, to Dec 19, 1931that I last saw him alive on Dec. 19, 1931and that death occurred, on the date stated above, at 4:45 a.m.

State the DISEASE CAUSING DEATH, or in Deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) both ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Bronchopneumonia
Terer. wds. Hist 106.(duration) x yrs. 9 mos. 18 ds.

CONTRIBUTORY (Secondary)

(duration) x yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? x

Date of

Was there an autopsy? x

What test confirmed diagnosis?

(Signed) Mrs. Roy C. Thompson, M. D.1931 (Address) Green Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Weippe IdaSunday 1st Jan 1932

20. Undertaker

Address

Weippe Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Clearwater	CERTIFICATE OF DEATH 90		State File No. 77509	
City of	Orofino				
Registration District No. 2187		Primary Registration District No. 2187		Local Registrar's No. 84	
(No. Nelson Hospital)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME Annie M. Reitan					
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Femal	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Single			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) Nov 14 1929					
7. AGE	Years 2	Months 1	Days 14	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby				
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) Elk River Idaho (State or country)					
FATHER	13. NAME Olie Reitan				
	14. BIRTHPLACE (city or town) Norway (State or country)				
	15. MAIDEN NAME Z.S. Wardle				
MOTHER	16. BIRTHPLACE (city or town) Utah (State or country)				
	17. INFORMANT Olie Reitan (Address) Pierce Ida				
18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date Dec 31 193					
19. UNDERTAKER W.A. Shaw (Address) Orofino					
20. FILED Dec 30 193 W.A. Shaw Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Dec 28 193					
22. I HEREBY CERTIFY, That I attended deceased from 12-26 1931 , to 12-26 1931					
I last saw h alive on 12/26 1931 ; death is said to have occurred on the date stated above, at 2:30 P					
The principal cause of death and related causes of importance were as follows:					
Pneumonia					Date of onset
Other contributory causes of importance: Probably Flu					
Name of operation _____ Date of _____					
What test confirmed diagnosis? Symptoms Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____					
(Signed) W.A. Shaw , M.D. (Address) Orofino Idaho					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Blairwater</u>		CERTIFICATE OF DEATH		State File No. <u>77510</u>	
City of <u>Orofino</u>		Registration District No. <u>96</u>		Local Registrar's No. <u>83</u>	
		Primary Registration District No. <u>2187</u>			
		(No. <u>State Hospital North</u>)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Fred Krause</u>					
(a) Residence. No. <u>St. Shoshone County - Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>26</u> yrs. <u>7</u> mos. <u>7</u> ds.		How long in U. S., if of foreign birth? <u>?</u> yrs. <u>?</u> mos. <u>?</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Unascertained</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Unascertained</u>					
7. AGE	Years <u>73</u>	Months <u>?</u>	Days <u>?</u>	If LESS than 1 day, ____ hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Norway</u>					
13. NAME <u>Unascertained</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Unascertained</u>					
15. MAIDEN NAME <u>Unascertained</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Unascertained</u>					
17. INFORMANT <u>Records: State Hospital North</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. J. No. Cemetery</u> Date <u>Dec. 15, 1931</u>					
19. UNDERTAKER <u>Vernie Truett, Hosp. attat.</u> (Address) <u>Orofino - Idaho</u>					
20. FILED <u>Dec 15, 1931</u> <u>V. A. Shau</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 12, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 1, 1926</u> to <u>Dec. 12, 1931</u>					
I last saw him live on <u>Dec. 11</u> , 1931; death is said to have occurred on the date stated above, at <u>m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Chronic myocarditis</u>					
Other contributory causes of importance: <u>Taraxoid condition</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>Phys. Signs</u> as there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>John Louis McElwain</u> , M. D. (Address) <u>Orofino - Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77511	
County of <u>Clearwater</u>		City of <u>Orofino</u>		State File No.	
Registration District No. <u>96</u>		Primary Registration District No. <u>2107</u>		Local Registrar's No. <u>52</u>	
(No. <u>Skate Hospital North</u>)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Gus Mosher</u>					
(a) Residence. No. St. <u>Orofino - Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>3</u> yrs. <u>8</u> mos. <u>23</u> ds. How long in U. S., if of foreign birth? <u>✓</u> yrs. <u>✓</u> mos. <u>✓</u> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>Unascertained</u>					
7. AGE	Years <u>68</u>	Months <u>?</u>	Days <u>?</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Timber</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation <u>?</u>					
12. BIRTHPLACE (city or town) <u>New York</u> (State or country)					
13. NAME <u>Unknown - adopted child</u>					
14. BIRTHPLACE (city or town) <u>Unascertained</u> (State or country)					
15. MAIDEN NAME <u>Unknown - adopted child</u>					
16. BIRTHPLACE (city or town) <u>Unknown</u> (State or country)					
17. INFORMANT <u>Records: Skate Hospital North</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. J. M. Cemetery</u> Date <u>Dec. 12, 1931</u>					
19. UNDERTAKER <u>Verne Truitt - Hosp. atty.</u> (Address) <u>Orofino - Idaho</u>					
20. FILED <u>Dec 15, 1931</u> <u>W. A. Shaw</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 11 - 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>March 19, 1928</u> , to <u>Dec. 11, 1931</u>					
I last saw him alive on <u>Dec. 11 - 1931</u> ; death is said to have occurred on the date stated above, at <u>10³⁰ A.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>General arteriosclerosis</u>					
Date of onset					
Other contributory causes of importance: <u>Alcoholic psychosis</u>					
Name of operation <u>None</u> Date of					
What test confirmed diagnosis? <u>Phys. Signs</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>John Bruce McElway</u> , M. D. (Signed) <u>Orofino - Idaho</u> (Address)					

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

352
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77512

PLACE OF DEATH

County of Clearwater **CERTIFICATE OF DEATH**
City of Orofino Registration District No. 90
Primary Registration District No. 2987
(No.)

Local Registrar's No. 81

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bert Rudolph

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lumberjack
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Clearwater Lumber Co.

9. BIRTHPLACE (city or town) (State or country) ✓

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country) ✓

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address) W.D. Priddy15. Filed Dec 15, 1931 W.A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 12 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

No Doctor
Dropped dead on
road.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W.D. Priddy Chapman

19..... (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Orofino Ida 12/15 1931

20. Undertaker

Address

Orofino Mortuary Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Clearwater</u>		CERTIFICATE OF DEATH Registration District No. <u>90</u> Primary Registration District No. <u>2154</u> <u>Crofino Hospital</u> (No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)		State File No. <u>77513</u>	
City of <u>Orofino</u>				Local Registrar's No. <u>80</u>	
2. FULL NAME <u>Pexter Anderson-</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>1987</u>					
7. AGE Years <u>About 44</u>		Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Logger</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country)					
13. NAME					
14. BIRTHPLACE (city or town) (State or country)					
15. MAIDEN NAME					
16. BIRTHPLACE (city or town) (State or country)					
17. INFORMANT <u>Orofino Hospital</u> (Address) <u>Orofino</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Orofino</u> Date <u>Dec 16, 1931</u>					
19. UNDERTAKER <u>W.A.A. Shaw</u> (Address) <u>Orofino</u>					
20. FILED <u>Dec 15, 1931</u> <u>W.A.A. Shaw</u>		Registrar.			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 15, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 5</u> , 1931, to <u>Dec. 15</u> , 1931.					
I last saw him alive on <u>Dec. 14</u> , 1931; death is said to have occurred on the date stated above, at <u>6.30 A.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Solar Pneumonia</u> <u>Dec. 3, 1931</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis <u>Chinist</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
(If so, specify _____)					
(Signed) <u>Dr. J. A. Hofferis</u> , M.D.					
(Address) <u>Orofino, Idaho.</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77514

State File No.

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90Primary Registration District No. 2157Local Registrar's No. 79(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clark G. Adams(a) Residence. No. 6

(Usual place of abode)

St. Caldwell - IdahoLength of residence in city or town where death occurred. 0 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Mrs. C. G. Adams.
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 2, 1864

7. AGE Years 67 Months 9 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

13. NAME John G. Adams

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Emily Linton

16. BIRTHPLACE (city or town) Pennsylvania
(State or country)

17. INFORMANT Records: State Hospital North
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Caldwell Date Dec 3, 1931

19. UNDERTAKER W. A. Shaw
(Address)

20. FILED Dec 3, 1931 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1931, to December 3, 1931.

I last saw him alive on December 3, 1931; death is said

to have occurred on the date stated above, at 8:50 A.M.

The principal cause of death and related causes of importance were as follows:

Exhaustion of psychosis

Date of onset

Other contributory causes of importance:

Involution melancholia

March

19-1931-

Name of operation None Date of

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John Irvine McElwee, M. D.

(Address) Orofino - Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of CusterCity of Claytonon farm 6 mi. from ClaytonRegistration District No. 108Primary Registration District No. 2186

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Cooper

(a) Residence No. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. 18

How long in U. S. if of foreign birth? yrs. mos. ds.

St. _____

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Married

5a. If married, widowed, or divorced

(or) WIFE of

Timothy Cooper

6. DATE OF BIRTH (month, day and year)

July 21, 1859

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

777416

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Germany

10. NAME OF FATHER

John Thompson

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Germany14. Informant (Address) Mrs. Daisy Papworth15. Filed Dec. 20, 1931Wm. M. Remy
Registrar.RECEIVED JAN 11 1932
DO NOT WRITE IN THIS SPACE
77516
State File No. _____Local Registrar's No. 1342081

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August271931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

no doctor in attendance
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed)

Aug. 27, 1931 (Address) Challis, Id.

19. Place of Burial, Cremation, or Removal

Date of Burial

Clayton Idaho Aug. 28, 1931

20. Undertaker

Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH County of <u>Elmore</u> City of <u>Glenms Ferry</u>		State File No. <u>77517</u>	
CERTIFICATE OF DEATH Registration District No. <u>35</u> Primary Registration District No. <u>2021</u>		Local Registrar's No. _____	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Frank Jara</u>			
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred <u>30</u> yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>1855</u>			
7. AGE Years <u>76</u>	Months _____	Days _____	If LESS than 1 day, _____ hrs. or min.
8. Trade, profession, or particular kind of work done, as <u>Retired Cigar Maker</u> sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year) <u>do not know</u>			
11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) (State or country) _____			
13. NAME <u>not known</u>			
14. BIRTHPLACE (city or town) (State or country) <u>not known</u>			
15. MAIDEN NAME <u>not known</u>			
16. BIRTHPLACE (city or town) (State or country) <u>not known</u>			
17. INFORMANT (Address) _____			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Glenms Ferry</u> Date <u>Dec 29, 1931</u>			
19. UNDERTAKER (Address) <u>J. C. Zachary</u>			
20. FILED <u>12-29</u> , 1931 <u>Mary L. Sullivan</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day, and year) <u>about Dec 20, 1931</u> 22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931. I last saw him alive on _____, 1931: death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage found dead in home 12-24-31</u> Other contributory causes of importance: _____ Name of operation _____ Date of _____ What test confirmed diagnosis <u>autopsy</u> Was there an autopsy? <u>No</u> 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____ 24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify <u>J. C. Zachary</u> (Signed) <u>Coroner M. L. Sullivan</u> M.D. (Address) <u>Idaho</u>			

740

RECEIVED JAN 14 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77519

State File No.

PLACE OF DEATH

County of Elmore
City of Mt. Home Ida.

Registration District No. 34
Primary Registration District No. 2022

Local Registrar's No. 15

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Buchanan Whitson.

(a) Residence No. Mt. Home Idaho St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary P. Whitson.

6. DATE OF BIRTH (month, day and year) 3-24-58

7. AGE Years 73 Months 8 Days 25 If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Street Com 6 years Village Mt. Home
(b) General nature of industry, business, or establishment in which employed (or employer) Janitor - 6 mo.
(c) Name of employer School Dist #6

9. BIRTHPLACE (city or town) Marysville (State or country) Mo

10. NAME OF FATHER James H. Whitson

11. BIRTHPLACE OF FATHER (city or town) Kentucky (State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth Benham

13. BIRTHPLACE OF MOTHER (city or town) Kentucky (State or Country)

14. Informant J. H. Whitson (Address) Mt. Home Ida.

15. Filed Dec 22, 1931 Registrar H. Anderson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-17-1931, to 12-19-1931 that I last saw him alive on 12-19-1931 and that death occurred, on the date stated above, at 12.45 a.m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(duration) yrs. mos. ds. 7

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of Physical
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) J. H. Whitson M. D.
12-21-1931 (Address) Mt. Home Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation or Removal Mt. Home Ida. Date of Burial 12-21 1931

20. Undertaker B.S. Zacher Address Mt. Home

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

101a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		RECEIVED DEC 17 1931 DO NOT WRITE IN THIS SPACE	
County of <u>Fremont</u>		Registration District No. <u>99</u>		State File No. <u>77520</u>	
City of <u>St. Anthony</u>		Primary Registration District No. <u>2177</u>		Local Registrar's No. <u>403</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Adolph Murri</u>					
(a) Residence. No. <u>St. Anthony Idaho</u> St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Anna Murri</u>					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 27-1861</u>					
7. AGE <u>70</u>	Years <u>1</u>	Months <u>12</u>	Days <u>12</u>	If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Sherli Canton Switzerland</u>				
	13. NAME <u>Christian Murri</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Switzerland</u>				
	15. MAIDEN NAME <u>Margdalena Balsego</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Switzerland</u>					
17. INFORMANT <u>Mrs Anna Murri</u> (Address) <u>St. Anthony Route 1</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Anthony</u> Date <u>Nov. 12, 1931</u>					
19. UNDERTAKER <u>Wm. H. Hansen</u> (Address) <u>St. Anthony Idaho</u>					
20. FILED <u>Nov. 10, 1931</u> <u>Wm. H. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 9, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 1</u> , 1931, to <u>Nov. 9</u> , 1931.					
I last saw him alive on <u>Nov. 6, 1931</u> ; death is said to have occurred on the date stated above, at <u>7 P. m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Chronic Tuberculosis of lungs</u>					
Other contributory causes of importance:					
<u>Probable Cancer of Stomach</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>L</u> Date of injury <u>L</u> , 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>P. M. Kelly</u> , M. D.					
(Address) <u>St. Anthony Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77521 State File No. _____	
County of <u>Fremont</u>		City of <u>St Anthony B 423</u>		Registration District No. <u>99</u>	
		Primary Registration District No. <u>2177</u>		Local Registrar's No. <u>404</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>George Wallace McFarland</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept 29th 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>7</u>		<u>1</u>	<u>21</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>St Anthony Ida</u> <u>B 7 D, # 3</u>					
13. NAME <u>J Wallace McFarland</u>					
14. BIRTHPLACE (city or town) (State or country) <u>St Anthony Ida</u> <u>B 7 D, # 3</u>					
15. MAIDEN NAME <u>Theresa Caron</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Hopewell Texas</u>					
17. INFORMANT (Address) <u>J Wallace McFarland</u> <u>St Anthony B 423</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Barber Ida</u> Date <u>Nov 22, 1931</u>					
19. UNDERTAKER (Address) <u>Wm J. Keller</u> <u>Barber Ida</u>					
20. FILED <u>Mr 21</u> , 1931, <u>Comm Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov 19th 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from birth _____, 1931, to <u>Nov 19</u> , 1931.					
I last saw him alive on <u>Nov 18</u> , 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Pericarditis</u>					
Other contributory causes of importance: <u>influenza</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>Ray's symptoms</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 1931.					
Where did injury occur? (Specify city or town, county, and State) _____					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>Lois J. Rich</u> M. D.					
(Address) <u>Rexburg Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Fremont</u>	City of <u>St. Anthony</u>	Registration District No. <u>99</u>		State File No. <u>77522</u>	
		Primary Registration District No. <u>2177</u>		Local Registrar's No. <u>405</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Nephie Thorston Nyborg</u>					
(a) Residence. No. <u>St. Anthony Route 21-</u> St. _____ (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Hilda Nyborg</u>					
6. DATE OF BIRTH (month, day, and year) <u>July 8-1863</u>					
7. AGE	Years <u>64</u>	Months <u>4</u>	Days <u>18</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>St. Pleasant</u> (State or country) <u>Idaho</u>					
MOTHER FATHER	13. NAME <u>A. O. Nyborg</u>				
	14. BIRTHPLACE (city or town) <u>Sweden</u> (State or country)				
	15. MAIDEN NAME <u>Inga Olson</u>				
	16. BIRTHPLACE (city or town) <u>Sweden</u> (State or country)				
	17. INFORMANT (Address) <u>Mrs. Hilda Nyborg</u> <u>St. Anthony Route 21</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Kiefers</u> Date <u>Nov. 30, 1931</u>				
19. UNDERTAKER (Address) <u>Wm. Hansen</u> <u>St. Anthony Idaho</u>					
20. FILED <u>Nov. 28, 1931</u> <u>Wm. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 26, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw h. alive on _____, 1931; death is said to have occurred on the date stated above, at <u>1 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Has died when doctor arrived. Refused to sign Certificate.</u>					
<u>Apoplexy "Heart Trouble"</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>W. M. Hansen</u> (County Coroner)					
(Address) <u>St. Anthony Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED DEC 17 1931 DO NOT WRITE IN THIS SPACE 77523	
County of <u>Fremont</u>		CERTIFICATE OF DEATH		State File No.	
City of <u>Idaho</u>		Registration District No.		Local Registrar's No. <u>406</u>	
		Primary Registration District No.			
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mary Lorenson</u>					
(a) Residence. No. <u>7 Idaho</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 1st - 1856</u>					
7. AGE <u>75</u> Years	Months <u>2</u>	Days <u>25</u>	If LESS than 1 day, hrs. or min.		
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>			
		10. Date deceased last worked at this occupation (month and year)			
		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Denmark</u> (State or country)					
FATHER		13. NAME <u>Jorgen C. Anderson</u>			
		14. BIRTHPLACE (city or town) <u>Denmark</u> (State or country)			
		15. MAIDEN NAME <u>Caroline Melrose</u>			
MOTHER		16. BIRTHPLACE (city or town) <u>Denmark</u> (State or country)			
		17. INFORMANT <u>Henry Lorenson</u> (Address) <u>Sagehen City, Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>Dec. 5th</u> , 1931					
19. UNDERTAKER <u>Wm. J. Kelley</u> (Address) <u>Idaho</u>					
20. FILED <u>Dec. 8</u> , 1931 <u>Wm. Hansen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 2nd</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 1</u> , 1931, to <u>Dec 2</u> , 1931					
I last saw her alive on <u>Dec 2</u> , 1931; death is said to have occurred on the date stated above, at <u>2</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Hypertension (230/90)</u> <u>Chronic Myocarditis</u> <u>Coronary Embolism</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Wm. J. Kelley</u> M. D.					
(Address) <u>Idaho</u>					

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RECEIVED JAN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77524

PLACE OF DEATH

County of GemCity of EmmettRegistration District No. 6

Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George W. Rinker

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male4. COLOR OR RACE white5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Mary Rinker
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) Feb 14 - 1858

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

73101

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) _____
(State or country) Iowa10. NAME OF FATHER Benjamin Rinker11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) Not known12. MAIDEN NAME OF MOTHER Lidia W. Wayne13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country) Ohio14. Informant George Rinker(Address) Pocatello Idaho15. Filed 12/18, 1931

J. L. Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 15, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 1, 1931, to Dec 15, 1931that I last saw him alive on Dec 15, 1931and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Apoplexia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Chronic Nephritis with(Secondary) Hypertension

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. L. Reynolds, M. D.12/18, 1931 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Emmett IdahoDate of Burial 12/19, 193120. Undertaker C. D. QuakmanAddress EmmettIdahoWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77525

PLACE OF DEATH

County of Jersey
City of Emmett

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David C. Hattery

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced, (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 14, 18667. AGE Years Months Days If LESS than 1 day, hrs. or min.
65 8 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Rochester
(State or country) Indiana10. NAME OF FATHER Andrew Hattery11. BIRTHPLACE OF FATHER (city or town) not known
(State or Country)12. MAIDEN NAME OF MOTHER Shelton13. BIRTHPLACE OF MOTHER (city or town) not known
(State or Country)14. Informant H. W. Titus
(Address) Emmett Idaho15. Filed 12/10, 1931 J. L. Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 5 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1931, to Dec 5, 1931, that I last saw him alive on Dec 3rd, 1931, and that death occurred, on the date stated above, at 6 am. The CAUSE OF DEATH* was as follows:
Myocarditis(duration) yrs. mos. ds.
CONTRIBUTORY Chronic Cardiac
(Secondary) asthma
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. L. Reynolds, M. D.
12/10, 1931 (Address) Emmett Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Emmett Idaho Date of Burial 12/10 193120. Undertaker C. Buckner Address Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77526

State File No.

PLACE OF DEATH

County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Myrtle Louise Smitherman

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. A. Smitherman

6. DATE OF BIRTH (month, day and year) June 20, 1866

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
65 5-0 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bitterford Me.
(State or country)

10. NAME OF FATHER Geo. Lowe

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Maine

12. MAIDEN NAME OF MOTHER

Christine Ingersoll

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Maine

14. Informant H. E. Mow
(Address) Emmett Ida

15. Filed 12/4, 1931 J. H. Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1931, to Dec 2, 1931
that I last saw h-y alive on Dec 31, 1931
and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

(duration) yrs. mos. ds.

CONTRIBUTORY Diabetic Mellitus
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Reynolds M. D.
12/4, 1931 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Emmett Idaho Date of Burial 12/4 1931

20. Undertaker C. W. Bucknere Address Emmett Idaho

RECEIVED JAN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77527

State File No.

PLACE OF DEATH

County of Ben
City of Emmett

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob H. Howick

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word)widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 13 - 18437. AGE Years Months Days If LESS than 1 day,
88 7 14 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ohio
(State or country)10. NAME OF FATHER Jacob Howick11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ohio12. MAIDEN NAME OF MOTHER Fattie Smith13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Ohio14. Informant Jess Chadwell
(Address) Emmett Ida15. Filed 12/31, 1931 J. L. Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec271931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 28th1931to Emmettthat I last saw him alive on Dec 28, 1931

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)Age

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed)

12/311931

(Address)

J. L. Reynolds D.
Emmett
Ida*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Emmett Idaho12/31 1931

20. Undertaker

Address

C. D. DickmanEmmett
Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77528

PLACE OF DEATH

County of Gooding Registration District No. 22
City of Wendell Primary Registration District No. 2018

Local Registrar's No. 418

(No. (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Bertha Blam

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F. 4 COLOR OR RACE W. 5 Single Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Oct 5 1926

7 AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
10 2 16

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

School girl

9 BIRTHPLACE (city or town) (State or country)

Alexander Idha

10 NAME OF FATHER

Virgil Blam

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Lawa

12 MAIDEN NAME OF MOTHER

Katie Voss

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Hollarnel

14 Informant

(Address)

Virgil Blam
Wendell Idha

15 Filed 12-22 1931

E. L. Dimanton

16 DATE OF DEATH Dec 20 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 1931, to Dec 21 1931

that I last saw her alive on Dec 20 1931

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Arterio insufficiency

CONTRIBUTORY (Secondary)

Situation of heart
(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? Chest Examination

(Signed) E. L. Dimanton M. D.

12-22 1931 (Address) Wendell Idha

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Date of Burial

Wendell Idha 12-23 1931

20. Undertaker

Address

None

Each should be carefully supplied. Each should be carefully supplied. Each should be carefully supplied. DEATH in plain terms, so that it may be properly classified. Exact statement of OC- very important. See instructions on back of certificate.

RECEIVED IDAHO JAN 13 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77529

CERTIFICATE OF DEATH

PLACE OF DEATH Gooding
County of Gooding Registration District No. 22
City of Wendell Primary Registration District No. 2018 Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lois Laurel Dummitt

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W- 5 Single, Married, Widowed, or Divorced (write the word) single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE 6 Years 3 Months 25 Days 1 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant C. C. Dummitt
(Address) Wendell Ida

15 Filed 12-29-31

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 26 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 22 1931 to Dec 26 1931
that I last saw her alive on Dec 26 1931
and that death occurred, on the date stated above, at 3:00 p. m.

The CAUSE OF DEATH* was as follows:
Cerebrospinal meningitis - pneumo
coccus type
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) ✓
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Laboratory

(Signed) E. P. Dinnanton M. D.

12-29 1931 (Address) Wendell Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIO-
LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19 Place of Burial, Cremation, or Removal Date of Burial

Wendell Ida 12-28-31

20. Undertaker Tambran Lum Co Gooding

STATE OF IDAHO RECEIVED JAN 13 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77530

State File No.

PLACE OF DEATH

County of BoiseCity of Windell

CERTIFICATE OF DEATH

Registration District No. 22Primary Registration District No. 2018

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Teranda Hill(a) Residence. No. Appellan

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female4. COLOR OR RACE white5. Single, Married, Widowed,
or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec. 10, 19177. AGE 13

Years

Months 11Days 22If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. school gal(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Henderson
Idaho10. NAME OF FATHER George Hill11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Cal.12. MAIDEN NAME OF MOTHER Mary Cook13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Idaho

PARENTS

14.

Informant
(Address) Mrs. Jane Hendricks
Jerome, Idaho

15.

Filed Dec 5, 19 31Registrar. E. L. Simonton

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 28, 19 31

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
Nov 26, 19 31, to Nov 28, 19 31that I last saw him alive on Nov 28, 19 31and that death occurred, on the date stated above, at 11 1/2 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? E. L. SimontonWhat test confirmed diagnosis? E. L. Simonton(Signed) E. L. Simonton, M.D.Dec 5, 19 31 (Address) Windell, Idaho19. Place of Burial, Cremation, or Removal Jerome CemeteryDate of Burial 11/30, 19 3120. Undertaker J. HarrisonAddress Jerome, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Gooding*

Registration District No.

City of *Wendell*

Primary Registration District No.

If death occurs away from usual residence, give facts called for under special information.

(No. St.)

State File No.

Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Wayne Lee Rost

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

M *White* *Single*
(Write the word)

6. DATE OF BIRTH

Lee *16* *1930*
(Month) (Day) (Year)

7. AGE

1 *9* *ds.*
Yrs. Mos. ds.
IF LESS than 1 day how many
hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)*None*

9. BIRTHPLACE

(State or Country)

Wendell Ida

10. NAME OF FATHER

Frank Rost

11. BIRTHPLACE OF FATHER

(State or Country)

Missouri

12. MAIDEN NAME OF MOTHER

Albertine Gold

13. BIRTHPLACE OF MOTHER

(State or Country)

Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Frank O Rost
Wendell Ida
(Address)

15.

Filed *Jan 11* *1932* *E. L. Simister*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan *25* *1931*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *Jan 25* *1931* to *Jan 25* *1931*, and that I last saw him alive on *Jan 25* *1931*, and that death occurred on the date stated above, at *2:45* *A.* M.
The CAUSE OF DEATH* was as follows:*Influenza pneumonia*

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed)

E. L. Simister M. D.

19. (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wendell Ida *Jan 26* *1932*

20. UNDERTAKER

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Gooding*
City of *Wendell*

Registration District No.

Primary Registration District No.

(No. St.)

State File No. *77532*

Local Registrar's No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Charles Nelson White

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Widowed*

(Write the word)

6. DATE OF BIRTH

Mar 21 1850
(Month) (Day) (Year)

7. AGE

*80 Yrs. 10 Mos. 13 ds.*IF LESS than 1 day how many
..... hrs. or
..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)*Carpenter*

9. BIRTHPLACE

(State or Country)

Vermont

10. NAME OF FATHER

Nelson White

11. BIRTHPLACE OF FATHER

(State or Country)

England

12. MAIDEN NAME OF MOTHER

Mary Putnam

13. BIRTHPLACE OF MOTHER

(State or Country)

England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

*Luy White**Wendell Ida*

15.

Filed

*Feb 4 1931**E. L. Simonton*

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

*Feb 3 1931 to Feb 3 1931*that I last saw him alive on *Feb 3 1931*and that death occurred on the date stated above, at *9⁴⁵ AM.*

The CAUSE OF DEATH* was as follows:

*General debility
& cystitis.*(Duration) *3* yrs. mos. ds.

Contributory (Secondary)

(Duration) *60* yrs. mos. ds.

(Signed)

*E. L. Simonton M. D.**3-4 1931* (Address) *Wendell Ida*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Wendell Ida**Feb 5 1931*

UNDERTAKER

ADDRESS

Superior Furniture Trading Co.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Gooding*
City of *Wendell*

Registration District No.

Primary Registration District No.

(No. St.)

State File No. *77533*

Local Registrar's No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Unnamed Infant of W. Kenneth Wright

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Single
(Write the word)

6. DATE OF BIRTH

Feb 6 1931
(Month) (Day) (Year)

7. AGE

*Yrs. Mos. ds.*IF LESS than 1 day, how many
3 hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work *✓*

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) *Wendell Ida*

10. NAME OF FATHER

W. Kenneth Clayton

11. BIRTHPLACE OF FATHER

(State or Country) *Colorado*

12. MAIDEN NAME OF MOTHER

Virginia Wright

13. BIRTHPLACE OF MOTHER

(State or Country) *Wash*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mr. Chas Wright
(Address) *Wendell Ida*

15. Filed

Feb 6 1931

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 6 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *Feb 6 1931* to *Feb 6 1931*that I last saw her alive on *Feb 6 1931*, and that death occurred on the date stated above, at *12 A.*

The CAUSE OF DEATH* was as follows:

In utero Premature birth

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed)

F. L. Smoot
2-6-1931 (Address) *Wendell Ida*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wendell Ida
2-7-1931
UNDERTAKER *Chas Wright* ADDRESS *Wendell Ida*

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH,

County of *Booming*City of *Wendell*

If death occurs away from usual residence, give facts called for under special information.

Registration District No. *22-*

Primary Registration District No.

(No. _____ St.)

State File No. *77534*

Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Adolph S. Sietlaff

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED*m**white**married*
(Write the word)

6. DATE OF BIRTH

Oct

(Month)

18th 1844

(Day)

(Year)

7. AGE

86

Yrs.

3

Mos.

14

ds.

IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

Merchant

9. BIRTHPLACE

(State or Country)

Germany

10. NAME OF

Father

11. BIRTHPLACE

OF FATHER

(State or Country)

Germany

12. MAIDEN NAME

OF MOTHER

13. BIRTHPLACE

OF MOTHER

(State or Country)

Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Fred J. Sietlaff
Wendell Ida

15.

Filed

*Mar 2 19 31**E. L. Simenton*

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 2

(Month)

(Day)

19 31

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb 10 19 31 to *Mar 2 19 31*that I last saw him alive on *Mar 2 19 31*and that death occurred on the date stated above, at *10³⁰* M.

The CAUSE OF DEATH* was as follows:

*General weakness**& bronchitis*

(Duration) yrs. mos. ds.

Contributory

(Secondary)

(Duration) yrs. mos. ds.

(Signed)

E. L. Simenton M. D.*2-2 19 31* (Address) *Wendell Ida*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Bellevue Ida**19*

20. UNDERTAKER

ADDRESS

J. L. Harrison *Jerome Ida*

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of

Registration District No. 22

City of

Primary Registration District No.

State File No. 17535

Local Registrar's No.

If death occurs away from usual residence, give facts called for under special information.

(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Paul Leo Ehrmantraut

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

M

white

Single

6. DATE OF BIRTH

June

29

1924

(Month)

(Day)

(Year)

7. AGE

6

Yrs.

9

Mos.

ds.

IF LESS than 1 day how many
hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

Student

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF

Father

John Ehrmantraut

11. BIRTHPLACE

OF FATHER

(State or Country)

Russia

12. MAIDEN NAME

OF MOTHER

Veronica Schmidt

13. BIRTHPLACE

OF MOTHER

(State or Country)

Russia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

John Ehrmantraut

15.

Filed

Mch 22 1931

L. D. Smoot

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March

22

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mch 22 1931 to Mch 22 1931,

that I last saw him alive on Mch 22 1931,

and that death occurred on the date stated above, at 8:30 PM.

The CAUSE OF DEATH* was as follows:

General peritonitis

(Duration) yrs. mos. ds.

Contributory (Secondary)

Perforation of appendix

(Duration) yrs. mos. ds.

(Signed)

L. D. Smoot M. D.

19.

(Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wendell Idaho

Mch 24 1931

20. UNDERTAKER

ADDRESS

Geo Smith

Wendell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1932 PLACE OF DEATH <i>Seah</i> County of <i>Franklin</i> City of <i>Franklin</i>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. <i>103</i> Primary Registration District No. <i>2181</i>		DO NOT WRITE IN THIS SPACE State File No. <i>77537</i> Local Registrar's No. <i>41</i>	
(If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME <i>Charles E. Lovelace</i>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Male</i>		4. COLOR OR RACE <i>White</i>		5. Single, Married, Widowed, or Divorced (write the word) <i>Not Known</i>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) _____					
7. AGE Years <i>about 74</i>		Months _____		Days _____	
				If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Proprietor</i>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) (State or country) <i>Not Known</i>					
MOTHER FATHER	13. NAME <i>Not Known</i>				
	14. BIRTHPLACE (city or town) (State or country) _____				
	15. MAIDEN NAME <i>Not Known</i>				
	16. BIRTHPLACE (city or town) (State or country) _____				
17. INFORMANT (Address) <i>Franklin, Idaho</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>Franklin, Idaho</i> Date <i>12-8, 1931</i>					
19. UNDERTAKER (Address) <i>Franklin, Idaho</i>					
20. FILED <i>1-2, 1932</i> <i>B Chipman</i> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>12-1-1931</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>Dec. 5-1931</i> to <i>Sept. 10, 1931</i>					
I last saw him alive on <i>Sept. 10, 1931</i> ; death is said to have occurred on the date stated above, at <i>2 P.</i> m.					
The principal cause of death and related causes of importance were as follows:					
<i>Chronic Endocarditis</i>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? (Specify city or town, county, and State) _____					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <i>No</i>					
If so, specify _____					
(Signed) <i>B. Chipman</i> M. D.					
(Address) <i>Franklin, Idaho</i>					

689

RECEIVED JAN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77538

State File No.

PLACE OF DEATH

County of IdahoCity of Grangeville

CERTIFICATE OF DEATH

Registration District No. 103Primary Registration District No. 1001(No. Grangeville)Local Registrar's No. 42

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Earl McHargue(a) Residence. No. Golden, Idaho St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 29, 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
7 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho10. NAME OF FATHER Mack McHargue11. BIRTHPLACE OF FATHER (city or town) Kentucky
(State or Country)12. MAIDEN NAME OF MOTHER Cleo Williams13. BIRTHPLACE OF MOTHER (city or town) Oregon
(State or Country)14. Informant Joe Williams
(Address) Golden, Idaho15. Filed 1-2- 1932 B. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 13 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1931 to Nov 13, 1931
that I last saw him alive on Nov 13, 1931and that death occurred, on the date stated above, at 9:00 a.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Supravital(Signed) J. W. Baker M. D.Nov 13, 1931 (Address) Grangeville

19. Place of Burial, Cremation, or Removal Date of Burial

Mt Idaho Nov. 13 1931

20. Undertaker Address

Am Grangeville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JAN 13 1932

DO NOT WRITE IN THIS SPACE

77540

State File No.

PLACE OF DEATH

County of Booleman
City of Harrison

Registration District No. 126Primary Registration District No. 2304Local Registrar's No. 25

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm Simon Knaggs

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 838 Don't know

7. AGE Years 73 Months — Days — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Steamboat(b) General nature of industry, business, or establishment in which employed (or employer) Captain. Retired

(c) Name of employer .

9. BIRTHPLACE (city or town) Boonville, Mo.
(State or country)10. NAME OF FATHER Simon Knaggs11. BIRTHPLACE OF FATHER (city or town) Don't know
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) —
(State or Country)

14. Informant W. B. V. Harrison
(Address) Harrison, Mo.

15. Filed Dec 20, 1931 W. B. V. Harrison
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec. 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 12, 1931, to Dec. 18, 1931
that I last saw him alive on Dec. 18, 1931
and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Failing compensation of right
heart with dilatation

(duration) yrs. mos. 4 ds.CONTRIBUTORY Chronic Myocarditis
(Secondary)(duration) 3 yrs. + mos. + ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) W. B. V. Harrison, M. D., 19 (Address) Harrison

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Harrison School Date of Burial 12-20 1931

20. Undertaker Cassidy Funeral Address Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77541**

PLACE OF DEATH
County of Kootenai
City of Harrison

Registration District No. 126
Primary Registration District No. 2304

Local Registrar's No. 24

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME new born

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Wife

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days 5-7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) New Black Lake
(State or country)10. NAME OF FATHER Carmen Capogreco11. BIRTHPLACE OF FATHER (city or town) Italy
(State or Country)12. MAIDEN NAME OF MOTHER Julia Rose Scott13. BIRTHPLACE OF MOTHER (city or town) Springston
(State or Country) Idaho

14. Informant father C. Capogreco
(Address)

15. Filed 12-10-1931 H.W. Shrock
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Unknown. Father reports birth at 99. n. All appeared well. found baby dead at 4 a.m. no cause apparent. Shakes not smothered.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Have no reason to suspect (duration) yrs. mos. ds.

18. Where was disease contracted anything
if not at place of death?Did an operation precede death? _____ Date of wrong

Was there an autopsy? _____

What test confirmed diagnosis? H.W. Shrock, M. D.(Signed) Dec 10, 1931 (Address) Harrison

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

HarrisonDec 11 1931

20. Undertaker

Address

RECEIVED DEC 23 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77543

State File No.

PLACE OF DEATH

County of KootenaiCity of Spirit Lake

CERTIFICATE OF DEATH

Registration District No. 45

Primary Registration District No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Bertha Bailey

(a) Residence No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred 23 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofIsaac Bailey6. DATE OF BIRTH (month, day and year) January 13 18567. AGE Years 75 Months 10 Days 26 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Horsewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Orange Co. New York

10. NAME OF FATHER

John C. Helpecht

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Germany

12. MAIDEN NAME OF MOTHER

Do not know

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant (Address)

Robert Spencer Spirit Lake, Idaho

15.

Filed Nov 10 1931A. C. Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct. 13 1930 to Nov. 9 1931
that I last saw her alive on Nov. 8 1931and that death occurred, on the date stated above, at 81 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

1) Diabetes
2) Chronic Nephritis
Anemia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Urine etc.(Signed) John W. Delany M. D.
Nov. 9 1931 (Address) Spirit Lake, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Bremont Cemetery, Spirit Lake 11-12 1931

20. Undertaker

Address

Garvey Funeral Home Pathdown

57

PARENTS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77544

State File No.

PLACE OF DEATH

County of BoolemanCity of Booleman

CERTIFICATE OF DEATH

Registration District No. 45

Primary Registration District No.

(No.)

Local Registrar's No. 132. FULL NAME Charles Bollinger

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city on town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) October 17 18647. AGE Years Months Days If LESS than 1 day, hrs. or min.
73 1 108. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Leaver - 1100's

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Illinois?10. NAME OF FATHER Do not know11. BIRTHPLACE OF FATHER (city or town) (State or Country) Do not know

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address) John W. Schenck15. Filed Nov 28, 1931. A. Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Nov. 27, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Nov. 23, 1931, to Nov. 27, 1931
that I last saw him alive on Nov. 27, 1931
and that death occurred, on the date stated above, at 2300 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:1) Cerebral Hemorrhage - c
Right Hemiplegia.(duration) yrs. mos. ds.
CONTRIBUTORY Generalized Arteriosclerosis,
(Secondary) Cholera (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) John W. Schenck, M. D.Dec 1, 1931 (Address) Spirit Lake, Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Burial in cemetery Spirit Lake 11-30 1931

20. Undertaker Address

Cassidy Funeral Home Rathbun

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77545

PLACE OF DEATH
County of Latah Registration District No. 64
City of Troy Primary Registration District No. 2144 Local Registrar's No. 164
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Karin Jacobson
(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widow

16. DATE OF DEATH Dec. 30. 1931.
(Month) (Day) (Year)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

17. I HEREBY CERTIFY, That I attended deceased from
Dec. 29. 1931. to Dec. 30. 1931.
that I last saw him alive on Dec. 29. 1931.

6. DATE OF BIRTH (month, day and year)

and that death occurred, on the date stated above, at 49. m.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
75 0 21

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Sweden

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Arvid Jacobson
(Address) Troy Ida

CONTRIBUTORY Arthritis
(Secondary)

(duration) 12 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. A. Meyer, M.D.

19. (Address) Troy Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Hestdala cem. Jan 3 1932

20. Undertaker John J. Pickard Address Troy Ida

15. Filed Dec 31. 1931. Lucy M. Pickard
Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Latah	CERTIFICATE OF DEATH		State File No. 77546	
City of	Near Troy	Registration District No.	64	Local Registrar's No.	
		Primary Registration District No.	2144		
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME		John W. Kerr			
(a) Residence. No.		St. Crofino, Idaho			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs.	mos.	ds.	How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
Male	White	Widowed			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Dec. 21, 1875					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
55	11	25			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cedar Pole Mfg. & Dealer					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year) Dec 12/15/31					
11. Total time (years) spent in this occupation 30 yrs.					
12. BIRTHPLACE (city or town) Sullivan County Mo.					
13. NAME Charles Kerr					
14. BIRTHPLACE (city or town) Lee County Iowa					
15. MAIDEN NAME Lovisa Pratt					
16. BIRTHPLACE (city or town) Lee County Iowa					
17. INFORMANT Thomas H. Kerr Crofino, Idaho					
18. BURIAL, CREMATION, OR REMOVAL Place Kirksville, Mo. Date _____, 1931					
19. UNDERTAKER H. R. Short (Address) _____					
20. FILED Dec 31, 1931 Lucy M. Pickard Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Dec. 15 1931					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at _____ p.m.					
The principal cause of death and related causes of importance were as follows: Severed jugular veins with pocket knife					
Suicidal					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) H. R. Short (Address) _____					

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77547

PLACE OF DEATH

County of Latah

City of Troy

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No. _____

2. FULL NAME

(If death occurred in a hospital or institution, give its name instead of street and number.)

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OF RACE White 5 Single, Married, Widowed, or Divorced (write the word) Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE Years Months Days If LESS than 1 day, 10 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Troy Ida
(State or country)

10 NAME OF FATHER Nestor Olson

11 BIRTHPLACE OF FATHER (city or town) Minnesota Troy Ida
(State or country)

12 MAIDEN NAME OF MOTHER Hazel Baker

13 BIRTHPLACE OF MOTHER (city or town) Minnesota
(State or country)

14 Informant Nestor Olson
(Address) Troy Ida

15 Filed Dec 10 1931 Lucy M Pickard
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 10 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1931, to Dec 10, 1931, that I last saw him alive on Dec 9, 1931, and that death occurred, on the date stated above, at 24 M.

The CAUSE OF DEATH* was as follows:
premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Basal

(Signed) Basal Meyer M. D.
Dec 10, 1931. (Address) Troy Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Dry Creek Cem Date of Burial Dec 11 1931

20. Undertaker None Address

1-10-1931-1932-1933-1934-1935-1936-1937-1938-1939-1940-1941-1942-1943-1944-1945-1946-1947-1948-1949-1950-1951-1952-1953-1954-1955-1956-1957-1958-1959-1960-1961-1962-1963-1964-1965-1966-1967-1968-1969-1970-1971-1972-1973-1974-1975-1976-1977-1978-1979-1980-1981-1982-1983-1984-1985-1986-1987-1988-1989-1990-1991-1992-1993-1994-1995-1996-1997-1998-1999-2000-2001-2002-2003-2004-2005-2006-2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100-2101-2102-2103-2104-2105-2106-2107-2108-2109-2110-2111-2112-2113-2114-2115-2116-2117-2118-2119-2120-2121-2122-2123-2124-2125-2126-2127-2128-2129-2130-2131-2132-2133-2134-2135-2136-2137-2138-2139-2140-2141-2142-2143-2144-2145-2146-2147-2148-2149-2150-2151-2152-2153-2154-2155-2156-2157-2158-2159-2160-2161-2162-2163-2164-2165-2166-2167-2168-2169-2170-2171-2172-2173-2174-2175-2176-2177-2178-2179-2180-2181-2182-2183-2184-2185-2186-2187-2188-2189-2190-2191-2192-2193-2194-2195-2196-2197-2198-2199-2200-2201-2202-2203-2204-2205-2206-2207-2208-2209-2210-2211-2212-2213-2214-2215-2216-2217-2218-2219-2220-2221-2222-2223-2224-2225-2226-2227-2228-2229-2230-2231-2232-2233-2234-2235-2236-2237-2238-2239-2240-2241-2242-2243-2244-2245-2246-2247-2248-2249-2250-2251-2252-2253-2254-2255-2256-2257-2258-2259-2260-2261-2262-2263-2264-2265-2266-2267-2268-2269-2270-2271-2272-2273-2274-2275-2276-2277-2278-2279-2280-2281-2282-2283-2284-2285-2286-2287-2288-2289-2290-2291-2292-2293-2294-2295-2296-2297-2298-2299-2300-2301-2302-2303-2304-2305-2306-2307-2308-2309-2310-2311-2312-2313-2314-2315-2316-2317-2318-2319-2320-2321-2322-2323-2324-2325-2326-2327-2328-2329-2330-2331-2332-2333-2334-2335-2336-2337-2338-2339-2340-2341-2342-2343-2344-2345-2346-2347-2348-2349-2350-2351-2352-2353-2354-2355-2356-2357-2358-2359-2360-2361-2362-2363-2364-2365-2366-2367-2368-2369-2370-2371-2372-2373-2374-2375-2376-2377-2378-2379-2380-2381-2382-2383-2384-2385-2386-2387-2388-2389-2390-2391-2392-2393-2394-2395-2396-2397-2398-2399-2400-2401-2402-2403-2404-2405-2406-2407-2408-2409-2410-2411-2412-2413-2414-2415-2416-2417-2418-2419-2420-2421-2422-2423-2424-2425-2426-2427-2428-2429-2430-2431-2432-2433-2434-2435-2436-2437-2438-2439-2440-2441-2442-2443-2444-2445-2446-2447-2448-2449-2450-2451-2452-2453-2454-2455-2456-2457-2458-2459-2460-2461-2462-2463-2464-2465-2466-2467-2468-2469-2470-2471-2472-2473-2474-2475-2476-2477-2478-2479-2480-2481-2482-2483-2484-2485-2486-2487-2488-2489-2490-2491-2492-2493-2494-2495-2496-2497-2498-2499-2500-2501-2502-2503-2504-2505-2506-2507-2508-2509-2510-2511-2512-2513-2514-2515-2516-2517-2518-2519-2520-2521-2522-2523-2524-2525-2526-2527-2528-2529-2530-2531-2532-2533-2534-2535-2536-2537-2538-2539-2540-2541-2542-2543-2544-2545-2546-2547-2548-2549-2550-2551-2552-2553-2554-2555-2556-2557-2558-2559-2560-2561-2562-2563-2564-2565-2566-2567-2568-2569-2570-2571-2572-2573-2574-2575-2576-2577-2578-2579-2580-2581-2582-2583-2584-2585-2586-2587-2588-2589-2590-2591-2592-2593-2594-2595-2596-2597-2598-2599-2600-2601-2602-2603-2604-2605-2606-2607-2608-2609-2610-2611-2612-2613-2614-2615-2616-2617-2618-2619-2620-2621-2622-2623-2624-2625-2626-2627-2628-2629-2630-2631-2632-2633-2634-2635-2636-2637-2638-2639-2640-2641-2642-2643-2644-2645-2646-2647-2648-2649-2650-2651-2652-2653-2654-2655-2656-2657-2658-2659-2660-2661-2662-2663-2664-2665-2666-2667-2668-2669-2670-2671-2672-2673-2674-2675-2676-2677-2678-2679-2680-2681-2682-2683-2684-2685-2686-2687-2688-2689-2690-2691-2692-2693-2694-2695-2696-2697-2698-2699-2700-2701-2702-2703-2704-2705-2706-2707-2708-2709-2710-2711-2712-2713-2714-2715-2716-2717-2718-2719-2720-2721-2722-2723-2724-2725-2726-2727-2728-2729-2730-2731-2732-2733-2734-2735-2736-2737-2738-2739-2740-2741-2742-2743-2744-2745-2746-2747-2748-2749-2750-2751-2752-2753-2754-2755-2756-2757-2758-2759-2760-2761-2762-2763-2764-2765-2766-2767-2768-2769-2770-2771-2772-2773-2774-2775-2776-2777-2778-2779-2780-2781-2782-2783-2784-2785-2786-2787-2788-2789-2790-2791-2792-2793-2794-2795-2796-2797-2798-2799-2800-2801-2802-2803-2804-2805-2806-2807-2808-2809-2810-2811-2812-2813-2814-2815-2816-2817-2818-2819-2820-2821-2822-2823-2824-2825-2826-2827-2828-2829-2830-2831-2832-2833-2834-2835-2836-2837-2838-2839-2840-2841-2842-2843-2844-2845-2846-2847-2848-2849-2850-2851-2852-2853-2854-2855-2856-2857-2858-2859-2860-2861-2862-2863-2864-2865-2866-2867-2868-2869-2870-2871-2872-2873-2874-2875-2876-2877-2878-2879-2880-2881-2882-2883-2884-2885-2886-2887-2888-2889-2890-2891-2892-2893-2894-2895-2896-2897-2898-2899-2900-2901-2902-2903-2904-2905-2906-2907-2908-2909-2910-2911-2912-2913-2914-2915-2916-2917-2918-2919-2920-2921-2922-2923-2924-2925-2926-2927-2928-2929-2930-2931-2932-2933-2934-2935-2936-2937-2938-2939-2940-2941-2942-2943-2944-2945-2946-2947-2948-2949-2950-2951-2952-2953-2954-2955-2956-2957-2958-2959-2960-2961-2962-2963-2964-2965-2966-2967-2968-2969-2970-2971-2972-2973-2974-2975-2976-2977-2978-2979-2980-2981-2982-2983-2984-2985-2986-2987-2988-2989-2990-2991-2992-2993-2994-2995-2996-2997-2998-2999-3000-3001-3002-3003-3004-3005-3006-3007-3008-3009-3010-3011-3012-3013-3014-3015-3016-3017-3018-3019-3020-3021-3022-3023-3024-3025-3026-3027-3028-3029-3030-3031-3032-3033-3034-3035-3036-3037-3038-3039-3040-3041-3042-3043-3044-3045-3046-3047-3048-3049-3050-3051-3052-3053-3054-3055-3056-3057-3058-3059-3060-3061-3062-3063-3064-3065-3066-3067-3068-3069-3070-3071-3072-3073-3074-3075-3076-3077-3078-3079-3080-3081-3082-3083-3084-3085-3086-3087-3088-3089-3090-3091-3092-3093-3094-3095-3096-3097-3098-3099-3100-3101-3102-3103-3104-3105-3106-3107-3108-3109-3110-3111-3112-3113-3114-3115-3116-3117-3118-3119-3120-3121-3122-3123-3124-3125-3126-3127-3128-3129-3130-3131-3132-3133-3134-3135-3136-3137-3138-3139-3140-3141-3142-3143-3144-3145-3146-3147-3148-3149-3150-3151-3152-3153-3154-3155-3156-3157-3158-3159-3160-3161-3162-3163-3164-3165-3166-3167-3168-3169-3170-3171-3172-3173-3174-3175-3176-3177-3178-3179-3180-3181-3182-3183-3184-3185-3186-3187-3188-3189-3190-3191-3192-3193-3194-3195-3196-3197-3198-3199-3200-3201-3202-3203-3204-3205-3206-3207-3208-3209-3210-3211-3212-3213-3214-3215-3216-3217-3218-3219-3220-3221-3222-3223-3224-3225-3226-3227-3228-3229-3230-3231-3232-3233-3234-3235-3236-3237-3238-3239-3240-3241-3242-3243-3244-3245-3246-3247-3248-3249-3250-3251-3252-3253-3254-3255-3256-3257-3258-3259-3260-3261-3262-3263-3264-3265-3266-3267-3268-3269-3270-3271-3272-3273-3274-3275-3276-3277-3278-3279-3280-3281-3282-3283-3284-3285-3286-3287-3288-3289-3290-3291-3292-3293-3294-3295-3296-3297-3298-3299-3300-3301-3302-3303-3304-3305-3306-3307-3308-3309-3310-3311-3312-3313-3314-3315-3316-3317-3318-3319-3320-3321-3322-3323-3324-3325-3326-3327-3328-3329-3330-3331-3332-3333-3334-3335-3336-3337-3338-3339-3340-3341-3342-3343-3344-3345-3346-3347-3348-3349-3350-3351-3352-3353-3354-3355-3356-3357-3358-3359-3360-3361-3362-3363-3364-3365-3366-3367-3368-3369-3370-3371-3372-3373-3374-3375-3376-3377-3378-3379-3380-3381-3382-3383-3384-3385-3386-3387-3388-3389-3390-3391-3392-3393-3394-3395-3396-3397-3398-3399-3400-3401-3402-3403-3404-3405-3406-3407-3408-3409-3410-3411-3412-3413-3414-3415-3416-3417-3418-3419-3420-3421-3422-3423-3424-3425-3426-3427-3428-3429-3430-3431-3432-3433-3434-3435-3436-3437-3438-3439-3440-3441-3442-3443-3444-3445-3446-3447-3448-3449-3450-3451-3452-3453-3454-3455-3456-3457-3458-3459-3460-3461-3462-3463-3464-3465-3466-3467-3468-3469-3470-3471-3472-3473-3474-3475-3476-3477-3478-3479-3480-3481-3482-3483-3484-3485-3486-3487-3488-3489-3490-3491-3492-3493-3494-3495-3496-3497-3498-3499-3500-3501-3502-3503-3504-3505-3506-3507-3508-3509-3510-3511-3512-3513-3514-3515-3516-3517-3518-3519-3520-3521-3522-3523-3524-3525-3526-3527-3528-3529-3530-3531-3532-3533-3534-3535-3536-3537-3538-3539-3540-3541-3542-3543-3544-3545-3546-3547-3548-3549-3550-3551-3552-3553-3554-3555-3556-3557-3558-3559-3560-3561-3562-3563-3564-3565-3566-3567-3568-3569-3570-3571-3572-3573-3574-3575-3576-3577-3578-3579-3580-3581-3582-3583-3584-3585-3586-3587-3588-3589-3590-3591-3592-3593-3594-3595-3596-3597-3598-3599-3600-3601-3602-3603-3604-3605-3606-3607-3608-3609-3610-3611-3612-3613-3614-3615-3616-3617-3618-3619-3620-3621-3622-3623-3624-3625-3626-3627-3628-3629-3630-3631-3632-3633-3634-3635-3636-3637-3638-3639-3640-3641-3642-3643-3644-3645-3646-3647-3648-3649-3650-3651-3652-3653-3654-3655-3656-3657-3658-3659-3660-3661-3662-3663-3664-3665-3666-3667-3668-3669-3670-3671-3672-3673-3674-3675-3676-3677-3678-3679-3680-3681-3682-3683-3684-3685-3686-3687-3688-3689-3690-3691-3692-3693-3694-3695-3696-3697-3698-3699-3700-3701-3702-3703-3704-3705-3706-3707-3708-3709-3710-3711-3712-3713-3714-3715-3716-3717-3718-3719-3720-3721-3722-3723-3724-3725-3726-3727-3728-3729-3730-3731-3732-3733-3734-3735-3736-3737-3738-3739-3740-3741-3742-3743-3744-3745-3746-3747-3748-3749-3750-3751-3752-3753-3754-3755-3756-3757-3758-3759-3760-3761-3762-3763-3764-3765-3766-3767-3768-3769-3770-3771-3772-3773-3774-3775-3776-3777-3778-3779-3780-3781-3782-3783-3784-3785-3786-3787-3788-3789-3790-3791-3792-3793-3794-3795-3796-3797-3798-3799-3800-3801-3802-3803-3804-3805-3806-3807-3808-3809-3810-3811-3812-3813-3814-3815-3816-3817-3818-3819-3820-3821-3822-3823-3824-3825-3826-3827-3828-3829-3830-3831-3832-3833-3834-3835-3836-3837-3838-3839-3840-3841-3842-3843-3844-3845-3846-3847-3848-3849-3850-3851-3852-3853-3854-3855-3856-3857-3858-3859-3860-3861-3862-3863-3864-3865-3866-3867-3868-3869-3870-3871-3872-3873-3874-3875-3876-3877-3878-3879-3880-3881-3882-3883-3884-3885-3886-3887-3888-3889-3890-3891-3892-3893-3894-3895-3896-3897-3898-3899-3900-3901-3902-3903-3904-3905-3906-3907-3908-3909-3910-3911-3912-3913-3914-3915-3916-3917-

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77548

PLACE OF DEATH

County of Latah
City of Princeton

Registration District No. 65
Primary Registration District No. 2145

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Helen Cochrane

(a) Residence. No. Princeton, Idaho St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of James Cochrane
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan., 30, 1899

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
32 10 7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Own home.
(c) Name of employer

9. BIRTHPLACE (city or town) Norcatay Mo. _____
(State or country)

10. NAME OF FATHER C. E. Bunney
11. BIRTHPLACE OF FATHER (city or town) Mo.
(State or Country)
12. MAIDEN NAME OF MOTHER Ada Ziger
13. BIRTHPLACE OF MOTHER (city or town) Mo.
(State or Country)

14. Informant James Cochrane
(Address) Princeton, Idaho

15. Filed Dec. 8th, 1931 J. R. Thompson M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
December 7th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
December 1st, 1931, to December 7th, 1931
that I last saw her alive on December 7th, 1931
and that death occurred, on the date stated above, at 10:45 P.m.
The CAUSE OF DEATH* was as follows:

Chronic. Pneumonia.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____

(Signed) J. R. Thompson M. D.
Dec. 8th, 1931 (Address) Bozeman

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Potlatch, Idaho Date of Burial Dec. 10th 1931

20. Undertaker D. D. Kimball Address Palouse, Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77550

State File No.

County of LatahCity of Potlatch

CERTIFICATE OF DEATH

Registration District No. 65Primary Registration District No. 21445

Local Registrar's No.

(No. Potlatch Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen Yost

(a) Residence. No.

St. Kellogg Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs 1 mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank W. Yost

6. DATE OF BIRTH (month, day, and year) Oct. 2, 1875

7. AGE Years 56 Months 2 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boston
(State or country) Mass.

13. NAME John Furlong

14. BIRTHPLACE (city or town) Not known
(State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Rita Yost
(Address) Bovill Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane Wash. Date Dec. 14, 1931

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED Dec. 10, 1931 J. J. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from
November 8, 1931, to December 10, 1931

I last saw him alive on December 9, 1931; death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance

were as follows:

Carcinoma of Esophagus

Date of onset
1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Libbey M. D.(Address) Potlatch Id.

RECEIVED DEC 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77551

State File No.

Local Registrar's No.

PLACE OF DEATH

County of BlaineCity of Baker

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Victor Dawson

(a) Residence No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word)single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

27628

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workRancher(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Baker Idaho
Blaine Co.

10. NAME OF FATHER

Frank E. Dawson11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Libanon
Missouri

12. MAIDEN NAME OF MOTHER

Lydia Trisington13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Sherman Texas

14.

Informant
(Address)

15.

Filed

Dec 15, 1931W. B. Bellamy

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 161931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

8/25, 1931, to 9/16, 1931that I last saw him alive on 9/16, 1931

and that death occurred, on the date stated above, atm.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Typhoid fever(duration)yrs.mos. 25ds.CONTRIBUTORY
(Secondary)Intestinal hemorrhage

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Chas F Hammer M. D.Nov 23, 1931 (Address) Salmon

19. Place of Burial, Cremation, or Removal

Date of Burial

Salmon Cemetery9/17th 1931

20. Undertaker

Wm E. Decker

Address

Salmon
Idaho

1 a

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77552	
PLACE OF DEATH			
County of <u>Lemhi</u>			
City of <u>Baker</u>			
CERTIFICATE OF DEATH			
Registration District No. <u>41</u>		State File No.	
Primary Registration District No. <u>2116</u>		Local Registrar's No.	
(No.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Joseph Daniel Dawson</u>		1a	
(a) Residence. No. St.			
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years	Months	Days
<u>19</u>		<u>5</u>	<u>13</u>
If LESS than 1 day, hrs. or min.			
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Brancher</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Baker Idaho</u> (State or country) <u>Lemhi Co.</u>			
MOTHER FATHER			
13. NAME <u>Frank E. Dawson</u>			
14. BIRTHPLACE (city or town) <u>Lebanon Missouri</u> (State or country)			
15. MAIDEN NAME <u>Lydia Tisington</u>			
16. BIRTHPLACE (city or town) <u>Sherman Texas</u> (State or country)			
17. INFORMANT (Address)			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salmon</u> Date <u>Sept. 19, 1931</u>			
19. UNDERTAKER <u>William C. Decker</u> (Address) <u>Salmon Idaho</u>			
20. FILED <u>Dec. 5, 1931</u> <u>Chas. E. Bellamy</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Sept. 18, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 23, 1931</u> , to <u>Sept. 18, 1931</u>			
I last saw him alive on <u>Sept. 18, 1931</u> ; death is said to have occurred on the date stated above, at m.			
The principal cause of death and related causes of importance were as follows:			
<u>Typhoid fever</u>			
Other contributory causes of importance: <u>Intestinal hemorrhage</u>			
Name of operation <u>none</u> Date of			
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>no</u>			
(Signed) <u>Chas. E. Bellamy</u> , M. D.			
(Address) <u>Salmon</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		RECEIVED JAN 9 1929	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		77553	
CERTIFICATE OF DEATH		State File No.	
PLACE OF DEATH County of <u>Lewis</u> City of <u>Winchester</u>		Registration District No. <u>36</u> Primary Registration District No. <u>2129</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.) (No.)		Local Registrar's No. <u>19</u>	
2. FULL NAME <u>Jessie Dean McMiller</u>			
(a) Residence No. <u>Near Winchester, Idaho</u>			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant</u>			
6. DATE OF BIRTH (month, day, and year) <u>Sept 11th 31</u>			
7. AGE	Years	Months	Days
	<u>one</u>	<u>28</u>	<u>1 day, 28 hrs. or min.</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Near Winchester, Idaho</u>		13. NAME <u>Daniel McMiller</u>	
14. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>		15. MAIDEN NAME <u>Ella A. Platt</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Caloupe, Texas</u>		17. INFORMANT (Address) <u>Mrs. Dan McMiller Winchester, Ida</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Craigmont</u> Date <u>Sept 11th 1931</u>			
19. UNDERTAKER (Address) <u>Clyde C. Clovis Craigmont, Ida</u>			
20. FILED <u>176</u> , 1931 <u>P. E. Quinn</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Nov. 9th 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 6</u> , 1931, to <u>Nov. 9</u> , 1931.			
I last saw him alive on <u>Nov. 9</u> , 1931; death is said to have occurred on the date stated above, at <u>8 P.M.</u>			
The principal cause of death and related causes of importance were as follows: <u>Broncho Pneumonia</u>			
Date of onset <u>Nov 6th 31</u>			
Other contributory causes of importance: <u>Weak Child Heart Failure</u>			
Name of operation <u>none</u> Date of <u>Nov 9th 31</u>			
What test confirmed diagnosis? <u>20</u> Was there an autopsy? <u>20</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? <u>20</u> Date of injury <u>Nov 9th 31</u>			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify:			
(Signed) <u>J. E. McLaughlin</u> , M. D.			
(Address) <u>Winchester, Idaho</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1932

PLACE OF DEATH

 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of FranklinCity of PenhrynState File No. 77554Registration District No. 80Primary Registration District No. 217Local Registrar's No. 20(No. 96)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Barney Nugent(a) Residence. No. 7St. Winchester, Ida.

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. 7 mos.ds. How long in U. S., if of foreign birth? Do not know yrs. Do not know mos. Do not know ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced, (write the word)

Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year)

7. AGE

about Years

Months

Days

If LESS than
1 day, hrs.
or min.70 yrs

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Indigent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

about
four years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Do not know

13. NAME

X Do not know

14. BIRTHPLACE (city or town) (State or country)

Do not know

15. MAIDEN NAME

X Do not know

16. BIRTHPLACE (city or town) (State or country)

X Do not know

MOTHER

17. INFORMANT (Address)

X R. R. Russell

18. BURIAL, CREMATION, OR REMOVAL

Place Penhryn, Ida. Date Dec 18, 1931

19. UNDERTAKER

R. B. Russell on Clyde Clovis

(Address)

CLYDE CLOVIS CRAMMONT, IDAHO

20. FILED

17/3

1931

1 R. B. Russell

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 17, 193122. I HEREBY CERTIFY, That I attended deceased from hair not seen since for 4 yearsI last saw him alive on 1931 : death is saidto have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Chronic Pyemia

Other contributory causes of importance:

Age 70frail characterrefused medical aid

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Langhlin M. D.(Address) Winchester, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

77556

PLACE OF DEATH

County of Nezperce Co

City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Clayton Shackelford

(a) Residence. No. 817-8th Ave. St.

(Usual place of abode.)

(If non-resident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of Novah Gillispie (or) WIFE of

6. DATE OF BIRTH (month, day and year) 12-29-1862

7. AGE Years 68 Months 11 Days 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Waterman

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer Grover Loney

9. BIRTHPLACE (city or town) Grant Co. Ind. (State or country)

10. NAME OF FATHER

Marion Shackelford

11. BIRTHPLACE OF FATHER (city or town) Louisiana (State or Country)

12. MAIDEN NAME OF MOTHER Susan Dash

13. BIRTHPLACE OF MOTHER (city or town) Penn. (State or Country)

14. Informant Mrs. J. M. Leavelle (Address) 817-8th Ave. Lewiston, Ida.

15. Filled Dec. 19, 1931. Byrd M. Fyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 17, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 31, 1931, to Dec 17, 1931
that I last saw him alive on Dec 17, 1931

and that death occurred, on the date stated above, at 90 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:

Gastric Carcinoma

more than six months
(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted — if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray diagnosis

(Signed) Paul J. ... M. P.

Dec 19, 1931 (Address) Lewiston, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Clarkston, Tex.

19

20. Undertaker

Address

R. R. Murchison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77557	
County of <u>Nez Perce</u>		CITY OF <u>Lewiston</u>		State File No.	
Registration District No.		Primary Registration District No. <u>1809</u>		Local Registrar's No.	
(No. <u>St Joseph Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>James R. Mason</u>					
(a) Residence. No. <u>910 9th, Avenue</u> St. (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 26th, 1870</u>					
7. AGE <u>50</u>	Years	Months <u>6</u>	Days <u>18</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year)			
		11. Total time (years) spent in this occupation			
		12. BIRTHPLACE (city or town) (State or country) <u>Starbuck,</u> <u>Washington</u>			
FATHER		13. NAME <u>John Mason</u>			
		14. BIRTHPLACE (city or town) (State or country) <u>Dayton,</u> <u>Ohio</u>			
MOTHER		15. MAIDEN NAME <u>Sarah Lagsdon</u>			
		16. BIRTHPLACE (city or town) (State or country) <u>Iowa</u>			
		17. INFORMANT <u>St Joseph Hospital records,</u> (Address) <u>Lewiston, Idaho</u>			
		18. BURIAL, CREMATION, OR REMOVAL Place <u>Colfax, Washington</u> Date <u>12/14/31</u> 1931			
		19. UNDERTAKER <u>Brower-Wann Company</u> (Address) <u>Lewiston, Idaho</u>			
		20. FILED <u>Dec 23, 1931</u> <u>J. M. P.</u> <u>Reg. N.T.</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 14th, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 1</u> , 1931, to <u>Dec 14</u> , 1931.					
I last saw him alive on <u>Dec 14</u> , 1931; death is said to have occurred on the date stated above, at <u>1207 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Carcinoma Gall bladder, Oct 1931</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation <u>Cholecystectomy</u> Date of <u>Dec 4/1931</u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>E. M. S. S. S.</u> , M.D.					
(Address) <u>Lewiston, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nez Perce.</u>		CERTIFICATE OF DEATH		State File No. <u>77559</u>	
City of <u>Lewiston.</u>		Registration District No. <u>96</u>		Local Registrar's No. <u>96</u>	
		Primary Registration District No. <u>1009</u>			
		(No. <u>St Joseph Hospital.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Borghild J. Hoff.</u>					
(a) Residence. No. <u>St. Orofino, Idaho.</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>10/31/1887.</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>44.</u>		<u>1.</u>	<u>9.</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Minnesota.</u>					
FATHER					
13. NAME <u>Not known.</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Not known.</u>					
MOTHER					
15. MAIDEN NAME <u>Not known.</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Not known.</u>					
17. INFORMANT <u>Frank Bogner</u> (Address) <u>Nez Perce, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Dalton, Minn.</u> Date <u>12/12/31.193</u>					
19. UNDERTAKER <u>Brower-Wann Company.</u> (Address) <u>Lewiston, Idaho.</u>					
20. FILED <u>Dec. 12., 1931.</u> <u>J. M. Lyle</u> <u>R. W. F.</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12/10/31. 193</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 7</u> , 193 <u>1</u> , to <u>Dec 10</u> , 193 <u>1</u> .					
I last saw him alive on <u>Dec 10</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>5:15 p.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Uræmia</u>					
Other contributory causes of importance: <u>Cholelithiasis, appendicitis</u>					
Name of operation <u>Cholelithotomy</u> Date of <u>Dec 9, 1931</u>					
What test confirmed diagnosis? <u>Was there an autopsy?</u> <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 193 <u>.</u>					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>W. O. Clark</u> , M. D.					
(Address) <u>Lewiston, Idaho.</u>					

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED JAN 5 1931	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nez Perce</u>		CERTIFICATE OF DEATH		State File No. <u>77561</u>	
City of <u>Lewiston</u>		Registration District No. <u>96</u>		Local Registrar's No. <u>10</u>	
Primary Registration District No. <u>1009</u>		(No. <u>421 -14th Street</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Joseph South</u>					
(a) Residence. No. <u>421 -14 th Street</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>					
6. DATE OF BIRTH (month, day, and year) <u>Mar 12 1931</u>					
7. AGE		Years <u>12</u>	Months <u>8</u>	Days <u>22</u>	If LESS than 1 day, hrs. or min. <u></u>
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>					
10. Date deceased last worked at this occupation (month and year) <u></u>					
11. Total time (years) spent in this occupation <u></u>					
12. BIRTHPLACE (city or town) <u>Cottonwood</u> (State or country) <u>Idaho</u>					
MOTHER					
13. NAME <u>Floyd South</u>					
14. BIRTHPLACE (city or town) <u>Oregon</u> (State or country) <u></u>					
15. MAIDEN NAME <u>Elma Manwaring</u>					
16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) <u></u>					
17. INFORMANT <u>Floyd South</u> (Address) <u>Lewiston Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Normal Hill</u> Date <u>12/5/</u> , 193 <u>1</u>					
19. UNDERTAKER <u>Vassar Mortuary Inc</u> (Address) <u>Lewiston Idaho</u>					
20. FILED <u>Dec 15, 1931</u> <u>J. M. Lyle</u> Registrar. <u>rsy & t.</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 4</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 4</u> , 193 <u>1</u> , to <u>Dec 4</u> , 193 <u>1</u> . I last saw him alive on <u>Dec 4</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>11 A.</u> m. The principal cause of death and related causes of importance were as follows: <u>Dysphenteria</u> <u>& Stomach Positive</u> Date of onset <u>Dec 1 - 31</u>					
Other contributory causes of importance: <u></u>					
Name of operation <u></u> Date of <u></u>					
What test confirmed diagnosis? <u></u> Was there an autopsy? <u></u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 193 <u></u> . Where did injury occur? <u></u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u></u> Manner of injury <u></u> Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? <u></u> If so, specify <u></u> (Signed) <u>E. L. White</u> , M. D. (Address) <u>Lewiston</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED JAN 8 1937	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nez Perce.</u>		CITY OF <u>Lewiston.</u>		State File No. <u>77562</u>	
Registration District No. <u>96</u>		Primary Registration District No. <u>1089</u>		Local Registrar's No. <u>1889</u>	
(No. <u>0213 4th. street.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Nathan Wilson.</u>					
(a) Residence. No. <u>603 11th.</u> St. _____ (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>		4. COLOR OR RACE <u>White.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 9th, 1915.</u>					
7. AGE <u>16.</u>		Years <u>1.</u>		Months <u>26.</u>	
				Days <u>1 day, 1 hrs. or min.</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>High school student.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Lewiston, Idaho.</u> (State or country)					
13. NAME <u>E. L. Wilson,</u>					
14. BIRTHPLACE (city or town) _____ (State or country)					
15. MAIDEN NAME					
16. BIRTHPLACE (city or town) _____ (State or country)					
17. INFORMANT <u>E. F. Wilson</u> (Address) <u>Lewiston, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston, Idaho.</u> Date <u>Dec. 8th, 1931.</u>					
19. UNDERTAKER <u>Brower-Wann Company,</u> (Address) <u>Lewiston, Idaho.</u>					
20. FILED <u>Jan 2, 1932.</u> <u>J. M. Pyle</u> <u>Reg. M. T.</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 5th, 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 5</u> , 1931, to <u>Dec 5</u> , 1931.					
I last saw him alive on <u>Dec 5</u> , 1931; death is said to have occurred on the date stated above, at <u>89</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Crushed Chest</u>					Date of onset <u>Dec 5-31</u>
Other contributory causes of importance:					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>Dec 5, 1931</u>					
Where did injury occur? <u>Lewiston Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Industry</u>					
Manner of injury <u>crushed in elevator</u>					
Nature of injury <u>crushed chest</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____					
(Signed) <u>E. F. Wilson</u> M. D. (Address) <u>Lewiston Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		RECEIVED JAN 4 1932	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		State File No. 77563	
CERTIFICATE OF DEATH County of <u>Neperce</u> City of <u>Leland</u> Registration District No. <u>63</u> Primary Registration District No. _____ Local Registrar's No. _____		(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <u>Lucy Ann Hoffman</u> (a) Residence. No. _____ St. <u>746</u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
6. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>Charles Hoffman</u>			
6. DATE OF BIRTH (month, day, and year) <u>July 30 1859</u>			
7. AGE	Years	Months	Days
<u>72</u>	<u>4</u>	<u>17</u>	<u>8</u>
		If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>			
MOTHER	13. NAME <u>Augustus Shay</u>		
	14. BIRTHPLACE (city or town) (State or country)		
	15. MAIDEN NAME <u>Martha Burkhardt</u>		
FATHER	16. BIRTHPLACE (city or town) (State or country)		
	17. INFORMANT (Address) <u>Mrs Robert Smith Leland Idaho</u>		
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Leland</u> Date <u>Dec 20, 1931</u>		
19. UNDERTAKER (Address) <u>John J. Packard Leland Idaho</u>			
20. FILED <u>Dec 30, 1931</u> <u>B. F. Nesbit</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Dec 18, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 13, 1931</u> , to <u>Dec 17, 1931</u> . I last saw her alive on <u>Dec 17, 1931</u> ; death is said to have occurred on the date stated above, at <u>10:30 A. M.</u> The principal cause of death and related causes of importance were as follows:			
<u>Cerebral thrombosis</u> <u>Cardiac decompensation</u>			Date of onset <u>Dec 12</u> <u>Dec 12</u>
Other contributory causes of importance: <u>Arteriosclerosis</u>			
Name of operation _____ Date of _____			
What test confirmed diagnosis? <u>Exam</u> . Was there an autopsy? <u>No</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>D. A. Smith</u> , M. D. (Address) <u>Leland Idaho</u>			

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED STATE OF IDAHO 7-10-31
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77564

PLACE OF DEATH

County of Weg. Perce
City of Gifford

CERTIFICATE OF DEATH

Registration District No. 72
Primary Registration District No. 2170
(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Louis Tisch

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE wh 5 Single, Married, Widowed, or Divorced (write the word) single

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 DATE OF BIRTH (month, day and year) 10-20-1931

7 AGE Years _____ Months _____ Days 17 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at home

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Gifford Idaho
(State or country)

10 NAME OF FATHER Louis H. Tisch

11 BIRTHPLACE OF FATHER (city or town) Gifford Idaho
(State or country)

12 MAIDEN NAME OF MOTHER Justine Dammann

13 BIRTHPLACE OF MOTHER (city or town) Kansas
(State or country)

14 Informant Louis H. Tisch
(Address) Gifford Idaho

15 Filed 11-7-31 E. E. Watts
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11 7 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 10-20, 1931, to 11-6, 1931, that I last saw him alive on 10-20, 1931, and that death occurred, on the date stated above, at 5-0 m.

The CAUSE OF DEATH* was as follows:

Premature birth
malformed

(duration) _____ yrs. _____ mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted at home
if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) E. E. Watts M. D.
11-7, 1931 (Address) Gifford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Emmanuel cemetery Date of Burial 10-8 1931

20. Undertaker D. J. Dammann (acting) Address Gifford

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77565

County of Quincy
 City of Stone

Registration District No. 26Primary Registration District No. 2069Local Registrar's No. 60(No. _____)
 (If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Fanny Wheeler(a) Residence. No. Stone Ida St.(Usual place of abode)
 Length of residence in city or town where death occurred 70 yrs. 7 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 20 Months 7 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Frederick
 (State or country) Md.

13. NAME Calvin Wheeler

14. BIRTHPLACE (city or town) North Ogden
 (State or country) Utah

15. MAIDEN NAME Magabrite Baker

16. BIRTHPLACE (city or town) North Ogden
 (State or country) Utah

17. INFORMANT Calvin Wheeler
 (Address) Stone Ida

18. BURIAL, CREMATION, OR REMOVAL
 Place Frederick Date Dec 31, 1931

19. UNDERTAKER W. J. H. Carr
 (Address) Stone Ida

20. FILED 750, 1931 J. H. Carr
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.

I last saw him alive on _____, 1931: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance

were as follows: Unknown Date of onset _____Was an Insult

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. J. H. Carr M. D.(Address) Stone Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JAN 6 1932	
County of <u>Oneida</u>		DO NOT WRITE IN THIS SPACE		77566	
City of <u>Malad</u>		CERTIFICATE OF DEATH		State File No.	
Registration District No.		Primary Registration District No. <u>2069</u>		Local Registrar's No. <u>59</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Charlesworth</u>					
(a) Residence. No. <u>Malad, Ida</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 25-31</u>					
7. AGEa		Years	Months	Days	If LESS than 1 day, hrs. or min.
				<u>2</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry of business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Malad, Idaho</u>					
MOTHER	13. NAME <u>Lester Charlesworth</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Boyle, Idaho</u>				
	15. MAIDEN NAME <u>Eliza Colton</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Malad, Idaho</u>				
17. INFORMANT (Address) <u>Edith Colton, Malad, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Malad, Idaho</u> Date <u>Dec 28, 1931</u>					
19. UNDERTAKER (Address) <u>J. M. Kirsner, Malad, Idaho</u>					
20. FILED <u>12/31</u> , 1931 <u>J. M. Kirsner</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 27 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 25</u> , 1931, to <u>Dec. 28</u> , 1931.					
I last saw him alive on <u>Dec. 28</u> , 1931; death is said to have occurred on the date stated above, at <u>Malad, Idaho</u> .					
The principal cause of death and related causes of importance were as follows:					
<u>Baby dead in bed with older people. Probable suffocation. Not intentional.</u>					
Other contributory causes of importance:					
Date of onset					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>accident</u> Date of injury <u>2-27, 1931</u>					
Where did injury occur? <u>down (Malad)</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>1st baby in bed with mother</u>					
Nature of injury <u>Probable suffocation, surrounding</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>no</u>					
(Signed) <u>J. P. Grant</u> , M. D.					
(Address) <u>Malad, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF MISSISSIPPI RECEIVED JAN 6 1932		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		77567	
County of <u>Missile</u>	City of <u>Mobile</u>	Registration District No. <u>26</u>	Primary Registration District No. <u>2069</u>	State File No. _____	
(No. _____)		Local Registrar's No. <u>58</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Elvin M. Jones</u>					
(a) Residence. No. <u>Mobile Ala</u>		St. _____			
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>24</u> yrs. <u>11</u> mos. <u>17</u> ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced. (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Dec 31 - 1906</u>					
6. DATE OF BIRTH (month, day, and year) <u>7</u>					
7. AGE	Years <u>24</u>	Months <u>11</u>	Days <u>17</u>	If LESS than 1 day, _____ hrs. _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Mobile Ala</u> (State or country)					
MOTHER FATHER	13. NAME <u>Wm P. Jones</u>				
	14. BIRTHPLACE (city or town) <u>Mobile Ala</u> (State or country)				
	15. MAIDEN NAME <u>Rachel Hobbs</u>				
	16. BIRTHPLACE (city or town) <u>Mobile Ala</u> (State or country)				
17. INFORMANT (Address) <u>William P. Jones</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mobile Ala</u> Date <u>Dec 31 1931</u>					
19. UNDERTAKER (Address) <u>J. Ben Benson</u> <u>Mobile Ala</u>					
20. FILED <u>751</u> , 1931, <u>J. M. Harris</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 17 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to <u>Dec 17</u> , 1931.					
I last saw him alive on <u>Dec 17</u> , 1931; death is said to have occurred on the date stated above, at <u>5:30 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Diabetes. Cerebral</u>					
Other contributory causes of importance:					
<u>Diabetes</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Yes</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>J. M. Harris</u> M. D.					
(Address) <u>Mobile Ala</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED JAN 6 1932	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Oneida</u>	City of <u>Malad</u>	Registration District No. <u>26</u>	Primary Registration District No. <u>2069</u>	State File No. <u>77568</u>	
(No. _____)		Local Registrar's No. <u>57</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Martha Jones Peabody</u>		749			
(a) Residence. No. <u>Malad Id</u> St. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred <u>45</u> yrs. <u>9</u> mos. <u>12</u> ds.		How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced <u>Wife Jacob Peabody</u>					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 28-1886</u>					
7. AGE	Years <u>45</u>	Months <u>9</u>	Days <u>12</u>	If LESS than 1 day, _____ hrs. _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
MOTHER	11. Total time (years) spent in this occupation _____				
	12. BIRTHPLACE (city or town) (State or country) <u>Malad Idaho</u>				
	13. NAME <u>Joseph Jones</u>				
FATHER	14. BIRTHPLACE (city or town) (State or country) <u>Wales</u>				
	15. MAIDEN NAME <u>Rosetta Fush</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Malad Idaho</u>				
17. INFORMANT (Address) <u>Joseph Peabody</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Malad Idaho</u> Date <u>Dec. 13 1931</u>					
19. UNDERTAKER (Address) <u>J. B. Benson Malad Idaho</u>					
20. FILED _____, 193 _____ Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 10 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 30</u> , 193 <u>1</u> , to <u>Dec 10</u> , 193 <u>1</u> .					
I last saw him alive on <u>Dec 10</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>6 P.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>apoplexy</u>					
Other contributory causes of importance: <u>atherosclerosis hypertension</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u> .					
Where did injury occur? (Specify city or town, county, and State) _____					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>W. M. D.</u>					
(Address) <u>Malad Idaho</u>					

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Payette*

City of *Bureau*

If death occurs away from usual residence, give facts called for under special information.

Registration District No. *43*

Primary Registration District No. *2120*

(No. *Wilbur Arthur Tindall*)

State File No. *77569*

Local Registrar's No. *102*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME *Arthur Wallace Tindall*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

Male

Married

(Write the word)

6. DATE OF BIRTH

Oct

7

1931

(Month)

(Day)

(Year)

7. AGE

IF LESS than 1
day how many
hrs. or
min.?

50 Yrs. *2* Mos. *1* ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

Stock Grower

9. BIRTHPLACE

(State or Country)

Delaware

10. NAME OF

Father

William James Tindall

11. BIRTHPLACE

OF FATHER

(State or Country)

Delaware

12. MAIDEN NAME

OF MOTHER

Pauline Watson

13. BIRTHPLACE

OF MOTHER

(State or Country)

Delaware

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Chester Tindall

(Address)

Tindall, Idaho

15.

Filed

December 15th 1931

R. H. Leonard

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec

8

1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19

to

19

that I last saw him alive on

19

and that death occurred on the date stated above, at

M.

The CAUSE OF DEATH* was as follows:

Came to his death by hanging himself on the fence in Bureau Valley. (Duration) yrs. mos. ds.

Contributory

(Secondary)

(Duration) yrs. mos. ds.

(Signed)

John F. C. Crocker

8-19-31

(Address) *Bureau City, Idaho*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State *46* yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mt. Home Ida.

Dec 7th 1931

20. UNDERTAKER

E. S. Jucker

ADDRESS

12-8-1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JAN 15 1932

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Owyhee
City of Star Ranch

Registration District No. 43
Primary Registration District No. 2120
(No. _____ St.)

State File No. 77570
Local Registrar's No. 1022

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Vernie Velos High

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCEDMale White

Single
(Write the word)

6. DATE OF BIRTH

Jan. 20 1878
(Month) (Day) (Year)

7. AGE

53 Yrs. 11 Mos. 4 ds.

IF LESS than 1
day how many
_____ hrs. or
_____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

Stockman

9. BIRTHPLACE

(State or Country)

Kansas

10. NAME OF

Father

Francis Marion High

11. BIRTHPLACE OF FATHER

(State or Country)

Illinois

12. MAIDEN NAME OF MOTHER

Sarah Jane English

13. BIRTHPLACE OF MOTHER

(State or Country)

Toronto Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

H. H. High
Vale, Ore.

15.

Filed January 6th, 1932 R. H. Leonard
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____,

that I last saw him alive on _____ 19____, and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Accidental Poisoning
Taking Strychnine for
Epsom Salts

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed)

J. H. Frost, Coroner
1-6-1932 (Address) Bureau City Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Vale, Ore

DATE OF BURIAL

_____ 19____

20. UNDERTAKER

T. T. Nelson

ADDRESS

Vale Ore.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JAN 15 1932
CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Goshute
City of Star Ranch

Registration District No. 43

Primary Registration District No. 2120

(No. _____ St.)

State File No. 77571

Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Raymond Lee

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-OWED OR DIVORCED Single
(Write the word)

6. DATE OF BIRTH

Oct 15 1927
(Month) (Day) (Year)

7. AGE

24 Yrs. 2 Mos. 17 ds.
IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Stockman
(b) General nature of industry, business or establishment in which employed (or employer) _____

9. BIRTHPLACE

(State or Country) Jordan Valley, Ore

10. NAME OF FATHER

Arthur C. Lee

11. BIRTHPLACE OF FATHER

(State or Country) Reno Nevada

12. MAIDEN NAME OF MOTHER

Belle Heary

13. BIRTHPLACE OF MOTHER

(State or Country) Wairy Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur C. Lee

(Address) Jordan Valley, Oregon

15.

Filed January 6th 1932 R. H. Leonard
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19 to 19,

that I last saw him alive on 19,

and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Accidental, Poisoning
by taking Strychnine for
Lepson Salts.

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) John F. Lee

1-6-1932 (Address) Elmer City, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted

if not at place of death? _____

Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Jordan Valley, Ore

DATE OF BURIAL

Jan 5th 1932

20. UNDERTAKER

None

ADDRESS

RECEIVED JAN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 77572

PLACE OF DEATH

County of Payette
City of Payette

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008

Local Registrar's No. 38

(No. _____)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Margaret Henningsen

6. DATE OF BIRTH (month, day and year) Sept 7 1863

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
68 2 23

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

10. NAME OF FATHER Henry Henningsen

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER Marie Zissen

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant (Address) Margaret Henningsen

15. Filed 12/10/31 19 31 J.C. Woodward/Reg

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 30 1931
(Month) (Day) (Year)

17. WHEREBY CERTIFY, That I attended deceased from Nov. 31 1931, to Nov. 30 1931

that I last saw him alive on Nov. 30 1931
and that death occurred, on the date stated above, at 5 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic arthritis and aneurysm of undetermined origin.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Merrell K. Fox M.D.
Dec 3 1931 (Address) Payette Ida

19. Place of Burial, Cremation, or Removal (Date of Burial)
Payette Ida Dec 3 1931

20. Undertaker (Address)
Johnson Funeral Co Payette Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION very important.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Payette</u>		City of <u>Payette</u>		State File No. <u>77578</u>	
Registration District No. <u>4</u>		Primary Registration District No. <u>1008</u>		Local Registrar's No. <u>45</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Leah Alice Vickery</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>none</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years <u>6</u>	Months <u>10</u>	Days <u>17</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>school girl</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Emmett Idaho</u>					
MOTHER FATHER	13. NAME <u>Geo. Arthur Vickery</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Mary Woodruff</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
17. INFORMANT (Address) <u>Melvin Vickery</u> <u>New Plymouth Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wesley</u> Date <u>12-26</u> 1931					
19. UNDERTAKER (Address) <u>Henry C. Sanders</u> <u>Payette Idaho</u>					
20. FILED <u>Dec 26</u> 1931 <u>J. C. Woodward</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12-24</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him alive on _____, 1931: death is said to have occurred on the date stated above, at <u>1:30</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
<u>burned to death in the home.</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Home</u>					
Manner of injury <u>Fire</u>					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Edith Sanders</u> M.D.					
(Address) <u>Payette, Idaho</u>					

RECEIVED JAN 7 1931

PLACE OF DEATH

County of PayetteCity of PayetteSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 4Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE

State File No. 77574Local Registrar's No. 44(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Acil Sherwood(a) Residence. No. 1104 2nd W. South St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none6. DATE OF BIRTH (month, day, and year) Jan 27-19157. AGE Years 16 Months 11 Days 24 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. High School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Payette (State or country) Idaho13. NAME W. J. Sherwood14. BIRTHPLACE (city or town) Idaho (State or country) _____15. MAIDEN NAME Clara Rose16. BIRTHPLACE (city or town) Idaho (State or country) _____17. INFORMANT Dr. Sherwood Dunsen (Address) Payette, Idaho18. BURIAL, CREMATION, OR REMOVAL Place Payette, Ida Date 12-24-193119. UNDERTAKER Glenn C. Landry (Address) Payette, Idaho20. FILED Dec 24/31 J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 21 193122. I HEREBY CERTIFY, That I attended deceased from 12-19, 1931, to 12-21, 1931I last saw him alive on 12-21, 1931; death is said to have occurred on the date stated above, at 2:30 pm. The principal cause of death and related causes of importance were as follows: Pneumonia 12-17-31

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. B. Catron M. D.(Address) Payette, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JAN 7 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 77575

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
(No. _____)

Local Registrar's No. 43

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Patricia Belle Murphy

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day and year)

7 AGE Years _____ Months _____ Days 13 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Payette Idaho
(State or country)

10 NAME OF FATHER Patrick Murphy
11 BIRTHPLACE OF FATHER (city or town) Patot Rock Oregon
(State or country)
12 MAIDEN NAME OF MOTHER Viola Snyder
13 BIRTHPLACE OF MOTHER (city or town) Patot Oregon
(State or country)

14 Informant P. C. Murphy
(Address) Payette Idaho

15 Filed Dec 19 1931 J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 17 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1931, to Dec 17, 1931, that I last saw h. ex alive on Dec 17, 1931, and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH* was as follows:

Pneumonia - Broncho
(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (Secondary)
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? Physician
(Signed) Therese K. Payette M. D.
Dec 17 1931 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Payette Idaho Date of Burial 12-18 1931

20 Undertaker Glenn C. Sanden Address Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 77576 State File No. _____	
County of <u>Layette</u>	City of <u>Layette</u>	Registration District No. <u>4</u>	Primary Registration District No. <u>1008</u>	Local Registrar's No. <u>42</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Robert Euberg</u>					
(a) Residence. No. _____		St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>June 14 1857</u>					
7. AGE Years <u>74</u>	Months <u>6</u>	Days <u>4</u>	If LESS than 1 day, _____ hrs. or min.		
OCCUPATION		11. Total time (years) spent in this occupation _____			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
12. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>					
13. NAME <u>Euberg</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>					
15. MAIDEN NAME <u>✓</u> <u>✓</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>					
17. INFORMANT (Address) <u>J. H. Euberg 9 Layette</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Layette</u> Date <u>Dec 20, 1931</u>					
19. UNDERTAKER (Address) <u>H. H. Hanson, Fargo Co Layette Ida.</u>					
20. FILED <u>12/22/31</u> , 1931 <u>J. C. Woodward</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH <u>Dec 18, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 25</u> , 1931, to <u>Dec 18</u> , 1931.					
I last saw him alive on <u>Dec 10</u> , 1931; death is said to have occurred on the date stated above, at <u>10 a.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Myocarditis</u> <u>2 yrs ago</u>					
<u>Chronic nephritis</u> <u>1 ago</u>					
Other contributory causes of importance: _____					
Name of operation <u>none</u> Date of <u>✓</u>					
What test confirmed diagnosis <u>Clinical</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 1931.					
Where did injury occur? <u>no</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____					
(Signed) <u>J. H. Hanson</u> , M. D.					
(Address) <u>Ontario, Ore.</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77577

State File No.

PLACE OF DEATH

County of gracette
City of New Plymouth

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008

Local Registrar's No. 41

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Meyer

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE H 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed or divorced

HUSBAND of Elizabeth
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 8, 1856

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
75 — 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Power Co Employee

(b) General nature of industry, business, or establishment in which employed (or employer) Formerly farmer

(c) Name of employer

9. BIRTHPLACE (city or town) Jungh
(State or country) Switzerland

10. NAME OF FATHER Jacob Meyer

11. BIRTHPLACE OF FATHER (city or town) Switzerland
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) Switzerland
(State or Country)

14. Informant (Address) Frank F. Meyer
New Plymouth

15. File Dec 18, 1931 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 10th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 9th, 1931, to Dec 10th, 1931

that I last saw him alive on Dec 10th, 1931
and that death occurred, on the date stated above, at 10¹⁷ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) 0 yrs. 0 mos. 3 ds.
CONTRIBUTORY General Arteriosclerosis
(Secondary) (duration) 2 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) W. C. Woodward M. D.
Dec 12, 1931 (Address) New Plymouth, Id.

19. Place of Burial, Cremation, or Removal New Plymouth, Id. Date of Burial Dec 13, 1931

20. Undertaker Pherson Address Payette Ida

RECEIVED JAN 7 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

77578

PLACE OF DEATH

County of Payette

City of Bruffland

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 40

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Taylor

(a) Residence. No.

St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF Harry Taylor

6. DATE OF BIRTH (month, day and year) June 5-1863

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.

68

6

5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country) Wis

10. NAME OF FATHER Benjamin Pittwell

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Elizabeth Lewis

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Idaho

14.

Informant
(Address) Harry Taylor

15.

File Dec 16 1931

31

J. E. Woodward

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 10, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I saw deceased from

his death

to

19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at 3p. m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Probable Angina
Pectoris - based on
clinical history

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? Yes

Did an operation precede death? Yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Autopsy

(Signed) Chas Palmer

M. D.

Dec 13, 1931 (Address) Ontario Ore

19. Place of Burial, Cremation, or Removal

Date of Burial

Payette (Riverside)

Dec 12 1931

20. Undertaker

Address

J. H. Hiday
Thurson Funeral Co

Payette Ore

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR DRIVING

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Payette</u>		CERTIFICATE OF DEATH		State File No. <u>77579</u>	
City of <u>Payette</u>		Registration District No. <u>4</u>		Local Registrar's No. <u>39</u>	
		Primary Registration District No. <u>1008</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Ira White</u>					
(a) Residence. No. <u>905 N. Seventh</u> St. <u>101A</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Phoebe C White</u>					
6. DATE OF BIRTH (month, day, and year) <u>Mar 13 1854</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>77</u>	<u>8</u>	<u>25</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
FATHER					
13. NAME <u>Columbia White</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
MOTHER					
15. MAIDEN NAME <u>Jerusha A Emerag</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					
17. INFORMANT <u>Mildred Mangum</u> (Address) <u>Payette, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Payette</u> Date <u>12-13, 1931</u>					
19. UNDERTAKER <u>Arthur C. Sanders</u> (Address) <u>Payette, Idaho</u>					
20. FILED <u>Dec 15/1931</u> <u>J. C. Woodward</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 9 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 7</u> , 1931, to <u>Dec 9</u> , 1931					
I last saw him alive on <u>Dec 9</u> , 1931; death is said to have occurred on the date stated above, at <u>59</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Pneumonia - lobar.</u>					
Other contributory causes of importance:					
Name of operation <u>none</u> Date of <u>none</u>					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Merrie R. P.</u> , M. D.					
(Address) <u>Payette, Ida.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77580 State File No.	
CERTIFICATE OF DEATH County of <u>Power</u> City of <u>American Falls</u> Registration District No. <u>25</u> Primary Registration District No. <u>2079</u> Local Registrar's No. <u>96</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME <u>Salona Mayer</u>			
(a) Residence. No. St. Length of residence in city or town where death occurred. <u>22</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S., if of foreign birth? <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>John Mayer</u> WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>May 24, 1886</u>			
7. AGE <u>45</u>	Years <u>6</u>	Months <u>18</u>	Days <u>1</u> If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Parkes Town S. Dak.</u>			
13. NAME <u>Wilhelm</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Russia</u>			
15. MAIDEN NAME <u>Sofia Lashner</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Russia</u>			
17. INFORMANT <u>John Mayer</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>12/15/31</u>			
19. UNDERTAKER <u>W. H. Davis</u>			
20. FILED <u>2-13</u> , 1931 <u>Guernsey</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Dec 12, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 9</u> , 1931, to <u>Dec 12</u> , 1931.			
I last saw her alive on <u>Dec 12</u> , 1931; death is said to have occurred on the date stated above, at <u>6:45 P. M.</u>			
The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage</u>			
Other contributory causes of importance: <u>Operated for ruptured gall bladder with stones</u>			
Name of operation <u>Cholecystectomy</u> Date of <u>12/31</u>			
What test confirmed diagnosis <u>Operated</u> Was there an autopsy? <u>20</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? Date of injury 1931.			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify <u>no</u>			
(Signed) <u>W. H. Davis</u> M.D.			
(Address) <u>Amer. Falls, Ida.</u>			

749

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1937

STATE OF IDAHO

PLACE OF DEATH

County of Power
City of American Falls

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 23
Primary Registration District No. 2072

DO NOT WRITE IN THIS SPACE

State File No. 77581Local Registrar's No. 36

(No. Betham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Nelson(a) Residence. No. American Falls, Idaho. St. Idaho

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Thelda Nelson
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 6 1858

7. AGE Years 73 Months 8 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs for City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark13. NAME Nels Nelson14. BIRTHPLACE (city or town) (State or country) Denmark15. MAIDEN NAME Marion Ledvasen16. BIRTHPLACE (city or town) (State or country) Denmark17. INFORMANT Mrs. Henry Jensen
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Hoakland, Ida. Date Dec. 10, 193119. UNDERTAKER Ed Davis
(Address) American Falls, Idaho20. FILED 2-16, 1931 Emmerich Not
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 14, 193122. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1931, to Dec 14, 1931.

I last saw him alive on Dec 14, 1931; death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance

as follows: Thrombosis of internal
Arteries of heart
leg. Embolus to brain
Date of onset Nov 4
Dec 11

Other contributory causes of importance:

Name of operation Prostatectomy Date of Nov 1931
What test confirmed diagnosis? Prostatectomy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. F. Deuel M. D.(Address) Amer. Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1937

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77582

PLACE OF DEATH

County of Power

CERTIFICATE OF DEATH

City of American FallsRegistration District No. 25Primary Registration District No. 2672Local Registrar's No. 37(No. Bethany Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charlotte Carolyn Black(a) Residence. No. Grand HotelSt. H 7

(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. mos.(If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of J.M. Black
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Feb. 15-18697. AGE Years 63 Months 9 Days 29 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri
(State or country)13. NAME John Cobke14. BIRTHPLACE (city or town) Ohio
(State or country)15. MAIDEN NAME Brumette16. BIRTHPLACE (city or town) Missouri
(State or country)17. INFORMANT J. M. Black
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Blackfoot Date , 193719. UNDERTAKER A. J. Dicks
(Address) American Falls, Idaho.20. FILED 12 17, 1937 G. M. Roth
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 14 193722. I HEREBY CERTIFY, That I attended deceased from July 28, 1937, to Dec 14, 1937I last saw her alive on Dec 14, 1937; death is said to have occurred on the date stated above, at 9:30 a.m.The principal cause of death and related causes of importance were as follows: Cancer of Breast

Date of onset

Other contributory causes of importance:

Breast removed Two years previously
Name of operation by other surgeon Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1937Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) C. F. Schick M. D.(Address) Amer. Falls, Id.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77583	
PLACE OF DEATH Power		CERTIFICATE OF DEATH	
County of		State File No.	
City of <u>American Falls</u>		Local Registrar's No. <u>39</u>	
Registration District No. <u>25</u>			
Primary Registration District No. <u>2072</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>David Hood Hillhouse</u>			
(a) Residence. No.		St.	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Elisabeth Hillhouse</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Aug. 5 1848</u>			
7. AGE <u>83</u> Years	Months <u>4</u>	Days <u>32</u>	If LESS than 1 day, hrs. or min.
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Scotland</u>			
MOTHER FATHER			
13. NAME <u>Hillhouse</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Scotland</u>			
15. MAIDEN NAME <u>ood</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Scotland</u>			
17. INFORMANT <u>B. M. Hillhouse</u> (Address)			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Buried in Rockland</u> Date <u>Dec. 30 1931</u>			
19. UNDERTAKER <u>H. J. Davis</u> (Address) <u>American Falls</u>			
20. FILED <u>Dec. 29, 1931</u> <u>General Note</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Dec 27 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 26</u> , 1930, to <u>Dec 17</u> , 1931.			
I last saw him alive on <u>Dec 24</u> , 1931; death is said to have occurred on the date stated above, at <u>6.00</u> m.			
The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage</u>			
Other contributory causes of importance: <u>Several slight attacks for years previous</u>			
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>C. F. Schick</u> M. D. (Address) <u>Amer. Falls, Ida.</u>			

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH Power		Registration District No. 23		Primary Registration District No. 2072		State File No. 77584	
County of.....		City of American Falls		Local Registrar's No. 38			
Certificate of Death		(No. 248 Tyler St.)					
2. FULL NAME		Charley Morton Confer					
(a) Residence. No. 248 Tyler Street		St.					
Length of residence in city or town where death occurred. 6 yrs. mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX Male		4. COLOR OR RACE White		5. Single, Married, Widowed, or Divorced (write the word) Married			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		Lillie B. Confer					
6. DATE OF BIRTH (month, day, and year)		Jan. 24 1865					
7. AGE		Years 66		Months 10		Days 24	
						If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Janitor of Depot					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (month and year)		Oct. 31		11. Total time (years) spent in this occupation		4 years	
12. BIRTHPLACE (city or town) (State or country)		Ossian, Indiana					
13. NAME		Daniel Confer					
14. BIRTHPLACE (city or town) (State or country)		Not Known					
15. MAIDEN NAME		Marrie L. Robb					
16. BIRTHPLACE (city or town) (State or country)		Not known					
17. INFORMANT (Address)		Mrs. C. M. Confer 248 Tyler St. A.M. Falls					
18. BURIAL, CREMATION, OR REMOVAL Place		A.M. Falls		Date		Dec. 20 1931	
19. UNDERTAKER (Address)		J.H. Davis American Falls, Idaho					
20. FILED		Dec 20, 1931		Registrar			
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) Dec 18 1931							
22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1931, to Dec 18, 1931.							
I last saw him alive on Dec 18, 1931; death is said to have occurred on the date stated above, at 11:30 p.m.							
The principal cause of death and related causes of importance were as follows: Cerebral hemorrhage							
Other contributory causes of importance: Chronic nephritis, Diabetes insipidus							
Name of operation							
Date of							
What test confirmed diagnosis? Clin. Was there an autopsy?							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931.							
Where did injury occur? (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury							
Nature of injury							
24. Was disease or injury in any way related to occupation of deceased? If so, specify							
(Signed) C. F. Davis M. D.							
(Address) American Falls, Idaho							

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RECEIVED JAN 5 1932
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77585

State File No.

PLACE OF DEATH

County of Shoshone
City of Kellogg

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201
(No.)

Local Registrar's No. 53

2. FULL NAME Selina Harris Lawrence
(a) Residence. No. W. Kinley St. 96
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of Gerald L. Lawrence
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 22, 1876

7. AGE Years 55 Months - Days 19 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) St. Erth
(State or country) Cornwall, Eng

10. NAME OF FATHER William Gell

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER Jessie Harris

13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)

14. Informant Mrs B M Ewa
(Address) Kellogg, Idaho

15. Filed Dec 28 1931 Mrs Helen M. Brid
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
December 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Dec 20, 1931, 19....., to Dec 22, 1931, 19.....

that I last saw her alive on Dec 22, 1931, 19.....

and that death occurred, on the date stated above, at 1:15 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY Essential hypertension
(Secondary) 10
(duration) yrs. mos. ds.

18. Where was disease contracted, if not at place of death? Do not know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Gerald T. Anderson M. D.

Dec 23, 1931, 19..... (Address) Kellogg

19. Place of Burial, Cremation, or Removal Kellogg, Idaho Date of Burial December 24, 1931

20. Undertaker Harold Thornhill Address Kellogg, Idaho

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
See instructions on back.

PARENTS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77586 State File No.	
PLACE OF DEATH County of <u>Latah</u> City of <u>Kelly</u>		CERTIFICATE OF DEATH Registration District No. <u>123</u> Primary Registration District No. <u>2201</u> Local Registrar's No. <u>57</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mrs. Marnie Wallace</u>			
(a) Residence. No. St. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Hugh A. Wallace</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>1853 June 16</u>			
7. AGE Years <u>78</u> Months <u>7</u> Days <u>5</u>	If LESS than 1 day, hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Edinburgh Scotland</u>			
13. NAME <u>Crawford</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Edinburgh Scotland</u>			
15. MAIDEN NAME <u>Sant Knapp</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Edinburgh Scotland</u>			
17. INFORMANT <u>Mrs. G. F. O'Brien</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Tacoma Wash</u> Date <u>12/5</u> , 1931			
19. UNDERTAKER <u>W. L. Davis</u> (Address) <u>212 Kelly Idaho</u>			
20. FILED <u>Dec. 28, 1931</u> <u>Kelly Idaho</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day, and year) <u>12/5</u> 1931 22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 15th</u> , 1931, to <u>Dec 5th</u> , 1931. I last saw her alive on <u>Dec 5th</u> , 1931; death is said to have occurred on the date stated above, at <u>1:00</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Fatalistic Stroke</u> Date of onset Other contributory causes of importance: <u>Arterio sclerosis & old age</u> Name of operation <u>None</u> Date of What test confirmed diagnosis? Was there an autopsy? <u>Yes</u> 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>W. L. Davis</u> M. D. (Address) <u>Kelly Idaho</u>			

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77587

PLACE OF DEATH

County of *Shoshone*City of *Kellogg*

CERTIFICATE OF DEATH

Registration District No. *123*Primary Registration District No. *2201*

(No. _____)

Local Registrar's No. *52*

If death occurred in a hospital or institution, give its name instead of street and number.

2. FULL NAME *Elizabeth Edwards*(a) Residence. No. *E Riverside* St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced

HUSBAND of *John Edwards*
(or) WIFE of6. DATE OF BIRTH (month, day and year) *Dec 7, 1881*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
50 *—* *2*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *housewife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Wales*
(State or country)10. NAME OF FATHER *Richard Jones*11. BIRTHPLACE OF FATHER (city or town) *Wales*
(State or Country)12. MAIDEN NAME OF MOTHER *Elizabeth Jones*13. BIRTHPLACE OF MOTHER (city or town) *Wales*
(State or County)14. Informant (Address) *John Edwards - Kellogg Idaho*15. Filed *Dec 28, 1931* *Mrs. Helen M. G. Bred* Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Dec 9, 1931*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *Nov. 7, 1931*, to *Dec. 9, 1931*that I last saw him alive on *Dec. 9, 1931*and that death occurred, on the date stated above, at *8 P.m.**State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Myocardial Failure*(duration) yrs. *3* mos. ds.CONTRIBUTORY *Raynaud's Disease*
(Secondary)(duration) yrs. *4* yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of *—*Was there an autopsy? *No*What test confirmed diagnosis? *None*(Signed) *Harold T. Anderson*, M. D.*Dec. 10, 1931* (Address) *Kellogg*

19. Place of Burial, Cremation, or Removal Date of Burial

Kellogg, Idaho *Dec 12 1931*

20. Undertaker Address

M. C. Thornhill Kellogg, Idaho

MARGIN RESERVED FOR BLINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JAN 14 1932

DO NOT WRITE IN THIS SPACE

State File No.

77588

PLACE OF DEATH

County of Shoshone

Registration District No. 20

City of Near Marble Creek

Primary Registration District No. 1011

Local Registrar's No. 110

(No. P.A. Nelson Camp, Near Marble Creek)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gerald Coleman Neff

(a) Residence. No. St. Maries, Idaho St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

Sept. 8, 1912

7 AGE

Years 18

Months 10

Days 14

If LESS than
1 day, ____ hrs.
or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Caterpillar Tractor Operator

(b) General nature of industry, business, or establishment in which employed (or employer) Logging Camp

(c) Name of employer

9 BIRTHPLACE (city or town) Norris,
(State or country) Minnesota

10 NAME OF FATHER

Floyd M. Neff

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Fedrick, South Dakota

12 MAIDEN NAME OF MOTHER

Bessie Hubbard

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Dakota City, Iowa

14

Informant Floyd M. Neff

(Address)

St. Maries, Idaho

15

Filed

Jan 4, 1932

L. L. Quigley
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 22 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Coroner, 19____, to Case, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Accidental- Crushed by caterpillar tractor

Broken neck, Fractured skull, Internal

injuries. Body moved by authority of

H.C. Mowery (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Shoshone County Coroner
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) H.C. Mowery, Coroner

(Address) Boaloe

*State the DISEASE CAUSING DEATH, or in deaths from violent causes, state (1) MEANS AND NATURE OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, ~~Cremation, or Removal~~

Date of Burial

St. Maries, Idaho

7/24/31

20. Undertaker

O.G. Merager of - Turnbull

Address

Merager Funeral Home

Spokane, Wn.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>		CERTIFICATE OF DEATH		State File No. <u>77589</u>	
City of <u>Wallace</u>		Registration District No. <u>20</u>		Local Registrar's No. <u>101</u>	
		Primary Registration District No. <u>1011</u>			
		(No. <u>Co. Hospital</u>)			
death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>Wilson Newman</u>					
(a) Residence. No. <u>Wallace, Idaho</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>12</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
235X Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced* (write the word) Single			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept 20 - 1860</u>					
7. AGE Years <u>71</u>		Months <u>7</u>	Days <u>20</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lead Mining</u>				
	10. Date deceased last worked at this occupation (month and year) <u>1910</u>				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Penn.</u>					
FATHER	13. NAME <u>Not Known</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Not Known</u>				
MOTHER	15. MAIDEN NAME <u>Not Known</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Not Known</u>				
17. INFORMANT (Address) <u>Co. Hospital - Records - Wallace, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wallace, Ida.</u> Date <u>Dec 11, 1931</u>					
19. UNDERTAKER (Address) <u>J. A. Buer (Ward and Co.) Wallace, Ida.</u>					
20. FILED <u>Dec 11, 1931</u> <u>I. R. Buigley</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 10 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 7 1930</u> , 1931, to <u>Dec 10</u> , 1931.					
I last saw him alive on <u>Dec 9</u> , 1931; death is said to have occurred on the date stated above, at <u>5 A. m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Extreme Anemia</u>					Date of onset <u>6 mos</u>
Other contributory causes of importance:					
<u>Arteriosclerosis</u>					<u>years</u>
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury....., 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?					
No If so, specify					
(Signed) <u>James R. Dean</u> , M. D.					
(Address) <u>Wallace</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77591 State File No.	
County of <u>Shoshone</u>		Registration District No. <u>2a</u>		Local Registrar's No. <u>103</u>	
City of <u>Wallace</u>		Primary Registration District No. <u>1011</u>			
(No. <u>1</u> from since Hospital)					
2. FULL NAME <u>William Benjamin Hughes</u> (a) Residence. No. <u>Marathon</u> St. <u>Idaho</u> (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 5 - 1918</u>					
7. AGE Years Months Days If LESS than 1 day, hrs. or min. <u>13</u> <u>7</u> <u>6</u>					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Ladysburg, Pa.</u>					
MOTHER FATHER					
13. NAME <u>Hugh R. Hughes</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Tempe, Cal.</u>					
15. MAIDEN NAME <u>Bessie Edwards</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Chicago, Ill.</u>					
17. INFORMANT (Address) <u>Bessie Hughes</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wallace</u> Date <u>Dec 14</u> , 1931					
19. UNDERTAKER (Address) <u>W. G. Stout</u>					
20. FILED <u>Dec 14</u> , 1931 <u>W. G. Stout</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 12</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 10</u> , 1931, to <u>Dec 12</u> , 1931.					
I last saw him alive on <u>Dec 12</u> , 1931; death is said to have occurred on the date stated above, at <u>12</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Acute Gangrenous Appendicitis</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation <u>Appendectomy</u> Date of <u>Dec 12</u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>Dec 12</u> , 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>No</u>					
(Signed) <u>W. G. Stout</u> , M. D.					
(Address) <u>Wallace, Idaho</u>					

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 17592

PLACE OF DEATH

County of ShoshoneCity of Wallace

CERTIFICATE OF DEATH

Registration District No. 70Primary Registration District No. 1011

(No. _____)

Local Registrar's No. 104

2. FULL NAME

Charles J. Heeler

(a) Residence. No. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

St. _____

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m.

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word.)widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Feb 19-1869

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workBlacksmith(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Missouri

10. NAME OF FATHER

Frederick Heeler11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Missouri

12. MAIDEN NAME OF MOTHER

no info13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Germany

14.

Informant
(Address)Longiane Pounds
Page, Idaho

15.

Filed

Dec 19 1931L. H. Quigley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec111931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

12/8/3111/1/31

, 19____, to _____, 19____

that I last saw him alive on 12/10/31, 19____and that death occurred, on the date stated above, at 6 a m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Fractured Spine

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John R Dean, M. D.12/12, 1931 (Address) Wallace

19. Place of Burial, Cremation, or Removal

Kellogg, Idaho

Date of Burial

Dec 14 1931

20. Undertaker

H. B. Thornhill

Address

Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>		DEPARTMENT OF PUBLIC WELFARE		77593	
City of <u>Wallace</u>		BUREAU OF VITAL STATISTICS		State File No.	
		CERTIFICATE OF DEATH			
Registration District No. <u>70</u>		Primary Registration District No. <u>1011</u>		Local Registrar's No. <u>102</u>	
(No. <u>Wallace Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)		31	
2. FULL NAME <u>August Maki</u>					
(a) Residence. No. <u>Mullan, 7th St.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Divorced</u>					
6. DATE OF BIRTH (month, day, and year) <u>Feb 20 - 1899</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>32</u>	<u>9</u>	<u>16</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lead Mng.</u>					
10. Date deceased last worked at this occupation (month and year) <u>July 1931</u>					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Finland</u>					
MOTHER					
13. NAME <u>Not known</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Finland</u>					
15. MAIDEN NAME <u>Not known</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Finland</u>					
17. INFORMANT (Address) <u>Ivan Ojala, Mullan 7th St.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mullan 7th St.</u> Date <u>Dec 20, 1931</u>					
19. UNDERTAKER (Address) <u>J. A. Bawn (Woodland Co.) Wallace, Ida.</u>					
20. FILED <u>Dec 20, 1931</u> <u>H. K. Dwyer</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 16 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 1, 1931</u> , to <u>Dec 16 - 1931</u> , 1931.					
I last saw him live on <u>12-15-31</u> , 1931; death is said to have occurred on the date stated above, at <u>5:30 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Pneumonia</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis <u>Rep 34</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>Wm. T. Smith</u> , M. D.					
(Address) <u>Wallace, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED JAN 14 1932	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE			
BUREAU OF VITAL STATISTICS		77594			
COUNTY OF <u>Shoshone</u>		State File No.			
CITY OF <u>Hallace</u>		Registration District No. <u>70</u>		Local Registrar's No. <u>106</u>	
Primary Registration District No. <u>1011</u>					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>William Luther Heikkila</u>					
(a) Residence. No. <u>Cataldo</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>					
6. DATE OF BIRTH (month, day, and year) <u>March 15, 1910</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>21</u>	<u>3</u>	<u>25</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>					
10. Date deceased last worked at this occupation (month and year) <u></u>					
11. Total time (years) spent in this occupation <u></u>					
12. BIRTHPLACE (city or town) <u>Roseland</u> (State or country) <u>British Columbia</u>					
MOTHER					
13. NAME <u>John Heikkila</u>					
14. BIRTHPLACE (city or town) <u>Finland</u> (State or country) <u></u>					
15. MAIDEN NAME <u>Hilja Lehto</u>					
16. BIRTHPLACE (city or town) <u>Finland</u> (State or country) <u></u>					
17. INFORMANT <u>John Heikkila</u> (Address) <u></u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Rose Lake, Ida</u> Place <u>Rose Lake</u> Date <u>Dec 23</u> , 1931					
19. UNDERTAKER <u>Harold Thornhill</u> (Address) <u>Idaho</u>					
20. FILED <u>Dec 23, 1931</u> <u>F. L. Quigley</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 20</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 18th</u> , 1931, to <u>Dec 20th</u> , 1931.					
I last saw him alive on <u>Dec 20th</u> , 1931; death is said to have occurred on the date stated above, at <u>7:40 a.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>acute peritonitis following acute appendicitis</u>					
Other contributory causes of importance: <u></u>					
Name of operation <u>Appendectomy</u> Date of <u>Dec 15, 1931</u>					
What test confirmed diagnosis? <u></u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 1931.					
Where did injury occur? <u></u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u></u>					
Manner of injury <u></u>					
Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? <u></u>					
If so, specify <u>no</u>					
(Signed) <u>W. B. Lindsey</u> , M. D.					
(Address) <u>Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED JAN 14 1932	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>	City of <u>Wallace</u>	Registration District No. <u>70</u>	Primary Registration District No. <u>1011</u>	State File No. <u>77595</u>	
(No. <u>Co. Hospital</u>) (If death occurred in a hospital or institution give its name instead of street and number.)		Local Registrar's No. <u>107</u>			
2. FULL NAME <u>Frank Prohling</u>		1019			
(a) Residence, No. <u>Murray Idaho</u> St. <u>Murray Idaho</u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred <u>59</u> yrs. <u>0</u> mos. <u>0</u> ds.		How long in U. S., if of foreign birth <u>59</u> yrs. <u>0</u> mos. <u>0</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS					
1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Jan 14 - 1849</u>					
7. AGE <u>82</u> Years		Months <u>11</u>	Days <u>9</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Germany</u>					
13. NAME <u>Not Known</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>					
15. MAIDEN NAME <u>Not Known</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>					
17. INFORMANT <u>Co. Hospital Records</u> (Address) <u>Wallace Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Wallace Idaho</u> Date <u>Dec 28</u> , 1931					
19. UNDERTAKER <u>J. A. Bown (Ward Undert Co)</u> (Address) <u>Wallace Idaho</u>					
20. FILED <u>Dec 28</u> , 1931 <u>F. L. Zwingle</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 23</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>12/20/31</u> , 1931, to <u>12/23/31</u> , 1931.					
I last saw him alive on <u>12/22/31</u> , 1931; death is said to have occurred on the date stated above, at <u>1:30 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Lobar Pneumonia</u>					
Date of onset <u>12/19</u>					
Other contributory causes of importance:					
<u>Arteriosclerosis</u>					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury....., 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify.....					
(Signed) <u>James R. Bean</u> , M. D.					
(Address) <u>Wallace</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		RECEIVED JAN 1 1932
PLACE OF DEATH County of <u>Shoshone</u> City of <u>Wallace</u>		DO NOT WRITE IN THIS SPACE 77596 State File No.
Registration District No. <u>20</u> Primary Registration District No. <u>104</u> Local Registrar's No. <u>108</u>		
(No. <u>Joki on North Fork Oda River</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		
2. FULL NAME <u>Toiva Antero Wilson</u>		
(a) Residence. No. <u>Joki, Shoshone County</u>		
Length of residence in city or town where death occurred. <u>16</u> yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced <u>single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Sept 21</u>		
7. AGE	Years <u>20</u>	Months <u>3</u> Days <u>5</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Dohpennung Mich.</u>		
MOTHER FATHER	13. NAME <u>John Andrew Wilson</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Finland</u>	
	15. MAIDEN NAME <u>Minnie Liza</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Finland</u>	
17. INFORMANT (Address) <u>Joki on North Fork</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lungston Bldg</u> Date <u>Dec 30</u> 1931		
19. UNDERTAKER (Address) <u>Bruce L. Marshall, Wallace, Idaho</u>		
20. FILED <u>Dec 30</u> , 1931 <u>F. L. Quigley</u> Registrar		
MEDICAL CERTIFICATE OF DEATH		
21. DATE OF DEATH (month, day, and year) <u>12/7</u> 1931		
22. I HEREBY CERTIFY, That I attended deceased from <u>29</u> , 1931, to <u>29</u> , 1931.		
I last saw him on <u>29</u> , 1931; death is said to have occurred on the date stated above, at <u>11 a</u> m. The principal cause of death and related causes of importance were as follows: <u>L.P. Pulmonary all over both lungs</u> Date of onset		
Other contributory causes of importance: <u>none</u>		
Name of operation <u>—</u> Date of <u>—</u> What test confirmed diagnosis? <u>three</u> Was there an autopsy? <u>no</u>		
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 1931. Where did injury occur? <u>—</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.		
Manner of injury <u>—</u> Nature of injury <u>—</u>		
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify: <u>—</u> (Signed) <u>W. W. Cory</u> (Address) <u>Wallace, Idaho</u>		

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>		BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		77597	
City of <u>Wallace</u>		CERTIFICATE OF DEATH		State File No.			
Registration District No. <u>70</u>		Primary Registration District No. <u>10.11</u>		Local Registrar's No. <u>109</u>			
(No. <u>Providence Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Beatrice Elizabeth A. Garla</u>						746	
(a) Residence. No. <u>Wallace, Idaho</u>		St.					
(Usual place of abode)							
Length of residence in city or town where death occurred <u>26</u> yrs. mos.		ds. How long in U. S., if of foreign birth?		yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>					
5a. If married, widowed, or divorced <u>HUSBAND of</u> (or) WIFE of <u>Angelo G. Garla</u>							
6. DATE OF BIRTH (month, day, and year) <u>July 29-1881</u>							
7. AGE Years <u>50</u>		Months <u>5</u>		Days <u>1</u>		If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>					
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Italy</u>							
FATHER		13. NAME <u>Not Known</u>					
		14. BIRTHPLACE (city or town) (State or country) <u>Italy</u>					
MOTHER		15. MAIDEN NAME <u>Not Known</u>					
		16. BIRTHPLACE (city or town) (State or country) <u>Italy</u>					
		17. INFORMANT (Address) <u>Miss Sattie Garla, Wallace, Idaho</u>					
		18. BURIAL, CREMATION, OR REMOVAL Place <u>Wallace, Idaho</u> Date <u>Jan. 2, 1932</u>					
		19. UNDERTAKER <u>J. A. Brown (Ward & Co.)</u> (Address) <u>Wallace, Idaho</u>					
		20. FILED <u>Jan 2, 1932</u> <u>F. S. Quigley</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>Dec 30, 1931</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 30, 1931</u> to <u>Dec 30, 1931</u>							
I last saw him live on <u>Dec 30, 1931</u> ; death is said to have occurred on the date stated above, at <u>8:30 p.m.</u>							
The principal cause of death and related causes of importance were as follows: <u>Cerebrovascular disease</u> Date of onset <u>Dec 15</u>							
Other contributory causes of importance: <u>Hypertension</u> <u>hypertension</u> <u>several yrs</u>							
Name of operation Date of What test confirmed diagnosis? <u>None</u> Was there an autopsy?							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury 1931. Where did injury occur? (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury							
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Dr. M. W. Welch</u> M. D. (Address) <u>Wallace, Idaho</u>							

RECEIVED JAN 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77598

PLACE OF DEATH

County of LatahCity of Driggs, R.D.

CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 9176

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barrie Higley

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAlfred Higley6. DATE OF BIRTH (month, day and year) Nov 20 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>45</u>	<u>-</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Blue Hill(State or country) Nebraska10. NAME OF FATHER Thomas Hart11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Don't know12. MAIDEN NAME OF MOTHER Ella Hart13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Don't know14. Informant Alfred Higley
(Address) Driggs, Idaho15. Filed 12-10- 1931 Chie M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 6 - 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 12-5, 1931, to 12-5, 1931that I last saw her alive on 12-5, 1931and that death occurred, on the date stated above, at 6:30 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was, as follows:acute nephritis(duration) _____ yrs. _____ mos. 3 ds.CONTRIBUTORY arteriosclerosis
(Secondary)(duration) 2 yrs. ✓ mos. ✓ ds.18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) D. Parkinson M.D.
12-6, 1931 (Address) Driggs, Ida19. Place of Burial, Cremation, or Removal Clawson Ida. Date of Burial 12-9- 1931

20. Undertaker _____ Address _____

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77599

PLACE OF DEATH

County of IdahoCity of Briggs

CERTIFICATE OF DEATH

Registration District No. 77

Primary Registration District No. _____

(No. _____)

Local Registrar's No. 14

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Don Perry Sewell

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) June 29 - 1925

7. AGE	Years <u>6</u>	Months <u>5</u>	Days <u>24</u>	If LESS than 1 day, hrs. or min. _____
--------	-------------------	--------------------	-------------------	--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Briggs Idaho
(State or country)10. NAME OF FATHER Perry Arthur Sewell11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Castle Rock Utah12. MAIDEN NAME OF MOTHER Josephine Floyd13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) St. Charles Idaho14. Informant (Address) Perry Arthur Sewell
Briggs Idaho15. Filed 12-28-1931
Abie M. Trane Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 29 1925 to Dec 23 1931
that I last saw him alive on _____, 19____and that death occurred, on the date stated above, at 9:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:HydrocephalusCONTRIBUTORY (Secondary) Meningeal Hemorrhage
at birth (duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death? _____Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? None(Signed) L. F. Reese, M.D., M. D.12/24, 1931 (Address) Briggs, Idaho19. Place of Burial, Cremation, or Removal Briggs, Ida Date of Burial 12-24-1931

20. Undertaker _____ Address _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 6 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

77600

PLACE OF DEATH

County of Teton
City of Victor R.O.

CERTIFICATE OF DEATH

Registration District No. 77

Primary Registration District No. _____

(No. _____)

Local Registrar's No. 152. FULL NAME John Acton, Jr.

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) March 13, 18737. AGE Years 58 Months 9 Days 14 If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Spring City Utah
(State or country)10. NAME OF FATHER John Acton Sen11. BIRTHPLACE OF FATHER (city or town) D. K.
(State or Country)12. MAIDEN NAME OF MOTHER Anne Marie Larsen13. BIRTHPLACE OF MOTHER (city or town) D. K.
(State or Country)14. Informant Rose Ella Nelson
(Address) Criggs Idaho15. Filed 12-28, 1931. Chic M Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 27, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1931, to Dec. 27, 1931.
that I last saw him alive on Dec. 26, 1931.and that death occurred, on the date stated above, at 4:13 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Diabetic Coma(duration) yrs. mos. ds. 1
CONTRIBUTORY Diabetic Mellitus
(Secondary)(duration) yrs. mos. ds. 618. Where was disease contracted Don't know
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? History of case(Signed) L. T. C. Pedersen, M. D.Dec. 28, 1931 (Address) Driggs, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Driggs Dec 29 1931

20. Undertaker Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1932

STATE OF IOWA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77601

PLACE OF DEATH

County *Worth*

City of *Buhl*

Registration District No. *30*

Primary Registration District No. *2087*

Local Registrar's No. *179*

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. *Hazel Dorothy Clark* St. *Buhl*

Length of residence in city or town where death occurred. *2* yrs. *2* mos. *14* ds. How long in U. S., if of foreign birth? *2* yrs. *2* mos. *14* ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *O. E. Clark*

6. DATE OF BIRTH (month, day and year) *March 6 - 1902*

7. AGE Years *29* Months *9* Days *14* If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Colo.* (State or country)

10. NAME OF FATHER *William Curtis*

11. BIRTHPLACE OF FATHER (city or town) *Mo* (State or Country)

12. MAIDEN NAME OF MOTHER *Emma Cox*

13. BIRTHPLACE OF MOTHER (city or town) *Colo* (State or Country)

14. Informant *O. E. Clark* (Address) *Buhl, Idaho*

15. Filed *Dec. 26, 1931*

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

12 (Month) *20* (Day) *1931* (Year)

17. I HEREBY CERTIFY, That I attended deceased from

12-20, 19*31*, to *12-20*, 19*31*

that I last saw him alive on *12-20*, 19*31*

and that death occurred, on the date stated above, at *4:45 p.m.*

The CAUSE OF DEATH* was as follows:

Accident - burn - explosion - coal oil in building fire
(duration) _____ yrs. *1* mos. *1* ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of *No*

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *E. Russell Weaver*, M. D. *12-20*, 19*31* (Address) *7-11 Falls St.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Buhl Cemetery

12/23/31

20. Undertaker

Address

Howell & Pegg

Buhl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JAN 5 1937
PLACE OF DEATH County of <u>Latah</u> City of <u>Tiler</u>		DO NOT WRITE IN THIS SPACE 77602 State File No. _____
CERTIFICATE OF DEATH Registration District No. <u>59</u> Primary Registration District No. <u>2087</u>		Local Registrar's No. _____
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)		
2. FULL NAME <u>Lois A. Munger</u>		
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. <u>10</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year)		
7. AGE	Years	Months
		Days
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>as same</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Latah Idaho</u>		
MOTHER		
13. NAME <u>Glen Munger</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Tiler Ida.</u>		
15. MAIDEN NAME <u>Clorretta Cooley</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Shoshone Ida</u>		
17. INFORMANT (Address) <u>Glen Munger</u> <u>Latah Falls Ida.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Tiler Ida</u> Date <u>9</u> 1937		
19. UNDERTAKER (Address) <u>Chas. J. Lusk</u> <u>Latah Falls Ida.</u>		
20. FILED <u>Dec. 31, 1937</u> <u>J. H. Murphy</u> Registrar		
MEDICAL CERTIFICATE OF DEATH		
21. DATE OF DEATH (month, day, and year) <u>Dec. 15</u> 1937		
22. I HEREBY CERTIFY, That I attended deceased from _____, 1937, to _____, 1937.		
I last saw h. alive on _____, 1937; death is said to have occurred on the date stated above, at _____ m.		
The principal cause of death and related causes of importance were as follows:		
<u>Primitia and under neuritis</u> <u>No MD. in attendance</u> <u>was found dead</u> <u>None</u>		
Name of operation _____ Date of _____		
What test confirmed diagnosis? _____ Was there an autopsy? _____		
23. If death was due to external causes (violence) fill in also the following:		
Accident, suicide, or homicide? _____ Date of injury _____, 1937.		
Where did injury occur? _____ (Specify city or town, county, and State)		
Specify whether injury occurred in industry, in home, or in public place. _____		
Manner of injury _____		
Nature of injury _____		
24. Was disease or injury in any way related to occupation of deceased? _____		
If so, specify _____		
(Signed) <u>A. A. Newberry</u> M. D. (Address) <u>Tiler Ida</u>		

1619

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
PLACE OF DEATH		COUNTY OF <u>Twain Falls</u>			
City of <u>Buhl</u>		Registration District No. <u>39</u>			
		Primary Registration District No. <u>2087</u>			
(No. _____)		Local Registrar's No. _____			
If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Edman H. Morris</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>11</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced, name of (or) _____					
6. DATE OF BIRTH (month, day, and year) <u>June 4 - 1864</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>62</u>	<u>6</u>	<u>3</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Farmer</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country)		<u>Idaho</u>			
13. NAME		<u>Joseph D. Morris</u>			
14. BIRTHPLACE (city or town) (State or country)		<u>N. Y.</u>			
15. MAIDEN NAME		<u>Laura Sharp</u>			
16. BIRTHPLACE (city or town) (State or country)		<u>Conn.</u>			
17. INFORMANT (Address)		<u>Mrs E. H. Morris</u> <u>Buhl Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place		<u>Buhl Cemetery</u> <u>Dec. 9, 1931</u>			
19. UNDERTAKER (Address)		<u>Wm. J. Thompson</u> <u>Buhl Idaho</u>			
20. FILED <u>Dec 8</u> , 1931		<u>J. H. Murphy</u> Registrar			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12/7</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 7</u> , 1931, to <u>Dec 7</u> , 1931					
I last saw <u>deceased</u> alive on <u>Dec 2</u> , 1931; death is said to have occurred on the date stated above, at <u>130</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>General arteriosclerosis (mild degree) Specifically arteriosclerosis of coronary arteries.</u>					
Other contributory causes of importance: <u>Myocarditis - High blood pressure.</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>Chinest</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? <u>Home</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>J. H. Murphy</u> , M. D.					
(Address) <u>Buhl Idaho</u>					

RECEIVED JAN 5 1932

DO NOT WRITE IN THIS SPACE

77603

State File No. _____

Local Registrar's No. _____

90

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		77605	
PLACE OF DEATH		COUNTY OF <u>Latah</u>		State File No.	
City of <u>Buhl</u>		Registration District No. <u>34</u>		Local Registrar's No.	
Primary Registration District No. <u>20187</u>					
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Norman Van Zante</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>25</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S., if of foreign birth? <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Clara Van Zante</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 22 - 1864</u>					
7. AGE		Years		Months	
67		6		8	
		Days		If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Turner</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
		<u>Clara Van Zante</u>			
12. BIRTHPLACE (city or town) (State or country)		<u>Pella, Iowa</u>			
13. NAME		<u>Leles Van Zante</u>			
14. BIRTHPLACE (city or town) (State or country)		<u>Holland</u>			
15. MAIDEN NAME		<u>Gertrude Stenberg</u>			
16. BIRTHPLACE (city or town) (State or country)		<u>Holland</u>			
17. INFORMANT (Address)		<u>Mrs Clara Van Zante</u>			
18. BURIAL, CREMATION, OR REMOVAL Place		<u>Buhl, Idaho</u>			
19. UNDERTAKER (Address)		<u>Evans, J. H. & Son</u>			
20. FILED <u>Dec. 31, 1931</u>		<u>J. H. Murphy</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 30 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 29, 1931, to Dec 30, 1931.</u>					
I last saw him alive on <u>Dec 29, 1931</u> ; death is said to have occurred on the date stated above, at <u>3:00 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Cerebral Haemorrhage</u>					
Other contributory causes of importance:					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>none</u> Date of injury <u>Dec 29, 1931.</u>					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>R. E. Shurtz</u> , M.D.					
(Address) <u>Buhl, Idaho</u>					

749

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics1. PLACE OF DEATH
Washington
County of _____
City of MidvaleRegistration District No. _____
Primary Registration District No. _____
(No. _____ St.)File No. 77606
Registered No. _____If death occurs away from
usual residence, give facts
called for under special
information.2. FULL NAME James Edgar ClellandIf death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED. Married
(Write the word.)6. DATE OF BIRTH. Dec 3 1873
(Month) (Day) (Year)7. AGE 58
Yrs. Mos. ds.
IF LESS than 1 day
how many hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work... Farmer
(b) General nature of in-
dustry, business, or estab-
lishment in which employ-
ed (or employer).....

9. BIRTHPLACE

(State or Country) Kansas10. NAME OF
FATHERErvin Clelland11. BIRTHPLACE
OF FATHER

(State or Country)

12. MAIDEN NAME
OF MOTHERCharity Crawford13. BIRTHPLACE
OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address) Midvale, Idaho

15.

Filed 1-9-32

191

DR. R. T. WHITEMAN
CAMBRIDGE, IDAHO
DR. R. T. WHITEMAN
CAMBRIDGE, IDAHO
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 3 1931

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 3 1931 to Dec 3 1931,
that I last saw him alive on Dec 3 1931

and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Complication of the Lungs

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) G. F. Hunt, M.D.19 (Address) Midvale, Idaho*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1)
MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted
if not at place of death?.....Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

191

20. UNDERTAKER

ADDRESS

CERTIFICATE OF DEATH

RECEIVED JAN 9 1932

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Washington
City of WeiserRegistration District No. 86Primary Registration District No. 1010

(No. _____ St.)

File No. 77607Registered No. 39

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

George W. Waters

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Married
(Write the word.)6. DATE OF BIRTH Nov 8 1868
(Month) (Day) (Year)7. AGE 63 Yrs. 1 Mos. 20 ds.
IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work. Retired Business man
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Maryland

10. NAME OF FATHER

Thomas Waters

11. BIRTHPLACE OF FATHER

(State or Country)

Maryland

12. MAIDEN NAME OF MOTHER

Martha Dawson

13. BIRTHPLACE OF MOTHER

(State or Country)

Maryland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Ida Waters

(Address)

Weiser, Idaho

15.

Filed Jan 5 1932W. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 28 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from suicidal gun to Dec 9 1931that I last saw him alive on Dec 9 1931 and that death occurred on the date stated above, at 4 49 M.

The CAUSE OF DEATH* was as follows:

Coronary hemorrhage
4th attack(Duration) 3 Yrs. 9 mos. _____ ds.Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

DM Halphouse

M. D.

12/28 1931(Address) Weiser, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

Hillcrest Cemetery

DATE OF BURIAL

12-30-1931

20. UNDERTAKER

H. B. Northam

ADDRESS

Weiser, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Washington
City of Wenatchee
Registration District No. 86
Primary Registration District No. 1010
(No. _____ St.)
File No. 77608
Registered No. 30
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Phyllis L. Coffman
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single
(Write the word.)
6. DATE OF BIRTH July 21 1931
(Month) (Day) (Year)
7. AGE 4 Yrs. 23 Mos. 23 ds.
IF LESS than 1 day how many _____ hrs. or _____ min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer)
9. BIRTHPLACE Idaho
(State or Country)
10. NAME OF FATHER Everett Coffman
11. BIRTHPLACE OF FATHER Colorado
(State or Country)
12. MAIDEN NAME OF MOTHER Hazel Vitcher
13. BIRTHPLACE OF MOTHER Idaho
(State or Country)
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Everett Coffman
(Address) Wenatchee Idaho

16. DATE OF DEATH Dec 14 1931
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 14 1931 to Dec 14 1931, that I last saw h.e.y. alive on Dec 14 1931, and that death occurred on the date stated above, at 4 P.M.
The CAUSE OF DEATH* was as follows:
accidental suffocation in bed
(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. Marshall M. D.
Dec 15 1931 (Address) Wenatchee

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days
Where was disease contracted if not at place of death?
Former or usual residence _____
19. PLACE OF BURIAL OR REMOVAL Shelburn Cemetery DATE OF BURIAL 12-15-1931
20. UNDERTAKER E. J. Northern ADDRESS Wenatchee Idaho

W. R. Hamilton
E. J. Local Registrar

CERTIFICATE OF DEATH

RECEIVED JAN 9 1932

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Washington
City of WenatcheeRegistration District No. 86
Primary Registration District No. 2012
(No. Wenatchee St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Elijah McMillanFile No. 77699
Registered No. 77699

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
(Write the word.)6. DATE OF BIRTH Jan 11 1931
(Month) (Day) (Year)7. AGE 57 Yrs. 10 Mos. 25 ds.
IF LESS than 1 day
how many..... hrs.
or..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).Stockman

9. BIRTHPLACE

(State or Country)

10. NAME OF FATHER

John McMillan

11. BIRTHPLACE OF FATHER

(State or Country)

Va

12. MAIDEN NAME OF MOTHER

Elyza England

13. BIRTHPLACE OF MOTHER

(State or Country)

Va

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Elijah McMillan
(Address) Wenatchee Idaho15. Filed Dec 26 1931 W. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 6 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Dec 2 1931 to Dec 6 1931
that I last saw him alive on Dec 6 1931
and that death occurred on the date stated above, at 120 M.
The CAUSE OF DEATH* was as follows:Pneumonia(Duration) Yrs. mos. 5 ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) W. R. Hamilton D.Dec 31 1931 (Address) Wenatchee

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Sheerest Cemetery

DATE OF BURIAL

12-9-1931

20. UNDERTAKER

L. B. Northrup

ADDRESS

Wenatchee Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO JAN 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77610

PLACE OF DEATH
County of Boole
City of Post FallsRegistration District No. 30
Primary Registration District No. 1050Local Registrar's No. 170

(No. _____)

If death occurred in a hospital or institution, give its name instead of street and number.

2. FULL NAME Mary E. Johnston(a) Residence No. Post Falls, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.4. COLOR OR RACE W.5. Single, Married, Widowed,
or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Samuel Johnston6. DATE OF BIRTH (month, day and year) 1887-3-16

7. AGE

Years 74

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work House wife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Texas10. NAME OF FATHER Spencer Wood11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Dont Know12. MAIDEN NAME OF MOTHER Dont Know13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Dont Know.

14.

Informant
(Address) Mrs Mike Johnson

15.

Filed 12/29, 1931N. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December 2,

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

December 1, 1931 to Dec. 2, 1931that I last saw him alive on December 2, 1931and that death occurred, on the date stated above, at 9 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Gastritis and colitis (acute)(duration) _____ yrs. _____ mos. 6 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? NO Date ofWas there an autopsy? NOWhat test confirmed diagnosis? Symptoms(Signed) J. L. McCarty M. D.Dec. 7, 1931 (Address) Post Falls, Id

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cem. Co. Dalene12-6 1931

20. Undertaker

Address

Carsted Funeral HomeCo. Dalene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

77611

PLACE OF DEATH

County of KootenaiCity of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 171

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mable Clare Barnes(a) Residence. No. 831 5th St.

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
---------------------	-------------------------------	---

5a. If married, widowed, or divorced

~~HUSBAND~~
(or) WIFE ofR. O. Barnes6. DATE OF BIRTH (month, day and year) July 13 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>69</u>	<u>4</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country) Minnesota10. NAME OF FATHER Shaver

11. BIRTHPLACE OF FATHER (city or town)

(State or Country) U.S.12. MAIDEN NAME OF MOTHER Louisa Permer

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country) Ill.14. Informant Mr. R. O. Barnes(Address) Coeur d'Alene, Idaho15. Filed 12-29, 1931. N. J. Sturgeon

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 7

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July, 1930, to Dec. 8, 1931
that I last saw him alive on Dec. 8, 1931and that death occurred, on the date stated above, at 1 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:Chronic myocardial degeneration(duration) 9 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Usual(Signed) John G. Reed, M. D.Dec. 9, 1931 (Address) Coeur d'Alene, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cemetery Dec. 10, 1931

20. Undertaker

Address

Mooney Workman Coeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED IDAHO JAN 9 1937
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 17612

PLACE OF DEATH

County of Boonville
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050Local Registrar's No. 172

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Clevenger(a) Residence No. 7th & Locust St. 44

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Leitha Clevenger6. DATE OF BIRTH (month, day and year) 1860-6-19

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
72 5 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mo.
(State or country)10. NAME OF FATHER David Clevenger11. BIRTHPLACE OF FATHER (city or town) Ken tuckay
(State or Country)12. MAIDEN NAME OF MOTHER Elizabeth Smith13. BIRTHPLACE OF MOTHER (city or town) Dont know
(State or Country)14. Informant Leitha Clevenger
(Address)15. Filed 12-21, 1931
W. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec. 10 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 1, 1931, to Dec 10, 1931that I last saw him alive on Dec 10, 1931and that death occurred, on the date stated above, at 8:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma Liver & Bladder(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Exy & Kray(Signed) James J. Sturges, M. D.12-13, 1931 (Address) Coeur d'Alene

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cem. Coeur d'Alene12-13 1931

20. Undertaker

Address

Crossed Funeral HomeCoeur d'Alene

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED STATE OF IDAHO 9 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77613

State File No.

PLACE OF DEATH

County of Roslenais
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

Local Registrar's No. 173

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Matilda Dalton Thibadeau

(a) Residence No.

1613 - Sherman Ave.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.

5. Single, Married, Widowed, or Divorced (write the word.)

Widow

5a. If married, widowed, or divorced

~~HUSBAND~~ of
(or) WIFE of

J. B. Thibadeau

6. DATE OF BIRTH (month, day and year)

1843 - 8 - 25

7. AGE

Years 88

Months 3

Days 16

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Old town Maine

10. NAME OF FATHER

W. Dalton

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Dont-Know

12. MAIDEN NAME OF MOTHER

Clara Gelman

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Dont-Know

14. Informant (Address)

W. W. Thibadeau
Dillon, Mont.

15. Filed

12-27, 1931

H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

12 (Month)

14 (Day)

31 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 8, 1931, to Dec 14, 1931

that I last saw her alive on Dec 14, 1931

and that death occurred, on the date stated above, at 9 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cirrhosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Reed, M. D.

12-16, 1931 (Address) Coeur d'Alene, Id.

19. Place of Burial, Cremation, or Removal

Date of Burial

Dillon, Mont.

12-20, 1931

20. Undertaker

Address

Wassedy Funeral Home

C. D. Alene

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77614

PLACE OF DEATH

County of Boone
City of Poeur d'Alene

CERTIFICATE OF DEATH

Registration District No. _____
Primary Registration District No. _____
(No. Lakeside Hospital)

Local Registrar's No. 174

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Angus McPuiag(a) Residence. No. 809 Garden St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane McPuiag6. DATE OF BIRTH (month, day and year) Sept 20, 1865

7. AGE Years 66 Months 3 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Out.
(State or country) Canada10. NAME OF FATHER Donald McPuiag11. BIRTHPLACE OF FATHER (city or town) Scotland
(State or Country)12. MAIDEN NAME OF MOTHER Margaret Campbell13. BIRTHPLACE OF MOTHER (city or town) Scotland
(State or Country)14. Informant (Address) Mrs. M. J. McPuiag
Poeur d'Alene Idaho15. Filed 12-27, 1931. N. J. Steeger
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 17, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1931, to Dec 16, 1931.
that I last saw him alive on Dec 16, 1931.

and that death occurred, on the date stated above, at 4:30 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Ch. Nephritis
(Secondary)

(duration) 20 yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Exam.

(Signed) James J. Steeger, M. D.
Dec. 18, 1931 (Address) Poeur d'Alene

19. Place of Burial, Cremation, or Removal Forest Cemetery Date of Burial 12-19 1931

20. Undertaker R. B. Mooney Address Poeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DAHAN
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
77615
State File No.

PLACE OF DEATH

County of Hootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
(No.)

Local Registrar's No. 175

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Fisher

(a) Residence. No. Park Hill St.

(Usual place of abode.) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of William Fisher
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 28 - 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>44</u>	<u>2</u>	<u>14</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Miss
(State or country)

10. NAME OF FATHER John Shrank

11. BIRTHPLACE OF FATHER (city or town) Bohemia
(State or Country)

12. MAIDEN NAME OF MOTHER Anna Roelch

13. BIRTHPLACE OF MOTHER (city or town) Bohemia
(State or County)

14. Informant William Fisher
(Address) Gibbs Idaho

15. Filed 12-29, 1931. H. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Dec 12, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Nov 15, 1931, to Dec 12, 1931,
that I last saw her alive on Dec 12, 1931,
and that death occurred, on the date stated above, at 4 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.
CONTRIBUTORY Pernicious Anemia
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) E.H. Reed M. D.
12-14-, 1931 (Address Coeur d'Alene Ida)

19. Place of Burial, Cremation, or Removal St Thomas Cemetery Date of Burial 12/15 1931

20. Undertaker PR Mooney Address Coeur d'Alene Ida

RECEIVED STATE OF IOWA 9 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77616

PLACE OF DEATH

County of HowtCity of C.D.A.

CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

(No. _____)

Local Registrar's No. 176

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME H. Mary Vermillion(a) Residence. No. 12101 Gardens St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE W5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

~~HUSBAND~~
(or) WIFE ofJ.L. Vermillion6. DATE OF BIRTH (month, day and year) Aug 9 1864

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

67410

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lawrence Co. Ohio
(State or country)10. NAME OF FATHER John Smith11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER Harriet Johnson13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or Country)

14.

Informant
(Address)Mr. J.L. Vermillion

15.

Filed

12-21, 1931H.J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec. 19
(Month) (Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 5, 1931, to Dec. 18, 1931that I last saw her alive on Dec. 18, 1931and that death occurred, on the date stated above, at 9:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral hemorrhage(duration) _____ yrs. _____ mos. 14 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Exam.(Signed) Harold J. Sturges, M. D.Dec. 21, 1931 (Address) C.D.A. Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cemetery12-21 1931

20. Undertaker

Address

Mooney MontgomeryC.D.A.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH—		CERTIFICATE OF DEATH		77617	
County of <u>Boolemai</u>		Registration District No. <u>30</u>		State File No. _____	
City of <u>Coeur d'Alene</u>		Primary Registration District No. <u>1050</u>		Local Registrar's No. <u>177</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Grace Alene Clark</u>					
(a) Residence. No. <u>1709 - Muller Ave</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>7.</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Walter J. Clark</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>1883 - 1 - 11</u>					
7. AGE	Years <u>48</u>	Months <u>11</u>	Days <u>12</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Farmington Wash.</u>					
MOTHER FATHER	13. NAME <u>W - Alene</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Rose</u>				
	15. MAIDEN NAME <u>Ella Davis</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Walter J. Clark</u>				
17. INFORMANT (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Coeur d'Alene</u> Date <u>12-26</u> 1931					
19. UNDERTAKER (Address) <u>Passed Funeral Home Coeur d'Alene, Id.</u>					
20. FILED <u>12-27</u> , 1931. <u>N. J. Sturges</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 23</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug.</u> 1931, to <u>Dec.</u> 1931.					
I last saw him alive on <u>Dec. 21</u> , 1931; death is said to have occurred on the date stated above, at <u>5:30 p.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Multiple Sclerosis</u>					
Date of onset <u>1927</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Exam.</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____					
(Signed) <u>Harold J. Sturges</u> , M.D.					
(Address) <u>Coeur d'Alene, Id.</u>					

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DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **77618**

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 178

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary J. Scruggs

(a) Residence. No. _____ St. _____

(Usual place of abode.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of J. M. Scruggs
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1864-12-25

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
66 11 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Georgia
(State or country)

10. NAME OF FATHER Alfred McDonald

11. BIRTHPLACE OF FATHER (city or town) Georgia
(State or Country)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (city or town) Georgia
(State or Country)

14. Informant (Address) Mrs Elizabeth Robinson

15. Filed 12-29, 1931 N. J. Sturges
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-26-31 to 7-10, 1931
that I last saw her alive on 7-10, 1931
and that death occurred, on the date stated above, at 1 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. H. Tied, M. D.
12-16, 1931 (Address) Coeur d'Alene, Id.

19. Place of Burial, Cremation, or Removal Forest-Cem. Coeur d'Alene Date of Burial 12-18 1931

20. Undertaker Carsted Funeral Home Address Coeur d'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

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STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED JAN 9 1931

DO NOT WRITE IN THIS SPACE

77619

State File No.

PLACE OF DEATH

CERTIFICATE OF DEATH

County of ROOTCity of Coeur d'AleneRegistration District No. 30Primary Registration District No. 1650Local Registrar's No. 179

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lela Irene M' Cow(a) Residence. No. n. 15th Street St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. — yrs. — mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1931 - Dec 197. AGE Years Months Days If LESS than 1 day, hrs. or min.
— — 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Coeur d'Alene

10. NAME OF FATHER

Louis M' Cow

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Lela Cummins

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Alberta Canada14. Informant (Address) Louis M' Cow
CDA15. Filed 12-29, 1931 N J Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 19, 1931, to Dec. 22, 1931
that I last saw her alive on Dec. 22, 1931and that death occurred, on the date stated above, at 3:30 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Intestinal hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Examinations(Signed) Harold J. Sturges, M. D.12-29, 1931 (Address) CDA Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Forest Cemetery 12-23 1931

20. Undertaker

Address

Moore / Mortuary CDA

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of MadisonCity of BerburgRegistration District No. 100Primary Registration District No. 2178

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edith Silcox(a) Residence. No. Berburg Idaho St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMark Silcox6. DATE OF BIRTH (month, day and year) Sept 6th 18917. AGE Years 40 Months 3 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife.(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9. BIRTHPLACE (city or town) Weston Idaho
(State or country)10. NAME OF FATHER John Maupha11. BIRTHPLACE OF FATHER (city or town) Wellsprings
(State or Country) Utah12. MAIDEN NAME OF MOTHER Agnis Olson13. BIRTHPLACE OF MOTHER (city or town) Logan Utah
(State or County)14. Informant Mark Silcox
(Address) Berburg Idaho15. Filed Jan 4, 1932 JR Young
Registrar

DO NOT WRITE IN THIS SPACE

77621

State File No. _____

Local Registrar's No. 65

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 12th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 27 1931 Jan 1 1932
that I last saw him alive on Jan 1 1932and that death occurred, on the date stated above, at 4:20 P m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Nephritis
of pregnancy.CONTRIBUTORY (Secondary) macrolid foris
(duration) yrs. mos. ds.18. Where was disease contracted place of death
if not at place of death? yes
Did an operation precede death? yes Date of ✓Was there an autopsy? yesWhat test confirmed diagnosis? suppurations + laboratory findings(Signed) Rorie J. Keller M. D.
1-2, 1932 (Address) Berburg Idaho19. Place of Burial, Cremation, or Removal Grant Idaho Date of Burial Jan 4th 193120. Undertaker Wm J. Keller Address Berburg Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77622

State File No.

PLACE OF DEATH

County of MadisonCity of Rexburg,

CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2178Local Registrar's No. 64

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Brintnell Loader Jaques(a) Residence. No. Rexburg, Idaho

(Usual place of abode.)

St. Idaho

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)
Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June, 17th 1858

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.73612

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Carpenter & Mechanic(b) General nature of industry,
business, or establishment in
which employed (or employer)Himself

(c) Name of employer

9. BIRTHPLACE (city or town) Springville, Utah
(State or country)

10. NAME OF FATHER

John Jaques11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER Zelpah Loader13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)

14.

Informant
(Address)

15.

Filed

Jan 41932

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December, 29th 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 18, 1931, to Dec 29, 1931that I last saw him alive on Dec 28, 1931and that death occurred, on the date stated above, at 10:30 P m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cardio vascular
renal disease(duration) 3 yrs. mos. ds.CONTRIBUTORY
(Secondary)myocarditis(duration) 3 yrs. mos. ds.18. Where was disease contracted place of death
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? symptoms(Signed) Lorin S. Rich, M. D.1-2-1931 (Address) Rexburg, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Rexburg, Ida Dec 31st 1931

20. Undertaker

Address

Wm. J. Miller Rexburg, Ida

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77623

State File No.

PLACE OF DEATH

County of MadisonCity of ReelburgRegistration District No. 100Primary Registration District No. 2178Local Registrar's No. 63

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Austin Fikstad

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec 18th 1910

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

21—10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

With his Father

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Lymon, Idaho

10. NAME OF FATHER

Oscar Fikstad

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Norway

12. MAIDEN NAME OF MOTHER

Emma E. Claverson

13. BIRTHPLACE OF MOTHER (city or town)

(State or County)

Norway

14.

Informant
(Address)Oscar Fikstad
Reelburg Idaho

15.

Filed

Jan 4, 1932J. R. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec
(Month)28th
(Day)1932
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19.....

to

19.....

that I last saw him alive on

19.....

and that death occurred, on the date stated above, at

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Frozen to Death,
(Due to Exposure in a
Severe Snow Storm and
Blizzard) (duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration)

yrs.

mos.

ds.

18. Where was disease contracted

if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

(Coroner of Madison County)

What test confirmed diagnosis?

(Signed)

Wm. J. KellerJan 2nd, 1932

(Address)

Reelburg, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Lymon Archer CemeteryJan 5th 1932

20. Undertaker

Address

Wm. J. Keller
Reelburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 77624 State File No.	
County of <u>Madison</u>		Registration District No. <u>150</u>		Local Registrar's No. <u>62</u>	
City of <u>Lynn</u>		Primary Registration District No. <u>2128</u>			
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Catherine M. McIntire</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Robert M. McIntire</u>					
6. DATE OF BIRTH (month, day, and year) <u>March 16-1850</u>					
7. AGE <u>81</u>	Years	Months <u>8</u>	Days <u>25</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Council Bluffs</u> (State or country) <u>Iowa</u>					
13. NAME <u>John Rose</u>					
14. BIRTHPLACE (city or town) <u>Canada</u> (State or country)					
15. MAIDEN NAME <u>Manova Pete</u>					
16. BIRTHPLACE (city or town) <u>Canada</u> (State or country)					
17. INFORMANT <u>Emory McIntire</u> (Address) <u>Township #1</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Sutton Cemetery</u> Date <u>Dec. 16th</u> , 1931					
19. UNDERTAKER <u>Wm. H. Keller</u> (Address) <u>Burlington Ida.</u>					
20. FILED <u>Jan 4</u> , 1932 <u>J. R. Young</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 12th</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from, 1931, to, 1931.					
I last saw him alive on <u>June</u> , 1931; death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows: <u>Heart Mellitus</u> <u>(old age)</u>					
Date of onset <u>1926</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>H. R. Young</u> , M. D.					
(Address)					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77625	
County of <u>Madison</u>		Registration District No. <u>100</u>		State File No. _____	
City of <u>Redburg</u>		Primary Registration District No. <u>2178</u>		Local Registrar's No. <u>61</u>	
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Anna Eliza Knapp Bramwell</u> 749					
(a) Residence. No. <u>Redburg</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Claudina Bramwell</u>					
6. DATE OF BIRTH (month, day, and year) <u>Nov 18-1860</u>					
7. AGE <u>71</u>	Years	Months <u>XX</u>	Days <u>25</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Smithfield</u> (State or country) <u>Utah</u>					
FATHER					
13. NAME <u>Willis Lammon</u>					
14. BIRTHPLACE (city or town) <u>Granney</u> (State or country) <u>Ill.</u>					
MOTHER					
15. MAIDEN NAME <u>Anna Eliza Knapp</u>					
16. BIRTHPLACE (city or town) <u>Springfield</u> (State or country) <u>Ill.</u>					
17. INFORMANT (Address) <u>J. M. Knapp</u> <u>Shelley</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Redburg</u> Date <u>Dec. 15</u> , 1931					
19. UNDERTAKER (Address) <u>John J. Keller</u> <u>Redburg</u>					
20. FILED <u>Jan 4</u> , 1932 <u>J. R. Young</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 13</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 11</u> , 1931, to <u>Dec. 13</u> , 1931					
I last saw her alive on <u>Dec. 13</u> , 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Cerebral Haemorrhage</u> <u>(Hypertension)</u> Date of onset <u>1924</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. R. Young</u> , M. D. (Address) <u>Redburg</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77627 State File No.	
County of <u>Madison</u>	City of <u>Perburg</u>	Registration District No. <u>100</u>		Local Registrar's No. <u>59</u>	
City of <u>Perburg</u>		Primary Registration District No. <u>2178</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Nutter Larma Davidson</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>F</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Robert Davidson</u>					
6. DATE OF BIRTH (month, day, and year) <u>May 25-1888</u>					
7. AGE	Years <u>43</u>	Months <u>5</u>	Days <u>25</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Torrion Utah</u>		<u>Emery County</u>			
MOTHER		13. NAME <u>Hyrum Stevens</u>			
		14. BIRTHPLACE (city or town) (State or country) <u>Id.</u>			
15. MAIDEN NAME <u>Larima Wardell</u>					
16. BIRTHPLACE (city or town) (State or country) <u>England</u>					
17. INFORMANT (Address) <u>Robert Davidson</u>		<u>Perburg</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Perburg</u>		Date <u>Nov 24 1931</u>			
19. UNDERTAKER (Address) <u>Perburg</u>					
20. FILED <u>Jan 4, 1932</u>		<u>J. Rejoing</u>			
		Registrar.			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 20 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 19</u> , 1931, to <u>Nov. 20</u> , 1931.					
I last saw her alive on <u>Nov. 20</u> , 1931; death is said to have occurred on the date stated above, at <u>12:40</u> m.					
The principal cause of death and related causes of importance were as follows:					
(1) <u>Chronic Nephritis</u>					
(2) <u>Hypertension</u>					
(3) <u>Cholelithiasis (Dead in bed)</u>					
(4) <u>Placenta previa</u>					
<u>Macerated foetus</u>					
Other contributory causes of importance: <u>Dead in bed</u>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>H. B. Bagg</u> , M. D.					
(Address) <u>Perburg</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77628

State File No. _____

RECEIVED JAN 11 1932
PLACE OF DEATH
FranklinCounty of _____
City of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2114

(No. _____)

Local Registrar's No. 28

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amasa Beckstead

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMyrian Neeley Beckstead6. DATE OF BIRTH (month, day and year) Jan 12 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>64</u>	<u>10</u>	<u>18</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) South Jordan Utah
(State or country)10. NAME OF FATHER Thomas Wesley Beckstead11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Canada12. MAIDEN NAME OF MOTHER Sarah Ashton13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) England14. Informant Lloyd Beckstead
(Address) Preston Idaho15. Filed Jan 8, 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 30 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Feb 1st 1931, to Nov 30 1931
that I last saw him alive on Nov 30 1931and that death occurred, on the date stated above, at 3:45 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Acute Cardiac
DilatationCONTRIBUTORY Chronic Myocarditis
(Secondary)18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) G. W. Stiles, M. D._____, 19____ (Address) Preston Idaho

Place of Burial, Cremation, or Removal

Date of Burial

Preston IdahoDec. 51931Undertaker
W. HendricksAddress
Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1 1932 STATE OF IDAHO
PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
County of Franklin
City of Dayton

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77629

State File No.

Registration District No. 27Primary Registration District No. 2.117Local Registrar's No. 29

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Max Philip Call

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 16 1916

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
14 11 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dayton Idaho13. NAME James H. Call14. BIRTHPLACE (city or town) (State or country) Thatcher Idaho15. MAIDEN NAME Marry Phillops16. BIRTHPLACE (city or town) (State or country) Clifton Idaho17. INFORMANT James H. Call
(Address) Dayton Idaho18. BURIAL, CREMATION, OR REMOVAL
Place Dayton Date _____, 193119. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho20. FILED Jan 8, 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from _____

Feb 1, 1931, to 12-9, 1931I last saw him alive on 12-8, 1931; death is saidto have occurred on the date stated above, at 3.4 m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

acute Pericarditis

Other contributory causes of importance:

Chronic Pericarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) G. W. Stiles, M. D.(Address) Dayton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Franklin</u>		CERTIFICATE OF DEATH		77630	
City of <u>Weston</u>		Registration District No. <u>27</u>		State File No. _____	
		Primary Registration District No. <u>2119</u>		Local Registrar's No. <u>30</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Leon Irvin McCulloch</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Baby</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept 28, 1931</u>					
7. AGE Years		Months		Days	
		<u>2</u>		<u>9</u>	
If LESS than 1 day, hrs. or min.					
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Baby</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Weston Idaho</u> (State or country)					
FATHER		13. NAME <u>Ray McCulloch</u>			
		14. BIRTHPLACE (city or town) <u>Weston Idaho</u> (State or country)			
MOTHER		15. MAIDEN NAME <u>Pearl LaVern Jacobson</u>			
		16. BIRTHPLACE (city or town) <u>Weston Idaho</u> (State or country)			
17. INFORMANT <u>Ray McCulloch</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Weston Idaho</u> Date <u>Dec 10, 1931</u>					
19. UNDERTAKER <u>M. W. Hendricks</u> (Address) <u>Preston Idaho</u>					
20. FILED <u>Jan 8, 1932</u> <u>G. W. States</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 7, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____ <u>Birth Sept 28, 1931, to Dec 7, 1931</u>					
I last saw him alive on <u>Sept 6, 1931</u> ; death is said to have occurred on the date stated above, at <u>5:30 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Acute Lymphatic Leukemia</u>					
Other contributory causes of importance: <u>Bronchial Pneumonia</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Laboratory & Chemical</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify <u>Orson L. Daines</u> , M. D. (Signed) _____ (Address) <u>Preston, Idaho</u>					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1 1931

PLACE OF DEATH
County of Franklin
City of Clifton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77631

Registration District No. 27
Primary Registration District No. 2119

Local Registrar's No. 31

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Lafayette Hawkins Henderson 89
(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Husband

6. DATE OF BIRTH (month, day, and year) Mar. 14 1862

7. AGE Years 68 Months 69 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brigham City (State or country)

13. NAME Samuel Henderson

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Harriett Hawkins

16. BIRTHPLACE (city or town) (State or country)

17. INHERITANCE (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Clifton Date Dec 18, 1931

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Jan 8, 1932 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1931, to Dec 15, 1931.

I last saw him alive on Dec 15, 1931; death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset Dec 12, 1931

Other contributory causes of importance:

Cardiovascular disease

Arteriosclerosis

Coronary artery disease

Name of operation _____ Date of _____

What test confirmed diagnosis? Physician's statement Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Dr. R. A. Carter M.D. (Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77632

Registration District No. 27
Primary Registration District No. 2119

Local Registrar's No. 32

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Clair Moore

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct II 1912

7. AGE Years 9 Months 2 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHILD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston
(State or country)

13. NAME Victor Wallace Moore

14. BIRTHPLACE (city or town) Dayton Idaho
(State or country)

15. MAIDEN NAME Jennett L. Fletcher

16. BIRTHPLACE (city or town) Rock Springs Wyo
(State or country)

17. INFORMANT Jennett Moore Gilbert
(Address) Fairview Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Preston Date Dec. 19, 1932

19. UNDERTAKER A. Hendricks
(Address) Preston

20. FILED Jan 8, 1932 G. W. Stiles
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 18 1932

22. I HEREBY CERTIFY, That I attended deceased from

Oct 26, 1931, to Dec 18, 1931.I last saw him alive on Dec 18, 1931; death is saidto have occurred on the date stated above, at 10⁰⁰ p.m.

The principal cause of death and related causes of importance were as follows:

Miliary Tuberculosis

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? Smear Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Ernest L. Lamer M. D.(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1 1932
PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE

State File No. 77633

Local Registrar's No. 33

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie Dortsea Erickson Swann

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Swann dec.

6. DATE OF BIRTH (month, day, and year) April 3 1871

7. AGE Years 60 Months 8 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this life occupation

12. BIRTHPLACE (city or town) Bare River Utah
(State or country)

13. NAME Bendt Jensen Erickson

14. BIRTHPLACE (city or town) Preston Idaho
(State or country)

15. MAIDEN NAME Christena Johansen Erickson

16. BIRTHPLACE (city or town) Preston Idaho
(State or country)

17. INFORMANT Ephriam Swann
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Dec 30, 1931

19. UNDERTAKER M. W. Hendricks
(Address) Preston

20. FILED Jan 8, 1932 G. W. States
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Dec 26, 1931

I last saw her alive on Dec 26, 1931; death is said to have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance were as follows: mitral disease of heart Date of onset 1930

Other contributory causes of importance: Broncho Pneumonia Dec 15-1931

Name of operation None Date of _____

What test confirmed diagnosis? Chin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

31 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) G. W. States M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 11 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of FranklinCity of PrestonRegistration District No. 27Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE

77634

State File No.

Local Registrar's No. 34

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Stewart Geddes

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced
HUSBAND of Isebell Dora
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Dec 18 18577. AGE Years 74 Months Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Probate Judge

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 412. BIRTHPLACE (city or town) Salt Lake City
(State or country)13. NAME Wm. Geddes14. BIRTHPLACE (city or town) Scotland
(State or country)15. MAIDEN NAME Elizabeth Stewart16. BIRTHPLACE (city or town) Scotland
(State or country)17. INFORMANT Joseph Geddes
(Address) Logan Utah18. BURIAL, CREMATION, OR REMOVAL
Place Preston Date Dec 20 193219. UNDERTAKER M. W. Hendricks
(Address) Preston20. FILED Jan 8, 1932 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 27 1932

22. I HEREBY CERTIFY, That I attended deceased from

12-22-31, 1932, to 12-27, 1932.I last saw him alive on 12-27, 1932; death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance

were as follows: Acute Diphtheria (Streptococcus) 12-20-31

Other contributory causes of importance:

Acute Myocarditis 12-26-31

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) G. W. States, M. D.

(Address)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

RECEIVED JAN 11 1931 DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77635

State File No.

PLACE OF DEATH

County of Franklin
City of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119Local Registrar's No. 35

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Warrick

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 23, 1931

7. AGE Years Months Days If LESS than 1 day,
46 hrs. 07 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Preston Idaho
(State or country)10. NAME OF FATHER Carl Warrick11. BIRTHPLACE OF FATHER (city or town) Independence
(State or Country) Va.12. MAIDEN NAME OF MOTHER Sarah Byington13. BIRTHPLACE OF MOTHER (city or town) Downey Idaho
(State or Country)14. Informant Carl Warrick
(Address)15. Filed Jan 8, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 23 1931, to Dec 23 1931
that I last saw her alive on Dec 23 1931

and that death occurred, on the date stated above, at 11 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Faulty development of head
in foetal life.
Posterior hydrancephalocoele
(duration) 4 yrs. 2 mos. 4 ds.

CONTRIBUTORY
(Secondary)

Faulty intra uterine
development (duration) — yrs. — mos. — ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? Chorion(Signed) G. W. States M. D., 19 31 (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Preston IdahoDec 26 1931

20. Undertaker

Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JAN 9 1932

DO NOT WRITE IN THIS SPACE

State File No. 77636

Registration District No. 121
Primary Registration District No. 2192

Local Registrar's No. 211

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME JENNIE MULKEY
(a) Residence. No. 90 St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. Single, Married, Widowed, or Divorced (write the word) MARRIED

5a. If married, widowed, or divorced
HUSBAND of A. R. Mulkey
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 9, 1882

7. AGE Years 49 Months 5 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOUSEWIFE
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Missouri

13. NAME Theodore McKinney

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Belle Keybourne

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT RECORDS OF STATE HOSP SOUTH
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Dillon, Idaho Date Jan 3rd, 1932

19. UNDERTAKER E. J. Beck
(Address) Blackfoot, Idaho

20. FILED See 31, 1931 Mr. Walter E. Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 31 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8th, 1931, 1931, to Dec. 31, 1931, 1931.

I last saw her alive on Dec. 31st, 1931; death is said to have occurred on the date stated above, at 9:05 AM

The principal cause of death and related causes of importance were as follows:

ORGANIC DISEASE OF HEART
CHRONIC VALVULAR DISEASE
MITRAL INSUFFICIENCY

Other contributory causes of importance:

MANIC DEPRESSIVE INSANITY March '31
DEPRESSED PHASE

Name of operation None Date of ---

What test confirmed diagnosis Clinical symptoms

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ---, 1931.

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ---

(Signed) Chas. R. Jones, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BINGHAM		BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		77637	
County of.....		Registration District No.....		Primary Registration District No.....		State File No.....	
City of.....		121		8192		Local Registrar's No.....	
BLACKFOOT		STATE HOSPITAL SOUTH		164		210	
(No.)		(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME.....		ALBERT HICKEY					
(a) Residence. No.....		St. Shoshone					
(Usual place of abode)						(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. 7 yrs. 4 mos. 27 ds.		How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX		4. COLOR OR RACE		5. Single, Married, Widowed, or Divorced (write the word)		21. DATE OF DEATH (month, day, and year) 12-29-31 1931	
Male		White		Single		22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1931, to Dec 29, 1931	
5a. If married, widowed, or divorced		HUSBAND of (or) WIFE of		---		I last saw him alive on 12-29-31, 1931; death is said to have occurred on the date stated above, at 3:20 PM	
do not know						The principal cause of death and related causes of importance were as follows:	
6. DATE OF BIRTH (month, day, and year)		7. AGE		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Date of onset	
do not know		71		LABORER		8-2-24	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Other contributory causes of importance:	
do not know		do not know		do not know			
12. BIRTHPLACE (city or town) (State or country)		13. NAME		14. BIRTHPLACE (city or town) (State or country)		Name of operation	
Chillicothe Illinois		Do not know		Illinois		None	
15. MAIDEN NAME		16. BIRTHPLACE (city or town) (State or country)		17. INHERITANCE (Address)		Date of	
do not know		Illinois		RECORDS OF HOSP SOUTH		0--	
18. BURIAL, CREMATION, OR REINTERMENT Place		19. UNDERTAKER (Address)		20. FILED		What test confirmed diagnosis? Clinical diagnosis	
Asylum Cemetery		Do not know		Dec 29 1931		23. If death was due to external causes (violence) fill in also the following:	
Date Dec 30 1931		Do not know		Dec 29 1931		Accident, suicide, or homicide? No	
Do not know		Do not know		Do not know		Date of injury	
Do not know		Do not know		Do not know		Where did injury occur? None	
Do not know		Do not know		Do not know		(Specify city or town, county, and State)	
Do not know		Do not know		Do not know		Specify whether injury occurred in industry, in home, or in public place.	
Do not know		Do not know		Do not know		None	
Do not know		Do not know		Do not know		Manner of injury	
Do not know		Do not know		Do not know		None	
Do not know		Do not know		Do not know		Nature of injury	
Do not know		Do not know		Do not know		None	
Do not know		Do not know		Do not know		24. Was disease or injury in any way related to occupation of deceased?	
Do not know		Do not know		Do not know		If so, specify	
Do not know		Do not know		Do not know		(Signed) Chas. R. Lowry, M. D.	
Do not know		Do not know		Do not know		(Address) Blackfoot, Ida.	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77638 State File No.	
PLACE OF DEATH Blackfoot			
County of			
City of BINGHAM			
Registration District No. 12			
Primary Registration District No. 2194		Local Registrar's No. 209	
(No. STATE HOSPITAL SOUTH)			
(If death occurred in a hospital or institution, give its name instead of street and number.) 151			
2. FULL NAME JOSEPHINE PIERCE			
(a) Residence. No.		St. Prairie, Elmore County	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. 11 ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX FEMALE	4. COLOR OR RACE WHITE	5. Single, Married, Widowed, or Divorced (write the word) WIDOWED	
5a. If married, widowed, or divorced HUSBAND of do not know (or) WIFE of 1858			
6. DATE OF BIRTH (month, day, and year) do not know			
7. AGE 73	Years	Months	Days
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -----		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation -----		
12. BIRTHPLACE (city or town) Leddington (State or country) Mich.			
FATHER	13. NAME do not know		
	14. BIRTHPLACE (city or town) do not know (State or country)		
	15. MAIDEN NAME Do not know		
	16. BIRTHPLACE (city or town) Do not know (State or country)		
MOTHER	17. INFORMANT Records of State Hosp. So. (Address) Blackfoot, Idaho.		
	18. BURIAL, CREMATION, OR REMOVAL Place Mountain Home, Idaho Dec 26 1931		
	19. UNDERTAKER G. J. ... (Address) Blackfoot, Idaho		
	20. FILED Dec 24 1931 Registrar. M. H. ...		
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) 12-24-31 1931			
22. I HEREBY CERTIFY, That I attended deceased from 12-14-31, 1931 to 12-24-31, 1931			
I last saw her alive on 12-24-31, 1931; death is said to have occurred on the date stated above, at 7:40 AM			
The principal cause of death and related causes of importance were as follows:			
GANGRENE OF BOTH LEGS 12-22-31 from just above knees down.			
Other contributory causes of importance: Age and history of freezing a few weeks before admission.			
Name of operation None Date of ---			
What test confirmed diagnosis Clinical diagnosis			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ---, 1931			
Where did injury occur? None (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. ---			
Manner of injury None			
Nature of injury None			
24. Was disease or injury in any way related to occupation of deceased? No If so, specify do not know			
(Signed) Chas. R. Lowe, M.D. (Address) Blackfoot, Idaho.			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
PLACE OF DEATH		COUNTY OF <u>Bingham</u>			
City of <u>Blackfoot</u>		Registration District No. <u>181</u>			
		Primary Registration District No. <u>2194</u>			
(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mary Murphy</u>		749			
(a) Residence. No. <u>Blackfoot, Idaho</u>		St. _____			
Length of residence in city or town where death occurred. yrs. mos. ds.		(If nonresident give city or town and state) yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Aug 17 - 1898</u>					
7. AGE	Years <u>87</u>	Months <u>4</u>	Days <u>4</u>	If LESS than 1 day, hrs. or min. _____	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>				
	13. NAME <u>Michael Hasson</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>				
	15. MAIDEN NAME <u>Susie Malen</u>				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>				
	17. INFORMANT (Address) <u>John Murphy, 67842 Blackfoot, Idaho</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Blackfoot, Idaho</u> Date _____, 193 _____				
	19. UNDERTAKER (Address) <u>E. T. Pugh, Blackfoot, Idaho</u>				
20. FILED <u>Dec 18, 1931</u> <u>Wm. Malen & Co.</u> Registrar. (Address) <u>Blackfoot, Idaho</u>					
DO NOT WRITE IN THIS SPACE					
State File No. _____					
Local Registrar's No. <u>208</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12 - 17 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>12 - 15</u> , 1931, to <u>12 - 17</u> , 1931.					
I last saw <u>her</u> alive on <u>12 - 16</u> , 1931; death is said to have occurred on the date stated above, at <u>9 A.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u> Date of onset <u>12 - 14 - 31</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Chloroform tips</u> Was there an autopsy? <u>yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>yes</u> Date of injury _____, 193 _____					
Where did injury occur? <u>yes</u> (Specify city or town, county, and State) _____					
Specify whether injury occurred in industry, in home, or in public place. <u>yes</u>					
Manner of injury <u>yes</u>					
Nature of injury <u>yes</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>yes</u> If so, specify _____ (Signed) <u>J. O. Humphreys</u> , M. D. (Address) <u>Blackfoot, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77640 State File No.	
County of <u>Bingham</u>	City of <u>Blackfoot</u>	Registration District No. <u>121</u>		Local Registrar's No. <u>207</u>	
(No.)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>James Hunter</u>		89			
(a) Residence, No. <u>206 Cor. Ash & Idaho</u> St.		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred <u>30</u> yrs. <u>9</u> mos. <u>15</u> ds.		How long in U. S., if of foreign birth? <u>53</u> yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Cora E. Hunter</u> (or) <u>Wife of</u>					
6. DATE OF BIRTH (month, day, and year) <u>1862 July-6</u>					
7. AGE	Years <u>68</u>	Months <u>5</u>	Days <u>9</u>	If LESS than 1 day hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation		12. BIRTHPLACE (city or town) (State or country) <u>Quebec Canada</u>			
FATHER	13. NAME <u>James Hunter</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Scotland</u>				
	15. MAIDEN NAME <u>Agnes Ferguson</u>				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Scotland</u>				
	17. INFORMANT (Address) <u>Cora E. Hunter</u> <u>Blackfoot, Id.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Denver Colo.</u> Date <u>12-17</u> 1931					
19. UNDERTAKER (Address) <u>E. T. Park</u> <u>Blackfoot Idaho</u>					
20. FILED <u>Dec 16</u> 1931 <u>Mar Walter E. Paine</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 15</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 14</u> , 1931, to <u>Dec 15</u> , 1931.					
I last saw him alive on <u>Dec 14</u> , 1931; death is said to have occurred on the date stated above, at <u>7:30 a. m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Angina Pectoris</u>					Date of onset <u>Nov. 13, 1931</u>
Other contributory causes of importance:					
Name of operation <u>Tonsillectomy</u> Date of <u>Dec 14</u>					
What test confirmed diagnosis? <u>Physician's certificate</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>Yes</u>					
(Signed) <u>Mar Walter E. Paine</u> , M. D.					
(Address)					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DO NOT WRITE IN THIS SPACE

State File No. 77641

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phenetta Josephine Talbot 749

(a) Residence. No. R. 720 #4 St. _____
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-11-1931
 22. I HEREBY CERTIFY, That I attended deceased from 12-10-1931, to 12-11-1931.
 I last saw her alive on 12-11-1931; death is said to have occurred on the date stated above, at 6:50 p.m.
 The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage
 Date of onset 12-10-1931

Other contributory causes of importance:

.....

.....

Name of operation Chemical analysis Date of 2/1/72
What test confirmed diagnosis? Chemical analysis Was there an autopsy? 2
23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? ✓ Date of injury ✓, 1934
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓

place.

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) *J. J. Black*, M.D.
(Address) *Blackfoot, Ida*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		CERTIFICATE OF DEATH		77642	
City of <u>Blackfoot</u>		Registration District No. <u>121</u>		State File No. _____	
		Primary Registration District No. <u>2194</u>		Local Registrar's No. <u>205</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Edgar Henry Walters</u>					
(a) Residence. No. <u>2 miles West of Groveland</u> St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. <u>20</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 27, 1899</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>32</u>	<u>2</u>	<u>11</u>		
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
		10. Date deceased last worked at this occupation (month and year) <u>Dec. 1931</u>			
		11. Total time (years) spent in this occupation <u>20</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Utah.</u>					
MOTHER / FATHER	13. NAME <u>R. H. Walters</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Utah.</u>				
	15. MAIDEN NAME <u>Nettie Howick</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Utah.</u>				
17. INFORMANT <u>R. H. Walters</u> (Address) <u>Moreland, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Moreland</u> Date <u>12-12-, 1931</u>					
19. UNDERTAKER <u>Modern Mortuary</u> (Address) <u>Blackfoot, Ida.</u>					
20. FILED <u>Dec. 12, 1931</u> <u>W. H. Walter & Son</u> Registrar.					
21. DATE OF DEATH (month, day, and year) <u>Dec. 9, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.					
I last saw him <u>dead</u> <u>Dec. 9, 1931</u> .: death is said to have occurred on the date stated above, at <u>12.10 a. m.</u> A. M.					
The principal cause of death and related causes of importance were as follows: <u>Chronic Endocarditis 4 yrs</u> Date of onset _____					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (signed) <u>J. O. Humphrey</u> M. D. (Address) <u>Blackfoot, Ida.</u>					

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77643**

PLACE OF DEATH

County of BinghamCity of ShelleyRegistration District No. 121Primary Registration District No. 2194Local Registrar's No. 202

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lin Jones

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Infant5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓6. DATE OF BIRTH (month, day and year) Dec 4th 19317. AGE Years ✓ Months ✓ Days ✓ LESS than 1 day, hrs. or min. 20 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓(b) General nature of industry, business, or establishment in which employed (or employer) ✓(c) Name of employer ✓9. BIRTHPLACE (city or town) Mayfield Idaho
(State or country)10. NAME OF FATHER Walter B. Jones11. BIRTHPLACE OF FATHER (city or town) Angusville Utah
(State or Country)12. MAIDEN NAME OF MOTHER Elba Vest13. BIRTHPLACE OF MOTHER (city or town) Box Creek Utah
(State or Country)14. Informant LaVon Vest
(Address) 2400 N. 2nd St. Shelley15. Filed Dec. 5, 1931 Min. Malling Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 4 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Dec 4 1931 to Dec 4 1931 that I last saw him alive on Dec 4 1931 and that death occurred, on the date stated above, at 4:15 p.m. The CAUSE OF DEATH* was as follows:
Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? No(Signed) Dr. E. C. Rogers, M. D.Dec 5, 1931 (Address) Shelley Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation or Removal Shelley, Idaho Date of Burial Dec 5, 193120. Undertaker None Address _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 77644 State File No. _____ Local Registrar's No. <u>209</u>	
County of <u>Bingham</u>		Registration District No. <u>121</u>			
City of <u>Shelley</u>		Primary Registration District No. <u>2194</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Bornis Jean Story</u>					
(a) Residence. No. <u>Shelley Ida.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Nov. 4, 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or min.	
		<u>1</u>	<u>4</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Insult</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u>					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Shelley Ida.</u>					
MOTHER FATHER					
13. NAME <u>G. W. Story</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Shelley Ida.</u>					
15. MAIDEN NAME <u>Lois Bates</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Shelley Ida.</u>					
17. INFORMANT <u>Mrs. G. W. Story</u> (Address) <u>Shelley Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Shelley Ida.</u> Date <u>Dec 9, 1931</u>					
19. UNDERTAKER <u>Jack A. Wood</u> (Address) <u>Shelley Ida.</u>					
20. FILED <u>Dec. 9, 1931</u> <u>Mrs. Walter E. Votaw</u> Registrar. (Address) <u>Shelley Idaho</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 8, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 8, 1931</u> , to <u>Dec 8, 1931</u>					
I last saw <u>her</u> alive on <u>Dec 5, 1931</u> ; death is said to have occurred on the date stated above, at <u>4 9</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
<u>Born was found dead in her bed Cause of death unknown</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Shelley Ida.</u> Date of injury <u>Dec 8, 1931</u>					
Where did injury occur? <u>Shelley Ida.</u> (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>✓</u> If so, specify _____					
(Signed) <u>W. E. Votaw</u> , M.D. (Address) <u>Shelley Idaho</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77645

State File No.

PLACE OF DEATH

County of BinghamCity of ShelleyRegistration District No. 121Primary Registration District No. 2194Local Registrar's No. 202

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lyle Jones

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. Single Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓6. DATE OF BIRTH (month, day and year) Dec 4 19317. AGE Years Months Days If LESS than 1 day, hrs. or min. 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Taylorville Ida10. NAME OF FATHER Warren B. Jones11. BIRTHPLACE OF FATHER (city or town) (State or Country) Annabell Utah12. MAIDEN NAME OF MOTHER Jelda Vest13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Box Creek Utah14. Informant LaVon Vest (Address) Idaho Falls Idaho15. Filed Dec. 5, 1931 Wm. Walter, Marie Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 4 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 4 1931 to Dec 4 1931
that I last saw him alive on Dec 4 1931
and that death occurred, on the date stated above, at 5:30 am
The CAUSE OF DEATH* was as follows:

Respiratory

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? AtDid an operation precede death? ✓ Date of Dec 4 1931Was there an autopsy? ✓What test confirmed diagnosis? ✓(Signed) Wm. Walter, M. D.Dec 5 1931 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or ~~Removal~~ Shelley, Idaho Date of Burial Dec 5, 193120. Undertaker None Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77646 State File No.	
CERTIFICATE OF DEATH County of <u>Bingham</u> City of <u>Blackfoot</u> Registration District No. <u>121</u> Primary Registration District No. <u>2194</u> Local Registrar's No. <u>201</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mary L. Moulton</u> (a) Residence. No. <u>Heber, Utah</u> St. <u>Heber, Utah</u> (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. <u>4</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S., if of foreign birth? <u>8</u> yrs. <u>0</u> mos. <u>0</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced HUSBAND of <u>W.D. Moulton</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Aug. 13, 1846</u>			
7. AGE	Years <u>85</u>	Months <u>3</u>	Days <u>19</u> If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Sheffield, England</u> (State or country)			
FATHER 13. NAME <u>Thomas Octavies Lee</u> 14. BIRTHPLACE (city or town) <u>Liverpool</u> (State or country) <u>England</u>			
MOTHER 15. MAIDEN NAME <u>Ellen Tadwell</u> 16. BIRTHPLACE (city or town) <u>Liverpool</u> (State or country) <u>England</u>			
17. INFORMANT <u>O. L. Moulton</u> (Address) <u>4575 Highland Drive, Salt Lake City</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Heber, Utah</u> Date <u>Dec. 3, 1931</u>			
19. UNDERTAKER <u>E. T. Beck</u> (Address) <u>Blackfoot Idaho</u>			
20. FILED <u>Dec. 3, 1931</u> <u>Mr. Haller</u> <u>abice</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Dec. 2, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>July 15, 1931</u> , to <u>Dec. 2, 1931</u> . I last saw him live on <u>Oct. 15, 1931</u> ; death is said to have occurred on the date stated above, at <u>11:55 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Cancer of Liver</u> Date of onset <u>6-1-30</u>			
Other contributory causes of importance:			
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>W. T. Beck</u> , M. D. (Address) <u>Blackfoot, Idaho</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JAN 9 1932 DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		CERTIFICATE OF DEATH		State File No. <u>77647</u>	
City of <u>Blackfoot</u>		Registration District No. <u>121</u>		Local Registrar's No. <u>200</u>	
		(No. <u>1007</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>William Thorpe</u>		24			
(a) Residence. No. <u>North Maine</u>		St. <u></u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Indian</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Jan. 2, 1930</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.	
		<u>11</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u></u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>				
	10. Date deceased last worked at this occupation (month and year) <u></u>				
	11. Total time (years) spent in this occupation <u></u>				
12. BIRTHPLACE (city or town) <u>Fort Hall</u> (State or country) <u>Idaho</u>					
FATHER	13. NAME <u>Joseph Thorpe</u>				
	14. BIRTHPLACE (city or town) <u>Madison River</u> (State or country) <u>Montana</u>				
	15. MAIDEN NAME <u>Josephine Muehle</u>				
MOTHER	16. BIRTHPLACE (city or town) <u>Boise</u> (State or country) <u>Idaho</u>				
	17. INFORMANT (Address) <u>Joseph Thorpe</u> <u>Blackfoot Idaho</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lincoln Creek</u> Date <u>Dec. 3, 1931</u>					
19. UNDERTAKER (Address) <u>E. J. Rich</u> <u>Blackfoot Idaho</u>					
20. FILED <u>Dec. 2, 1931</u> <u>Wm. H. Haler</u> Registrar. <u>Idaho</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12/2</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>12/2</u> , 193 <u>1</u> , to <u>12/2</u> , 193 <u>1</u> . I last saw him alive on <u>12/2</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>12:30 P. M.</u> The principal cause of death and related causes of importance were as follows:					
<u>Meningitis</u>					Date of onset <u>12/1/31</u>
Other contributory causes of importance:					
<u>Optic media</u>					<u>11/28/31</u>
Name of operation <u>none</u> Date of <u></u>					
What test confirmed diagnosis? <u></u> Was there an autopsy? <u></u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 193 <u></u> . Where did injury occur? <u></u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u></u> Manner of injury <u></u> Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? <u></u> If so, specify <u>war</u> (Signed) <u>W. Beck</u> , M.D. (Address) <u>Blackfoot, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ft. Hall Jurisdiction

Current Complete
STATE OF IDAHO

RECEIVED JAN 9 1932

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77648

State File No.

County of --

Ft. Hall Reservation. CERTIFICATE OF DEATH

City of

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 199.

(No. At Ranch. No Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Caroline Madzeweyu

(a) Residence. No. --- St. ---

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 42 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Shoshone
Ind. 4/45. Single, Married, Widowed,
or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Madzeweyu

6. DATE OF BIRTH (month, day, and year) 1889

7. AGE

Years

Months

Days

If LESS than
1 day, --- hrs.
or min.

42

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Own home

10. Date deceased last worked at
this occupation (month and
year) Sept. 1, 193111. Total time (years)
spent in this
occupation 2712. BIRTHPLACE (city or town)
(State or country)

Ft. Hall Reservation

FATHER

13. NAME Edd Wheeler

14. BIRTHPLACE (city or town)
(State or country)

Idaho

MOTHER

15. MAIDEN NAME Eliza Se-we-so-pit

16. BIRTHPLACE (city or town)
(State or country)

Lemhi Reservation

17. INFORMANT
(Address)Tom Madzeweyu
Ft. Hall, Idaho18. BURIAL, CREMATION, OR REMOVAL
Place

Ft. Hall Res.

Mt. Putman Cem.
Date 11/23/3119. UNDERTAKER
(Address)Brown & Eldredge
Blackfoot, Idaho

20. FILED Dec. 9, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 21 1931

22. I HEREBY CERTIFY, That I attended deceased from

July 15, 1929, to Nov. 20, 1931

I last saw her alive on Nov. 20, 1931; death is said

to have occurred on the date stated above, at 5: A.m.

The principal cause of death and related causes of importance
were as follows:

Date of onset

Tuberculosis of the Lungs 7/15/29

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931

Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.
Ft. Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ft. Hall Jurisdiction Current Complete

Nov. 1931

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77649

County of

Ft. Hall Reservation. CERTIFICATE OF DEATH

City of

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 198.

(No. At Ranch. No hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elaine Sawyer

(a) Residence. No. ----- St. -----

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. -- yrs 5 mos 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Shoshone
Ind. 7/85. Single, Married, Widowed,
or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 11, 1931

7. AGE

Years

Months

Days

If LESS than

5

29

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc

At home

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Pocatello, Idaho

MOTHER FATHER

13. NAME Pat Joe Sawyer

14. BIRTHPLACE (city or town)

(State or country) Ft. Hall Reservation

15. MAIDEN NAME Lillian Navo

16. BIRTHPLACE (city or town)

(State or country) Ft. Hall Reservation

17. INFORMANT Lillian Sawyer
(Address) Ft. Hall, Idaho18. BURIAL, CREMATION, OR REMOVAL Lincoln Creek
Place Ft. Hall Res. Date 11/13/31 193119. UNDERTAKER Brown & Eldredge.
(Address) Blackfoot, Idaho

20. FILED Dec. 9, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from
No Doctor attending

I last saw h. alive on, 1931; death is said

to have occurred on the date stated above, at 2: A. m.

The principal cause of death and related causes of importance
were as follows:

Date of onset

Diarrhoea, acute

11/8/31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?, 1931.Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry B. Miller, M. D.

(Address) Ft. Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ft. Hall Jurisdiction

Current Complete

Oct. 1931. JAN

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

BUREAU OF VITAL STATISTICS

County of **Ft. Hall Reservation.**

CERTIFICATE OF DEATH

77650
State File No.City of Registration District No. **121**Primary Registration District No. **2194**Local Registrar's No. **197**(No. **At Ranch. No hospital.**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Susie Pilot Mountain**(a) Residence. No. St. **Owyhee, Nevada.**

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. — yrs. **1** mos. **0** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Shoshone Ind. 4/4	5. Single, Married, Widowed, or Divorced (write the word) Widow
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5a. If married, widowed, or divorced
HUSBAND of **Jack Mountain**
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) **1861**

7. AGE 70	Years -----	Months -----	Days -----	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Own Home**

10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation **50**

12. BIRTHPLACE (city or town) **Carlin, Nevada**
(State or country)

13. NAME **Gus-se-ya-dah**

14. BIRTHPLACE (city or town) **Alequah, Nevada**
(State or country)

15. MAIDEN NAME **Pe-ah-wi-per**

16. BIRTHPLACE (city or town) **Tuseland, Nevada**
(State or country)

17. INFORMANT **Annie Feathers**
(Address) **Ft. Hall, Idaho**

18. BURIAL, CREMATION, OR REMOVAL **Presbyterian**
Place **Ft. Hall Res.** Date **10/12/31**

19. UNDERTAKER **Agency Carreter,**
(Address) **Ft. Hall, Idaho**

20. FILED **Dec. 9**, 1931, **Idaho**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Oct. 11, 1931**

22. I HEREBY CERTIFY That I attended deceased from
No Doctor attending 1931, to 1931

I last saw h..... alive on 1931; death is said to have occurred on the date stated above, at **7: A.m.**
The principal cause of death and related causes of importance were as follows:

Gastric Ulcer

Date of onset

7/11/31

Other contributory causes of importance:

Name of operation **None** Date ofWhat test confirmed diagnosis? **None** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Amey R. Wheeler** M. D.(Address) **Ft. Hall, Idaho**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ft. Hall Jurisdiction. **Current Complete**
PLACE OF DEATH **STATE OF IDAHO**
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Oct. 1931
DO NOT WRITE IN THIS SPACE
77651
 State File No.

County of **Ft. Hall Reser-** Registration District No. **121**
vation. Primary Registration District No. **2194 194** Local Registrar's No. **196**
 City of **At Ranch.**
No Hosnital

(No.)
 (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Nat soot se**

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Shoshone Ind. 4/4** 5. Single, Married, Widowed, or Divorced (write the word) **Widow**

5a. If married, widowed, or divorced
 HUSBAND of **In-ga-mo-en-dah**
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) **1848**

7. AGE Years Months Days If LESS than
83 **----** **---** 1 day, hrs.
 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At home**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired farmer**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Contact, Nevada**
 (State or country)

13. NAME **Do-ka-ber-dont**
 14. BIRTHPLACE (city or town) **Jarbridge, Nevada**
 (State or country)

15. MAIDEN NAME **Du-o-it-se**
 16. BIRTHPLACE (city or town) **Contact, Nevada**
 (State or country)

17. INFORMANT **Peter Jackson,**
 (Address) **Ft. Hall, Idaho**

18. BURIAL, CREMATION, OR REMOVAL **Portneuf Cem.**
 Place **Ft. Hall Res.** Date **10/15/31** 1931

19. UNDERTAKER **Agency Carreter,**
 (Address) **Ft. Hall, Idaho**

20. FILED **Dec. 9.**, 1931 **Mar Walter E. Patrick**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Oct. 9.** 1931

22. I HEREBY CERTIFY, That I attended deceased from
No Doctor attending, 1931

I last saw h..... alive on, 1931: death is said to have occurred on the date stated above, at **7: Am.**
 The principal cause of death and related causes of importance were as follows:

Dysentery, acute Date of onset **10/1/31**

Other contributory causes of importance:

Name of operation **None** Date of

What test confirmed diagnosis? **None** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931

Where did injury occur?
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) **Henry R. Wheeler** M. D.

(Address) **Ft. Hall, Idaho**

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of CassiaCity of DecloRegistration District No. 117Primary Registration District No. 2196Local Registrar's No. 308

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Hugh Fries

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept. 29 19247. AGE Years 7 Months 7 Days 7 If LESS than 1 day, hrs. or min.8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Albion Idaho
(State or country)10. NAME OF FATHER Hugh M. Fries11. BIRTHPLACE OF FATHER (city or town) Kansas
(State or Country)12. MAIDEN NAME OF MOTHER Edna Henderson13. BIRTHPLACE OF MOTHER (city or town) Pocatello Idaho
(State or Country)14. Informant (Address) H. M. Fries
Declo Idaho15. Filed Dec 7 1931 H. Butler
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 77652

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 5 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Dec 4 1931, to Dec 5 1931
that I last saw him alive on Dec 5 1931and that death occurred, on the date stated above, at 9:10 PM*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:Acute Spinal Meningitis(duration) _____ yrs. _____ mos. 1 ds.
CONTRIBUTORY Pericarditis
(Secondary)(duration) _____ yrs. _____ mos. 5 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of Dec 4Was there an autopsy? NoWhat test confirmed diagnosis? Spinal(Signed) Hugh E. Dean, M. D.Dec 6 1931 (Address) Burley19. Place of Burial, Cremation, or Removal Albion Ida. Date of Burial 12-7 1931(Address) R. E. Johnson Burley

Miss Green

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of CassiaCity of Burley

CERTIFICATE OF DEATH

Registration District No. 117Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE

77653

State File No.

Local Registrar's No. 304(No. Burley General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert S. Calhoun(a) Residence. No. Shoshone, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofSilvia Park Calhoun

6. DATE OF BIRTH (month, day and year)

7. AGE <u>45</u>	Years	Months <u>10</u>	Days <u>24</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer & stockman(b) General nature of industry, business, or establishment in which employed (or employer) Agriculture(c) Name of employer Self9. BIRTHPLACE (city or town) Bellvue
(State or country) Idaho10. NAME OF FATHER David C. Calhoun11. BIRTHPLACE OF FATHER (city or town) Columbus
(State or Country) Ohio12. MAIDEN NAME OF MOTHER Sharlott Wilson13. BIRTHPLACE OF MOTHER (city or town) Terre Haute
(State or Country) Indiana14. Informant Clara Baugh-Silvers
(Address) Harley Ida15. Filed 1-6-, 1931, F. H. Custer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December, 27 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Dec 28 - 31 to Dec 27 - 31that I last saw him alive on Dec 27 - 31and that death occurred, on the date stated above, at 11 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Internal Injuries
auto accident

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? yesWhat test confirmed diagnosis? autopsy(Signed) Joseph H. Kinsler M. D.Burley Idaho19. Place of Burial, Cremation, or Removal Shoshone, Idaho Date of Burial 12/29 193120. Undertaker Payne & Kimball Address Burley, IdahoPaul D. ...

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JAN 8 1932
DO NOT WRITE IN THIS SPACE
77654
State File No. _____

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. _____
Primary Registration District No. _____

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)
No. _____

2. FULL NAME Cora Lillian Saxton

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)
yrs. mos. ds.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 11 - 1894

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
37 10 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Upton Utah

10. NAME OF FATHER John B Kidd

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Braper Utah

12. MAIDEN NAME OF MOTHER Anna Staley

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Upton Utah

14. Informant (Address) E. C. Saxton Idaho

15. Filed Dec 28, 1931 F. H. Hunter Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1931, to Dec 28, 1931
that I last saw her alive on Dec 28, 1931

and that death occurred, on the date stated above, at 5 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:

Peritonitis

(duration) _____ yrs. _____ mos. 8 ds.
CONTRIBUTORY Suppurative Infection
(Secondary)

(duration) _____ yrs. _____ mos. 2 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Hugh E. Dean M. D.

19. (Address) Burley Id

19. Place of Burial, Cremation, or Removal Burley Id Date of Burial 12-30 1931

20. Undertaker H. E. Johnson Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 8 1932
DO NOT WRITE IN THIS SPACE
State File No. 77655

PLACE OF DEATH
County of Cassia
City of Burley

CERTIFICATE OF DEATH
Registration District No. 111
Primary Registration District No. 2196

Local Registrar's No. 307

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Lucille Fillmore
(a) Residence. No. _____ St. _____
(If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

58 b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) April 21 - 1914
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
17 7 21
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____
9. BIRTHPLACE (city or town) (State or country) Rigby Idaho

PARENTS
10. NAME OF FATHER Benton Bliss Fillmore
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Burville - Utah
12. MAIDEN NAME OF MOTHER Morrell Cloway
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Burville - Utah

14. Informant (Address) B. P. Fillmore - Burley Ida. R. #1
15. Filled 1-6- 1932 J. H. Cramer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 14 1931
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1931, to Dec 14 1931,
that I last saw him alive on Dec 14 1931,
and that death occurred, on the date stated above, at 4:10 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Operative Anemia

(duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? us
Did an operation precede death? us Date of _____
Was there an autopsy? us
What test confirmed diagnosis? us
(Signed) Robert H. Higin, M. D.
19. (Address) Burley

19. Place of Burial, Cremation, or Removal Burley Idaho Date of Burial 12-17 1931
20. Undertaker W. E. Johnson Address Burley Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 8 1932

DO NOT WRITE IN THIS SPACE

State File No. 77656

PLACE OF DEATH

County of Cassia
City of Burley

CERTIFICATE OF DEATH

Registration District No. 917Primary Registration District No. 2196

(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 3032. FULL NAME James Parley Howell

(a) Residence No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.4. COLOR OR RACE W.5. Single, Married, Widowed,
or Divorced (write the word.) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Nov. 25 - 1860

7. AGE

Years 71

Months _____

Days 29If LESS than 1 day,
_____ hrs. or
_____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farm(b) General nature of industry,
business, or establishment in
which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town,
State or country) Wales10. NAME OF FATHER Wm Howell11. BIRTHPLACE OF FATHER (city or town,
State or Country) Wales12. MAIDEN NAME OF MOTHER Louisa Thomas13. BIRTHPLACE OF MOTHER (city or town,
State or Country) Wales

PARENTS

14.

Informant
(Address) Reese Howell
Burley Idaho

15.

Filed Dec 26, 1931Registrar. F. H. Gentry

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 24, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from
Dec 19, 1931, to Dec 24, 1931that I last saw him alive on Dec 19, 1931and that death occurred, on the date stated above, at 10:35 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Arterio-sclerosisabout (duration) 10 yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary) hypertension(duration) _____ yrs. _____ mos. 4 ds.18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Leontine, M. D._____, 19____ (Address) Burley, Idaho19. Place of Burial, Cremation, or Removal Open St.

Date of Burial

12-28 193120. Undertaker H. C. JohnsonAddress Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

RECEIVED JAN 8 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77657

PLACE OF DEATH

County of Idaho
City of Cottonwood

Registration District No. 105

Primary Registration District No. 2183

Local Registrar's No. 20

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wash S Bartlett

(a) Residence No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 25-1855

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
76 5 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) St. Francis Mission
(State or country) Missouri

10. NAME OF FATHER Frederick Bartlett

11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)

12. MAIDEN NAME OF MOTHER Henett Pickle

13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or Country)

14. Informant Raymond Bartlett
(Address) Keatsville, Ida.

15. Filed Dec. 19, 1931 H. F. Orr per DB
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 17, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 3rd, 1931, to Dec. 17, 1931

that I last saw him alive on Dec. 17, 1931
and that death occurred, on the date stated above, at 1:50 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Nephritic Suppression

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Parvovirus and Nephritis
(Secondary)

(duration) 2 yrs. _____ mos. _____ ds.

18. Where was disease contracted at home
if not at place of death?

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Clinical only.

(Signed) Healy F. Orr M. D.
12/19, 1931 (Address) Cottonwood, Ida.

19. Place of Burial, Cremation, or Removal Cottonwood, Ida. Date of Burial 12-19 1931

20. Undertaker Wilson Mortuary Address Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JAN 11 1932

DO NOT WRITE IN THIS SPACE

State File No. 77658

77658

PLACE OF DEATH

County of IdahoCity of KootenaiRegistration District No. 106Primary Registration District No. 2184Local Registrar's No. 322

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George R. Curtis

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single
- 5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day and year) Feb 26 - 1852
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
- (a) Trade, profession, or particular kind of work Gun Raucher
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

9. BIRTHPLACE (city or town) Louisiana
(State or country)10. NAME OF FATHER Sam. Kuen11. BIRTHPLACE OF FATHER (city or town) Sam. Kuen
(State or Country)12. MAIDEN NAME OF MOTHER Sam. Kuen13. BIRTHPLACE OF MOTHER (city or town) Sam. Kuen
(State or Country)14. Informant W. H. G. G. G.
(Address) Kootenai - Idaho15. Filed Dec 5, 1931. Jm Verberkmoes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

that I last saw h. alive on , 19

and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows

Rifle wound of head.
Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jm Verberkmoes, M. D.Dec 5, 1931, (Address) Kootenai

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Harper Cemetery 19

20. Undertaker Address

Geo. Truany Kootenai Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JAN 11 1937

DO NOT WRITE IN THIS SPACE

77659

State File No.

PLACE OF DEATH

County of Idaho
City of Blauwater

Registration District No. 106

Primary Registration District No. 2184

Local Registrar's No. 823

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Arthur Wiley

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day and year) June 20-1929

7. AGE Years 2 Months 4 Days 19 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Blauwater Ida
(State or country)

10. NAME OF FATHER Harvey Allen Wiley

11. BIRTHPLACE OF FATHER (city or town) Granite Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Thelma Marguerite Smith

13. BIRTHPLACE OF MOTHER (city or town) Grangerville Idaho
(State or Country)

14. Informant Harvey Wiley
(Address) Blauwater Ida

15. Filed Dec 31 1931 JM Verbeekmors
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 29 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 29th, 1931, to Oct 30, 1931

that I last saw him alive on Oct 29th, 1931

and that death occurred, on the date stated above, at 7³⁰ A. M.

The CAUSE OF DEATH* was as follows:

Burn of half the body
Fell into dishpan of scalding water.

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) A. W. Wentworth, M. D.

Nov 1, 1931 (Address) Stites Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Blauwater Date of Burial Oct 30 1931

20. Undertaker _____ Address _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JAN 11 1932
CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 77662
PLACE OF DEATH County of <u>Idaho</u> City of <u>Tranquill</u>		State File No.
Registration District No. <u>103</u> Primary Registration District No. <u>2181</u>		Local Registrar's No. <u>45</u>
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)		
2. FULL NAME <u>William James</u>		
(a) Residence. No. St. <u>44</u> (Usual place of abode)		
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Not known</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year)		
7. AGE	Years <u>69</u>	Months Days If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Prospector</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u>Not known</u>		
13. NAME <u>Not known</u>		
14. BIRTHPLACE (city or town) (State or country)		
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (city or town) (State or country)		
17. INFORMANT (Address) <u>Jack Beard</u> <u>Riggins Ida.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Tranquill</u> Date <u>12-13</u> , 1931		
19. UNDERTAKER (Address) <u>Funerary Hl. Co.</u> <u>Tranquill Ida.</u>		
20. FILED <u>1-7-</u> , 1932 <u>B. Chipman</u> Registrar.		
MEDICAL CERTIFICATE OF DEATH		
21. DATE OF DEATH (month, day, and year) <u>12-13</u> , 1931		
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 5</u> , 1931, to <u>Dec 13</u> , 1931.		
I last saw him live on <u>Dec 13</u> , 1931; death is said to have occurred on the date stated above, at <u>7 P.</u> m.		
The principal cause of death and related causes of importance were as follows:		
<u>Carcinoma Liver</u>		
Other contributory causes of importance:		
Name of operation Date of		
What test confirmed diagnosis? Was there an autopsy?		
23. If death was due to external causes (violence) fill in also the following:		
Accident, suicide, or homicide? Date of injury 1931.		
Where did injury occur? (Specify city or town, county, and State)		
Specify whether injury occurred in industry, in home, or in public place.		
Manner of injury		
Nature of injury		
24. Was disease or injury in any way related to occupation of deceased?		
<u>No</u> If so, specify <u>B. Chipman</u> , M.D. (Signed) <u>Tranquill Ida.</u> (Address)		

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

REC'D JAN 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77663

PLACE OF DEATH

County of Idaho

City of Woodland

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wayne Gene Hudson

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. Single, Married, Widowed, or Divorced (write the word) child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of child

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 1931 Sept 5 2 1/2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Woodland, Id (State or country)

10. NAME OF FATHER Harley E. Hudson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kansas

12. MAIDEN NAME OF MOTHER Ellen E. Hudson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Kansas

14. Informant Harley E. Hudson (Address) Woodland - Idaho

15. Filed 1-7, 1931 Neil Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 6 - 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 5 - 1931, to Sept. 6 - 1931, that I last saw him alive on Sept. 5 - 1931, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Premature birth

..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. E. Rogers M. D. Sept. 6 - 1931 (Address) Woodland

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Woodland - Id Date of Burial Sept. 6 - 1931
20. Undertaker None Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77664

State File No.

PLACE OF DEATH

County of Shoshone

City of Wasselaug
Shosh

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Narva Jean Hobson

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced Chief

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chief

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 9 12 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chief

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wasselaug
(State or country) Idaho

10. NAME OF FATHER Harley P. Hobson

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Chitra S. Hobson

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Harley P. Hobson
(Address) Wasselaug - Idaho

15. Filed 1-7, 1932 Wm Roberson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 6, 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1931, to Sept 5, 1931, that I last saw her alive on Sept 5, 1931, and that death occurred, on the date stated above, at Idaho m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ch. Ryan, M. D.
Sept 6, 1932 (Address) Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Wasselaug Idaho Date of Burial Sept 7, 1932

20. Undertaker Wasselaug Address Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nez Perce.</u>		City of <u>Lewiston.</u>		State File No. <u>77665</u>	
Registration District No. <u>96</u>		Primary Registration District No. <u>1009</u>		Local Registrar's No.	
(No. <u>326 Miller Street.</u>)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Edwin Joseph Bower.</u>					
(a) Residence. No. <u>326 Miller street.</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 7th, 1851.</u>					
7. AGE <u>73.</u>	Years	Months <u>4.</u>	Days <u>11.</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired merchant.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Bicknell, Indiana.</u>					
13. NAME <u>David Bower.</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Indiana.</u>					
15. MAIDEN NAME <u>Lavina Chambers.</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Indiana.</u>					
17. INFORMANT (Address) <u>Theresa E. Cook, Lewiston, Idaho.</u>					
18. PLACE OF DEATH PLACE OF REMOVAL <u>Turner, Oregon.</u> Date <u>Dec. 19th 1931.</u>					
19. UNDERTAKER <u>Brower-Wann Company, Lewiston, Idaho.</u>					
20. FILED <u>Dec 19, 1931.</u> <u>J. M. Lyle</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 18th, 1931.</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 12th</u> , 1931, to <u>Dec 18th</u> , 1931.					
I last saw him alive on <u>Dec 15</u> , 1931; death is said to have occurred on the date stated above, at <u>5 a.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Cerebral Haemorrhage (Hemiplegia)</u>					
Other contributory causes of importance: <u>arterio-sclerosis possibly 3 yrs</u>					
Name of operation <u>None</u> Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>Edgar L. White, M. D.</u> (Signed) <u>Lewiston, Idaho.</u> (Address)					

(Address) Handwritten address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1089
St. Joseph Hospital
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Naomi Brenner

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of John Brenner
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 21, 1883

7. AGE Years 48 Months 11 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oklahoma

13. NAME J. B. York

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Martha Allen

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Rev. J. B. York (Father)
(Address) Lewiston Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston Wash Date 12/24/31 1931

19. UNDERTAKER H. R. Merchant
(Address) Clarkston Wash

20. FILED Dec 27, 1931 J. M. Poe
R. J. H. T. Registrar.

DO NOT WRITE IN THIS SPACE

State File No.

Local Registrar's No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193 Aug 1

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Dec 22, 1931.

I last saw him alive on Dec 21, 1931; death is said to have occurred on the date stated above, at 59 m. The principal cause of death and related causes of importance were as follows:

Osteomolacia

Other contributory causes of importance:

Conjunctive Hemorrhage
Intestinal obstruction
Chronic Nephritis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. O. Clark, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.
City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE

State File No. 77668

Local Registrar's No. 1019(No. St. Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Theophilus E. Leach.(a) Residence. No. St. Craigmont, Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 30th, 1875.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
56. 1. 26.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucking.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

13. NAME Eli H. Leach.

14. BIRTHPLACE (city or town) (State or country) Illinois.

15. MAIDEN NAME Lucina Smith.

16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMANT (Address) Wm E H Leach
Craigmont, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont, Idaho. Date Dec. 28th, 1931.

19. UNDERTAKER (Address) Brower-Wann Company.
Lewiston, Idaho.

20. FILED Dec. 26, 1931. J. M. Kyle
Reg. S. T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/26/31. 193

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1931, to 12-26, 1931

I last saw him alive on Dec-26, 1931; death is saidto have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Lobar pneumonia

Other contributory causes of importance:

rt hemiplegiaName of operation no Date of noWhat test confirmed diagnosis? signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 1931Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) J. M. Kyle, M. D.(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nez Perce</u>		City of <u>Lewiston</u>		Registration District No. <u>96</u>		Primary Registration District No. <u>1009</u>		State File No. <u>77669</u>	
		(No. <u>818-6th Ave.</u>)						Local Registrar's No. _____	
		(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Marshall Martin Wright.</u>									
(a) Residence. No. <u>818-6th Ave</u>		St. _____							
(Usual place of abode)									
Length of residence in city or town where death occurred.		yrs. mos.		ds. How long in U. S., if of foreign birth?		yrs. mos.		ds.	
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced. (write the word) <u>Married</u>					
5a. If married, widowed, or divorced HUSBAND of <u>Emily Wright</u> (or) WIFE of _____									
6. DATE OF BIRTH (month, day, and year)									
7. AGE		Years <u>49</u>		Months <u>2</u>		Days <u>15</u>		If LESS than 1 day, _____ hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist</u>							
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
		10. Date deceased last worked at this occupation (month and year) <u>Dec 25 1931</u>		11. Total time (years) spent in this occupation <u>28 yrs</u>					
12. BIRTHPLACE (city or town) (State or country)		<u>Washington</u>							
FATHER		13. NAME <u>Edward Martin Wright</u>							
		14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>							
MOTHER		15. MAIDEN NAME <u>Josephine Mc Cubbins</u>							
		16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>							
17. INFORMANT (Address) <u>Mrs Emily Wright</u> <u>Lewiston Idaho.</u>									
18. BURIAL, CREMATION, OR REMOVAL Place <u>Normal Hill</u> Date <u>12/29</u> , 1931									
19. UNDERTAKER (Address) <u>Vassar Mortuary Inc.</u> <u>Lewiston Idaho</u>									
20. FILED <u>Jan 2</u> , 1932 <u>J. M. Lyle</u> <u>Regist.</u>									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) <u>12/27/31</u> 1931									
22. I HEREBY CERTIFY, That I attended deceased from <u>12/24</u> , 1931, to <u>12/27/31</u> , 1931.									
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at <u>6.50</u> A.									
The principal cause of death and related causes of importance were as follows:									
<u>Robt. Pneumonia</u>									
<u>Double</u>									
Other contributory causes of importance:									
Name of operation <u>none</u> Date of _____									
What test confirmed diagnosis? <u>Physician's examination</u> Was there an autopsy? _____									
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.									
Where did injury occur? _____ (Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place. _____									
Manner of injury _____									
Nature of injury _____									
24. Was disease or injury in any way related to occupation of deceased? _____									
If so, specify _____									
(Signed) <u>J. M. Lyle</u> , M. D.									
(Address) <u>Lewiston Idaho</u>									

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77671

PLACE OF DEATH

County of San Juan Registration District No. 37
City of San Juan Primary Registration District No. 1085Local Registrar's No. 1125

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joyce E. Crawford(a) Residence No. San Juan St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 11 / 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
7 da

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER Owen Crawford11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Florence Himes13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Owen Crawford
(Address) San Juan15. Filed 12-19 1931 Elizabeth G. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 18 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Dec 17 1931 to Dec 18 1931
that I last saw her alive on Dec 18 1931
and that death occurred, on the date stated above, at 9:45 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Haemorrhage cerebral(duration) — yrs. — mos. 3 da.
CONTRIBUTORY none
(Secondary)18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? colposcopy(Signed) E. Russell Weaver, M. D.
Dec 17 1931 (Address) San Juan, Idaho19. Place of Burial, Cremation, or Removal San Juan Date of Burial Dec 19 193120. Undertaker F. E. Drake Address San Juan

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77672

State File No.

PLACE OF DEATH

County of San Falls Registration District No. 37
City of San Falls Primary Registration District No. 085- Local Registrar's No. 194

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mr Walker Slack

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 28 / 1862

7. AGE 69 Years 11 Months 19 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Farmer

9. BIRTHPLACE (city or town) (State or country)

England

10. NAME OF FATHER

Mr. Slack

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

England

12. MAIDEN NAME OF MOTHER

Ann Walter

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

England

14.

Informant (Address)

J. E. Slack
San Falls

15.

Filed 12-21 1931

Elizabeth J. Ingham
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 11 1928, to Dec 17 1931

that I last saw him alive on Dec 17 1931

and that death occurred, on the date stated above, at 8:30 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Myocarditis & Arteriosclerosis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Renal disease (duration) 7 yrs. mos. ds.

18. Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H. C. Lamm M. D.

Dec 21 1931 (Address) San Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

San Falls Dec 20 1931

20. Undertaker

Address

F. E. Slack San Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

77673

PLACE OF DEATH

County of Idaho
City of Twin Falls

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 193

(No.)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME

Devon William Duff

(a) Residence. No. Twin Falls County Hospital St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. 2 ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Dec 8 / 1931

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or

2

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Nansen Ida

10. NAME OF FATHER

William Roy Duff

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Martha Jane Miller

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Idaho

14. Informant (Address)

Mother

Nansen Ida

15. Filed

12-10

1931

Elizabeth J. Smith

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 9, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 7, 1931, to Dec 9, 1931

that I last saw him alive on Dec 9, 1931

and that death occurred, on the date stated above, at 5:15 P.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Malformation with Umbilical
Hernea.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec 7-1931

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) J. E. Langenswaller; M. D.
Dec 10, 1931 (Address) Twin Falls, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls Dec 10 1931

20. Undertaker

Address

J. E. Drake Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 9 1931
DO NOT WRITE IN THIS SPACE
77674
State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085-Local Registrar's No. 192

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Fredrick Jews

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. 3 10(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed,
or Divorced (write the word.) Divorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAdelaide Jews6. DATE OF BIRTH (month, day and year) Jan 25 - 1902

7. AGE Years Months Days If LESS than 1 day,
29 10 11 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Photographer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Norfolk
(State or country) Nebr.10. NAME OF FATHER Richard Jews11. BIRTHPLACE OF FATHER (city or town) Norfolk
(State or Country) Nebr.12. MAIDEN NAME OF MOTHER Helen Giebe13. BIRTHPLACE OF MOTHER (city or town) Omaha
(State or Country) Nebr.14. Informant Mrs. Richard Jews
(Address) Kimberly, Ida.15. Filed 12-8-31 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec - 6 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec - 6 31, to Dec 6 31
that I last saw him alive on Dec 6 - 31and that death occurred, on the date stated above, at 13 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Potassium Cyanide
taken with suicidal
intent 1/2 hr
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)(duration) 1 1/2 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) J. M. Davis M. D.
12-7, 1931 (Address) Kimberly, Ida.19. Place of Burial, Cremation, or Removal Twin Falls Cemetery
Date of Burial 12-9- 3120. Undertaker White Mortuary
Address Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JAN 8 1931
DO NOT WRITE IN THIS SPACE
77675
State File No.
Local Registrar's No. 192

PLACE OF DEATH

County of Lincoln
City of Lincoln

Registration District No. 37
Primary Registration District No. 1085

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME H. S. Minstrelton

(a) Residence. No. Lincoln St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) About 1864
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
66 - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kentucky

10. NAME OF FATHER Minstrelton

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant W. H. McKimster
(Address) Lincoln

15. Filed 12/7, 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931, to Dec. 5, 1931
that I last saw him alive on Dec. 3, 1931
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

General
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.
18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) E. D. Weaver M. D.
12/7, 1931 (Address) Lincoln

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Inter Date of Burial Dec. 7 1931

20. Undertaker F. E. Drake Address Lincoln

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

77676

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085-Local Registrar's No. 190

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oella T. Barnes(a) Residence. No. Murtough, Ida Route #1 St

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 1 yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGeorge E. Barnes6. DATE OF BIRTH (month, day and year) March 5 - 18677. AGE Years Months Days If LESS than 1 day, hrs. or min.
64 8 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Illinois
(State or country)10. NAME OF FATHER Thomas G. Robinson11. BIRTHPLACE OF FATHER (city or town) Illinois
(State or Country)12. MAIDEN NAME OF MOTHER Rene Thrapp13. BIRTHPLACE OF MOTHER (city or town) Illinois
(State or Country)14. Informant (Address) Chas. V. Sample
Murtough, Ida R #115. Filed 12/5, 1931 Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 3, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1931, to Dec 3, 1931that I last saw him alive on Nov 2, 1931and that death occurred, on the date stated above, at 10130F*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Lobar pneumonia(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) J. Davis M. D.Dec 5, 1931 (Address) Kimberly La.19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 12-7 193120. Undertaker White Mortuary Inc Address Twin Falls

Idaho.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JAN 9 1932
DO NOT WRITE IN THIS SPACE
State File No. 77677

PLACE OF DEATH Idaho Falls
County Idaho Registration District No. 37
City of Idaho Falls Primary Registration District No. 1085 Local Registrar's No. 189
(No. oral)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Frances Amanda Walter
(a) Residence. No. Elm Arms St. Elm
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr 5

7. AGE 64 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mont.

10. NAME OF FATHER Henry H. Smith

11. BIRTHPLACE OF FATHER (city or town) (State or Country) + Ill.

12. MAIDEN NAME OF MOTHER Laura W. Wakeley

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ill.

14. Informant (Address) Hege Smith
Idaho Falls, City.

15. Filed 12-28 1931 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1931 to Dec 2nd 1931
that I last saw her alive on Dec 2nd 1931
and that death occurred, on the date stated above, at 7:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apoplexy (Cerebral Hemorrhage)

(duration) yrs. mos. ds. 1 ds.
CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds. ? ? ds.

18. Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physician only
(Signed) Duncan & Alexander

19. (Address)

19. Place of Burial, Cremation, or Removal Date of Burial Idaho Falls 1931

20. Undertaker J. E. Drake Address Idaho Falls

STATE OF IOWA RECEIVED JAN 8 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

77678

PLACE OF DEATH

County of Twin FallsCity of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2083(No. County Gen Hosp.)Local Registrar's No. 1882. FULL NAME John B. Johnson(a) Residence. No. Twin Falls County St.Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single. Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb 17 18577. AGE 74 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden10. NAME OF FATHER John Johnson11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden12. MAIDEN NAME OF MOTHER Svensen13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden14. Informant (Address) Adela Weppeland
475 B-st Salt Lake City15. Filed 12-28 1931 Elizabeth J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 2 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1931 to Dec. 2, 1931
that I last saw him alive on Dec. 2, 1931
and that death occurred, on the date stated above, at 2400 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Injury from fallCONTRIBUTORY (Secondary) Terminal broncho-pneumonia
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Ed. D. Weaver M. D.
12/3 1931 (Address) Twin Falls, Ida.19. Place of Burial, Cremation, or Removal Salt Lake City, UT Date of Burial 1920. Undertaker S. C. Phillips Address Twin Falls, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JAN 8 1937
DO NOT WRITE IN THIS SPACE
77680
State File No. _____

PLACE OF DEATH
County Shoshone Registration District No. 37
City of Juniper Primary Registration District No. 1085 Local Registrar's No. 196
(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gas. Lee Hedges
(a) Residence No. Juniper St. about 7
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day and year) Dec. 27/1864
7. AGE Years Months Days 67 - - LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer) Merchant
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mo.
10. NAME OF FATHER Geo. Hedges
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mo.
12. MAIDEN NAME OF MOTHER Jane Dooley
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Mo.

14. Informant Mrs. J. Ma. Hedges
(Address) Juniper

15. Filed _____ 19____
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 22 1931
(Month) did not attend (Day) Year
17. I HEREBY CERTIFY, That I attended deceased from
19____, to 19____
that I last saw him live on Dec. 22 1931
and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carbon monoxide asphyxiation
in closed garage for eight and
one half hours with engine
running. (duration) (2) Minutes. ds.

CONTRIBUTORY (Accidental)
(Secondary)
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted _____
if not at place of death?
Did an operation precede death? _____ Date of _____
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) W. D. Wright M. D.
Dec. 24-31, 1931 (Address) Juniper

19. Place of Burial, Cremation, or Removal Juniper Date of Burial Dec. 24 1931
20. Undertaker F. E. Dake Address Juniper

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

17682

State File No.

PLACE OF DEATH

County of Ben Lake

City of Montpelier

Registration District No. 5-2

Primary Registration District No. 2136

Local Registrar's No.

(No. 7)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Mary Wenger

(a) Residence. No. Montpelier 2nd St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Wenger

6. DATE OF BIRTH (month, day and year) Jan 5 - 1849

7. AGE Years 82 Months 11 Days 21 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Switzerland

10. NAME OF FATHER John Kroph

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Switzerland

12. MAIDEN NAME OF MOTHER Maryanna Joss

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Switzerland

14. Informant Fred Chamberlain (Address) Montpelier Idaho

15. Filed 12/31/1931 N. Wenger

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 29 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1931, to Dec 29, 1931

that I last saw him alive on Dec 29, 1931

and that death occurred, on the date stated above, at about 5:15 m.

The CAUSE OF DEATH* was as follows:
Was found dead in bed. Probably heart attack. Due to old age complications.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. W. Williams M. D.

Dec 31, 1931 (Address) Montpelier Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Montpelier Idaho Date of Burial Dec 1 1931

20. Undertaker W. Williams Address Montpelier Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77683

PLACE OF DEATH

County of Bear Lake

City of Georgetown

Registration District No. 5

Primary Registration District No. 2436

Local Registrar's No. 8

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Coleman D. Bee

(a) Residence. No. Georgetown Idaho St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 28 1930

7. AGE Years 1 Months 10 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Birds Springs Idaho

10. NAME OF FATHER Jos H Bee

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bloomington Idaho

12. MAIDEN NAME OF MOTHER Leon Stoddard

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Georgetown Idaho

14. Informant Willard Stoddard (Address) Georgetown Idaho

15. Filed 12/31/31, H. King Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 25 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 30 1931, to Dec 25 1931, that I last saw him alive on Dec 24 1931, and that death occurred, on the date stated above, at 1:40 m. The CAUSE OF DEATH* was as follows: Scarlet Fever

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. F. Childs, M. D.

Dec 26 1931 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Georgetown Idaho Date of Burial Dec 26-1931

20. Undertaker M. Williams Address Montpelier Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO JAN 8 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77684

PLACE OF DEATH
County of Ben Lake
City of Montpelier

Registration District No. 5
Primary Registration District No. 236

Local Registrar's No. 886

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose S. Hyman

(a) Residence. No. Montpelier 2nd St.

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 18 - 1907

7. AGE 24 Years 8 Months 7 Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Liberty, Idaho
(State or country)

10. NAME OF FATHER Benj P. Hyman

11. BIRTHPLACE OF FATHER (city or town) Paris, Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth Price

13. BIRTHPLACE OF MOTHER (city or town) Paris, Idaho
(State or Country)

14. Informant Benj P. Hyman
(Address) Liberty, Idaho

15. Filed 12/31, 1931 W. H. H. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1931, to Dec 25, 1931,
that I last saw him alive on Dec 20, 1931,
and that death occurred, on the date stated above, at 9:30 P. M.
The CAUSE OF DEATH* was as follows:
Valvular Heart Disease

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Phlebotomy
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? Liberty

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. F. C. C. C., M. D.

Dec 26, 1931 (Address) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Liberty, Idaho Date of Burial Dec. 28 1931

20. Undertaker F. W. Williams Address Montpelier, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—very item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instruction on back of certificate.

STATE OF IDAHO JAN 8 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77685

PLACE OF DEATH

County of Ben Lake
City of Montpelier

Registration District No. 52

Primary Registration District No. 736

Local Registrar's No. 164

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah J. Ashley

(a) Residence. No. Montpelier Idaho St. _____

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Ashley

6. DATE OF BIRTH (month, day and year) Nov. 29-1854

7. AGE 77 Years Months Days 19 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

10. NAME OF FATHER George Harte

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Mary Fowler

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant George J. Ashley (Address) Montpelier

15. Filed 12/31, 1931 PH King Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 18 19 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Dec 17, 1931
that I last saw him alive on Dec 17, 1931
and that death occurred, on the date stated above, at 5 30 P m.
The CAUSE OF DEATH* was as follows:
Old age

(duration) yrs. mos. ds.

CONTRIBUTORY Cancer
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted If not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Dr. C. H. Ashley M. D.

Dec 19, 1931 (Address) Montpelier Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Paris Idaho Date of Burial Dec 21 1931

20. Undertaker W. H. Williams Address Montpelier Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77686

PLACE OF DEATH

County of Boa Lake
City of Montpelier

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Burke

(a) Residence. No. Montpelier Idaho St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 31- 1868

7. AGE 63 Years 3 Months 11 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) England
(State or country)

10. NAME OF FATHER J. W. Tremelling

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER Rebecca Hanson

13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)

14. Informant W. G. McKinney
(Address) Idaho

15. Filed 12/31/1931 W. H. Hugg Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1931, to Dec 11, 1931
that I last saw her alive on Dec 11, 1931
and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:
Cardiac Renal.

(duration) yrs. mos. ds.

CONTRIBUTORY Old Age
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) Dr. Russell Leggett M. D.
Dec 12, 1931 (Address) Soda Springs Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St Charles Idaho Date of Burial Dec 13 1931

20. Undertaker W. H. Hugg Address Montpelier Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO JAN 5 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77687

PLACE OF DEATH

County of Ben LakeCity of MontpelierRegistration District No. 52Primary Registration District No. 2136Local Registrar's No. 744

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fannie E. Shrope(a) Residence. No. Montpelier 2nd St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn H. Shrope6. DATE OF BIRTH (month, day and year) Nov 22 - 18687. AGE 63 Years Months Days If LESS than 1 day, hrs. or min. 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa10. NAME OF FATHER Philip Studer11. BIRTHPLACE OF FATHER (city or town) (State or Country) Maryland12. MAIDEN NAME OF MOTHER Amanda Breese13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not known14. Informant John H. Shrope
(Address) Montpelier Idaho15. Filed 12/10/1931 A. H. Hens Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 3 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sudden death, saw her
that I last saw only alive on last morning
and that death occurred, on the date stated above, at 8:15 A.M.

The CAUSE OF DEATH* was as follows:

Probably apoplexy
no previous illness
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. P. Gaertner, M.D.Dec 4, 1931 (Address) Montpelier, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Montpelier Idaho Dec 5 - 1931

20. Undertaker Address

Wm. Williams Montpelier Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO JAN 8 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 77688

PLACE OF DEATH

County of Ben Lue
City of Montpelier

Registration District No. 52
Primary Registration District No. 2436

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christian Berger

(a) Residence. No. Montpelier Idaho St. _____
(Usual place of abode)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) June 25 1877
7. AGE 54 Years 4 Months 19 Days If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country) Switzerland
10. NAME OF FATHER Christian Berger
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Switzerland
12. MAIDEN NAME OF MOTHER Anna Guicher
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Switzerland

14. Informant S. H. H. Rung
(Address) Montpelier Idaho

15. Filed 12/11 1931 S. H. H. Rung
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 21 1931, to Nov 13 1931, that I last saw him alive on Nov 13 1931, and that death occurred, on the date stated above, at 3:00 a.m.

The CAUSE OF DEATH* was as follows:
Infection, diffuse, post neck, left arm, staphylococcus

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? Bern Idaho
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? Clinical findings
(Signed) O O Moore M. D.
Nov 14 1931 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Montpelier Idaho Date of Burial Nov 15 1931

20. Undertaker T. M. Williams Address Montpelier Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77689

PLACE OF DEATH

County of Ben Lade

City of Montpelier

Registration District No. 57

Primary Registration District No. 2136

Local Registrar's No. 8

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Keith Owen Stephens

(a) Residence. No. Montpelier Idaho St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 24 - 1926

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
5 7 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Montpelier Idaho
(State or country)

10. NAME OF FATHER Delmar C. Stephens

11. BIRTHPLACE OF FATHER (city or town) Birmingham Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Olivia Raymond

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Delmar C. Stephens
(Address) Montpelier Idaho

15. Filed 12/1/1931 N. H. Hargis
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1931, to Nov 4, 1931
that I last saw him alive on Nov 4, 1931
and that death occurred, on the date stated above, at 7:30 A. m.
The CAUSE OF DEATH* was as follows: Scarlet Fever

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Y. F. Gallatin M. D.

(Signed) Nov 5, 1931 (Address) Montpelier Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Montpelier Idaho Date of Burial Nov 5 1931

20. Undertaker Wm. Williams Address Montpelier Idaho

RECEIVED JAN 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **77690**

PLACE OF DEATH

County of **Mundaka**
City of **Payson**

CERTIFICATE OF DEATH

Registration District No. **19**

Primary Registration District No. **2015**

Local Registrar's No. **71**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Thomas B Anderson**

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. Single, Married, Widowed, or Divorced (write the word.) **Single**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Aug. 8 - 1874**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
57 3 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Farmer**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town, State or country) **Minnesota**

10. NAME OF FATHER **Nicholas Anderson**

11. BIRTHPLACE OF FATHER (city or town, State or Country) **Norway**

12. MAIDEN NAME OF MOTHER **Julia Erickson**

13. BIRTHPLACE OF MOTHER (city or town, State or Country) **Wisconsin**

14. Informant (Address) **Dr. J. H. Johnson**

15. Filed **Jan 5** 19**32** **J. H. Johnson** Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **Dec. 6** 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Saw him after death**, 19____
that I last saw him alive on **Mountain View**, 19____
and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Most probable cause
Apoplexy
J. H. Johnson, M.D.
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? **W. H. Johnson**

What test confirmed diagnosis? **Coroner**

(Signed) _____, M. D.

(Address) _____, 19____

19. Place of Burial, Cremation, or Removal **Burley Idaho** 19**32**

20. Undertaker **Burley**

J. H. Johnson

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.
Exact statement of OCCUPATION is very important.

PARENTS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		77691	
PLACE OF DEATH		COUNTY OF		State File No.	
Minidoka		Idaho		70	
City of Rupert		Registration District No. 19		Local Registrar's No. 170	
Primary Registration District No. 2015					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Maude Shelby</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
Female	White	Married			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 3 1905</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
22	7	7			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Colorado</u>					
13. NAME <u>James L. Hutchins</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Michigan</u>					
15. MAIDEN NAME <u>Fidelia Kidd</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					
17. INFORMANT (Address) <u>Ben Hutchins</u> <u>Rupert Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rupert Cem.</u> Date <u>Dec 13, 1931</u>					
19. UNDERTAKER (Address) <u>W. A. Davidson</u> <u>Rupert Idaho</u>					
20. FILED <u>Jan 1, 1932</u> <u>E. E. Elmore</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 10 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 18</u> , 193 <u>0</u> , to <u>Dec 10</u> , 193 <u>1</u> .					
I last saw her alive on <u>Nov 24</u> , 193 <u>1</u> : death is said to have occurred on the date stated above, at <u>10 A. m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Suicide by 16 gauge gun shot thru heart and chest</u>					
Other contributory causes of importance: <u>melancholy</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>PMU</u> Was there an autopsy? <u>yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>suicide</u> Date of injury <u>12-10, 1931</u>					
Where did injury occur? <u>In Rupert, Idaho</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>In home</u>					
Manner of injury <u>Gunshot wound, thru</u>					
Nature of injury <u>heart & chest</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____					
(Signed) <u>E. E. Elmore</u> , M. D.					
(Address) <u>Rupert, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8 1932

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Mundwcha</u>		City of <u>Mundwcha</u>		State File No. <u>77692</u>	
Registration District No. <u>19</u>		Primary Registration District No. <u>2015</u>		Local Registrar's No. <u>69</u>	
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>William C. Rainey</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 12, 1866</u>					
7. AGE	Years <u>65</u>	Months <u>0</u>	Days <u>2</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Smithfield, Utah</u>				
	13. NAME <u>Salimian Merrill</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>New York</u>				
	15. MAIDEN NAME <u>Luandey Olinsted</u>				
MOTHER FATHER	16. BIRTHPLACE (city or town) (State or country) <u>Illinois</u>				
	17. INFORMANT (Address) <u>Mrs. C. V. Williams</u>				
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Ann Arbor</u> Date <u>12-16, 1931</u>					
19. UNDERTAKER (Address) <u>Robert J. Keady</u>					
20. FILED <u>12-14, 1931</u> <u>Chas. E. Moore</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 14, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 6</u> , 1931, to <u>Dec 12</u> , 1931.					
I last saw <u>her</u> alive on <u>12-12</u> , 1931; death is said to have occurred on the date stated above, at <u>2 a</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Atherosclerosis</u>					
Other contributory causes of importance: <u>Myocarditis</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? <u>Chemical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>Henry H. Kenagy</u> , M.D.					
(Address) <u>Reupert</u>					

916

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8 1932

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77693

State File No.

Registration District No. 19Primary Registration District No. 2013Local Registrar's No. 68

(No.)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Nathan Owen Garner

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 23 1898

7. AGE Years 33 Months 6 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Utah
(State or country)

13. NAME Chauncey J. Garner

14. BIRTHPLACE (city or town) Utah
(State or country)

15. MAIDEN NAME June E. Baker

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Roy, Idaho Date Dec 15 1931

19. UNDERTAKER W. A. Goodman
(Address) Rupert, Idaho

20. FILED 12-14, 1931 E. H. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 12 1931

22. I HEREBY CERTIFY, That I attended deceased from

....., 193....., to....., 193.....

I last saw h..... alive on....., 193.....: death is said

to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Accidental death
Large pole fell from
a deck and of about 12 feet
striking on head and

Other contributory causes of importance:

Crushing his skullWas seen by me immediatelyName of operation after death Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert Freagar, M. D.(Address) Rupert, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <i>Miner</i>		Registration District No. <i>19</i>		State File No. <i>77694</i>	
City of <i>Rupert</i>		Primary Registration District No. <i>2013</i>		Local Registrar's No. <i>67</i>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <i>Ernest Lloyd Monson</i>					
(a) Residence. No. _____ St. _____					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or min.	
	<i>20</i>	<i>5</i>	<i>12</i>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <i>Oregon</i>					
MOTHER FATHER	13. NAME <i>Aaron Monson</i>				
	14. BIRTHPLACE (city or town) (State or country) <i>Oregon</i>				
	15. MAIDEN NAME <i>Larrah Kirkup</i>				
	16. BIRTHPLACE (city or town) (State or country) <i>Idaho</i>				
17. INFORMANT (Address)					
18. BURIAL, CREMATION OR REMOVAL Place <i>Presbyterian Home</i> , 193					
19. UNDERTAKER <i>W. G. Brown</i> (Address) <i>Rupert, Idaho</i>					
20. FILED <i>12-14</i> 1931 <i>E. H. Elmore</i> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>Dec 12</i> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <i>9th Dec</i> , 1931, to <i>Dec 12</i> , 1931.					
I last saw him alive on <i>Dec 11</i> , 1931; death is said to have occurred on the date stated above, at <i>5:20</i> a.m.					
The principal cause of death and related causes of importance were as follows:					
<i>Septicemia</i>					
Other contributory causes of importance:					
<i>Thrombosis within the ventricles</i>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <i>Yes</i>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <i>No</i>					
If so, specify _____					
(Signed) <i>Raymond A. Kenagy</i> , M.D.					
(Address) <i>Rupert, Idaho</i>					

41

RECEIVED JAN 8 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77695

State File No. _____

PLACE OF DEATH

County of

Minidoka

CERTIFICATE OF DEATH

City of

Paul

Registration District No.

19

Primary Registration District No.

2015

(No.

Paul Idaho.

Local Registrar's No. 66

If death occurred in a hospital or institution, give its name instead of street and number.

2. FULL NAME

John E. Stroh

(a) Residence. No.

Paul

St.

(Usual place of abode.)

Length of residence in city or town where death occurred

27 yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 28 1895

7. AGE

36

Years

Months

5

Days

12

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Agriculturist

(b) General nature of industry,
business, or establishment in
which employed (or employer)

Farming

(c) Name of employer

Self.

9. BIRTHPLACE (city or town)
(State or country)Paul
Montana

10. NAME OF FATHER

Frederick Stroh

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Unknown

12. MAIDEN NAME OF MOTHER

German

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

Salt Lake

Utah

14. Informant
(Address)Marquitta Vellous
13 W. 1st St.
Paul, Idaho

15. Filed

12-19, 1931

E. E. Shum
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December 8

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct. 14, 1931, to Dec. 8, 1931

that I last saw him alive on Dec. 7, 1931

and that death occurred, on the date stated above, at 2 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Anemia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY

(Secondary) Anemia, and Chronic
valvular heart disease
do not know18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of JAN 8 1931

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed)

E. E. Shum M. D.

12-9, 1931 (Address) Paul, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Paul Cemetery

Dec. 9 1931

20. Undertaker

Payne & Shimbade
Funeral Home
Paul, Idaho

(Address)

Paul, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JAN 8 1937

DO NOT WRITE IN THIS SPACE

State File No. 77696

PLACE OF DEATH

County of *Minidoka*

City of *Rupert*

Registration District No. *117*

Primary Registration District No. *2196*

Local Registrar's No. *802*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Ethel Loraine Simplot*

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word.) *Single.*

5a. If married, widowed, or divorced

HUSBAND or (or) WIFE

6. DATE OF BIRTH (month, day and year)

7. AGE years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Student.*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Santa Rosa* (State or country) *Spokane Co., California*

10. NAME OF FATHER *Charles Richard Simplot*

11. BIRTHPLACE OF FATHER (city or town) *Rupert* (State or Country) *Idaho*

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) *Idaho* (State or Country) *Idaho*

14. Informant (Address) *E. L. D. Simplot*

15. Filed *1-6-37* 19*37* *F. H. Carter* Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Dec. 14* 19*36* (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *12-1* 19*36* to *12-14* 19*36*

that I last saw him alive on *12-14* 19*36* and that death occurred, on the date stated above, at *11 P.* m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. THE CAUSE OF DEATH was as follows:

Appendicitis Acute Suppurative

(duration) yrs. mos. *16* ds. CONTRIBUTORY *Peritonitis, Suppuration* (Secondary)

(duration) yrs. mos. *15* ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *yes* Date of *12-2-37*

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *Edmund T. Quinn* M. D.

19 (Address) *Burley, Idaho*

19. Place of Burial, Cremation, or Removal Date of Burial

Burley, Idaho *Dec-16 1936*

20. Undertaker Address

W. C. Johnson

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Power</u>	City of <u>American Falls</u>	REGISTRATION DISTRICT No. <u>25</u>		State File No. <u>77697</u>	
		Primary Registration District No. <u>2072</u>		Local Registrar's No. <u>40</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Arthur Benjamin Isaacs</u>					
(a) Residence. No. <u>American Falls Ida</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>3</u> yrs. <u>7</u> mos. <u>7</u> ds. How long in U. S., if of foreign birth? <u>3</u> yrs. <u>7</u> mos. <u>7</u> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept 14 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, <u>hrs.</u> <u>min.</u>	
	<u>3</u>	<u>7</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>American Falls Idaho</u>					
13. NAME <u>Emil E Isaacs</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Parkston South Dakota</u>					
15. MAIDEN NAME <u>Christine Melchoff</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Russia</u>					
17. INFORMANT (Address) <u>Christine Isaacs</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>American Falls Ida</u> Date <u>Dec 23</u> 1931					
19. UNDERTAKER (Address) <u>Friends</u>					
20. FILED <u>Jan 7</u> 1932 <u>G. M. North</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 21</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 21</u> , 1931, to <u>Dec 21</u> , 1931					
I last saw him alive on <u>Dec 21</u> , 1931; death is said to have occurred on the date stated above, at <u>11:30</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
<u>Acute Hydrocephalus</u> <u>Dec 11 1931</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> . If so, specify _____					
(Signed) <u>M. C. North</u> M. D.					
(Address) <u>American Falls Ida</u>					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77698**

PLACE OF DEATH
County of **Jefferson**
City of **Rigby**

Registration District No.
Primary Registration District No. **2176**

Local Registrar's No. **22**

(If death occurred in a hospital or institution, give its name instead of street and number.)
Ruth Bush.

2. FULL NAME.....

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred **1** yrs. **7** mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F. M.** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Widowed**
5a. If married, widowed, or divorced **Widowed**
(or) WIFE of **James Bush.**
6. DATE OF BIRTH (month, day and year) **May 24, 1893**
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
38 6 19
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. **Housewife.**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) **Idaho.**
(State or country)10. NAME OF FATHER **John F. Jones.**11. BIRTHPLACE OF FATHER (city or town) **Wales.**
(State or Country)12. MAIDEN NAME OF MOTHER **Elizabeth Jones.**13. BIRTHPLACE OF MOTHER (city or town) **Neb.**
(State or Country)14. Informant **Jelia Tot**
(Address) **Rigby, Idaho.**15. Filed **12/15**, 19**31** **W. B. E. Schenck**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **December 13, 1931**
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at **7:00 P. m.**

The CAUSE OF DEATH* was as follows:

Found dead. Probable Cerebral Haemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY **Two Strokes**
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? **no** Date ofWas there an autopsy? **no**

What test confirmed diagnosis?

(Signed) **W. B. E. Schenck****12-15, 1931** (Address) **Rigby, Idaho.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Rigby, Idaho.** Date of Burial **12/16/31** 1920. Undertaker **W. B. E. Schenck** Address **Rigby**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77699 State File No. _____	
County of <u>Blaine</u>	City of <u>Coeur d'Alene</u>	Registration District No. <u>7</u>		Local Registrar's No. _____	
(If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME <u>Baby Miller</u>		(No. _____) _____ (a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. <u>8</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Dec 18, 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
			<u>8</u>	<u>15</u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Coeur d'Alene Idaho</u>					
MOTHER FATHER	13. NAME <u>Charles Earl Miller</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Centerville New York</u>				
	15. MAIDEN NAME <u>Rae Russell</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Clarksville Ohio</u>				
17. INFORMANT (Address) <u>Father</u>					
18. BIRTH, CREMATION, OR REMOVAL (Place) <u>Blaine Coeur d'Alene</u> Date <u>Dec 26, 1931</u>					
19. UNDERTAKER (Address) <u>Fairly</u>					
20. FILED <u>Jan 10, 1932</u> <u>Alvin L. Hunter</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 26, 1931</u>					
22. I HEREBY CERTIFY That I attended deceased from <u>Dec 18, 1931</u> , to <u>Dec 26, 1931</u>					
I last saw him live on <u>Dec 26, 1931</u> ; death is said to have occurred on the date stated above, at <u>2:30 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Non-specific Meningitis</u> Date of onset <u>Dec 24, 1931</u>					
Other contributory causes of importance:					
<u>Septicemia</u> <u>Empyema</u> Date <u>Dec 18, 1931</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Blair</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>6</u>					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Alvin L. Hunter</u> _____, M.D.					
(Address) <u>Coeur d'Alene</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		RECEIVED JAN 11 1932 DO NOT WRITE IN THIS SPACE 77701 State File No.	
County of <u>Adams</u>		City of <u>Indian Valley</u>		Registration District No. <u>Six</u> Primary Registration District No. <u>Six</u> Local Registrar's No.	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Henry Hansel Cunningham</u>					
(a) Residence. No. St. (Usual place of abode)					
Length of residence in city or town where death occurred. <u>2 yrs. 2 mos. 4</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Mary E. Cunningham</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>April 10, 1875</u>					
7. AGE Years <u>56</u>		Months <u>8</u>		Days <u>11</u>	
				If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>			
		10. Date deceased last worked at this occupation (month and year) <u>Oct 14, 1930</u>		11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (city or town) (State or country) <u>Oklahoma</u>					
FATHER		13. NAME <u>Jasiah H. Cunningham</u>			
		14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>			
MOTHER		15. MAIDEN NAME <u>Mary Elizabeth Foster</u>			
		16. BIRTHPLACE (city or town) (State or country) <u>Paducah, Tenn.</u>			
17. INFORMANT (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Indian Valley</u> Date <u>Dec 22, 1931</u>					
19. UNDERTAKER (Address) <u>F. A. Hadelson Cambridge Idaho</u>					
20. FILED <u>June 10, 1932</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 21, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 24, 1931</u> , to <u>Dec 21, 1931</u> . I last saw him alive on <u>Dec 21, 1931</u> ; death is said to have occurred on the date stated above, at <u>Indian Valley</u> . The principal cause of death and related causes of importance were as follows: <u>Chronic heart dilatation of June 1931 into terminal pulmonary and general atherosclerosis</u>					
Other contributory causes of importance:					
Name of operation <u>Parasiticide administered 8-10 days</u> Date of					
What test confirmed diagnosis?					
Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>0</u> Date of injury, 1931. Where did injury occur? <u>0</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>0</u> Manner of injury <u>0</u> Nature of injury <u>0</u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>0</u> (Signed) <u>Alvin D. Shuster</u> , M.D. (Address) <u>Cambridge Idaho</u>					

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County of Adams
City of New Meadows

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Registration District No.
Primary Registration District No.
(No. St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 77702
Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(Write the word.)

6. DATE OF BIRTH
November 29 1853
(Month) (Day) (Year)

7. AGE 78 Yrs. 1 Mos. 2 ds.
IF LESS than 1 day
how many..... hrs.
or..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. George Davis
(Address) La Grande Oregon

15. Jan 10 1932 Wm. H. Walker
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased on
12/14 1931 to my 1931

that I last saw him alive on 12/14 1931
and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

arteriosclerosis
Duration indefinite time Yrs. mos. ds.
Contributory (Secondary) Kidney & Heart Disease
Duration several yrs. mos. ds.
(Signed) W. H. Walker M. D.
1/3 1932 (Address) Don't know M. D.
DISTRICT SURGEON U. S. L. A. Y. C.

*State the Disease Causing Death; or in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death..... yrs. mos. days In the State..... yrs. mos. days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Idaho Dec 29 1931

20. UNDERTAKER

ADDRESS

Walker Funeral Service La Grande Ore.
George H. Walker C. 235

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
77703
State File No.

Local Registrar's No. 136

PLACE OF DEATH

County of Custer
City of Goldberg

Registration District No. 108

Primary Registration District No. 2186

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Albert Albertus Gregler

89

(a) Residence. No. Goldberg, Custer Co. Idaho

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced (write the word)

Widower

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Louise Hannah Ramsey

6 DATE OF BIRTH (month, day and year) Aug. 5, 1874

7 AGE

Years

Months

Days

1 day, LESS than
or min. hrs.

54

4

12

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer & Stockman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Laredo, Mo.

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

Wm. S. Gregler

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Ohio

12 MAIDEN NAME OF MOTHER

Lydian Holloway

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Mo.

14

Informant

(Address)

A. D. Gregler
Goldberg, Idaho. R.F.D. #1

15

Filed

Dec. 19, 1931 Elmer H. Kenney
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec. 17th
(Month) (Day)

1931
(Year)

17 I HEREBY CERTIFY, That I attended deceased Yours truly Dec. 19, 1931

that I last saw him in a room dead, 19.....

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris acute
Sudden attack, fell dead
according to history of case
(duration) (mos) (ds.)

CONTRIBUTORY (Secondary)

Chronic Rheumatism

(duration) (yrs.) (mos.) (ds.)

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

W. B. Patric
Dec. 19, 1931 (Address) Blackfoot, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

Blackfoot, Idaho

Dec 20 1931

20. Undertaker

Address

E. J. Luk

Blackfoot

20

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

EXACTLY.

AGE should be

carefully supplied.

AGE should be

carefully supplied.

AGE should be

carefully supplied.

AGE should be

carefully supplied.

AGE should be

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JAN 11 1937
DO NOT WRITE IN THIS SPACE
77704
State File No.

PLACE OF DEATH

County of Custer
City of Challis

Registration District No. 108
Primary Registration District No. 2186
(No.)

Local Registrar's No. 145

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Timothy Cooper

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. 16 How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If married, widowed, or divorced
HUSBAND of Bertha Cooper

6. DATE OF BIRTH (month, day and year) June 21, 1853

7. AGE Years 78 Months 6 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Grantsville
(State or country) Utah

10. NAME OF FATHER Vincent Cooper

11. BIRTHPLACE OF FATHER (city or town) North Carolina
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Dunham

13. BIRTHPLACE OF MOTHER (city or town) Winnebago
(State or Country)

14. Informant Mrs. Daisy Eppworth
(Address) Challis, Idaho

15. Filed Dec 31, 1931 Edna M. Kenney
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 21, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1931 to Nov 20, 1931
that I last saw him alive on Nov 20, 1931

and that death occurred, on the date stated above, at 10.9 m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Cerebral sclerosis

(duration) yrs. mos. ds.
CONTRIBUTORY Myocarditis
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. B. Threlkeld, M. D.
48, 1932 (Address) Challis, Idaho

19. Place of Burial, Cremation, or Removal Clayton Idaho Date of Burial Nov. 20, 1931

20. Undertaker Reliance Address Clayton, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of CusterCity of Challis

CERTIFICATE OF DEATH

Registration District No. 108Primary Registration District No. 2186

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William A. Vanderwood

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Bessie Nord Vanderwood
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug. 25th 18767. AGE Years 55 Months 3 Days 23 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sheriff

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Malad, Idaho
(State or country)10. NAME OF FATHER W. A. Vanderwood11. BIRTHPLACE OF FATHER (city or town) Holland
(State or Country)12. MAIDEN NAME OF MOTHER Catherine Jones13. BIRTHPLACE OF MOTHER (city or town) Wales
(State or County)14. Informant Mr. W. A. Vanderwood
(Address) Challis, Idaho15. Filed Dec. 29, 1931 Phelan M. Kenney
RegistrarRECEIVED JAN 10 1932
DO NOT WRITE IN THIS SPACE
77706
State File No. _____Local Registrar's No. 132

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 18 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1931, to Dec 18, 1931,
that I last saw him alive on Dec 18, 1931,
and that death occurred, on the date stated above, at 5-P m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral hemorrhage

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) E. L. Kirby M. D.
178, 1931 (Address) Challis, Idaho19. Place of Burial, Cremation, or Removal Challis, Idaho Date of Burial Dec. 21 193120. Undertaker W. C. D. B. B. Address Challis, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JAN 11 1937

DO NOT WRITE IN THIS SPACE

State File No. 77707

PLACE OF DEATH

County of Adair
City of Challis

Registration District No. 108
Primary Registration District No. 2183

Local Registrar's No. 131

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Williams James

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred, yrs. 38 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
81

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Penn.
(State or country)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

14. Informant _____
(Address)

15. Filed Dec 4, 1931 Edna M. Kenney
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1931 to Dec 2, 1931
that I last saw him alive on Dec 1, 1931
and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY Pneumonia
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted yes
if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) D. B. Kirkley M. D.
12/4, 1931 (Address) Challis, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Challis Idaho Date of Burial Dec 4 1931
20. Undertaker _____ Address _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 11 1932

DO NOT WRITE IN THIS SPACE

State File No. 77709

PLACE OF DEATH

County of Butte

City of Challis

CERTIFICATE OF DEATH

Registration District No. 125

Primary Registration District No. 2186

Local Registrar's No. 129

(No. 749)

If death occurred in a hospital or institution, give its name instead of street and number.

2. FULL NAME William Henry Johnston

(a) Residence. No. 749

(Usual place of abode.)

St. 749

Length of residence in city or town where death occurred 11 yrs. 11 mos. 11 ds.

How long in U. S. if of foreign birth 31 yrs. 31 mos. 31 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 9, 1854

7. AGE 78 Years 11 Months 25 Days if LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Blacksmith

(c) Name of employer

9. BIRTHPLACE (city or town) Brookfield
(State or country) Mass. U.S.A.

10. NAME OF FATHER John Johnston

11. BIRTHPLACE OF FATHER (city or town) Blackburn
(State or Country) Ireland

12. MAIDEN NAME OF MOTHER Eliza McLaughlin

13. BIRTHPLACE OF MOTHER (city or town) Belfast
(State or Country) Ireland

14.

Informant
(Address) John Johnston

15.

Filed Dec 1, 1931

Edna M. Keady
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 4, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 10, 1931, to Nov 3, 1931

that I last saw him alive on Nov 3, 1931

and that death occurred, on the date stated above, at 7:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 3 yrs. 3 mos. 3 ds.

CONTRIBUTORY
(Secondary) Arteriosclerosis

(duration) 3 yrs. 3 mos. 3 ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of Nov

Was there an autopsy? No

What test confirmed diagnosis? Pathology

(Signed) E. J. Keady, M. D.

Challis, 1931 (Address) Challis

19. Place of Burial, Cremation, or Removal Challis Date of Burial Nov 6

20. Undertaker Challis Address Challis

RECEIVED JAN 12 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 177110

PLACE OF DEATH

County of Gooding
City of Wendell, Ida

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. _____ Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Unnamed Hash

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
X X 5 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Little Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Jerome
(State or country) Idaho10. NAME OF FATHER Rudolph Hash11. BIRTHPLACE OF FATHER (city or town)
(State or Country)12. MAIDEN NAME OF MOTHER Lavema Shover13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Jerome
Idaho14. Informant (Address) E E Shover
Jerome15. Filed Dec 24, 1931 Chas F Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 23 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Dec 16, 1931, to Dec 23, 1931
that I last saw him alive on Dec 23, 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Premature Infant 6 1/2 mo
Lack of Vitality & under
development

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Influenza infectionmother (duration) _____ yrs. _____ mos. _____ ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) C. F. Zeller, M. D.Dec 24, 1931 (Address) Jerome

19. Place of Burial, Cremation, or Removal Date of Burial

Jerome cemetery 12-23 1931

20. Undertaker Address

JA Hansen Jerome Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 12 1935

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77711

State File No.

PLACE OF DEATH

County of Grover
City of Wendell

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mande Hagan(a) Residence. No. H. Veterans Hospital St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Divorced5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct. 8, 1899

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Newman
(State or country) Idaho10. NAME OF FATHER A. D. Barker11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Alice Howard13. BIRTHPLACE OF MOTHER (city or town) Bamaan
(State or Country)14. Informant Alice Hagan
(Address) Bull Lake15. Filed Dec 23, 1931 Chas F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 22, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Dec 21, 1931, to Dec 22, 1931
that I last saw her alive on Dec 22, 1931
and that death occurred, on the date stated above, at.....m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Cerebral from
Diabetic Coma

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. F. Zeller M. D.
12/22, 1931 (Address) Jerome, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Jerome, Idaho 12/24, 1931

20. Undertaker Address

P. A. Harrison Jerome, Idaho

MARGIN RESERVE FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED JAN 12 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77712

State File No.

PLACE OF DEATH

County of GoodingCity of Wendell

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosie Bell Pulley(a) Residence. No. St. Lukes Hospital St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND or
(or) WIFE ofHenry Pulley6. DATE OF BIRTH (month, day and year) April 11 - 1883

7. AGE <u>48</u>	Years	Months <u>8</u>	Days <u>14</u>	IF LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Heber City Utah
(State or country)10. NAME OF FATHER William Clegg11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)12. MAIDEN NAME OF MOTHER Louisa Liddens13. BIRTHPLACE OF MOTHER (city or town) England
(State or Country)14. Informant (Address) Jennie Beane
212 Madison

15. Filed 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 25, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1931, to Dec. 25, 1931that I last saw her alive on Dec 25, 1931
and that death occurred, on the date stated above, atm.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Carcinomatous Degeneration
of Ovary.
Dropsical effusion in
abdomen (duration)yrs.mos.ds.

CONTRIBUTORY (Secondary) (duration)yrs.mos.ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 12/7/31

Was there an autopsy?

What test confirmed diagnosis? Macro & Microscopic(Signed) C. E. Zeller M. D.
12/26, 1931 (Address) Jessie Beane19. Place of Burial, Cremation, or Removal Jessie Cemetery Date of Burial 12/28, 193120. Undertaker D. A. & J. J. Harrison Address Jessie Beane

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Jerome</u>		CERTIFICATE OF DEATH		State File No. <u>77714</u>	
City of <u>Jerome</u>		Registration District No.		Local Registrar's No.	
		Primary Registration District No.			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Andrew Houston Vaughn</u>					
(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Jerene Vaughn</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE Years <u>55</u> Months <u>11</u> Days <u>20</u>	If LESS than 1 day, hrs. or min.				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Tenn</u>					
MOTHER, FATHER	13. NAME <u>Al Vaughn</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Tenn</u>				
	15. MAIDEN NAME <u>Niley Winson</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>				
17. INFORMANT <u>Harley S. Vaughn</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Jerome</u> Date <u>Dec. 17 1931</u>					
19. UNDERTAKER <u>W. A. Lihersson</u> (Address) <u>Jerome, Idaho</u>					
20. FILED <u>11/17</u> , 1931 <u>Chas. F. Keller</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 15 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 3</u> , 1931, to <u>Dec. 15</u> , 1931.					
I last saw him alive on <u>Dec. 7</u> , 1931; death is said to have occurred on the date stated above, at <u>11 A.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Acute Cardiac failure following Rocky Mt. Tick Fever</u>					
Other contributory causes of importance:					
<u>Rocky Mt. Tick Fever</u>					
<u>Secondary Pneumonia</u>					
Name of operation. Date of					
What test confirmed diagnosis? Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>yes</u>					
If so, specify <u>infection from tick</u>					
(Signed) <u>Chas. F. Keller</u> , M. D.					
(Address) <u>Jerome, Idaho</u>					

RECEIVED JAN 12 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 17715

PLACE OF DEATH

County of Jerome
City of Jerome

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. _____

(No. _____)

Local Registrar's No. 1018

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olive May O'Harrow

(a) Residence No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) Feb 16 - 19197. AGE Years Months Days If LESS than 1 day, hrs. or min.
12 9 12 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. school girl

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country) Wis10. NAME OF FATHER Ralph O'Harrow11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wis12. MAIDEN NAME OF MOTHER Irda Reynolds13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wis14. Informant (Address) Ralph O'Harrow
Jerome, Ida.15. Filed Dec 1, 1931 Chas F Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 24, 1931, to Nov. 28, 1931that I last saw her alive on Nov. 28, 1931and that death occurred, on the date stated above, at 12 41 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Streptococci Pharyngitis &
Pneumonia, with Diaphragmatic
Pleurisy

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Chas F. Zeller, M. D.
11/28, 1931 (Address) Jerome

19. Place of Burial, Cremation, or Removal Date of Burial

Jerome, Ida 1931

20. Undertaker Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77716

PLACE OF DEATH

County of Oneida
City of Idaho

Registration District No. 3
Primary Registration District No. 2005
(No. _____)

Local Registrar's No. 149

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James A. March

(a) Residence. No. Homedale, Idaho St.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

16 DATE OF DEATH
Dec. 22 1931
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from
Dec. 21, 1931, to Dec. 21, 1931,
that I last saw him alive on Dec. 21, 1931,
and that death occurred, on the date stated above, at 3 a m.

6 DATE OF BIRTH (month, day and year) ?

The CAUSE OF DEATH* was as follows:

7 AGE Years 73 Months ? Days ?
If LESS than 1 day, _____ hrs. or _____ min.

General debility

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sheep herder when able to work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

(duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. 7 ds.

9 BIRTHPLACE (city or town) Idaho
(State or country)

18 Where was disease contracted
if not at place of death?

10 NAME OF FATHER not known

Did an operation precede death? No Date of _____

Was there an autopsy? No

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

What test confirmed diagnosis?

(Signed) H. A. Benjamin, M. D.

Dec. 22, 1931 (Address) Homedale

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 Informant J. W. Graff
(Address) Homedale, Ida

19 Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill

12-23 1931

20. Undertaker

Address

C. K. Tuckham

Caldwell
Ida

15 Filled 12-25 1931 John S. Meyer
Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 12 1932

STATE OF IDAHO

PLACE OF DEATH

County of OwyheeCity of Grand View

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 74Primary Registration District No. 2151

DO NOT WRITE IN THIS SPACE

State File No. 77717Local Registrar's No. 72(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Susan Angeline Byfield

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX T 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word)
widowed5a. If married, widowed, or divorced
HUSBAND of Marion Joseph Byfield
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Jan. 11, 18507. AGE Years Months Days If LESS than 1 day, hrs. or min.
81 10 88. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton, Ohio
(State or country)13. NAME Johnathan Biers14. BIRTHPLACE (city or town) not known
(State or country) Ohio15. MAIDEN NAME Elizabeth (not known)16. BIRTHPLACE (city or town) not known
(State or country)17. INFORMANT Mrs. Charles Massey
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Grand View Date Dec. 6, 193119. UNDERTAKER C. G. Zacher
(Address) Lt. Home, Idaho20. FILED Jan. 10, 1932 W. J. Eckenbush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 1st, 1932, to Dec. 1st, 1932I last saw her alive on Dec. 1st, 1932. Death is saidto have occurred on the date stated above, at 2:00 P.M. m.

The principal cause of death and related causes of importance

were as follows:

Senility Date of onsetPhlebitis left legEdema of the lungs Dec 2, '31

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Wm J Eckenbush, M. D.(Address) Grand View

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
RECEIVED JAN 19 1937
State File No. 17720

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1005
(No. _____)

Local Registrar's No. 151

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Washington Shue

(a) Residence. No. 1301 Cleve St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 7" 1840

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
91 3 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Washington Co, Ohio
(State or country)

10. NAME OF FATHER Samuel Paul Shue

11. BIRTHPLACE OF FATHER (city or town) Penn
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or County)

14. Informant WM Shue
(Address) 1301 Cleve Caldwell Idaho

15. Filed 12-30, 1931 John B. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 27, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1931 to Dec. 27, 1931
that I last saw him alive on Dec. 26, 1931

and that death occurred, on the date stated above, at 3 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Arterio Sclerosis (senile)
with Cerebral atrophy.

(duration) yrs. mos. ds.
CONTRIBUTORY Age.
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted _____
if not at place of death?

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis Clinical.

(Signed) David E Baird M. D.

Dec. 29, 1931 (Address) Caldwell Idaho

19. Place of Burial, Cremation, or Removal Canyon Hill Date of Burial 12-29-1931

20. Undertaker C. V. Beckham Address Caldwell Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Caldwell

Registration District No. 3Primary Registration District No. 2005

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Bert Meadows(Usual place of abode.) Parma Ida

St. _____

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed
or Divorced (write the word)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofOrma R. Meadows

6. DATE OF BIRTH (month, day and year)

Aug 22-1880

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

51315

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workMiner(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

Thos. Edward Meadows11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Wisc.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14.

Informant
(Address)Orma R. Meadows
Parma Idaho

15.

Filed

12-161931John B. Meyers
Registrar

RECEIVED JAN 12 1931
DO NOT WRITE IN THIS SPACE
State File No. 77721

Local Registrar's No. 144

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec71931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 31 to Dec 7that I last saw him alive on Dec 7, 1931and that death occurred, on the date stated above, at 7 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis
(enlarged heart.)

CONTRIBUTORY
(Secondary)Gout & heartnephritis (duration) yrs. 2 mos. 2 ds.18. Where was disease contracted
if not at place of death?Roswell IdDid an operation precede death? Yes Date of Dec 1-31Was there an autopsy? NoWhat test confirmed diagnosis? X ray, nephros(Signed) Myers M. D.12-10-1931 (Address) Caldwell Id

19. Place of Burial, Cremation, or Removal

Date of Burial

Roswell 12-10-1931

20. Undertaker

Address

C. V. Peckham Caldwell Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77722

State File No.

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2005

(No.)

Local Registrar's No. 148

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura E. Ross(a) Residence. No. Huston St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widow

5a. If married, widowed, or divorced
HUSBAND of H. Dow
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 78 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Iowa
(State or country) Not known

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14. Informant Raymond Ross
(Address) Parma, Idaho

15. Filed 12-25-31 John H. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 19 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1931, to Dec 19, 1931
that I last saw him alive on DEC 17, 1931
and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Intox. Cerebral
hemorrhage

(duration) yrs. mos. ds.
CONTRIBUTORY Age
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. D. Forman, M. D.
Dec 22, 1931 (Address) Caldwell

19. Place of Burial, Cremation, or Removal Canyon Hill Date of Burial Dec 23 1931

20. Undertaker C. V. Beckham Address Caldwell
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Caldwell

Registration District No. 3Primary Registration District No. 2005

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harriot Mary Kirby(a) Residence. No. 315 Cleve St. 1119

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 24-18 43

7. AGE Years Months Days If LESS than 1 day.
88 1 23 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Fred L. Evans
(Address) 315 Cleve

15. Filed 12-19-1931 John B. Meyer
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 77723Local Registrar's No. 147

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan 38 1930 to Dec 16 1931

that I last saw him alive on Dec 16 1931and that death occurred, on the date stated above, at 3:40 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Peptic Ulcers

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)
Old age (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. J. P. B. CaldwellDec. 18 1931 (Address) Caldwell, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill 12-19-1931

20. Undertaker Address

C. V. Peckham CaldwellIdaho

Mout.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 19 1931
DO NOT WRITE IN THIS SPACE
77724
State File No. _____

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1005
(No. _____)

Local Registrar's No. 146

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Everett Wood

(a) Residence No. 222 Blaine - Caldwell St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of Ethel J. Wood
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 2 - 1871

7. AGE Years 40 Months 11 Days 13 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dry Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Smiths Center
(State or country) Kansas

10. NAME OF FATHER Wm E. Wood

11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)

12. MAIDEN NAME OF MOTHER Lilly Johnston

13. BIRTHPLACE OF MOTHER (city or town) Iowa
(State or County)

14. Informant (Address) Ethel J. Wood
Caldwell Ida

15. Filed 12-18-1931 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1924, 19____, to Dec 15, 1931
that I last saw him alive on Dec 15, 1931
and that death occurred, on the date stated above, at 6:45 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY Chronic Tuberculosis
(Secondary) peritonitis

(duration) 6 yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? yes adhesion

What test confirmed diagnosis? Tubercles

(Signed) Wm. J. Gammon M. D.
12/17 1931 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal Canyon Hill Date of Burial 12-18 1931

20. Undertaker C. V. Peckham Address Caldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 12 1931
DO NOT WRITE IN THIS SPACE
17725
State File No. _____

PLACE OF DEATH

CERTIFICATE OF DEATH

County of animo
City of Nampa

Registration District No. 3Primary Registration District No. 2005Local Registrar's No. 145

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Marion Sale(a) Residence. No. Parna Ida St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHazel Olive Sale6. DATE OF BIRTH (month, day and year) Dec. 30 - 18957. AGE Years Months Days If LESS than 1 day, hrs. or min.
35 11 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Rancher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kansas10. NAME OF FATHER Liva F. Sale

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant Miss Hazel O. Sale
(Address) Parna, Idaho15. Filed 12-17- 1931 John S. Meyers
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 1 1931, to Dec. 13 1931that I last saw him alive on Dec. 13 1931and that death occurred, on the date stated above, at 1-30 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Hypertension
arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? strychnine(Signed) W.C. R. (Rolle) M. D.Dec 15 1931 (Address) Nampa, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Wilder Ida12-17-1931

20. Undertaker

Address

J. P. BeckhamCalgary, Ida

CERTIFICATE OF DEATH.

State of Idaho
BOARD of HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 88County of Blaine

Primary Registration District No. _____

City of Mesa

(No. _____ St.)

File No. 77726

Registered No. _____

If death occurs away from
usual residence, give place
called for under special
information.

2. FULL NAME

Elizabeth WoodsIf death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WID-
OWED OR DIVORCED.Widow
(Write the word.)

6. DATE OF BIRTH.

Sept
(Month)9
(Day)1857
(Year)

7. AGE

76 Yrs. 9 Mos. 5 ds.IF LESS than 1 day
how many hrs. or
..... min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work...
(b) General nature of in-
dustry, business, or estab-
lishment in which employ-
ed (or employer).....Housewife

9. BIRTHPLACE

(State or Country)

Arkansas10. NAME OF
FATHERJohn Baker11. BIRTHPLACE
OF FATHER

(State or Country)

Arkansas12. MAIDEN NAME
OF MOTHERVina Mooreham13. BIRTHPLACE
OF MOTHER

(State or Country)

Arkansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

Ethel Lasse

(Address)

Woodrich IdaDR. H. T. WHITEMAN
CAMBRIDGE, IDAHO

Local Registrar

15.

Filed 1-9-32 191

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June
(Month)14
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 10 - 1931 to June 10 - 1931that I last saw him alive on June 10 - 1931

and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.(Duration) _____ Yrs. _____ mos. 7 ds.Contributory Arteriosclerosis.
(Secondary)

(Duration) _____ Yrs. _____ mos. _____ ds.

(Signed) W. H. Baker M. D.19 _____ (Address) Cambridge, Ida.*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1)
MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place of death yrs. mos. days In the State yrs. mos. days

Where was disease contracted
if not at place of death?.....Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Indian Valley6/16 1931

20. UNDERTAKER

ADDRESS

J. H. AndersonSee mudge

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

11121

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. Merry Hospital)Local Registrar's No. 134

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Franklin Staggs(a) Residence. No. 808 9th Ave. So. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>widower</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMerriam Staggs6. DATE OF BIRTH (month, day and year) Jan. 1st. 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>76</u>	<u>11</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workmerchant(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Alton, Illinois
(State or country)

10. NAME OF FATHER

unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)14. Informant W. D. Miller
(Address) Nampa, Idaho15. Filed 2-4, 1931 Edith Conway
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December 1st, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 1 11:20 am, 1931, to Dec 1 7 pm, 1931that I last saw him alive on Dec 1, 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Ruptured Aortic Aneurysm

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Chronic Aortic Aneurysm (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Chloroform(Signed) W. D. Miller M. D.12-4, 1931 (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlawn-Nampa 2-4, 1931

20. Undertaker

Address

Wm. D. Talley Nampa, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

EXACTLY.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 17725

PLACE OF DEATH

County of Canyon
City ofampa

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006
(No. 415-16 Ave. No.)

Local Registrar's No. 130

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna M. Spry

(a) Residence. No. 415-16 Ave. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) widow

5a. If married, widowed, or divorced
HUSBAND of Wm E. Spry
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 22, 1850

7. AGE Years 81 Months 4 Days 10
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Janesville
(State or country) Ohio

10. NAME OF FATHER Wm Manlove

11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)

12. MAIDEN NAME OF MOTHER Martha Middleton

13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or County)

14. Informant Mr. Harry Spry
(Address)ampa

15. Filled 12-4, 1931
Registrar. Beetha Conroy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 2, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-27, 1929, to 12-2, 1931
that I last saw him alive on 12-2, 1931
and that death occurred, on the date stated above, at 10:45 AM.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Houtton, M. D.
12-4, 1931 (Address)ampa

19. Place of Burial, Cremation, or Removal Kohlerlaurampa
Date of Burial 12-4 1931

20. Undertaker Mrs. Nina Valleyampa

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

17729

State File No.

PLACE OF DEATH

County of CanyonCity of Nampa

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1006(No. Central Avenue)Local Registrar's No. 126

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susan Emiley Yant(a) Residence. No. R.F.D. #1, Central Ave. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJ. Yant6. DATE OF BIRTH (month, day and year) May 8th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>7</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lova Center
(State or country) Iowa10. NAME OF FATHER Matthew M'Pherson11. BIRTHPLACE OF FATHER (city or town) Tennessee
(State or Country)12. MAIDEN NAME OF MOTHER Katherine Brubaker13. BIRTHPLACE OF MOTHER (city or town) Tennessee
(State or Country)14. Informant R. J. Crill
(Address) Nampa Idaho15. Filed 11-20, 1931 Seth Conway
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 29, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931, to Nov 29, 1931
that I last saw her alive on Nov 29, 1931and that death occurred, on the date stated above, at 9:55 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Myocarditis(duration) 2 yrs. mos. ds.CONTRIBUTORY Chronic Cholecystitis
(Secondary) in a chronic gall bladder inflammation
(duration) yrs. mos. 3 ds.18. Where was disease contracted ✓
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical signs(Signed) H. P. Pass, M. D.
Nov 30, 1931 (Address) Nampa Idaho19. Place of Burial, Cremation, or Removal Boise Valley Cemetery Date of Burial 1920. Undertaker Mrs. Nina M. Valley, Nampa, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JAN 11 1931
DO NOT WRITE IN THIS SPACE
State File No.
Local Registrar's No. 137

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James .M. Coin.

90

(a) Residence. No. Ontario Oregon St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year)
7. AGE 62 Years Months Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Not Known

PARENTS

10. NAME OF FATHER " "
11. BIRTHPLACE OF FATHER (city or town) (State or Country) " "
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) " "

14. Informant F. R. Muter
(Address) 112. 15 AV. South. Nampa, Idaho

15. Filed 12-5-31 Death Canvey
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1931, to Dec 4, 1931
that I last saw him alive on Dec 3, 1931
and that death occurred, on the date stated above, at about 2 A. M.

The CAUSE OF DEATH* was as follows:
Died in sleep - some heart affection - Had acute indigestion day before

(duration) yrs. mos. 2 ds.
CONTRIBUTORY Asthma
(Secondary)
(duration) Do not know yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis Sudden Death
(Signed) J. H. Muter M. D.
Dec 5 1931 (Address) Nampa, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Kohlerlawn, Cem, Nampa. Date of Burial Dec. 8/ 19 31

20. Undertaker J. H. Robinson Address Nampa

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

17731

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1006(No. 504-9th Ave So.)Local Registrar's No. 138

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Viola Valentine Feight(a) Residence. No. 504-9th Ave So.

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGuy Feight6. DATE OF BIRTH (month, day and year) Feb. 14th 1884

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
47 9 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

house wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

10. NAME OF FATHER

J. Russ Baker11. BIRTHPLACE OF FATHER (city or town) Des Moines
(State or Country) Iowa

12. MAIDEN NAME OF MOTHER

Laurie E. Tipton13. BIRTHPLACE OF MOTHER (city or town) Stockton
(State or Country) Missouri14. Informant Mr. Guy Feight
(Address) Nampa, Idaho15. Filled 2-5-1931 Feight
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec

(Month)

4

(Day)

311931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 21931to Dec 41931that I last saw her alive on Dec 4and that death occurred, on the date stated above, at 11:40 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 8 yrs. mos. ds.
CONTRIBUTORY Intestinal Obstruction
(Secondary)

(duration) 8 yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical

(Signed)

H. P. Ross, M. D.Dec 4, 1931 (Address) Nampa, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Canyon Hill-Caldwell 12-6-1931

20. Undertaker

Address

Mrs. Nina M. Valley Nampa, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77732

State File No.

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 129

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin Matthews Jacobs

(a) Residence. No. 724-15th St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr 24 - 1859

7. AGE Years Months Days . If LESS than 1 day, min. hrs. or
72 7 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work R.R. Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) (Retired)

(c) Name of employer

9. BIRTHPLACE (city or town) Indiana Ohio
(State or country)

10. NAME OF FATHER Spencer Jacobs

11. BIRTHPLACE OF FATHER (city or town) Bangor Me
(State or Country)

12. MAIDEN NAME OF MOTHER Carmichael

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Mrs E. M. Jacobs
(Address) Nampa, Id.

15. Filed 12-7-31 Death Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1931, to Dec 5, 1931, that I last saw him alive on Dec 5, 1931, and that death occurred, on the date stated above, at 1720 P.M.
The CAUSE OF DEATH* was as follows:

Soft Hemiplegia

(duration) yrs. mos. ds. 25

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Geo R. Proctor M. D.

12-6-31 1931 (Address) Nampa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Lima, Montana Date of Burial 12-9-31

20. Undertaker F. K. Robinson Address Nampa, Id.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JAN 11 1931
DO NOT WRITE IN THIS SPACE
State File No. 77733

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 1
Primary Registration District No. 1006
(No. Meray Hospital)

Local Registrar's No. 140

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ivora Marie Simpson
(a) Residence. No. 620. 14 av So. Nampa, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C. E Simpson
6. DATE OF BIRTH (month, day and year) Feb. 6. 1890
7. AGE 41 Years 10 Months 3 Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED Housewife
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Tenn.
10. NAME OF FATHER McPhail
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tenn
12. MAIDEN NAME OF MOTHER Delry Hackery
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Tenn

14. Informant C. E. Simpson
(Address) Nampa, Idaho

15. Filed 12-10-1931
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1931, to Dec 9, 1931, that I last saw him alive on Dec 9, 1931, and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH was as follows:
Acute Streptococci hemolytic infection causing gangrene Rt chest & breast.

(duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Diabetes mellitus.
(duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Chills
(Signed) H. R. Seeberg, M. D.
12/10/1931 (Address) Nampa, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial
Chattanooga, Tenn 19

20. Undertaker Address
J. R. O. binson Nampa Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 17134

PLACE OF DEATH

County of Canyon
City ofampa

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 2006
(No. 12 miles Lakeshore road)

Local Registrar's No. 141

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tom Hall
(a) Residence No. 12 miles Lakeshore road St.
(Usual place of abode.)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 10th 1834

7. AGE Years 97 Months 4 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer) retired
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant Mrs. A. C. Johnson
(Address)ampa, Idaho

15. Filed 12-14-1931 Registrar Wm. D. Talley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-30 1931 to 12-11 1931
that I last saw him alive on 11-30 1931
and that death occurred, on the date stated above, at 11:00 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.
CONTRIBUTORY Hypotatic Pneumonia
(Secondary) (duration) yrs. mos. 14 ds.

18. Where was disease contracted L
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. D. Talley M. D.
12-14-1931 (Address)ampa

19. Place of Burial, Cremation, or Removal Canyon Hill-Caldwell Date of Burial 12-14-1931
20. Undertaker Wm. D. Talley Addressampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77735

PLACE OF DEATH

County of Banyon
City of Naupia

Registration District No. 7Primary Registration District No. 1006Local Registrar's No. 142
146(No. Damaritan Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donna Verlene White(a) Residence. No. 404-16 ave N St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) 11-15-1925

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
6 - 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work In school

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Naupia, Idaho
(State or country)10. NAME OF FATHER C. M. White11. BIRTHPLACE OF FATHER (city or town) Caldwell, Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Theresa Schindler13. BIRTHPLACE OF MOTHER (city or town) Caldwell, Idaho
(State or Country)

14. Informant Mrs C. M. White
(Address) Naupia, Idaho

15. Filed 12-10-31 Donna Verlene White
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

12-14-1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec. 20, 1931, to Dec. 14, 1931that I last saw her alive on Dec. 14, 1931

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Left Lungs - metastatic
Left Lungs -

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Operation (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of 12-3-31Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thos E. Gunning, M. D.Dec 16, 1931 (Address) Naupia, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Naupia, Idaho Date of Burial 12-16 1931

20. Undertaker F. K. Robinson Address Naupia, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77736

PLACE OF DEATH

County of CanyonCity of NampaRegistration District No. 7Primary Registration District No. 1006(No. Greystone Hotel)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 143

40

2. FULL NAME Murill Johnson(a) Residence. No. Portland, Ore. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

59

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant

(Address)

A. E. Hutchins
Nampa, Idaho

15. Filed

12-16-13

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec
(Month)15
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

that I last saw him alive on, 19

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

History of bad heart
due to arteriosclerosis
standing found dead in
houl room (duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. V. Beckham CoronerDec 15, 1931 (Address) Calderwell

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Portland, Oregon

19

20. Undertaker

Address

J. K. RobinsonNampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77737	
County of <u>Canyon</u>		Registration District No. <u>7</u>		State File No. _____	
City of <u>Rampa</u>		Primary Registration District No. <u>2006</u>		Local Registrar's No. <u>144</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Martha Jane Gardner</u>					
(a) Residence. No. <u>9th Ave & 9th St</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>12/22/37</u>					
7. AGE Years <u>94</u>		Months _____		Days _____	
				If LESS than 1 day, hrs. or min. _____	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
					11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) <u>Kentucky</u> (State or country)					
MOTHER FATHER	13. NAME <u>Henry J. Sparks</u>				
	14. BIRTHPLACE (city or town) <u>Ky.</u> (State or country)				
	15. MAIDEN NAME <u>Nancy Pearl Keld</u>				
	16. BIRTHPLACE (city or town) <u>Ky.</u> (State or country)				
17. INFORMANT <u>G. Parsons</u> (Address) <u>Rampa Id.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rampa</u> Date <u>12/26/1931</u>					
19. UNDERTAKER <u>F. C. Roberts</u> (Address) <u>Rampa Id.</u>					
20. FILED <u>12-26</u> , 1931, <u>De Th...</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12-27</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 10</u> , 1931, to <u>Dec 27</u> , 1931.					
I last saw her alive on <u>12/27</u> , 1931; death is said to have occurred on the date stated above, at <u>8 P.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Senility and Myocarditis, heart failure</u>					
Other contributory causes of importance: <u>Fractured leg 1 year ago</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury <u>No</u> , 1931.					
Where did injury occur? <u>No</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>Nancy J. Roberts</u> M. D.					
(Address) <u>Rampa Id.</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Canyon</u>	City of <u>ampa</u>	Registration District No. <u>7</u>	Primary Registration District No. <u>1006</u>	State File No. <u>77738</u>	
(No. _____)		Local Registrar's No. <u>195</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Martina Henderson</u>					
(a) Residence. No. <u>224-10 ave - n</u> St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widow</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>5-4-54</u>					
6. DATE OF BIRTH (month, day, and year) <u>12-24-31</u>					
7. AGE Years <u>77</u>		Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>England</u>					
MOTHER FATHER	13. NAME <u>John Sody</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>England</u>				
	15. MAIDEN NAME				
	16. BIRTHPLACE (city or town) (State or country) <u>England</u>				
17. INFORMANT (Address) <u>Tom Henderson</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>ampa</u> Date <u>12/27, 1931</u>					
19. UNDERTAKER (Address) <u>F. K. Robinson</u>					
20. FILED <u>12-26, 1931</u> <u>Martina Henderson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12-24, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 22</u> , 1931, to <u>Dec. 24</u> , 1931.					
I last saw her alive on <u>Dec. 24</u> , 1931; death is said to have occurred on the date stated above, at <u>9:20 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Robert pneumonia - 20</u> <u>Right lower lobe</u> <u>Secondary to</u> <u>Cancer of liver - 2 yrs</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>G. R. Proctor</u> M.D.					
(Address) <u>ampa, Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77739 State File No.	
County of <u>Canyon</u>		Registration District No. <u>7</u>		Local Registrar's No. <u>146</u>	
City of <u>Rural</u>		Primary Registration District No. <u>2006</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Mary Finnegan</u>					
(a) Residence. No. <u>near Melba</u> St. (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced, (write the word) <u>Widow</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>2-9-53</u>					
7. AGE <u>78</u> Years	Months <u>10</u>	Days <u>15</u>	If LESS than 1 day, hrs. or min.		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>N. Y.</u>					
MOTHER FATHER					
13. NAME <u>Patrick Fairhany</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>					
15. MAIDEN NAME <u>Alice O'Hara</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>					
17. INFORMANT (Address) <u>Mr. J. O'Hara</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Nampa, Ida</u> Date <u>12-29, 1931</u>					
19. UNDERTAKER (Address) <u>J. K. Roberts</u>					
20. FILED <u>12-29, 1931</u> Registrar. <u>Stella Conway</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12-26, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>April</u> , 193 <u>0</u> , to <u>12-26</u> , 193 <u>1</u> . I last saw <u>her</u> live on <u>Jan 2</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 193 <u>1</u> . Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Garnett Dwyer</u> M. D. (Address) <u>Dec. 24-1931</u>					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77740

State File No.

PLACE OF DEATH

County of CanyonCity of NampaRegistration District No. 1Primary Registration District No. 1006Local Registrar's No. 147

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joan Margaret Cornillas(a) Residence, No. St. 40

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 12-24-31

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Nampa - Idaho
(State or country)10. NAME OF FATHER Clarence Cornillas11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Nampa, Ida12. MAIDEN NAME OF MOTHER Roxie Means13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Star Idaho14. Informant John Cornillas
(Address) Nampa Idaho15. Filed 12-26, 1931. Death
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 24, 1931, to Dec 26, 1931
that I last saw him alive on Dec 26, 1931
and that death occurred, on the date stated above, at 9:00 p.m.

The CAUSE OF DEATH* was as follows:

Infected Heart

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? Clous call

(Signed) V. C. Bell M. D.
12-28, 1931 (Address) Nampa, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

KohlerdownDec-28, 1931

20. Undertaker

Address

F K RobinsonNampa, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 17741

PLACE OF DEATH
County of **Bonneville.**
City of **Idaho Falls**

CERTIFICATE OF DEATH
Registration District No. **73**
Primary Registration District No. **2170**
(No. **Idaho Falls L. D. S. Hosp.**)

Local Registrar's No. **231**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Betty-Jean Olsen.**(a) Residence. No. _____ St. **Rigby, Idaho.**

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. **1** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F. M.** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Child.**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **July 29 1923.**

7. AGE Years **8** Months **3** Days **21** If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **School**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Iona, Idaho.**
(State or country)10. NAME OF FATHER **Newell Jennings Olsen.**11. BIRTHPLACE OF FATHER (city or town) **Logan, Utah,**
(State or Country)12. MAIDEN NAME OF MOTHER **Mabel Jensen.**13. BIRTHPLACE OF MOTHER (city or town) **Providence, Utah**
(State or Country)14. Informant **Newell J. Olsen.**
(Address) **Rigby, Idaho.**15. Filed **Dec. 2, 1931** **C. J. Cunningham**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **November 19, 1931.**

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 18, 1931, to Nov 19, 1931that I last saw **her** alive on **Nov 19, 1931**and that death occurred, on the date stated above, at **12:30 P. M.**

The CAUSE OF DEATH* was as follows:

Acute Appendicitis
(duration) yrs. mos. **4** ds.CONTRIBUTORY
(Secondary)(duration) yrs. mos. **1** ds.18. Where was disease contracted if not at place of death? **Rigby, Idaho**Did an operation precede death? **No** Date of _____Was there an autopsy? **No**What test confirmed diagnosis? **Culture**

(Signed) _____, M. D.

_____, 19____ (Address) **Rigby, Idaho**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Rigby, Idaho.** Date of Burial **11/22/31**20. Undertaker **Beckers** Address **Rigby**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
PLACE OF DEATH
County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77742

State File No.

Registration District No. 73Primary Registration District No. 21.3.70Local Registrar's No. 232

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Welbur Hayes(a) Residence. No. Salmon Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) ?

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.50

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Don't know

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)Spencer Hospital
Idaho Falls18. BURIAL, CREMATION, OR REMOVAL
PlaceDate Dec 5, 193119. UNDERTAKER
(Address)Keller & Hayes
Idaho Falls Ida20. FILED 12/4, 1931C. J. H. H. H.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 3, 193122. I HEREBY CERTIFY, That I attended deceased from
Nov-20, 1931, to Dec-3, 1931I last saw him alive on Dec-2, 1931; death is said
to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance
were as follows:

Date of onset

arterial sclerosis
Chr. arthritisOther contributory causes of importance:
Infectious mouth & teethName of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 1931Where did injury occur? ✓
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place. ✓Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ✓(Signed) J. J. H. H. H., M. D.(Address) Idaho Falls Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77743

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 2100

(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 233

2. FULL NAME Margery J. Dykstra

(a) Residence. No. 498-Maple St.

(Usual place of abode)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Anton Dykstra (or) WIFE of

6. DATE OF BIRTH (month, day and year) January 1-1888

7. AGE Years 43 Months 11 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Louisiana Mo. (State or country)

10. NAME OF FATHER W. C. Holliday

11. BIRTHPLACE OF FATHER (city or town) Louisiana Mo. (State or country)

12. MAIDEN NAME OF MOTHER Peggy Shannon

13. BIRTHPLACE OF MOTHER (city or town) Louisiana Mo. (State or country)

14. Informant Anton D. Dykstra (Address) Idaho Falls, Idaho

15. Filed 12/1 1931 C. J. J. J. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov-26, 1931, to Dec-4, 1931, that I last saw her alive on Dec-4, 1931, and that death occurred, on the date stated above, at 11:30 A. M.

The CAUSE OF DEATH* was as follows:
Hysterectomy for fibroid uterus
Heart Failure due to previous
Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY Hemorrhage from (Secondary) Fibroid uterus (duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec-4-31

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) K. J. J., M. D. Dec 5, 1931 (Address) Idaho Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Louisiana Mo. Date of Burial 12/8 1931

20. Undertaker V. F. M. Haw Address Idaho Falls, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

77744

Local Registrar's No. 234

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 2140

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Herman Kannehl

(a) Residence. No. First + Holmes St.

(Usual place of abode)

Length of residence in city or town where death occurred. 0 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 6 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

no

1

3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

10. NAME OF FATHER

Walter Kannehl

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Okarche
Oklahoma

12. MAIDEN NAME OF MOTHER

Adelaide Vennard

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

New York City
N. Y.

14. Informant Walter Kannehl

(Address) Idaho Falls, Idaho

15. Filed Dec 10, 1931 C. J. Cunningham Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 9, 1931, to Dec 9, 1931

that I last saw him alive on Dec 9, 1931

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Culture

(Signed) _____, M. D.

19 _____, 19 _____ (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls Idaho 12/11 1931

20. Undertaker

Address

V. F. M. Han Idaho Falls
Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Conneville</u>	City of <u>Idaho Falls</u>	Registration District No. <u>73</u>	Primary Registration District No. <u>2 V-6</u>	Local Registrar's No. <u>235-</u>	State File No. <u>77745</u>
2. FULL NAME <u>Ernest Le Roy Jacobson</u>		(No. <u>Spencer Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)			
(a) Residence. No. <u>Swan Valley, Idaho St.</u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept 30, 1929</u>					
7. AGE	Years <u>2</u>	Months <u>2</u>	Days <u>29</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
MOTHER FATHER	12. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) <u>Idaho</u>				
	13. NAME <u>Orin Jacobson</u>				
	14. BIRTHPLACE (city or town) <u>Hyrum</u> (State or country) <u>Utah</u>				
	15. MAIDEN NAME <u>Emily Piper</u>				
	16. BIRTHPLACE (city or town) <u>Iowa</u> (State or country)				
	17. INFORMANT (Address) <u>Orin Jacobson</u> <u>Swan Valley, Idaho</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Swan Valley, Idaho</u> Date <u>Dec 23, 1931</u>					
19. UNDERTAKER (Address) <u>Jack A. Wood</u> <u>Idaho Falls, Idaho</u>					
20. FILED <u>Dec 21, 1931</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 19, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 16, 1931</u> , to <u>Dec 19, 1931</u>					
I last saw him alive on <u>Dec 18, 1931</u> ; death is said to have occurred on the date stated above, at <u>6:55 p.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Intestinal obstruction</u> <u>probably from bands</u>					Date of onset <u>Dec-13</u>
Other contributory causes of importance:					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>✓</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>✓</u> Date of injury <u>1931</u>					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>None</u>					
(Signed) <u>Idaho Falls, Ida</u> M. D.					
(Address) <u>Idaho Falls, Ida</u>					

1181

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonnerell</u>		CERTIFICATE OF DEATH		State File No. <u>77746</u>	
City of <u>Idaho Falls</u>		Registration District No. <u>73</u>		Local Registrar's No. <u>236</u>	
		Primary Registration District No. <u>214-0</u>			
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Katherine Elizabeth Jenne</u>					
(a) Residence. No. <u>143 2nd</u> St. <u>57</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>40</u> yrs. mos. ds. How long in U. S., if of foreign birth? <u>75</u> yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ben Jenne</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 20, 1854</u>					
7. AGE	Years <u>76</u>	Months <u>11</u>	Days <u>29</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Piston, Ontario</u> <u>Canada</u>				
	13. NAME <u>Fred Sutor</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Michigan</u>				
	15. MAIDEN NAME <u>Kitty</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>					
17. INFORMANT (Address) <u>J. A. Wood</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho Falls</u> Date <u>Dec. 22, 1931</u>					
19. UNDERTAKER (Address) <u>Josh. A. Wood</u> <u>Idaho Falls</u>					
20. FILED <u>Dec. 21, 1931</u> <u>C. J. ...</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 19, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 12, 1931</u> to <u>Dec. 19, 1931</u>					
I last saw her alive on <u>Dec. 19, 1931</u> ; death is said to have occurred on the date stated above, at <u>7:30 P. M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Diabetes Mellitus</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of <u>None</u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> . If so, specify					
(Signed) <u>J. A. Wood</u> , M. D.					
(Address) <u>Idaho Falls</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 12 1932

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Bonner

CERTIFICATE OF DEATH

City of LonaRegistration District No. 73Primary Registration District No. 21 J-2State File No. 77747Local Registrar's No. 237(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Sarah Elizabeth Stothard

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Henry Stothard6. DATE OF BIRTH (month, day, and year) Oct 22, 18577. AGE Years 74 Months 2 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey13. NAME James Thurston14. BIRTHPLACE (city or town) (State or country) England15. MAIDEN NAME Mary Beaumont16. BIRTHPLACE (city or town) (State or country) England17. INFORMANT (Address) Mrs. Fred W. Wood
Lona, Ida18. BURIAL, CREMATION, OR REMOVAL Place Lona Date Dec 24, 193119. UNDERTAKER (Address) Jack A. Wood
Edwards Falls20. FILED Dec 24, 1931 C. J. Wood
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 21, 193122. I HEREBY CERTIFY, That I attended deceased ### on Dec 21, 1931, to ###I last saw him alive on _____, 1931: death is saidto have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Name of operation No Date of _____What test confirmed diagnosis? _____ Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) C. J. Wood, M.D.(Address) Edwards Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77748

PLACE OF DEATH

County of Bonerville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 21 N-0

Local Registrar's No. 23A

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bernice Irene Burrows

(a) Residence. No. R.D. 2 Easton 1st St.

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 19 - 1921

7. AGE Years 10 Months 7 Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Student

(b) General nature of industry, business, or establishment in which employed (or employer) Public School

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pirie Idaho

10. NAME OF FATHER S. L. Burrows

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oshkosh Wis.

12. MAIDEN NAME OF MOTHER Ada Fairweather

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Galena Illinois

14. Informant S. L. Burrows
(Address) Idaho Falls Idaho

15. Filed Dec 21, 1931 W. F. M. Han Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 21, 1931, to Dec 22, 1931
that I last saw him alive on Dec 22, 1931

and that death occurred, on the date stated above, at 11.30 A.M.

The CAUSE OF DEATH* was as follows: Acute Nephritis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. A. Apperley
(Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Idaho Falls Idaho 12/28 1931

20. Undertaker Address

W. F. M. Han Idaho Falls Idaho

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
County of <u>Benewah</u>		DEPARTMENT OF PUBLIC WELFARE		State File No. <u>77749</u>	
City of <u>Ammon</u>		BUREAU OF VITAL STATISTICS			
		CERTIFICATE OF DEATH			
		Registration District No. <u>73</u>		Local Registrar's No. <u>239</u>	
		Primary Registration District No. <u>2111-0</u>			
		(No. _____)			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Peter L. Petersen</u>					
(a) Residence No. <u>Woodville, Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Emma F. Petersen</u>					
6. DATE OF BIRTH (month, day, and year) <u>Oct 14, 1860</u>					
7. AGE	Years <u>71</u>	Months <u>2</u>	Days <u>12</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Spanish Fork Utah</u>					
MOTHER FATHER	13. NAME <u>B. L. Petersen</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>				
	15. MAIDEN NAME <u>Not known</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>				
17. INFORMANT <u>Mrs Emma F. Petersen</u> (Address) <u>Residence, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Myrum, Utah</u> Date <u>Dec 30, 1931</u>					
19. UNDERTAKER <u>Jack A. Ford</u> (Address) <u>Idaho Falls, Idaho</u>					
20. FILED <u>Dec 24, 1931</u> Registrar. <u>Idaho Falls, Idaho</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 26, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931 to _____, 1931.					
I last saw him alive on <u>about one year ago</u> , 1931; death is said to have occurred on the date stated above, at <u>8-30 a.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Chronic myocarditis</u> Date of onset _____					
<u>Chronic cholecystitis</u>					
<u>(Examined and treated for about one year ago and know this was cause of death)</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>John O. Moller</u> (Address) <u>Idaho Falls, Idaho</u>					

RECEIVED JAN 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77750

PLACE OF DEATH

County of Bonanza
City of Idaho FallsRegistration District No. 23Primary Registration District No. 2140Local Registrar's No. 270(No. H. N. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lloyd August Steinke(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 6 yrs. 12 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 15, 19317. AGE Years no Months 6 Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho10. NAME OF FATHER August Steinke11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)12. MAIDEN NAME OF MOTHER Mary Wickman13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)14. Informant August Steinke(Address) Idaho Falls Idaho15. Filed Dec. 24, 1931 Comptroller
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 27 19 31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1931, to Dec 27, 1931
that I last saw him alive on Dec 26, 1931
and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia
(duration) 7 yrs. mos. ds.CONTRIBUTORY Pericarditis
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted Idaho Falls R #6
if not at place of death?Did an operation precede death? no Date of Was there an autopsy? noWhat test confirmed diagnosis? Physiologic(Signed) W. F. M. Han, M. D.19 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Ida. Date of Burial 12/29 19 3120. Undertaker W. F. M. Han Address Idaho Falls Idaho

RECEIVED JAN 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77751

PLACE OF DEATH

County of Bonanza
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2100
(No. H. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 2412. FULL NAME Charles Kroker(a) Residence. No. Hilgore Idaho St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Anna Kroker
(or) WIFE of6. DATE OF BIRTH (month, day and year) August 4 18737. AGE Years 54 Months 4 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Germany
(State or country)10. NAME OF FATHER G. Kroker11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Germany12. MAIDEN NAME OF MOTHER unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Germany14. Informant Anna Kroker
(Address) Spencer, Idaho15. Filed Jan 7, 1931 W. F. M. Ham Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Dec 24, 1931 to Dec 31, 1931
that I last saw him alive on Dec 31, 1931
and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH was as follows:

Acute Diffuse Pericardial
peritonitis (of unknown
origin)
(duration) yrs. mos. 5 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? Hilgore IdahoDid an operation precede death? yes Date of Dec 24, 1931Was there an autopsy? noWhat test confirmed diagnosis? Operation(Signed) W. F. M. Ham M. D.Dec 31, 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Hilgore Idaho Date of Burial Jan 3 193120. Undertaker W. F. M. Ham Address Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 77762	
County of <u>Lemhi</u>	City of <u>Salmon</u>	Registration District No. <u>41</u>	Primary Registration District No. <u>2116</u>	Local Registrar's No. <u>105</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Joe La Platt</u>					
(a) Residence. No. <u>Salmon Idaho</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Single</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or min.	
	<u>80</u>	<u>—</u>	<u>—</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>County farm</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>British State</u> (State or country) <u>Montreal Canada</u>					
13. NAME <u>not known</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Don't know</u>					
15. MAIDEN NAME <u>not known</u>					
16. BIRTHPLACE (city or town) (State or country) <u>not known</u>					
17. INFORMANT <u>Mr. J. Haebbs</u> (Address) <u>Salmon Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salmon</u> Date <u>12-14</u> , 193 <u>1</u>					
19. UNDERTAKER <u>Haebbs</u> (Address) <u>Salmon Ida</u>					
20. FILED <u>1-10</u> , 193 <u>2</u> <u>Chris C. Bellamy</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 18</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan</u> , 193 <u>1</u> to <u>Dec 18</u> , 193 <u>1</u>					
I last saw him alive on <u>Dec 1</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>3</u> <u>A</u> .m.					
The principal cause of death and related causes of importance were as follows:					
<u>As shown</u>					
Other contributory causes of importance:					
<u>Old age</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>1</u>					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>J. S. Mayhew</u> , M. D.					
(Address) <u>Salmon</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		RECEIVED JAN 19 1939 DO NOT WRITE IN THIS SPACE 77763 State File No.	
County of <u>Benewah</u>		Registration District No. <u>41</u>		Local Registrar's No. <u>44</u>	
City of <u>Salmon</u>		Primary Registration District No. <u>2116</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>James Franklin Sullivan</u>					
(a) Residence. No. <u>Salmon Idaho</u> St. <u></u>					
Length of residence in city or town where death occurred. <u>4</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>July 13-1885</u>					
7. AGE	Years <u>80</u>	Months <u>5</u>	Days <u>4</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stone Mason</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year) <u>Sept 20-1928</u>					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Orville, Ohio</u>					
13. NAME <u>James Franklin Sullivan</u>					
14. BIRTHPLACE (city or town) (State or country)					
15. MAIDEN NAME					
16. BIRTHPLACE (city or town) (State or country)					
17. INFORMANT <u>C. H. Henderson</u> (Address) <u>Salmon Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Libonville</u> Date <u>12-18, 1931</u>					
19. UNDERTAKER <u>J. M. C. Doebly</u> (Address) <u>Salmon Ida</u>					
20. FILED <u>1-10, 1932</u> <u>Chas. C. Bellamy</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 17, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 1, 1931</u> to <u>Dec 17, 1931</u>					
I last saw him alive on <u>Dec 17, 1931</u> ; death is said to have occurred on the date stated above, at <u>9 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
Cause of death <u>Other contributory causes of importance:</u>					
Name of operation <u>None</u> Date of <u></u>					
What test confirmed diagnosis? <u></u> Was there an autopsy? <u></u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 1931.					
Where did injury occur? <u></u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u></u>					
Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u>St. Myer</u> (Signed) <u>St. Myer</u> , M. D.					
(Address) <u>Salmon</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED JAN 12 1932	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Lemhi</u>		City of <u>Salmon</u>		State File No. <u>77764</u>	
Registration District No. <u>41</u>		Primary Registration District No. <u>41</u>		Local Registrar's No. <u>49</u>	
(No. _____ (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>L. D. England</u>					
(a) Residence. No. <u>Salmon</u> St. _____					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>about 78 years</u>					
7. AGE <u>78</u>	Years <u>78</u>	Months <u>78</u>	Days <u>78</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Indiana</u>					
FATHER	13. NAME <u>Thomas England</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Kentucky</u>				
	15. MAIDEN NAME <u>Honey Westlake</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Indiana</u>				
MOTHER	17. INFORMANT (Address) <u>James England</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Salmon Ida</u> Date <u>12-23, 1931</u>				
19. UNDERTAKER (Address) <u>Don E. Daell</u>					
20. FILED <u>1-10</u> , 1932 <u>Cliff C. Bellamy</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12-21st</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 1</u> , 1931, to <u>Dec 21</u> , 1931					
I last saw him alive on <u>Dec 21</u> , 1931; death is said to have occurred on the date stated above, at <u>6 P</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Cancer of bladder</u>					
Other contributory causes of importance: <u>Old age</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u>G. B. Wright</u> , M. D.					
(Signed) _____ (Address) <u>Salmon</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JAN 12 1932 DO NOT WRITE IN THIS SPACE	
County of <u>Benewah</u>		CERTIFICATE OF DEATH		State File No. <u>77765</u>	
City of <u>Salmon</u>		Registration District No. <u>41</u>		Local Registrar's No. <u>164</u>	
		Primary Registration District No. <u>2116</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Archie Mac Donald</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Emma Mac Donald</u>					
6. DATE OF BIRTH (month, day, and year) <u>May 4-1838</u>					
7. AGE <u>93</u>	Years <u>93</u>	Months <u>8</u>	Days <u>15</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>miner</u>					
10. Date deceased last worked at this occupation (month and year) <u>5-42</u>					
11. Total time (years) spent in this occupation <u>Galveston</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Texas</u>					
13. NAME <u>Archie Mac Donald</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Texas</u>					
15. MAIDEN NAME					
16. BIRTHPLACE (city or town) (State or country)					
17. INFORMANT <u>Emma Mac Donald</u> (Address) <u>Salmon Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>12-22</u> , 1931					
19. UNDERTAKER <u>Mc Nebler</u> (Address) <u>Salmon</u>					
20. FILED <u>1-10</u> , 1932 <u>Chris C. Ballamy</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 19</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>July</u> , 1931, to <u>Dec 19</u> , 1931.					
I last saw him alive on <u>Dec 19</u> , 1931; death is said to have occurred on the date stated above, at <u>8 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
Date of onset					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____ (Signed) <u>Frank M. Keith</u> , M. D.					
(Address) <u>Salmon</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		RECEIVED JAN 12 1932 DO NOT WRITE IN THIS SPACE 77766 State File No.	
County of <u>Lemhi</u>		Registration District No. <u>41</u>		Local Registrar's No.	
City of <u>Salmon</u>		Primary Registration District No. <u>2116</u>			
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Amalie Proksch, Salmon, Idaho.</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>36</u> yrs. <u>2</u> mos. <u>7</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE		Years		Months	
<u>59</u>		<u>59</u>		<u>0</u>	
		Days		If LESS than 1 day, hrs. or min.	
		<u>26</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Drunkkeeper</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Drunkkeeper</u>					
10. Date deceased last worked at this occupation (month and year) <u>Dec 11 1931</u>					
11. Total time (years) spent in this occupation <u>38</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Wieritz, Austria</u>					
13. NAME <u>Amalie Proksch</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Wieritz, Austria</u>					
15. MAIDEN NAME <u>Antonie Proksch</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Wieritz, Austria</u>					
17. INFORMANT <u>Joseph Proksch</u> (Address) <u>Salmon Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salmon Idaho</u> Date <u>Dec 13, 1931</u>					
19. UNDERTAKER <u>John E. Decker</u> (Address) <u>Salmon Idaho</u>					
20. FILED <u>1-10</u> , 193 <u>2</u> <u>Chas E. Bellamy</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 11</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June</u> , 193 <u>1</u> to <u>Dec 11</u> , 193 <u>1</u>					
I last saw her alive on <u>Dec 11</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>10:30 pm</u> . The principal cause of death and related causes of importance were as follows:					
<u>Brain Softening of heart</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 193 <u>1</u>					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.					
Nature of injury.					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>B. Wright</u> M. D. <u>Salmon Idaho</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		RECEIVED JAN 12 1932	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		77767	
CERTIFICATE OF DEATH		State File No.	
PLACE OF DEATH County of <u>Lemhi</u> City of <u>Salmon</u>		Registration District No. <u>41</u> Primary Registration District No. Local Registrar's No.	
(No.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>George H. Anderson</u> (a) Residence. No. <u>Salmon, Ida.</u> St. Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years	Months	Days
<u>about 68</u>			If LESS than 1 day, ... hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Canada</u>			
13. NAME <u>Not known</u>			
14. BIRTHPLACE (city or town) (State or country) <u>not known</u>			
15. MAIDEN NAME <u>Not known</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Not known</u>			
17. INFORMANT <u>Wm. C. Doehler</u> (Address) <u>Salmon, Ida.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salmon</u> Date <u>12/9</u> , 193 <u>1</u>			
19. UNDERTAKER <u>Wm. C. Doehler</u> (Address) <u>Salmon, Idaho.</u>			
20. FILED <u>1-12</u> , 193 <u>2</u> <u>Chas. Bellamy</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Dec 7</u> , 193 <u>1</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 6</u> , 193 <u>1</u> , to <u>Dec 7</u> , 193 <u>1</u>			
I last saw him alive on <u>Jan</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>9 A.</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Lobar Pneumonia</u>			
Other contributory causes of importance:			
Name of operation Date of			
What test confirmed diagnosis? Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 193 <u>1</u> Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify			
(Signed) <u>F. S. Wright</u> M. D. (Address) <u>Salmon, Ida.</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 11 1937

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of LatahCity of MoscowRegistration District No. 61Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE

State File No.

77768

Local Registrar's No. 64(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Frank L. White

(a) Residence. No. _____

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married5a. If ~~not~~ widowed, or divorcedREMAINED WITHMrs. F. L. White6. DATE OF BIRTH (month, day, and year) Dec. 15, 1858

7. AGE

Years

73

Months

Days

14

If LESS than

1 day, _____ hrs.

or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Druggist10. Date deceased last worked at this occupation (month and year) 193211. Total time (years) spent in this occupation 30 yrs.12. BIRTHPLACE (city or town) Baraboo, Wis.
(State or country)

MOTHER FATHER

13. NAME R. D. White

14. BIRTHPLACE (city or town)

Wis.

(State or country)

15. MAIDEN NAME Margaret Cole

16. BIRTHPLACE (city or town)

Wis.

(State or country)

17. INFORMANT Mrs. F. L. White

(Address)

Moscow, Idaho.

18. BURIAL, CREMATION, OR REMOVAL

Place

Moscow CemeteryDate Jan. 3193219. UNDERTAKER F. R. Short

(Address)

Moscow, Idaho.20. FILED Jan. 8, 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 29, 193122. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1931, to Dec. 28, 1931I last saw him alive on Dec. 28, 1931; death is said to have occurred on the date stated above, at 6:00 A.

The principal cause of death and related causes of importance were as follows:

Canceroma Prostate.

Other contributory causes of importance:

Chronic nephritis.

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis Clinical Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Harry Embury, M. D.(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 3 1932

STATE OF IDAHO

77774

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77774

County of ShoshoneCity of Kellogg, Idaho

CERTIFICATE OF DEATH

Registration District No. 123Primary Registration District No. 2201Local Registrar's No. 54(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Leroy Albert Wheeler(a) Residence. No. 2nd Street St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of Alice Wheeler
(or) WIFE of6. DATE OF BIRTH (month, day, and year) March 9, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>55</u>	<u>9</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Worker9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead & Silver Mill10. Date deceased last worked at this occupation (month and year) Dec. 31, 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ostergodck
(State or country) Iowa13. NAME John Wheeler14. BIRTHPLACE (city or town) No Inf.
(State or country)15. MAIDEN NAME No Inf.16. BIRTHPLACE (city or town) No Inf.
(State or country)17. INFORMANT Alice Wheeler
(Address) 2nd St Kellogg18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg, Idaho Date Jan 3, 193219. UNDERTAKER H. B. Thornhill
(Address) 621 Division St. Kellogg, Idaho20. FILED Feb. 1, 1932 Mrs. Helen M. Brice
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 31, 193122. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1931, to Dec. 31, 1931.I last saw him alive on Dec. 31, 1931; death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema 18 hours

Jail

Other contributory causes of importance:

Basilar Skull Fracture - 18 hours
Fracture left wrist

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-30, 1931Where did injury occur? Kellogg, Idaho
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Industry, Lead & Silver MillManner of injury Fell 15 feetNature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased?

Yes. If so, specify Fell while at work(Signed) Harold T. Anderson, M. D.(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77778 ✓

PLACE OF DEATH

County of Ada
City of Boise Idaho

Registration District No. 3
Primary Registration District No. 1004
(No. St. Alphonsus)

Local Registrar's No. 5

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Casper Hein

(a) Residence. No. Mt. Home Idaho St. _____

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hein

6. DATE OF BIRTH (month, day and year) 8-20-1860

7. AGE Years 71 Months 4 Days 3 If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Shelf man.

(b) General nature of industry, business, or establishment in which employed (or employer) Employer.

(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Germany

10. NAME OF FATHER Casper Hein

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER Mary Thiessen

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant Mrs Anna Herr (Address) Mt. Home Id.

15. Filed 1-8 1932 W. H. Rhodes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12-22-31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Dec 29, 1931, that I last saw him alive on Dec 29, 1931, and that death occurred, on the date stated above, at 8.5 m.

The CAUSE OF DEATH* was as follows: Secondary Carcinoma of Stomach

(duration) yrs. mos. ds. CONTRIBUTORY Secondary Carcinoma of Stomach (Secondary) w/ metastasis. (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? at Home

Did an operation precede death? yes Date of Sept 2

Was there an autopsy? no

What test confirmed diagnosis? Operation (Signed) J. H. Gable, M. D.

, 1931 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mt. Home Idaho Date of Burial 12/26 1931

20. Undertaker G. S. Zacher Address Mt. Home Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 10 1932

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77784

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 8

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Albert Davison

(a) Residence. No. 6 Miles South west of Boise.st.

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 12. 1868

7. AGE Years 63 Months 3 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stips Hill, Indiana (State or country)

13. NAME James. H. Davison

14. BIRTHPLACE (city or town) Stips Hill, Indiana (State or country)

15. MAIDEN NAME Rebecca Phillips

16. BIRTHPLACE (city or town) Indiana (State or country)

17. INFORMANT W.H. Davison (Address) R.D. #. 4. Boise. Idaho.

18. BURLAL, CREMATION, OR REMOVAL Mormon Hill Cemetery. January. 3. 1932

19. UNDERTAKER Summers & Krebs (Address) Boise, Idaho.

20. FILED 1-4, 1932 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 31. 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1931, to Dec 31, 1931.

I last saw him alive on Dec 31, 1931; death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Physician Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W.H. Rhodes, M.D.

(Address) Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77808

State File No.

PLACE OF DEATH

County of Ada
City of Orchard

Registration District No. 8Primary Registration District No. 2094(No. Orchard Station)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 22. FULL NAME Reynaldo Gutierrez(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year) <u>7-8-1931</u>		
7. AGE	Years	Months
	<u>5</u>	<u>19</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (city or town) Mt. Home Idaho.
(State or country)10. NAME OF FATHER Pedro Gutierrez11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Mexico12. MAIDEN NAME OF MOTHER Erma Shields13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Cascade, Idaho14. Informant Erma Shields
(Address) Orchard Idaho.15. Filed 1-8-32 W. H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

12-27-31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

called to see deceased after death
was seen and examined body at 5:15 pm
and that death occurred, on the date stated above, at 3:55 pm.

The CAUSE OF DEATH* was as follows:

Probable pneumococci Septisemia
arising in acute lung infection
An early pneumonic consolidation
of lungs present. (duration) 12 hoursCONTRIBUTORY! Advanced rickets
(Secondary) 2 Cold(duration) yrs. 2 mos. ds.18. Where was disease contracted at place of death
if not at place of death?Did an operation precede death? No Date of -Was there an autopsy? NoWhat test confirmed diagnosis? Throat smear and Post mortem
examination of lungs & viscera(Signed) Harold S. Burdon M. D.1-6-1932 (Address) Eastman Bldg. Boise

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mt. Home Idaho. Date of Burial 12-30-3120. Undertaker G. S. Zacher. Address Mt. Home Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

974

RECEIVED FEB 2 1932
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
77811
State File No.

PLACE OF DEATH
County of Ada
City of Star
Registration District No. 9-10
Primary Registration District No. 9-10 Local Registrar's No. 1

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Valia Flora Pollard
(a) Residence. No. Star Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>		21. DATE OF DEATH (month, day, and year) <u>193</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 29</u> , 193, to <u>Dec 29</u> , 1931	
6. DATE OF BIRTH (month, day, and year) <u>May. 8. 1864</u>				I last saw h. alive on <u>Dec 27</u> , 1931; death is said to have occurred on the date stated above, at m.	
7. AGE Years <u>67</u> Months <u>7</u> Days <u>21</u>	If LESS than 1 day, hrs. or min.		The principal cause of death and related causes of importance were as follows:		Date of onset
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>				<u>Chronic myocarditis</u> <u>& circulatory failure</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Other contributory causes of importance:	
12. BIRTHPLACE (city or town) (State or country) <u>Kingston, Missouri</u>				<u>General Debility, Rheumatism</u>	
13. NAME <u>William Shaffer</u>				Name of operation <u>none</u> Date of	
14. BIRTHPLACE (city or town) (State or country) <u>Missouri</u>				What test confirmed diagnosis <u>Chronic</u> Was there an autopsy <u>no</u>	
15. MAIDEN NAME <u>Mary Childs</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury,, 193.	
16. BIRTHPLACE (city or town) (State or country) <u>Missouri</u>				Where did injury occur? <u>✓</u> (Specify city or town, county, and State)	
17. INFORMANT (Address) <u>Chester Pollard, Star, Idaho</u>				Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Star Cemetery</u> Date <u>Dec. 31, 1931</u>				Manner of injury <u>✓</u>	
19. UNDERTAKER (Address) <u>Summers & Krebs, Boise, Idaho</u>				Nature of injury <u>✓</u>	
20. FILED <u>Dec 31, 1931</u> <u>Orville Jackson</u> Registrar				24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify (Signed) <u>James H. Newell</u> , M. D. (Address) <u>Boise</u>	

RECEIVED
STATE OF IDAHO 1932DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77812

PLACE OF DEATH

County of Bannock
City of ChesterfieldRegistration District No. 84Primary Registration District No. 2161Local Registrar's No. 243

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Columbia Fillmore Loveland(a) Residence. No. Chesterfield Idaho St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWife of Heber C. Loveland.6. DATE OF BIRTH (month, day and year) Jan 28 - 18527. AGE Years Months Days If LESS than 1 day, hrs. or min.
79 10 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Fillmore (State or country) Utah

10. NAME OF FATHER

Josiah Call11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio

12. MAIDEN NAME OF MOTHER

Hennetta Williams13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Indiana14. Informant Mr. Chris Call (Address) Chesterfield Idaho15. Filed Jan 31, 1932 Mr. E. E. Fitt Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December 13 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19____, to____, 19____

that I last saw her alive on____, 19____and that death occurred, on the date stated above, at 6¹⁵ p.m.

The CAUSE OF DEATH* was as follows:

Old aged.

(duration) yrs. mos. ds.

CONTRIBUTORY infected Gall bladder. (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) E. E. Fitt M. D., 1932 (Address) Bancroft Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Chesterfield Idaho Dec 17 1932

20. Undertaker

Address

Had none.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ft. Hall Jurisdiction Current Complete

Dec. 1931

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

County of **Ft. Hall Reservation.**

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. **77849**

City of

Registration District No. **121**Primary Registration District No. **2194-R**Local Registrar's No. **3**(No. **At Ranch. No Hospital.**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Tsane Lindell.**

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. **40** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Shoshone Ind. 4/4

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of**Charley Lindell**6. DATE OF BIRTH (month, day, and year) **--- 1864 ---**

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.**67****---****---**

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own home10. Date deceased last worked at this occupation (month and year) **Dec. 11, 1931**11. Total time (years) spent in this occupation **40**12. BIRTHPLACE (city or town) **Boise, Idaho.**
(State or country)

MOTHER FATHER

13. NAME **Unknown**14. BIRTHPLACE (city or town) **Unknown**
(State or country)15. MAIDEN NAME **Unknown**16. BIRTHPLACE (city or town) **Unknown**
(State or country)17. INFORMANT **Charley Liddell**
(Address) **Ft. Hall, Idaho**18. BURIAL, CREMATION, OR REMOVAL **Cedar Grove Cem.**
Place **Ft. Hall Reserve** Date **12/22**, 193119. UNDERTAKER **Brown & Eldredge**
(Address) **Blackfoot, Idaho.**20. FILED **Jan. 25**, 1932 **Mr. Walter E. Puffer**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Dec. 18, 1931**22. I HEREBY CERTIFY That I attended deceased from
No Doctor attending 1931, to 1931I last saw him alive on 1931; death is said to have occurred on the date stated above, at **4: P.m.**

The principal cause of death and related causes of importance were as follows:

Date of onset

Influenza**12/11/31**Other contributory causes of importance: **---**Name of operation **None** Date ofWhat test confirmed diagnosis? **None** Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? **---** Date of injury 1931

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Henry P. Wheeler**, M.D.(Address) **Ft. Hall, Idaho.**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ft. Hall Jurisdiction

Current Complete

Dec. 1931

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Ft. HallCity of Reservation.

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194-RState File No. 77859Local Registrar's No. 2(No. At Ranch. No Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Nappo(a) Residence. No. ----- St. -----(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Shoshone Ind. 4/4	5. Single, Married, Widowed, or Divorced (write the word) Widower
-----------------------	--	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Agnes Washington6. DATE OF BIRTH (month, day, and year) --- 1874---

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	0	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Own farm
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 14, 1931</u>	11. Total time (years) spent in this occupation <u>36</u>

12. BIRTHPLACE (city or town)
(State or country) Lemhi Reservation

MOTHER FATHER	13. NAME <u>No-mo-hant</u>	<u>Salmon Mountains Idaho</u>
	14. BIRTHPLACE (city or town) (State or country)	
	15. MAIDEN NAME <u>Wahm-ham-be-at</u>	

16. BIRTHPLACE (city or town) (State or country)	<u>Salmon Mountains Idaho</u>
---	-----------------------------------

17. INVENTOR Joe Nappo
(Address) Ft. Hall, Idaho18. BURIAL, CREMATION, OR REMOVAL Butte Cemetery
Place Ft. Hall Reserv'n Date 12/19/3119. UNDERTAKER Brown & Eldredge
(Address) Blackfoot, Idaho20. FILED Jan. 25, 1932 Mr. T. E. Parrie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 15, 193122. I HEREBY CERTIFY That I attended deceased from
No Doctor attending, 1931, to -----, 1931I last saw h. alive on -----, 1931; death is said
to have occurred on the date stated above, at 4: A. m.
The principal cause of death and related causes of importance
were as follows:Alcoholism Date of onset 12/14/31Other contributory causes of importance:
Froze to death 12/15/31Name of operation None Date of -----
What test confirmed diagnosis? None Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/14, 1931.
Where did injury occur? Ft. Hall Reservation
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place. Near homeManner of injury Stupified by drink
Nature of injury Feet froze then body

24. Was disease or injury in any way related to occupation of deceased?

If so, specify -----
(Signed) Henry R. Wheeler, M. D.(Address) Ft. Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ft. Hall Jurisdiction **Current** **Complete**

STATE OF IDAHO

1937 Dec. 1931

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of.....

Ft. Hall Reservation. CERTIFICATE OF DEATH

City of.....

Registration District No. **121**

Primary Registration District No. **2194-R**

Local Registrar's No. **5**

(No. **At Ranch** **No Hospital**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Ross Brant.**

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. **3** yrs. **—** mos. **—** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Shoshone
Ind. 4/4

5. Single, Married, Widowed,
or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) **June 30, 1931**

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

5

22

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town) **Sage Creek,**
(State or country) **Wind River Reservation**

13. NAME **George Brant**

14. BIRTHPLACE (city or town) **Wind River**
(State or country) **Reservation**

15. MAIDEN NAME **Pauline Gilman**

16. BIRTHPLACE (city or town) **Ft. Washakie**
(State or country) **Wind River Reservation**

17. INFORMANT **Frank Smart**
(Address) **Ft. Hall, Idaho.**

18. BURIAL, CREMATION, OR REMOVAL **Presbyterian Mis.**
Place **Ft. Hall Res.** Date **12/24/1931**

19. UNDERTAKER **Frank Smart**
(Address) **Ft. Hall, Idaho**

20. FILED **Jan. 25**, 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Dec. 22** 1931

22. I HEREBY CERTIFY, That I attended deceased from
Dec. 22, 1931, to **Dec. 22**, 1931

I last saw him live on **Dec. 22**, 1931; death is said

to have occurred on the date stated above, at **5: P.m.**

The principal cause of death and related causes of importance
were as follows:

Date of onset

Tuberculosis of Lungs

7/1/31

Other contributory causes of importance:

Name of operation **None** Date of

What test confirmed diagnosis? **None** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) **Ft. Hall, Idaho.**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ft. Hall Jurisdiction

Current Complete

Dec. 1931

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of.....

Ft. Hall Reservation. CERTIFICATE OF DEATH

City of.....

Registration District No. 121

Primary Registration District No. 2194-R

Local Registrar's No. 4

(No. At Ranch. No Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ponja Pocatello

(a) Residence. No. - - - - -

St.

(Usual place of abode)

Length of residence in city or town where death occurred. 50 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Shoshone
Ind. 4/45. Single, Married, Widowed,
or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Garfield Pocatello

6. DATE OF BIRTH (month, day, and year) --- 1860 ---

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

71

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Own home

10. Date deceased last worked at
this occupation (month and
year) Dec. 1, 193111. Total time (years)
spent in this
occupation 4012. BIRTHPLACE (city or town) Brigham, Utah
(State or country)

MOTHER FATHER

13. NAME Tin-on-ootse

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Garfield Pocatello
(Address) Pauline, Idaho18. BURIAL, CREMATION, OR REMOVAL Upper Bannock C.
Place Ft. Hall Res. Date 12/23, 193119. UNDERTAKER Mc. Han Co.
(Address) Pocatello, Idaho20. FILED Jan. 25 1932
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 19 1931

22. I HEREBY CERTIFY, That I attended deceased from
Jan. 30 1930, to Dec. 19, 1931

I last saw her alive on Dec. 1, 1931; death is said

to have occurred on the date stated above, at Noon m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Tuberculosis of the Lungs 12/1/28

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1931

Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Ft. Hall, Idaho.

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ft. Hall Jurisdiction

Current Complete

Dec. 1931

PLACE OF DEATH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Ft. Hall
Reservation.

CERTIFICATE OF DEATH

State File No. 77864

City of

Registration District No. 121Primary Registration District No. 2194-RLocal Registrar's No. 1(No. At Ranch. No Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Brahman

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

ShoshoneInd. 4/45. Single, Married, Widowed,
or Divorced (write the word)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Mch. 1, 1930

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.196

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.None9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Ft. Hall Reservation

MOTHER FATHER

13. NAME Freddie Brahman14. BIRTHPLACE (city or town) Ft. Washakie
(State or country) Wyo.15. MAIDEN NAME Mary Horn16. BIRTHPLACE (city or town) Ft. Hall Reserv'n
(State or country)17. INFORMANT Mary Brahman
(Address) Ft. Hall, Idaho.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Putman C. Date 12/9/, 193119. UNDERTAKER Agency Carpenter,
(Address)20. FILED Jan. 25, 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 7, 193122. I HEREBY CERTIFY, That I attended deceased from
No Doctor attending, 1931, to 1931I last saw h..... alive on 1931; death is saidto have occurred on the date stated above, at 6: A.The principal cause of death and related causes of importance
were as follows:

Date of onset

Tuberculosis of the Lungs 7/1/31

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 1931

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) Ft. Hall, Idaho.

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Blaine</u>	City of <u>Hailey</u>	Registration District No. <u>57</u>		State File No. <u>77867</u>	
		Primary Registration District No. <u>2032</u>		Local Registrar's No. <u>29</u>	
		(No. <u>Hailey Clinical Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>M. Edyth Jones</u>					
(a) Residence. No. _____		St. _____			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>D. A. Jones</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec 7-1879</u>					
7. AGE	Years <u>51</u>	Months <u>11</u>	Days <u>23</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) <u>Nov 30-1931</u>				
	11. Total time (years) spent in this occupation <u>26</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Iowa</u>					
FATHER	13. NAME <u>H. F. Reel</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Iowa</u>				
MOTHER	15. MAIDEN NAME <u>Paul</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Iowa</u>				
17. INHERITANCE (Address) <u>24 Jones Bellevue Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Bellevue Cemetery</u> Date <u>Dec 6, 1931</u>					
19. UNDERTAKER (Address) <u>L. J. Harris Hailey, Ida.</u>					
20. FILED <u>2-13</u> , 1932 <u>R. H. Wright</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 2, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>72/1</u> , 1931, to <u>12/2</u> , 1931.					
I last saw him alive on <u>12-2</u> , 1931; death is said to have occurred on the date stated above, at <u>72.0</u> m.					
The principal cause of death and related causes of importance are as follows: <u>Tuberculosis</u> Date of onset <u>11/30-31</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>E. W. St</u> M. D.					
(Address) <u>Hailey, Ida.</u>					

RECEIVED FEB 16 1932

1019

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED FEB 16 1932 DO NOT WRITE IN THIS SPACE 77868 State File No.	
County of <u>Blaine</u>		City of <u>Hailey</u>		Registration District No. <u>57</u> Primary Registration District No. <u>12022</u>	
(No. _____)		(If death occurred in a hospital or institution give its name instead of street and number.)		Local Registrar's No. <u>886</u>	
2. FULL NAME <u>Jesse Hughes</u>		(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH <u>Wright</u>		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	21. DATE OF DEATH (month, day, and year) <u>Dec 29, 1931</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Jessie Hughes</u>			22. I HEREBY CERTIFY, That I attended deceased from <u>10 - 15</u> , 193 <u>1</u> , to <u>12 - 19</u> , 193 <u>1</u> . I last saw him alive on <u>12 - 19</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Myocarditis - Chronic</u> <u>Orchitis -</u> Date of onset <u>7 mo</u>		
6. DATE OF BIRTH (month, day, and year) <u>Feb 2 - 1854</u>					
7. AGE Years <u>77</u> Months <u>10</u> Days <u>27</u>	If LESS than 1 day, _____ hrs. or min.				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired.</u>			Other contributory causes of importance:		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Manchester England -</u>			Name of operation _____ Date of _____		
13. NAME <u>John Hughes</u>			What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>✓</u>		
14. BIRTHPLACE (city or town) (State or country) <u>England</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury _____, 193 <u>1</u> . Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.		
15. MAIDEN NAME <u>Joseph Rothwell</u>			Manner of injury _____		
16. BIRTHPLACE (city or town) (State or country) <u>England</u>			Nature of injury _____		
17. INFORMANT <u>Jessie Hughes</u> (Address) <u>Hailey - Idaho</u>			24. Was disease or injury in any way related to occupation of deceased? If so, specify _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>C. O. C. Cemetery</u> Date <u>Dec. 31 1931</u>			(Signed) <u>Robert H. Wright</u> M. D. (Address) <u>Hailey, Idaho</u>		
19. UNDERTAKER <u>Lena J. Harris</u> (Address) <u>Hailey - Idaho</u>			Regist. <u>H. Wright</u>		
20. FILED <u>2 - 13</u> , 193 <u>2</u>					

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77892

PLACE OF DEATH

County of Boundary
City of Bonner Ferry

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 5156
(No. _____)

Local Registrar's No. _____

2. FULL NAME

(a) Residence. No. _____ St. _____

(Usual place of abode.) Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single. Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mora Bruce

6. DATE OF BIRTH (month, day and year) Oct. 12 - 1890

7. AGE Years 41 Months 2 Days 4 If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Spokane Bridge (State or country) Washington

10. NAME OF FATHER Malcom Bruce

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Canada

12. MAIDEN NAME OF MOTHER Margaret Miller

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Canada

14. Informant (Address) Alan Bruce
Bonner Ferry, Ida

15. Filed Dec. 11 - 1931 D. E. Fry Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1931, to Dec 18 1931
that I last saw him alive on Dec 18 1931
and that death occurred, on the date stated above, at 4:50 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Septic Low Throat (Streptococcus hemolyticus)
Acute Nephritis

(duration) _____ yrs. _____ mos. 22 ds.

CONTRIBUTORY (Secondary) Anuria
(duration) _____ yrs. _____ mos. 4 ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory Exam.

(Signed) R. M. Bowrell, M. D.

Dec 21, 1931 (Address) Bonner Ferry

19. Place of Burial, Cremation, or Removal Bonner Ferry, Ida Date of Burial 21 1931

20. Undertaker A. R. Cronch Address Bonner Ferry

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

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RECEIVED FEB 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77893

PLACE OF DEATH

County of BoundaryCity of Bonnerr's Ferry

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156(No. Bonnerr's Ferry Hospital)Local Registrar's No. 128

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Nelson(a) Residence. No. Troy, Mont.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word.)Unknown

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Unknown

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.70

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workDay Laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Unknown

10. NAME OF FATHER

Unknown11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Unknown

12. MAIDEN NAME OF MOTHER

Unknown13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Unknown

14.

Informant
(Address)Hospital Record

15.

Filed

Nov. 24, 1931.

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 23, 1931.

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 13, 1931, to Nov 23, 1931
that I last saw him alive on Nov 23, 1931and that death occurred, on the date stated above, at 3 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Nephelonephritis(duration) yrs. 1 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Examination

(Signed)

Nov. 24, 1931 (Address) Bonnerr's Ferry, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonnerr's Ferry, Ida. Nov. 25, 1931

20. Undertaker

Address

H.R. Crouch, Bonnerr's Ferry, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 2 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77894

State File No.

PLACE OF DEATH

County of BoundaryCity of Bonnera Ferry

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156(No. Bonnera Ferry Hospital)Local Registrar's No. 112

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Arnold Dickinson(a) Residence. No. St. Naples, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. / ds.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Sept. 7, 1931

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Naples, Idaho
(State or country)10. NAME OF FATHER Joseph Dickinson11. BIRTHPLACE OF FATHER (city or town) Wash.
(State or Country)12. MAIDEN NAME OF MOTHER Eva McDougall13. BIRTHPLACE OF MOTHER (city or town) Wash.
(State or Country)

14.

Informant
(Address) C. Dickinson
Naples, Idaho

15.

Filed Oct. 30, 1931Registrar E. E. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 30, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 30, 1931Oct 30, 1931that I last saw him alive on Oct 30, 1931and that death occurred, on the date stated above, at Naples, Idaho

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Heurcolitis(duration) yrs. mos. 4 ds.CONTRIBUTORY Hyperpyrexia
(Secondary)(duration) yrs. mos. 1 ds.18. Where was disease contracted Naples Idaho
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical Examination(Signed) W. Bourne

M. D.

Oct 30, 1931(Address) Bonnera Ferry, Idaho19. Place of Burial, Cremation, or Removal Reardan, Wash.

Date of Burial

19

20. Undertaker H. R. Crouch, Bonnera Ferry, Idaho

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED FEB 2 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77895

PLACE OF DEATH

County of Boundary
City of Bonnors Ferry

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No. 1019
(No. Bonnors Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME S.S. Hamrick

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
57

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown14. Informant (Address) Hospital Record15. Filed Nov. 21, 1931 S.E. Fry Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 21, 1931 19____
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 14, 1931, to Nov. 21, 1931

that I last saw him alive on Nov. 20, 1931and that death occurred, on the date stated above, at 7 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cholelithiasis
(Fobar)

(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) Cholelithiasis

(duration) yrs. mos. 7 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Physical Examination(Signed) R. E. Fry M. D.Nov. 21, 1931 (Address) Bonnors Ferry, Ida.

19. Place of Burial, Cremation, or Removal Date of Burial
Cascade, Idaho. 19____

20. Undertaker Address
H.R. Crouch, Bonnors Ferry, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77896

State File No.

PLACE OF DEATH

County of BoundaryCity of Bonnors Ferry

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME C.N.Lain

(a) Residence, No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced,
HUSBAND of Lutecia Lain
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug. 7, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>61</u>	<u>3</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Missouri
(State or country)10. NAME OF FATHER N.C.Lain11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or Country)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)14. Informant Mrs. Geo. Oxford
(Address) Bonnors Ferry, Ida.15. Filed Nov. 18th, 1931
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 17, 1931. 19
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Nov. 5th, 1931, to Nov. 17th, 1931
that I last saw him alive on Nov. 17th, 1931
and that death occurred, on the date stated above, at 9:30 P.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Broncho-Pneumonia
Myocarditis(duration) yrs. mos. 10 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No. Date ofWas there an autopsy? No.What test confirmed diagnosis? Physical examination(Signed) E.S. Fry, M. D.Nov. 18th, 1931 (Address) Bonnors Ferry, Ida.19. Place of Burial, Cremation, or Removal Bonnors Ferry, Ida. Date of Burial Nov. 19, 193120. Undertaker H.R. Crouch, Bonnors Ferry, Ida. Address

RECEIVED 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77897

PLACE OF DEATH

County of Boundary
City of Bonnars Ferry

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 2156
(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Allen D. Shultis

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 28 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Ella Mae Shultis
(or) WIFE of6. DATE OF BIRTH (month, day and year) Aug. 11, 1903.7. AGE Years 28 Months 3 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Bonnars Ferry
(State or country) Idaho.10. NAME OF FATHER F.A. Shultis11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) Minn.12. MAIDEN NAME OF MOTHER Lydia Doege13. BIRTHPLACE OF MOTHER (city or town) _____
(State or County) Minn.14. Informant F.A. Shultis
(Address) Bonnars Ferry, Ida.15. Filed Nov. 12-31 1931 E. E. Shultis
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 11, 1931. 19____
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Sudden Death
Chronic Myocardial Degeneration
Small Infarct with localized
pericarditis (duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? IdahoDid an operation precede death? No Date of _____Was there an autopsy? YesWhat test confirmed diagnosis? Autopsy(Signed) E. E. Shultis M. D.Nov. 12, 1931 (Address) Bonnars Ferry, Ida.

19. Place of Burial, Cremation, or Removal Date of Burial

Bonnars Ferry, Ida. Nov. 11, 1931 19____

20. Undertaker Address

H.R. Crouch, Bonnars Ferry, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 2 1932

DO NOT WRITE IN THIS SPACE

State File No. 77898

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Verne Leroy Graham

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Married
----------------	---------------------------	--

5a. If married, widowed, or divorced:
HUSBAND of Ruth Graham
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 24, 1893.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	4	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Wisconsin
(State or country)

10. NAME OF FATHER R.D. Graham

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Mary Jane McCudden

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)14. Informant Mrs. Ruth Graham
(Address) Bonners Ferry, Idaho.

15. Filed Dec. 4, 1931.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec. 3, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

January 30, 1930, to Dec 3, 1931
that I last saw him alive on Dec 3, 1931

and that death occurred, on the date stated above, at 9:30 p. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Progressive (Central) Muscular Atrophy
(Lateral sclerosis - Atonic Type).

(duration) 3 yrs. mos. ds.
CONTRIBUTORY Respiratory Paralysis -
(Secondary)

(duration) yrs. mos. ds. 3

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Physical Examination
(Signed) R. H. Crouch, M. D.

Dec 4, 1931 (Address) Bonners Ferry

19. Place of Burial, Cremation, or Removal Date of Burial
Bonners Ferry, Ida. Dec. 7, 1931 1920. Undertaker Address
H.R. Crouch, Bonners Ferry, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77899

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No. 24

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Reuben Erickson

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) Single
----------------	---------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 26, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Becker,
(State or country) Minn.

10. NAME OF FATHER

Andrew Erickson

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Sweden

12. MAIDEN NAME OF MOTHER

Emma Anderson

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Sweden

14. Informant Herbert Erickson
(Address) Bonners Ferry, Idaho.

15. Filed Nov. 18, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 17, 1931

(Month)

(Day)

19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 15, 1931, to Nov. 17, 1931

that I last saw him alive on Nov. 17, 1931

and that death occurred, on the date stated above, at 9:30 P. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Septic Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed)

M. D.

Nov. 18, 1931 (Address) Bonners Ferry

19. Place of Burial, Cremation, or Removal

Date of Burial

Paradise Valley Cemetery

Bonners Ferry,

Nov. 20, 1931

20. Undertaker

Address

H.R. Crouch, Bonners Ferry, Ida.

RECEIVED FEB 5 1932

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 77916
Registered No. 8

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 2007
City of 2 m. S.E. of Canyon (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Bella Jane McClure

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Married (Write the word.)

6. DATE OF BIRTH Sept 24 1894 (Month) (Day) (Year)

7. AGE 37 yrs. 1 mos. 17 ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION (a) Trade, profession or particular kind of work Housewife (b) General nature of industry business or establishment in which employed (or employer) General care of home

9. BIRTHPLACE (State or Country) Joplin Mo

10. NAME OF FATHER Harry Noel

11. BIRTHPLACE OF FATHER Mo

12. MAIDEN NAME OF MOTHER Julia Baird

13. BIRTHPLACE OF MOTHER Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank M. McClure (Address) Parma Ida RFD No 2

15. Filed Feb 1 1932 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 11 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 6 1931, to Nov 11 1931, that I last saw her alive on Nov 10 1931, and that death occurred on the date stated above, at 2:00 A.M.

The CAUSE OF DEATH* was as follows: Cardiac dilation

(Duration) yrs. mos. ds. Contributory (Secondary) Mitral insufficiency - Chronic Uterine fibroids Hepatitis (Duration) 15 yrs. mos. ds. (Signed) M. D. (Address) Myssa Ore

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Myssa DATE OF BURIAL 191

20. UNDERTAKER M. E. Bratney ADDRESS Boss

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77921

State File No.

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No. 006
(No. 1123-13th Ave So.)

Local Registrar's No. 151

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Caroline Mouritz

(a) Residence. No. 1123-13th Ave So. St. 0

(Usual place of abode.)

Length of residence in city or town where death occurred. 15 yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) widow

5a. If married, widowed, or divorced
HUSBAND of Carl Mouritz
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 22nd, 1850

7. AGE Years 81 Months 10 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Germany
(State or country)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14. Informant Mrs. Mamie Mouritz
(Address) 1123-13th Ave So. Nampa

15. Filed 1-8 32 Death Census
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 22, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1931, to Dec 22, 1931,
that I last saw her alive on Dec 22, 1931,
and that death occurred, on the date stated above, at 8:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Senile gangrene
Right foot

(duration) 2 yrs. mos. ds.
CONTRIBUTORY Arterio sclerosis
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. R. Victor M. D.
Jan 8, 1932 (Address) Nampa

19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial 12-24-1931

20. Undertaker Mrs. Nina M. Zaller Address Nampa, Id.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77930

PLACE OF DEATH

County of Cassia
City of Burley

CERTIFICATE OF DEATH

Registration District No. 117
Primary Registration District No. 2196
(No.)

Local Registrar's No. 306

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances Van Bramer(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAdventist New Bremen6. DATE OF BIRTH (month, day and year) May 17 - 1872

7. AGE Years 59 Months 6 Days 11 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Greenland
(State or country) New York10. NAME OF FATHER Henry Van Bramer11. BIRTHPLACE OF FATHER (city or town) Greenland
(State or Country) New York12. MAIDEN NAME OF MOTHER Van Bramer13. BIRTHPLACE OF MOTHER (city or town) Greenland
(State or County) New York

14.

Informant
(Address)

15.

Filed Feb 10, 1932F. A. Culler
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) 11(Day) 4(Year) 1931

17. I HEREBY CERTIFY, That I attended deceased from

Nov 6, 1931, to Dec 4, 1931that I last saw her alive on Dec 4, 1931and that death occurred, on the date stated above, at 4:45 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Uterine Carcinoma

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) G. E. G. Spe, M. D.

, 19 (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Blaine</u>		CERTIFICATE OF DEATH		77933	
City of <u>Croft</u>		Registration District No. <u>80</u>		State File No.	
		Primary Registration District No. <u>2122</u>		Local Registrar's No. <u>One</u>	
(No. (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Fred Maki</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M.</u>	4. COLOR OR RACE <u>M.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>About</u>	<u>53</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laber</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>✓</u>					
FATHER	13. NAME <u>✓</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>✓</u>				
MOTHER	15. MAIDEN NAME <u>✓</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>✓</u>				
17. INFORMANT <u>White Hotel</u> (Address) <u>Croft</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Croft</u> Date <u>Jan 5, 1932</u>					
19. UNDERTAKER <u>W. A. Schaefer</u> (Address) <u>Croft</u>					
20. FILED <u>Jan 4, 1932</u> <u>W. A. Schaefer</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 3, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from					
....., 1931, to, 1931					
I last saw him alive on, 1931: death is said to have occurred on the date stated above, at <u>10:30</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
					Date of onset
<u>Found dead in bed</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>W. D. Pinson</u> (Address) <u>Croft, Ida</u>					

(Owner)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77935

State File No. _____

PLACE OF DEATH

County of ClearwaterCity of Weippe

CERTIFICATE OF DEATH

Registration District No. 90Primary Registration District No. 2187

(No. _____)

Local Registrar's No. 7

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amos Martin Bond(a) Residence, No. Weippe Idaho St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. 4 yrs. 9 mos. 11 ds.(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Widowed</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLaura H. Thryn Bond6. DATE OF BIRTH (month, day and year) July 19, 1863

7. AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min.
	<u>68</u>	<u>5</u>	<u>4</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

None

9. BIRTHPLACE (city or town) (State or country)

Iowa

10. NAME OF FATHER

Jedediah Bond

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

No records

12. MAIDEN NAME OF MOTHER

Rachel no records

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

No records14. Informant (Address) Ralph Amos Bond
Weippe Idaho15. Filed Jan 22, 1922V. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

<u>12</u> —	<u>23</u> —	<u>31</u>
(Month)	(Day)	(Year)

17. I HEREBY CERTIFY, That I attended deceased from

12-23, 1931, to 12-23, 1931that I last saw him alive on 12-23, 1931and that death occurred, on the date stated above, at S. P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Terminal Pneumonia
Congestion (Pulmonary)
Gastritis.CONTRIBUTORY (Secondary) Valvular Heart Lesion
many years (duration) yrs. mos. ds.18. Where was disease contracted at Weippe
if not at place of death? that isDid an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Symptoms(Signed) V. A. Shaw M. D.
12/23, 1931 (Address) Profess Ida19. Place of Burial, Cremation, or Removal North 1/2 of 34 in Weippe Cemetery Date of Burial Dec. 25 193120. Undertaker Profino Mortuary Address Profino
Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Fremont
City of Ashton

Registration District No. 102
Primary Registration District No. 6
(No. _____ St.)

State File No. _____
Local Registrar's No. 77950

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Leo Stephen Osburne

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Male White (Write the word)

6. DATE OF BIRTH

Jan 5 1926
(Month) (Day) (Year)

7. AGE

5 Yrs. 11 Mos. 14 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work at home
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Ashton

10. NAME OF Father

Stephen Osburne

11. BIRTHPLACE OF FATHER

(State or Country) Ashton

12. MAIDEN NAME OF MOTHER

Junta Olsen

13. BIRTHPLACE OF MOTHER

(State or Country) Ashton

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mervin Olsen
(Address) Ashton Idaho

15.

Filed 12/20 1931 Lumister
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 19 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 19 1931 to Dec 19 1931, that I last saw him alive on Dec 19 1931, and that death occurred on the date stated above, at 4:00 PM.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) _____ yrs. _____ mos. 2 ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) [Signature] M. D.
(Address) Ashton Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Ashton Idaho 12/22 1931

20. UNDERTAKER ADDRESS

Lumister Ashton Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 BEGIN RESERVED FOR BLINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

1. PLACE OF DEATH

County of **Premont**

City of **Ashton.**

If death occurs away from usual residence, give facts called for under special information.

Registration District No. **102**

Primary Registration District No. **6**

(No. _____ St.)

2. FULL NAME **MARY ISENBURG OWENS**

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

State File No. **77951**

Local Registrar's No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WID-OWED OR DIVORCED

(Write the word)

6. DATE OF BIRTH

OCTOBER 4th 1931
 (Month) (Day) (Year)

7. AGE

IF LESS than 1 day how many hrs. or min.?

2 Mos. 23

8. OCCUPATION

AT HOME
 (a) Trade, profession or particular kind of work
 (b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) **BOISE IDAHO**

10. NAME OF Father

HARRY OWENS

11. BIRTHPLACE OF FATHER

(State or Country) **KANSAS.**

12. MAIDEN NAME OF MOTHER

FRIEDA ISENBURG

13. BIRTHPLACE OF MOTHER

(State or Country) **NEB.**

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **HARRY OWENS**

(Address) **ASHTON IDAHO**

15.

Filed **12/28th 1931** **Lewis Kiser**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

DEC. 27th 1931.

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Dec 27 1931** that I last saw him alive on **Dec 27 1931** and that death occurred on the date stated above, at **8:30 P.M.**

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) **J. L. Kiser**

(Address) **Ashton Idaho**

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted

if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

ASHTON IDAHO

DATE OF BURIAL

12/28/31 19

20. UNDERTAKER

LEWIS KISER

ADDRESS

ASHTON IDAHO

1. PLACE OF DEATH

County of Idaho
City of CottonwoodRegistration District No. 105Primary Registration District No. 2183(No. Our Lady of Consolation Hospital)File No. 11911Registered No. 2

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Mrs. John Medved

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

married

(Write the word.)

6. DATE OF BIRTH

Sept 17 1909
(Month) (Day) (Year)

7. AGE

62 Yrs. 2 Mos. 26 ds.

IF LESS than 1 day

how many..... hrs.

or..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business or establishment in which employed (or employer)

Housewife

9. BIRTHPLACE

(State or Country)

Minn.

10. NAME OF FATHER

George Leither

11. BIRTHPLACE OF FATHER

(State or Country)

Germany

12. MAIDEN NAME OF MOTHER

Mary Winters

13. BIRTHPLACE OF MOTHER

(State or Country)

Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Diego J. Medved(Address) W. F. Orr, Idaho

15.

Filed Dec 31 1931W. F. OrrJ.B. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov - 1 1931 to Dec 13 1931that I last saw her alive on Dec 13 1931and that death occurred on the date stated above, at 10:45 P.M.

The CAUSE OF DEATH* was as follows:

Coronary embolism(Duration) 6 hrs Yrs. mos. ds.Contributory Chronic Endocarditis
(Secondary)(Duration) 1 yrs. mos. ds.(Signed) Mesley F. Orr M. D.12/14 1931 (Address) Cottonwood, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BIRTH OR REMOVAL

Weg Pierce, Idaho

DATE OF BURIAL

Dec 15 1931

20. UNDERTAKER

Albert Huff

ADDRESS

Weg Pierce, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED FEB 11 1932
CERTIFICATE OF DEATH PLACE OF DEATH, County of <u>Caribou</u> City of <u>Salmon</u> Registration District No. <u>41</u> Primary Registration District No. <u>2116</u> Local Registrar's No. _____		DO NOT WRITE IN THIS SPACE State File No. <u>78017</u>
(If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME <u>Thomas Pope</u> (a) Residence. No. <u>Salmon Ida.</u> St. _____ Length of residence in city or town where death occurred. yrs. <u>65</u> mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Hattie Pope</u>		
6. DATE OF BIRTH (month, day, and year) <u>1841</u>		
7. AGE Years <u>90</u> Months <u>7</u> Days <u>25</u>	If LESS than 1 day, _____ hrs. or <u>60</u> min.	
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>mining</u> 10. Date deceased last worked at this occupation (month and year) <u>2 yrs. Aug 1929</u> 11. Total time (years) spent in this occupation <u>40</u>		
12. BIRTHPLACE (city or town) (State or country) <u>New York State</u>		
MOTHER 13. NAME <u>Thomas Pope</u> 14. BIRTHPLACE (city or town) (State or country) <u>N. Y. State</u> 15. MAIDEN NAME _____ 16. BIRTHPLACE (city or town) (State or country) _____		
17. INFORMANT <u>Horace Pope</u> (Address) <u>Salmon</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salmon</u> Date <u>Jan 1, 1932</u>		
19. UNDERTAKER <u>M. C. Noebbler</u> (Address) <u>Salmon Idaho</u>		
20. FILED <u>Dec 31, 1931</u>		
MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day, and year) <u>Dec 30</u> 1931 22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 25</u> , 1931, to <u>Dec 30</u> , 1931 I last saw him alive on <u>Dec 30</u> , 1931. death is said to have occurred on the date stated above, at <u>1:50 A.m.</u> The principal cause of death and related causes of importance were as follows: <u>Old age</u> Other contributory causes of importance: _____ Date of onset _____ Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____ 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____ 24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>P. Wright</u> M. D. (Address) <u>Salmon</u>		

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1937

PLACE OF DEATH
County of Lemhi
City of _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 78018

Registration District No. 41
Primary Registration District No. 2116

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Alexander O'Neil

(a) Residence. No. Leadore Idaho St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 91 Months 11 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner + Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Port
(State or country) Idaho

13. NAME O'Neil

14. BIRTHPLACE (city or town) _____
(State or country) _____

15. MAIDEN NAME Rebekah

16. BIRTHPLACE (city or town) United States
(State or country) _____

17. INFORMANT Larrie O'Neil
(Address) Leadore Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Date _____ 193 7

19. UNDERTAKER William C. Doebler
(Address) Salmon

20. FILED 5 193 2 Chas Bellamy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from
December 16, 1931, to December 26, 1931.

I last saw him alive on December 21, 1931; death is said to have occurred on the date stated above, at 5:30 PM.
The principal cause of death and related causes of importance were as follows:

old age

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193 1.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) John L. Bubbis, M. D.

(Address) Leadore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Douglas
City of Baker

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 11 1932
DO NOT WRITE IN THIS SPACE
State File No. 78019

Registration District No. 41
Primary Registration District No. 2116

Local Registrar's No. 160

(No. _____)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Earl Taylor Jr.

(a) Residence. No. Baker St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 1 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baker Idaho
(State or country)

13. NAME Earl Alfred Taylor

14. BIRTHPLACE (city or town) Greely Colo
(State or country)

15. MAIDEN NAME May Ann Wayman

16. BIRTHPLACE (city or town) Baker Idaho
(State or country)

17. INFORMANT Carl Alfred Taylor
(Address) Baker

18. BURIAL, CREMATION, OR REMOVAL
Place Baker Date Dec 1, 1931

19. UNDERTAKER Wm. A. Osbiller
(Address) Salmon

20. FILED Feb 5, 1932 Oliver E. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 6 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Dec 6, 1931

I last saw him alive on Dec 6, 1931, death is said

to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Congenital debility
(icterus)

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

_____ If so, specify no

(Signed) Chas. F. Hammer, M. D.

(Address) Salmon

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

FEB 11 1932
CERTIFICATE OF DEATH.State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 47County of Lewis Co

Primary Registration District No. _____

City of Myers Lake Village

(No. _____ St.)

File No. 78021Registered No. 162

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

James J. Sullivan

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Single
(Write the word.)

6. DATE OF BIRTH.

July 8 1878
(Month) (Day) (Year)

7. AGE

51 Yrs. 11 Mos. 29 ds.IF LESS than 1 day
how many.....hrs. or
.....min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer)...Farming

9. BIRTHPLACE

(State or Country)

Decatur Ill

10. NAME OF FATHER

Patric Sullivan

11. BIRTHPLACE OF FATHER

(State or Country)

Ireland

12. MAIDEN NAME OF MOTHER

Katherine Conolly

13. BIRTHPLACE OF MOTHER

(State or Country)

England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

Mr Geo Hines

(Address)

Reg. Perce Ida.

15.

Filed

Feb 9 1932Albert Hoff

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 2 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 2 1931, to June 18 1931that I last saw him alive on June 18 1931

and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Tuberculosis
(General)(Duration) 10 Yrs. _____ mos. _____ ds.Contributory T. B. of hip
(Secondary)(Duration) 1 yrs. 6 mos. _____ ds.(Signed) R. B. Halliday M. D.7/2 1931 (Address) Winchester, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Myers Lake Catholic CemeteryJuly 9 1931

20. UNDERTAKER

ADDRESS

Albert Hoff Myers Lake

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nez Perce</u>		City of <u>Lewiston</u>		Registration District No. <u>96</u>		Primary Registration District No. <u>1009</u>		State File No. <u>78040</u>	
				(No. <u>Whites Hospital</u>)				Local Registrar's No. <u>128</u>	
				(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>lassac H. wallace</u>									
(a) Residence. No. <u>Lewiston Idaho</u>		St. <u></u>							
Length of residence in city or town where death occurred.		yrs. mos.		ds. How long in U. S., if of foreign birth?		yrs. mos.		ds.	
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH				
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>12 / 31 / 32</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Anna wallace</u> (Deceased) (or) WIFE of						22. I HEREBY CERTIFY, That I attended deceased from <u>12-19</u> , 193 <u>2</u> , to <u>12-31</u> , 193 <u>2</u>			
6. DATE OF BIRTH (month, day, and year) <u>Sept 16 1867</u>						I last saw him live on <u>12-31</u> , 193 <u>2</u> , death is said to have occurred on the date stated above, at <u>m.</u>			
7. AGE Years Months Days If LESS than 1 day, hrs. or min.		<u>64</u> <u>5</u> <u>15</u>				The principal cause of death and related causes of importance were as follows:		Date of onset	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Farmer</u>				<u>Haemia</u>		<u>12-28-32</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Wheat</u>				<u>Acute paraneurmatous nephritis</u>		<u>12-15-32</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>25 yrs</u>				Other contributory causes of importance:			
12. BIRTHPLACE (city or town) (State or country)		<u>Indiana</u>				Name of operation <u>none</u>		Date of operation <u>12-15-32</u>	
13. NAME		<u>Alexander Wallace</u>				What test confirmed diagnosis? <u>Cardiac symptoms</u>		Was there an autopsy? <u>No</u>	
14. BIRTHPLACE (city or town) (State or country)		<u>Dale Indiana</u>				23. If death was due to external causes (violence) all in also the following:			
15. MAIDEN NAME		<u>Jane Hill</u>				Accident, suicide, or homicide? <u>No</u>		Date of injury <u>1932</u>	
16. BIRTHPLACE (city or town) (State or country)		<u>Troy Indiana</u>				Where did injury occur? (Specify city or town, county, and State)			
17. INHERITANCE (Address)		<u>Robt S. Willoughby Lewiston Idaho</u>				Specify whether injury occurred in industry, in home, or in public place.			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Normal Hill</u> Date <u>1/2/32</u> 193 <u>2</u>						Manner of injury			
19. UNDERTAKER <u>Vassar Mortuary Inc</u> (Address) <u>Lewiston Idaho</u>						Nature of injury			
20. FILED <u>Feb 1</u> , 193 <u>2</u> <u>J. M. Lyle</u> Registrar.						24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			
						If so, specify <u>E. P. White</u> (Signed) <u>Lewiston Ida</u> , M. D.			
						(Address)			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED FEB 15 1929 DO NOT WRITE IN THIS SPACE	
County of.....	Naz Perce.	CERTIFICATE OF DEATH		State File No. 78042	
City of.....	Lewiston.	Registration District No.....	96	Local Registrar's No.....	
		Primary Registration District No.....	1089		
		(No. Whites Hospital.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME		Otto F. Cromer.			
(a) Residence. No.....		St. Lapwai, Idaho.			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs.	mos.	ds.	How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)			
Male.	White.	Married.			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) July 6th, 1878.					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
53.		5.	25.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer and stockman.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) Ohio.					
MOTHER FATHER	13. NAME Unknown.				
	14. BIRTHPLACE (city or town) (State or country) Unknown.				
	15. MAIDEN NAME "				
16. BIRTHPLACE (city or town) (State or country) "					
17. INFORMANT (Address) Mrs. O. F. Cromer Lapwai, Idaho.					
18. BURIAL, CREMATION, OR REMOVAL Place Clarkston, Wash. Date Jan. 3rd, 1929.					
19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.					
20. FILED Feb 2, 1929 J. M. Lyle Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Dec. 31st, 1911.					
22. I HEREBY CERTIFY, That I attended deceased from Dec-5-1931, to Jan-3-1932					
I last saw him alive on Jan-3-1932, death is said to have occurred on the date stated above, at 8:10 P. M.					
The principal cause of death and related causes of importance were as follows:					
Chronic parenchymatous nephritis					
Other contributory causes of importance: High blood pressure and cardiac enlargement.					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy? No					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) E. L. White, M. D.					
(Address) Lewiston, Idaho.					

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Nez Perce</u>		CERTIFICATE OF DEATH Registration District No. <u>96</u> Primary Registration District No. <u>1009</u> Local Registrar's No. _____		State File No. <u>78049</u>	
City of <u>Lewiston</u>					
(No. <u>Somerville Home</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>W. H. Grasty</u>					
(a) Residence. No. <u>Somerville Home</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married ?</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year)					
7. AGE Years <u>65?</u>	Months	Days	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as <u>spinner</u> , <u>sawyer</u> , <u>bookkeeper</u> , etc. <u>Patient Somerville Home</u>					
9. Industry or business in which work was done, as <u>silk mill</u> , <u>saw mill</u> , <u>bank</u> , etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Not known</u>					
13. NAME <u>Not known</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Not known</u>					
15. MAIDEN NAME <u>Not known</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Not known</u>					
17. INFORMANT (Address) <u>Best Richardson</u> <u>Lewiston, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston, Idaho</u> Date <u>Dec. 4th, 1931</u>					
19. UNDERTAKER (Address) <u>Brower-Wann Company</u> <u>Lewiston, Idaho</u>					
20. FILED <u>Jan. 2, 1932</u> <u>M. Pyle</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Nov. 20th, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept</u> , 1931, to <u>Nov. 20</u> , 1931.					
I last saw him alive on <u>Nov. 16</u> , 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Endocarditis</u> <u>chronic</u>					
Date of onset <u>3 yrs</u>					
Other contributory causes of importance:					
<u>Arterio sclerosis</u>					
Name of operation <u>none</u> Date of <u>✓</u>					
What test confirmed diagnosis? <u>impaired</u> Was there an autopsy? <u>✓</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 1931.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>no</u>					
(Signed) _____, M. D.					
(Address) <u>Lewiston, Idaho</u>					

88a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County Nez Perce State Idaho Registered No. _____
Township Nez Perce Reservation or Village Lenore _____
City _____ No. at home St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ida Ramona Danton

(a) Residence. No. Lenore, Idaho St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE 1/4 Nez Perce Indian 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6 DATE OF BIRTH (month, day, and year) Oct. 3, 1931

7 AGE Years _____ Months 1 Days 18 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lenore, Idaho
(State or country)

10 NAME OF FATHER Joseph Danton
11 BIRTHPLACE OF FATHER (city or town) Lenore
(State or country) Idaho
12 MAIDEN NAME OF MOTHER Lucy McFarland
13 BIRTHPLACE OF MOTHER (city or town) Lenore
(State or country) Idaho

14 INFORMANT Joseph Danton (Father)
(Address)

15 FILED 11/22/1931 REGISTRAR. 11-3184 U. S. GOVERNMENT PRINTING OFFICE: 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22, 19 31

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM
No doctor, nor attendance

THAT I LAST SAW H ALIVE ON 11-30, 19 31

AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT _____ M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

(DURATION) _____ YRS. _____ MOS. _____ DS.

CONTRIBUTORY (SECONDARY) (DURATION) _____ YRS. _____ MOS. _____ DS.

18 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.,
, 19 (Address)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Lenore, Idaho DATE OF BURIAL Nov. 23, 1931

20 UNDERTAKER Drews-Hann Company ADDRESS Lawton, Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County Nez Perce State Idaho Registered No. _____
 Township Nez Perce Reservation or Village Spalding Vicinity _____ or
 City _____ No. at home St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. Spalding, Idaho St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE 1/4 Nez Perce Indian 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Neupertahlert

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
60

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Spalding
 (State or country) Idaho

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
 (State or country)

12 MAIDEN NAME OF MOTHER Nez Perce

13 BIRTHPLACE OF MOTHER (city or town) Nez Perce
 (State or country) Idaho

14 INFORMANT. Russie White
 (Address) Spalding, Idaho.

15 FILED 4123, 1931 REGISTRAR.
 11-3184 U. S. GOVERNMENT PRINTING OFFICE: 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23rd, 1931

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM
No doctor, 10 min. after death, 1931

THAT I LAST SAW H. _____ ALIVE ON _____, 19____.

AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT _____ M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

(DURATION) _____ YRS. _____ MOS. _____ DS.

CONTRIBUTORY (SECONDARY) (DURATION) _____ YRS. _____ MOS. _____ DS.

18 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) _____, M. D.,
 , 19 (Address)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Spalding, Idaho Nov. 24, 1931

20 UNDERTAKER ADDRESS
Brown-Mann Company Louiston, I

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

City of Weymouth (No. _____ St.) Registered No. 100
If death occurs away from usual residence, give facts called for under special information. About 12 miles north
2. FULL NAME Clayton Snyder If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

6. DATE OF BIRTH. June 13 1882
(Month) (Day) (Year)

7. AGE 48 Yrs. 4 Mos. 3 ds. IF LESS than 1 day how many _____ hrs. or _____ min. 2 |

8. OCCUPATION Farmer
(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE Pa
(State or Country)

10. NAME OF FATHER Jeremiah Snyder

11. BIRTHPLACE OF FATHER Pa
(State or Country)

12. MAIDEN NAME OF MOTHER Christian Longenberger

13. BIRTHPLACE OF MOTHER Pa
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) X Mrs. J. Snyder
(Address) X Gardee, Idaho

15. Filed Jan 20 1932 Albert Huff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH About June 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____ 191_____, to _____ 191_____, that I last saw h. _____ alive on _____ 191_____, and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:
(Accident), slipped + fell breaking his neck + fracturing base of skull
(Duration) _____ Yrs. _____ mos. _____ ds.
Contributory (Secondary) Intoxication
(Duration) _____ Yrs. _____ mos. _____ ds.
(Signed) Albert Huff M.D.
19. (Address) Weymouth

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?.....
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Weymouth Public Cemetery DATE OF BURIAL June 10 1931

20. UNDERTAKER Albert Huff ADDRESS Weymouth

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County See Porce State Idaho Registered No. _____
 Township See Porce Reservation or Village Lapwai or _____
 City _____ No. at home St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lella Corbett

(a) Residence. No. Lapwai, Idaho. St., _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE 3/4 See Porce Indian 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6 DATE OF BIRTH (month, day, and year) Nov. 10, 1931

7 AGE Years 0 Months 0 Days 12 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Lapwai,
(State or country) Idaho

10 NAME OF FATHER David Corbett
11 BIRTHPLACE OF FATHER (city or town) Stites,
(State or country) Idaho
12 MAIDEN NAME OF MOTHER Ida Allen
13 BIRTHPLACE OF MOTHER (city or town) Lapwai,
(State or country) Idaho

14 INFORMANT Ida Allen (Mother)
(Address) Lapwai, Idaho.

15 FILED 11-30-1931 St. Mark REGISTRAR.
11-3184 U. S. GOVERNMENT PRINTING OFFICE: 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30th, 1931

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 11-30-1931 TO 11-30-1931

THAT I LAST SAW HIM ALIVE ON 11-30-1931

AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT _____ M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purpura Fulminans

(DURATION) _____ YRS. _____ MOS. _____ DS.

CONTRIBUTORY (SECONDARY) (DURATION) _____ YRS. _____ MOS. _____ DS.

18 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) George J. Janssen, M. D.,
11-30-1931 (Address) Wendover, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Lapwai, Idaho DATE OF BURIAL Dec. 1, 1931

20 UNDERTAKER Brewer-Mann Company ADDRESS Lewiston,

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH

RECEIVED JAN 25 1932

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 47County of Lewis

Primary Registration District No. _____

City of Myers Falls

(No. _____)

St.) _____

File No. 78051

Registered No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alanson Stewart Turner

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

6. DATE OF BIRTH.

7. AGE

IF LESS than 1 day
how many hrs. or
..... min.?)

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE

(State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. E. Connor(Address) 1351 - 11 ave

15.

Filed Jan 20 1932

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec
(Month)8
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

..... 191....., to

..... 191.....,

that I last saw him alive on

..... 191.....

and that death occurred on the date stated above, at

..... M.

The CAUSE OF DEATH* was as follows:

Long illness after
paralytic stroke & Heart
failure

(Duration)

Yrs.

mos.

ds.

Contributory
(Secondary)

(Duration)

Yrs.

mos.

ds.

(Signed) Albert Huff19. (Address) Myers Falls

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place

In the

of death.....yrs.....mos.....days. State.....yrs.....mos.....days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Myers Falls CemeteryDec 10 1931

20. UNDERTAKER

ADDRESS

Albert HuffMyers Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		RECEIVED JAN 22 1932	
DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		78058	
PLACE OF DEATH		CERTIFICATE OF DEATH	
County of <u>Boz Perce</u>	Registration District No. <u>128</u>	State File No.	
City of <u>Lapwai Ida.</u>	Primary Registration District No.	Local Registrar's No.	
(No.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Leyle Jay Gould</u>		31	
(a) Residence. No. <u>Lapwai Idaho</u> St.		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Indian</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>5-21-1927</u>			
7. AGE <u>4</u> Years	<u>7</u> Months	Days	If LESS than 1 day, hrs. or min.
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
		10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Stites Idaho</u>			
MOTHER / FATHER	13. NAME <u>Owen Jay Gould</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Stites Idaho</u>		
	15. MAIDEN NAME <u>Julia Hoyt</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Ahsaka Idaho</u>		
17. INFORMANT <u>Owen Jay Gould</u> <u>Lapwai Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Ahsaka</u> Date <u>28</u> , 1931			
19. UNDERTAKER <u>Brower & Wagner</u> <u>Lewiston Ida.</u>			
20. FILED <u>December</u> 1931 <u>Geo. Faignard</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>12-21-31</u> 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>12-15-31</u> , 1931, to <u>12-29-31</u> , 1931.			
I last saw him alive on <u>12-29-31</u> , 1931; death is said to have occurred on the date stated above, at <u>9:55 P.M.</u>			
The principal cause of death and related causes of importance were as follows:			
<u>Acute tubercular meningitis</u>			Date of onset
Other contributory causes of importance:			
Name of operation Date of			
What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? Date of injury 1931.			
Where did injury occur? (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify			
(Signed), M. D.			
(Address)			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		RECEIVED JAN 22 1932	
County of <u>Boise</u>		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
City of <u>Lapwai</u>		BUREAU OF VITAL STATISTICS		State File No. <u>78059</u>	
Registration District No. <u>128</u>		Primary Registration District No.		Local Registrar's No.	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Gorton Black-Eagle</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Indian</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>4/4</u>					
6. DATE OF BIRTH <u>12-7-1931</u> (month, day, and year)					
7. AGE Years <u>16</u>	Months <u>4</u>	Days <u>16</u>	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
13. NAME <u>James Black-Eagle</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Annie Miller</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT <u>Annie Miller</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place Date 193					
19. UNDERTAKER (Address)					
20. FILED <u>December 1931</u> <u>Geo. Gagnard</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12-23-1931</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 20</u> , 1931, to <u>Dec. 23</u> , 1931.					
I last saw him alive on <u>Dec. 23</u> , 1931; death is said to have occurred on the date stated above, at <u>12 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Acute Tubercular Meningitis</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 193					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) M. D.					
(Address)					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

RECEIVED FEB 13 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

78094

State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1083

Local Registrar's No. 20

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harriett Jane Barber(a) Residence. No. 419 - 4th Ave N St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred 17 yrs. 6 mos. ds.

How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widow'd, or Divorced (write the word.) widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles W. Barber

6. DATE OF BIRTH (month, day and year) June 16 - 1849

7. AGE 82 Years 7 Months 15 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mt. Plaskie, Ill.
(State or country)

10. NAME OF FATHER Chas. H. Benson

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

12. MAIDEN NAME OF MOTHER Margaret Patton

13. BIRTHPLACE OF MOTHER (city or town) Tenn.
(State or Country)

14. Informant (Address) John Barber

15. Filed 2/3 1932 Elizabeth D. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931, to Jan 31 1931,
that I last saw him alive on Jan 31 1931,
and that death occurred, on the date stated above, at 8:01 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. 2 mos. ds.
CONTRIBUTORY Paralytic
(Secondary) (duration) 6 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. D. Weaver M. D.
Feb. 2, 1932 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal Twin Falls Cemetery Date of Burial 2-3 1932

20. Undertaker White Mortuary Inc Address Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED FEB 9 1937
CERTIFICATE OF DEATHSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Washington
City of WeiserRegistration District No. 86
Primary Registration District No. 1010
(No. _____ St.)State File No. 18105
Local Registrar's No. 7

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Edward Mc Grew

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
(Write the word)

6. DATE OF BIRTH

July 16 1857
(Month) (Day) (Year)

7. AGE

74 Yrs. 1 Mos. 0 ds.
IF LESS than 1 day how many _____ hrs. or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Taxi Cab Driver
(b) General nature of industry, business or establishment in which employed (or employer) _____

9. BIRTHPLACE

(State or Country) California

10. NAME OF Father

Dont Know

11. BIRTHPLACE OF FATHER

(State or Country) Dont Know

12. MAIDEN NAME OF MOTHER

Dont Know

13. BIRTHPLACE OF MOTHER

(State or Country) Dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice Hittman
(Address) Weiser Idaho

15.

Filed Jan 21 1932 W. B. Hamilton
E. J. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 16 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____,
that I last saw h. _____ alive on _____ 19____,
and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Found dead in bedhad Heart Troubl

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) H. G. Northam Coroner8-17-1931 (Address) Weiser Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.Where was disease contracted
if not at place of death? _____Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Willcrest Cemetery

DATE OF BURIAL

8-20-1931

20. UERTAKER

H. G. Northam

ADDRESS

Weiser Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V, S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of

Registration District No.

City of

Primary Registration District No.

State File No.

Local Registrar's No.

If death occurs away from usual residence, give facts called for under special information.

(No.)

(St.)

2. FULL NAME

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

M

Wht

Single

(Write the word)

6. DATE OF BIRTH

March 8

(Month)

(Day)

1923
(Year)

7. AGE

8

Yrs.

5

Mos.

23

ds.

IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country)

10. NAME OF

Father

11. BIRTHPLACE
OF FATHER

(State or Country)

12. MAIDEN NAME
OF MOTHER13. BIRTHPLACE
OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed

19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug.

31

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19

to

19

that I last saw h..... alive on..... 19

and that death occurred on the date stated above, at..... M.

The CAUSE OF DEATH* was as follows:

Accidental discharge of 22
caliber Winchester rifle in hands
of brother. no inquest held

(Duration)

yrs.

mos.

ds.

Contributory

(Secondary)

(Duration)

yrs.

mos.

ds.

(Signed)

L. B. Northam

9-2-1931 (Address) Weiser Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals; Institutions, Transients or Recent Residents.)

At place

In the

of death..... yrs..... mos..... days. State..... yrs..... mos..... ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Hillcrest Cemetery

9-2-1931

20. UNDERTAKER

L. B. Northam

ADDRESS

Weiser Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

1. PLACE OF DEATH

County of Washington

City of Wenatch

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Walter Wm Brouson

CERTIFICATE OF DEATH

9 1932

Registration District No. 86

Primary Registration District No. 1010

(No. _____ St.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 78113

Local Registrar's No. 9

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Single

(Write the word)

6. DATE OF BIRTH

Nov

(Month)

9

(Day)

1931

(Year)

7. AGE

9

Yrs.

9

Mos.

14

ds.

IF LESS than 1 day how many
hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Arizona

10. NAME OF FATHER

Roy Brouson

11. BIRTHPLACE OF FATHER

(State or Country)

Idaho

12. MAIDEN NAME OF MOTHER

Vera May Saunders

13. BIRTHPLACE OF MOTHER

(State or Country)

Texas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Roy Brouson

(Address)

Wenatch Idaho

15.

Filed

19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug

(Month)

23

(Day)

10

1931

(Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 17 1931 to Aug 23 1931, that I last saw him alive on Aug 23 1931, and that death occurred on the date stated above, at 5:10 A M.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(Duration) yrs. mos. 12 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Hyden Harber M. D.

Sept 3 1931 (Address) Wenatch Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Hebert Cemetery

DATE OF BURIAL

8-23-1931

20. UNDERTAKER

L. B. Northam

ADDRESS

Wenatch Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED MAR 2 1932
CERTIFICATE OF DEATH PLACE OF DEATH Bannock County of McCannon City of McCannon Registration District No. 84 Primary Registration District No. 2161 (No. Residence) (If death occurred in a hospital or institution, give its name instead of street and number.)		DO NOT WRITE IN THIS SPACE 78205 State File No. _____ Local Registrar's No. 244
2. FULL NAME Annie Falkner Crawshaw (a) Residence. No. McCannon, Idaho. St. _____ (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of Widow of John Crawshaw (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) Feb. 14, 1847		
7. AGE 84	Years 5	Months 9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At-Home		
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) (State or country) England		
13. NAME Unknown		
14. BIRTHPLACE (city or town) (State or country) Unknown		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (city or town) (State or country) Unknown		
17. INFORMANT Mrs. Truman Rowe (Address) McCannon, Idaho.		
18. BURIAL, CREMATION, OR REMOVAL Place Robin, Idaho. Date July 25, 1931		
19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.		
20. FILED Mar. 6, 1932 Mar. 6, 1932		
REGISTERED		
MEDICAL CERTIFICATE OF DEATH		
21. DATE OF DEATH (month, day, and year) July 23, 1931		
22. I HEREBY CERTIFY, That I attended deceased an May 19, 1929 , to _____, 193____ I last saw alive on above date , 193____: death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: Stenility Date of onset _____		
Other contributory causes of importance: None Known		
Name of operation None Date of _____ What test confirmed diagnosis? None Was there an autopsy? _____		
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____		
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) Dr. Rich m.d. M. D. (Address) Lava Hot Springs, Idaho.		

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ft. Hall Jurisdiction

Current Complete

1932 Dec. 1931

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of

Ft. Hall Reservation. CERTIFICATE OF DEATH

City of

Registration District No. 121

Primary Registration District No. 2194-R

Local Registrar's No. 6

(No. At Ranch No Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Millie Thompson Ford

(a) Residence. No. - - - - - St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 23 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Shoshone
Ind. 1/25. Single, Married, Widowed,
or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Peter Ford

6. DATE OF BIRTH (month, day, and year) -- 1868 --

7. AGE

Years

63

Months

--

Days

If LESS than:

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Own home

10. Date deceased last worked at
this occupation (month and
year) 12/5/3111. Total time (years)
spent in this
occupation 4512. BIRTHPLACE (city or town) Deer Lodge, Mont.
(State or country)

MOTHER FATHER

13. NAME Batise Quesnelle

14. BIRTHPLACE (city or town) Montreal, Canada
(State or country)

15. MAIDEN NAME Lucy Ingatuah

16. BIRTHPLACE (city or town) Ft. Hall Reservation
(State or country)17. INFORMANT Peter Ford
(Address) Pocatello, Idaho18. BURIAL, CREMATION, OR REMOVAL Bannock Cem.
Place Ft. Hall Res. Date 12/28, 193119. UNDERTAKER Agency Carpenter.
(Address) Ft. Hall, Idaho.20. FILED Jan. 25, 1932 2 Mrs. Walter E. Pater
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 26 1931

22. I HEREBY CERTIFY, That I attended deceased from

No Doctor attending.

I last saw h..... alive on....., 193.....; death is said

to have occurred on the date stated above, at 8:A. m.

The principal cause of death and related causes of importance
were as follows:

Date of onset

Influenza

12/5/31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193.....

Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. P. Pater, M.D.

(Address) Ft. Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 78351	
County of <u>Bear</u>		Registration District No. <u>41</u>		Local Registrar's No. <u>160</u>	
City of <u>Baker</u>		Primary Registration District No. <u>2-16</u>			
(No. _____ (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Earl Taylor Jr.</u>					
(a) Residence. No. <u>Baker</u> St. _____					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>m.</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Dec 1 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or min.	
	<u>0</u>	<u>0</u>	<u>6</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Baker Idaho</u> (State or country)					
MOTHER FATHER					
13. NAME <u>Earl Alfred Taylor</u>					
14. BIRTHPLACE (city or town) <u>Griffeyville</u> (State or country)					
15. MAIDEN NAME <u>May Ann Wagman</u>					
16. BIRTHPLACE (city or town) <u>Baker Idaho</u> (State or country)					
17. INFORMANT <u>Earl A. Taylor</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Baker Ida.</u> Date <u>12-7</u> , 193 <u>2</u>					
19. UNDERTAKER (Address)					
20. FILED <u>Mar. 8</u> , 193 <u>2</u> <u>Clara C. Bellamy</u> Registrar. (Address) <u>Baker Ida.</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 6</u> , 193 <u>2</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 6</u> , 193 <u>2</u> , to <u>Dec 6</u> , 193 <u>2</u>					
I last saw him alive on <u>Dec 6</u> , 193 <u>2</u> ; death is said to have occurred on the date stated above, at <u>4 P.</u> m. The principal cause of death and related causes of importance were as follows:					
<u>congenital debility</u> <u>(icterus)</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>2</u>					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>Clara F. Hammer</u> , M. D. (Address) <u>Baker Ida.</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 78365

PLACE OF DEATH

County of Blaine
City of Rupert

CERTIFICATE OF DEATH

Registration District No. 19
Primary Registration District No. 2015
(No. _____)

Local Registrar's No. 4

death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Myra Young St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

16. DATE OF DEATH Dec 26, 1931
(Month) (Day) (Year)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

17. I HEREBY CERTIFY, That I attended deceased from Aug., 1931, to Dec. 26, 1931.
that I last saw her alive on Dec. 23, 1931.
and that death occurred, on the date stated above, at 11 am.

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day.
48 2 16 _____ hrs. or min.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

8. OCCUPATION OF DECEASED House wife
(a) Trade, profession, or particular kind of work

Myocarditis - (Chronic)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Utah
(State or country)

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Ch. progressive van Nijmegen
(Secondary) (duration) _____ yrs. _____ mos. _____ ds.

10. NAME OF FATHER Richard Powell

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? Physical Ex. - Urine
(Signed) L. M. Kelly, M. D.
Jan 3, 1931 (Address) Rupert

12. MAIDEN NAME OF MOTHER Lillian Mahony

13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or Country)

14. Informant Mrs Lillian Powell
(Address)

19. Place of Burial, Cremation, or Removal Calvary Date of Burial Dec 28 1931

15. Filed 2-11, 1932 Edith Moore
Registrar.

20. Undertaker W. J. Goodman Address Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 78366	
County of <u>Mandala</u>		Registration District No. <u>19</u>		Local Registrar's No. <u>3</u>	
City of <u>Rupert</u>		Primary Registration District No. <u>2015</u>			
(If death occurred in a hospital or institution give its name instead of street and number.)					
2. FULL NAME <u>Ragnvald Wright May</u>					
(a) Residence. No. <u> </u> St. <u> </u>					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec 5 1867</u>					
7. AGE Years <u>64</u>		Months <u>0</u>		Days <u>11</u>	
If LESS than 1 day, hrs. min.					
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Varway</u> (State or country)					
FATHER		13. NAME <u>Clay May</u>			
		14. BIRTHPLACE (city or town) <u>Varway</u> (State or country)			
MOTHER		15. MAIDEN NAME <u>Roundhill May</u>			
		16. BIRTHPLACE (city or town) <u>Varway</u> (State or country)			
17. INFORMANT <u>Mrs R. F. May</u> (Address) <u>Rupert Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u> </u> Date <u> </u> , 193 <u> </u>					
19. UNDERTAKER <u>H. A. Woodman</u> (Address) <u> </u>					
20. FILED <u>2-11</u> , 193 <u>2</u> <u>E. H. Lawrence</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 16</u> , 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 1</u> , 193 <u>21</u> , to <u>Dec 16</u> , 193 <u>1</u>					
I last saw him alive on <u>Dec 16</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>7:30pm</u> . The principal cause of death and related causes of importance were as follows:					
<u>Syngis myelin</u>					
Other contributory causes of importance: <u>Paralysis associated 1930</u>					
<u>remedy</u>					
Name of operation <u> </u> Date of <u> </u>					
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 193 <u> </u>					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u> </u>					
Manner of injury <u> </u>					
Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? <u> </u>					
If so, specify <u> </u>					
(Signed) <u>E. H. Lawrence</u> , M. D.					
(Address) <u>Rupert, Idaho</u>					

15

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

78755

1 PLACE OF DEATH

County Nez Perce State Idaho Registered No. _____
 Township Nez Perce Reservation or Village Lapwai or _____
 City _____ No. At Home St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Horton Blackagle
 (a) Residence. No. Lapwai, Idaho. St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE 4/4 Nez Perce Indian 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6 DATE OF BIRTH (month, day, and year) Dec. 7, 1931

7 AGE Years _____ Months _____ Days 18 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lapwai, Idaho
 (State or country)

10 NAME OF FATHER James Blackagle

11 BIRTHPLACE OF FATHER (city or town) Lapwai
 (State or country) Idaho

12 MAIDEN NAME OF MOTHER Annie Miller

13 BIRTHPLACE OF MOTHER (city or town) Webb
 (State or country) Idaho

14 INFORMANT Annie M. Blackagle (Mother)
 (Address) Lapwai, Idaho.

15 FILED 12/22/31 J. M. Murrell REGISTRAR.
 11-3154 U. S. GOVERNMENT PRINTING OFFICE: 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23rd, 1931

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM

12-20-, 1931, TO 12-23-, 1931.

THAT I LAST SAW H. Dec. 23, 1931, ALIVE ON

AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 12:00 p. M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Tubercular Meningitis

(DURATION) _____ YRS. _____ MOS. _____ DS.

CONTRIBUTORY (SECONDARY)

(DURATION) _____ YRS. _____ MOS. _____ DS.

18 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) George Gargner, M. D.,
12/23/1931 (Address) Buldessee, Ida

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Webb, Idaho

DATE OF BURIAL

12/22/31, 1931

20 UNDERTAKER

Brown-Farm Company

ADDRESS

Lewiston, Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

78756

1 PLACE OF DEATH

County Hot Perce State Idaho Registered No. _____
Township Hot Perce Reservation or Village Lapwai _____
City _____ No. at Home St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. Laymet, Idaho St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE 1/4 Neg Force Indian	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
----------------------	--	---

**5A IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF**

6 DATE OF BIRTH (month, day, and year) **APR 11 21. 1927**

7 AGE	Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
	•	•	•	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (city or town) ----- St. Louis, Mo. -----
(State or country) 1918

PARENTS

10 NAME OF FATHER **James J. O'Neil**

11 BIRTHPLACE OF FATHER (city or town) ----- **Kustah**
(State or country) **Idaho**

12 MAIDEN NAME OF MOTHER Julia Hoyt

13 BIRTHPLACE OF MOTHER (city or town) Aboskian
(State or country) Idaho

14 INFORMANT. Owen J. Gould (father)
(Address) Laramie, Idaho.

15 FILED 10/21/1951 S. M. Murrell
11-3184 U.S. GOVERNMENT PRINTING OFFICE: 1948 REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21st, 1934

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM

12-15-1931 TO 12-21-1931

THAT I LAST SAW H. in ALIVE ON 12-21-, 1931

AND THAT DEATH OCCURRED, ON THE DATE STATED ABOVE, AT 9:55 P M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Tubercular Meningitis

----- (DURATION) ----- YRS. ----- MOS. ----- DS.

CONTRIBUTORY
(SECONDARY) _____

(DURATION) _____ YRS. _____ MOS. _____ DS. _____

18 WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? -----

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) George Gagnard, M. D.,
19 (Address) 641-122nd St.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Absecon, Idaho	Dec. 28, 1941

20 UNDERTAKER	ADDRESS
Brower-Horn Company	Lowinton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

78858

1. PLACE OF DEATH

County Nez Perce State Idaho Registered No. 34
 Township _____ or Village Lapwai or _____
 City _____ No. Fort Lapwai Sanatorium St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 3 yrs. 6 mos. 18 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Robert Washington

(a) Residence: No. _____ St. _____ Ward Marietta, Washington
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Indian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Single

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) May 1, 1914

7. AGE Years Months Days If LESS than
16 10 28 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Unknown
 (State or country) Washington

13. NAME Alphonse Washington

14. BIRTHPLACE (city or town) Unk.
 (State or country) Unk.

15. MAIDEN NAME Asinda Pierre

16. BIRTHPLACE (city or town) Unk.
 (State or country) Unk.

17. INFORMANT U. S. Indian Service
 (Address) Chart Records

18. BURIAL, CREMATION, OR REMOVAL
 Place Washington Date _____, 19____

19. UNDERTAKER Brower-Wann
 (Address) Lewiston, Idaho

20. FILED _____, 19____
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-29-31, 19____

22. I HEREBY CERTIFY, That I attended deceased from
Jan. 20, 1930, to Mar. 29, 1931, 19____

I last saw him alive on March 28, 1931 death is said

to have occurred on the date stated above, at 3.35 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. E. Ballard, M. D.

(Address) Lapwai, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 7 1932
STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

78916

County of Adams

City of _____

CERTIFICATE OF DEATH

Registration District No. 96Primary Registration District No. 1209

State File No. _____

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Steve Matte(a) Residence. No. 511 8th StreetSt. Clarkston, Wash.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
33 0 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pittsburgh, Pa.
(State or country)

13. NAME Andrew Matte

14. BIRTHPLACE (city or town) Austria
(State or country) Hungary

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Fitzsimons, Gen. Hosp.
(Address) Denver, Colorado

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Date _____, 193__

19. UNDERTAKER Brower-Mann Co.
(Address)

20. FILED Jan. 9, 1932 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/28 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1931, to Dec. 28, 1931

I last saw him alive on Dec. 28, 1931; death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis Pulmonary
chronic Active all
lobes both linings

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. A. Orbisen, M. D.(Address) Denver, Colorado.

Steve Matte

511- 8th St. Clackamaw, Wash

78916

Man died in Colorado and certificate was sent there for registration.

It was filed in this office and later taken out of the files.

RECEIVED JUN 16 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

79355

State File No.

PLACE OF DEATH.

County of CassiaCity of Burley

CERTIFICATE OF DEATH

Registration District No. 117Primary Registration District No. 2196

(No.)

Local Registrar's No. 331

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Adelbert Allen

(a) Residence No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
--------------------	----------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 1-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>65</u>	<u>4</u>	<u>5</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Huntville
(State or country) Ind.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Scotland

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) North Wales14. Informant C. A. Allen
(Address) Blackfoot, Ida.15. Filed 6-10- 1932 F. Hunter
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 6, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Oct 5, 1931, to Oct 6, 1931
that I last saw him alive on Oct 6, 1931
and that death occurred, on the date stated above, at 9:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:PeritonitisCONTRIBUTORY Cause of Peritonitis
(Secondary) (duration) 3 yrs. 3 mos. 3 ds.(duration) 2 yrs. 3 mos. 3 ds.18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? YesWhat test confirmed diagnosis? Examination(Signed) W. E. Johnson, M. D.19. (Address) Burley, Id.

19. Place of Burial, Cremation, or Removal

Burley, Idaho Date of Burial Oct. 8 193120. Undertaker W. E. Johnson Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<i>Idaho</i>	CERTIFICATE OF DEATH		Registration District No.		103		State File No.	
City of	<i>Encile</i>	Primary Registration District No.		2181		Local Registrar's No.		18	
(No. _____)									
(If death occurred in a hospital or institution, give its name instead of street and number.)									
2. FULL NAME		<i>James A. Can</i>							
(a) Residence. No.		St. _____							
(Usual place of abode)		(If nonresident give city or town and state)							
Length of residence in city or town where death occurred.		yrs.		mos.		ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)							
<i>male</i>	<i>White</i>	<i>Single</i>							
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____									
6. DATE OF BIRTH (month, day, and year)									
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.					
	<i>67</i>	<i>6</i>	<i>27</i>						
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Merchant</i>								
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____								
	10. Date deceased last worked at this occupation (month and year) <i>18 Dec 1931</i>								
	11. Total time (years) spent in this occupation <i>17</i>								
12. BIRTHPLACE (city or town) (State or country) _____									
MOTHER / FATHER	13. NAME <i>J. A. Can</i>								
	14. BIRTHPLACE (city or town) (State or country) <i>St. York</i>								
	15. MAIDEN NAME _____								
	16. BIRTHPLACE (city or town) (State or country) _____								
17. INFORMANT (Address) <i>Clay Davis Encile Idaho</i>									
18. BURIAL, CREMATION, OR REMOVAL Place <i>Grangeville, Ida</i> Date <i>12-17, 1931</i>									
19. UNDERTAKER <i>Dunsmack Mfg. Co.</i> (Address) <i>Grangeville, Ida</i>									
20. FILED <i>7-1-</i> , 1932 <i>B. Chipman</i> Registrar.									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) <i>12-15-1931</i>									
22. I HEREBY CERTIFY, That I attended deceased from <i>Dec. 14</i> , 1931, to <i>Dec. 15</i> , 1931.									
I last saw him alive on <i>Dec. 15</i> , 1931; death is said to have occurred on the date stated above, at <i>6 P.</i> m.									
The principal cause of death and related causes of importance were as follows:									
<i>Cerebral Hemorrhage</i>									Date of onset <i>12-14-38</i>
Other contributory causes of importance: <i>Arterio Sclerosis</i>									
Name of operation _____ Date of _____									
What test confirmed diagnosis? <i>Biopsy</i> Was there an autopsy? <i>No</i>									
23. If death was due to external causes (violence) fill in also the following:									
Accident, suicide, or homicide? _____ Date of injury _____, 1931.									
Where did injury occur? _____ (Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place. _____									
Manner of injury _____									
Nature of injury _____									
24. Was disease or injury in any way related to occupation of deceased? <i>No</i>									
If so, specify _____									
(Signed) <i>B. Chipman</i> , M. D.									
(Address) <i>Grangeville, Ida</i>									

749

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 79599 State File No.	
County of <u>Lernhi</u>		Registration District No. <u>41</u>		Local Registrar's No. <u>117</u>	
City of <u>Salmon</u>		Primary Registration District No. <u>2116</u>			
(No. <u>Salmon General Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Alice Ratzow Withington</u>					
(a) Residence. No. _____ St. _____					
Length of residence in city or town where death occurred. <u>2</u> yrs. <u></u> mos. <u></u> ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Kenneth E. Withington</u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan 12, 1903</u>					
7. AGE	Years <u>28</u>	Months <u>7</u>	Days <u>23</u>	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Teacher</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) <u>April 13, 1931</u>				
11. Total time (years) spent in this occupation <u>6</u>		12. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>			
FATHER	13. NAME <u>Rachel Ratzow</u>				
	14. BIRTHPLACE (city or town) (State or country)				
	15. MAIDEN NAME <u>Edward Ratzow</u>				
MOTHER	16. BIRTHPLACE (city or town) (State or country)				
	17. INFORMANT <u>Kenneth E. Withington</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Salmon</u> Date <u>Sept 4, 1931</u>				
19. UNDER <u>Salmon, Idaho</u>					
20. FILED <u>7/9</u> , 193 <u>2</u> <u>Chas F Hammer</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>9-5-1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 4</u> , 193 <u>1</u> , to <u>Sept 5</u> , 193 <u>1</u> .					
I last saw <u>her</u> alive on <u>Sept 6</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>3 A</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>appendicitis</u>					Date of onset <u>Aug 2, 1931</u>
Other contributory causes of importance:					
<u>General Peritonitis</u>					
Name of operation <u>appendectomy</u> Date of <u>Sept 4</u>					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 <u></u>					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>Chas F Hammer</u> , M. D.					
(Address) <u>Salmon</u>					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

St. Hall Jurisdiction *Current Certificate* *February 1931*

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
79968

1. PLACE OF DEATH: *Off reservation* *In hospital*
County *Lamont* State *Idaho* Registered No. *4*
Township _____ or Village _____ or
City *Pocatello* No. *St. Anthony Hospital* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. *13* ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Marian Edmo*
(a) Residence: No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <i>Female</i>	4. COLOR OR RACE <i>Shoshone Ind. 4/4</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>			21. DATE OF DEATH (month, day, and year) <i>Feb 25 - 1931</i>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY That I attended deceased from <i>Treated by Dr. Call, Pocatello, Idaho</i>		
6. DATE OF BIRTH (month, day, and year) <i>Aug 26 - 1930</i>				I last saw h. _____ alive on _____, 19____ death is said to have occurred on the date stated above, at <i>3:45</i> p.m.		
7. AGE	Years <i>0</i>	Months <i>5</i>	Days <i>29</i>	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows: <i>Lobar Pneumonia</i> Date of onset <i>2/10/31</i>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i> 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____					Other contributory causes of importance: _____	
12. BIRTHPLACE (city or town) <i>St. Hall Reservation</i> (State or country) _____					Name of operation <i>None</i> Date of _____ What test confirmed diagnosis? <i>None</i> Was there an autopsy? <i>No</i> 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____ 24. Was disease or injury in any way related to occupation of deceased? <i>No</i> If so, specify _____ (Signed) <i>Henry A. Wheeler</i> M. D. (Address) <i>St. Hall, Idaho</i>	
13. NAME <i>Lanatsie Edmo</i>						
14. BIRTHPLACE (city or town) <i>Wind River</i> (State or country) <i>Wyoming</i>						
15. MAIDEN NAME <i>Annie Elk</i>						
16. BIRTHPLACE (city or town) <i>Mink Creek</i> (State or country) <i>Idaho</i>						
17. INFORMANT <i>Lanatsie Edmo</i> (Address) <i>St. Hall, Idaho</i>						
18. BURIAL, CREMATION OR REMOVAL Place <i>St. Hall Res</i> Date <i>2/27 - 1931</i>						
19. UNDERTAKER <i>Shornaker & Beasley</i> (Address) <i>Pocatello, Idaho</i>						
20. FILED _____, 19____ Registrar.						

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

St. Hall Jurisdiction, Current Complete November 1931

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

79969

1. PLACE OF DEATH

County Santerach State Idaho Registered No. 79969
Township _____ or Village _____
City Pocatello No. Lynn Bros. Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Deahwevde Lipps
(a) Residence: No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Shoshoni Ind. 4/4 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ben Lipps

6. DATE OF BIRTH (month, day, and year) 1877
7. AGE Years 54 Months _____ Days _____ If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) Oct. 15, 1931 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Wind River (State or country) Wyoming

13. NAME Black Sam
14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Janus Simister (Address) St. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place St. Hall, Idaho Date 11/6/1931

19. UNDERTAKER McNair Co. (Address) Pocatello, Idaho

20. FILED _____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 3, 1931
22. I HEREBY CERTIFY, That I attended deceased from 11/3/31
Treated by Dr. Lynn Pocatello, Idaho
I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows: Cancer of uterus
Date of onset 7/1/30

Other contributory causes of importance:

Name of operation Laparotomy Date of 10/31/31
What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Henry R. Thuler M. D.
(Address) St. Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH		April 1931 DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	
1. PLACE OF DEATH County <u>Shoshone</u> State <u>Idaho</u> Registered No. <u>9</u> Township _____ or Village <u>at ranch</u> <u>79989</u> or City _____ No. <u>No hospital</u> St. _____ Ward _____ (If death occurred in a hospital or institution, give its name instead of street and number) Length of residence in city or town where death occurred <u>16</u> yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.			
2. FULL NAME <u>Wren Lipps</u> (a) Residence: No. _____ St. _____ Ward _____ (Usual place of abode) (If nonresident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Shoshone</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>1915</u>			
7. AGE	Years <u>16</u>	Months <u>—</u>	Days <u>—</u> If LESS than 1 day, ____ hrs. or ____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>		
	10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) (State or country) <u>Shoshone Reservation</u>			
FATHER	13. NAME <u>William Lipps</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Shoshone Reservation</u>		
MOTHER	15. MAIDEN NAME <u>Rosa Bluns</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Shoshone Reservation</u>		
17. PERMANENT ADDRESS <u>William Lipps</u> <u>Pauline Idaho</u> <u>Lipps Cur.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Shoshone Res.</u> Date <u>5-1-</u> , 19 <u>31</u>			
19. UNDERTAKER <u>McHenry & Co.</u> (Address) <u>Paradise, Idaho</u>			
20. FILED _____, 19____ Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Apr 27</u> , 19 <u>31</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>noon</u> , 19 <u>31</u> , to <u>Apr 27</u> , 19 <u>31</u> I last saw him alive on <u>Apr 25</u> , 19 <u>31</u> ; death is said to have occurred on the date stated above, at <u>1 a. m.</u> The principal cause of death and related causes of importance were as follows: <u>Pneumonia of the lungs</u> Other contributory causes of importance: _____ Name of operation <u>None</u> Date of _____ What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ M. D. (Signed) <u>Henry R. Wheeler</u> (Address) <u>Shoshone, Idaho</u>			

RECEIVED AUG 5 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

80111

State File No.

PLACE OF DEATH

County of IdahoCity of Grangeville

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. Hospital Cottonwood)
(If death occurred in a hospital or institution, give its name instead of street and number.)Local Registrar's No. 152. FULL NAME James Arthur Stewart(a) Residence, No. Grangeville, Ida St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If non-resident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE White5. Single, Married, Widowed,
or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Jan. 17-1885

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.4659

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. Farmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) St. Louis
(State or country)10. NAME OF FATHER Stewart11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Not known12. MAIDEN NAME OF MOTHER Not known13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) not known

14.

Informant
(Address) Dr. B. Chipman

15.

Filed July 30, 1932H. F. Orr
per J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 6 26 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 25, 1932, to June 26, 1932
that I last saw him alive on June 26, 1932and that death occurred, on the date stated above, at 5 A.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Internal hemorrhage due
to injury by kick of horseCONTRIBUTORY Shock due to hemorrhage
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death? At Grangeville, Ida.Did an operation precede death? Yes Date of June 25-32Was there an autopsy? NoWhat test confirmed diagnosis? operation(Signed) Thesley F. Orr, M. D.July 15, 1932 (Address) Cottonwood

19. Place of Burial, Cremation, or Removal

Date of Burial

MI Idaho 6/29 1931

20. Undertaker

Address

Acior Mortuary Grangeville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Lapwai Indian Agency

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSLapwai, Idaho.
1 PLACE OF DEATH

County

Mez Perce

State

Idaho

Registered No.

80176

Township

Mez Perce Reservation

or Village

Spalding

City

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Barrie Nesbit

(a) Residence. No.

Spalding

St.,

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 52 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

44 Nez Perce Indian

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Boyd Eagle

6 DATE OF BIRTH (month, day, and year)

1879

7 AGE

Years

Months

Days

If LESS than

52

-

-

1 day, --- hrs. or --- min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

Spalding

State or country

Idaho

10 NAME OF FATHER

John Logg

11 BIRTHPLACE OF FATHER (city or town)

Mez Perce Reservation

(State or country)

Idaho

12 MAIDEN NAME OF MOTHER

Effie Daniel

13 BIRTHPLACE OF MOTHER (city or town)

Mez Perce Reservation

(State or country)

Idaho

14

Informant

William Allen - Farmer

Address

Lapwai, Idaho

15

Died

3/9/1931

L. M. Maxwell

REGISTRAR

11-2184 GOVERNMENT PRINTING OFFICE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 7 1931

17

I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19,

that I last saw him alive on , 19,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) --- yrs. --- mos. --- ds.

CONTRIBUTORY

(SECONDARY)

(duration) --- yrs. --- mos. --- ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. M. Brower, Coroner, M.D.

1931 (Address) Luriston, Idaho

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Lapwai, Idaho March 1931

20 UNDERTAKER

ADDRESS

Brower - Warr Co Luriston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

80184

1 PLACE OF DEATH

County Owyhee State Idaho Registered No. _____
 Township Western Shoshone Reservation or Western Shoshone Res.
 City No No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joe Sam

(a) Residence. No. Western Shoshone Res. St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 57 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 00 yrs. 00 mos. 00 ds.
 (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Ma's</u>	4 COLOR OR RACE <u>4/48 Shoshone</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>Write the word</i>) <u>Sing's</u>
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>no</u>		
6 DATE OF BIRTH (month, day, and year)		
7 AGE <u>57</u> Years	Months <u>00</u>	Days <u>0</u>
If LESS than 1 day, ____ hrs. or ____ min.		

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rancher
 (b) General nature of industry, business, or establishment in which employed (or employer) self
 (c) Name of employer _____

9 PLACE (city or town) Unknown
(State or country)10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)12 MAIDEN NAME OF MOTHER Unknown
Unknown13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country)14 Informant Agency office record
(Address) Owyhee Nevada15 Filed _____, 19 _____
11-3184

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May '2, 1931
 17 Was unattended
 I HEREBY CERTIFY, That I attended deceased from
Unattended, 19____, to May '2, '93, 1931,
 that I last saw him alive on after death, 1931,
 and that death occurred, on the date stated above, at 8: P.M. m.
 The CAUSE OF DEATH* was as follows:
Cancer of Stomach

(duration) ____ yrs. 6 mos. ____ ds.
 CONTRIBUTORY Lack of Medical care
 (SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.
 18 Where was disease contracted
 if not at place of death? Home

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? none
 (Signed) Elizabeth M. Jones R. N., M. D.

, 19____ (Address) Owyhee Nevada

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____
 20 UNDERTAKER _____ ADDRESS _____
 19 _____

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1902

1 PLACE OF DEATH

County Owyhee State Idaho Registered No. 80185
 Township Reservation or Village Indian Village or
 City No No. no Street or number St. Ward 84
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Topsy James Sims

(a) Residence. No. none St. 0 Ward. 0000000000
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 51 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE 4/4 Shoshone 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced
 HUSBAND of Joe Sims
 (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 0 - 0 - 1880
 7 AGE 51 Years 0 Months 0 Days If LESS than 1 day, --- hrs. or --- min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 000 -

(c) Name of employer Self

9 BIRTHPLACE (city or town) Owyhee County
 (State or country) Idaho

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
 (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
 (State or country) Unknown

14 Informant Agency office records

(Address) Owyhee Nevada

15 Filed 19

GOVERNMENT PRINTING OFFICE

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March, '5, 19 31

17 I HEREBY CERTIFY, That I attended deceased from
Was unattended, 19 1931, to March 5, 1931

that I last saw her alive on Did not see her

and that death occurred, on the date stated above, at 2:30 Am.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY Unknown
 (SECONDARY)

(duration) 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted
 if not at place of death? Unknown

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Elizabeth M. Jones R.N., M.D.

, 19 (Address) Owyhee Nevada

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Owyhee, Nevada,

19

20 UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County

City of

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No.

St.)

File No.

Registered No.

2. FULL NAME

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

17. I HEREBY CERTIFY, That I attended deceased from

19. to 19.

that I last saw him alive on 19.

and that death occurred on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) Yrs. mos. ds.

Contributory (Secondary) Whooping Cough

(Duration) yrs. mos. ds.

(Signed) Earl Jones M. D.

7/30 19 31 (Address) Roberts Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days In the State yrs. mos. days

Where was disease contracted at home if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

6. DATE OF BIRTH

7. AGE

Yrs. Mos. ds.

IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business or establishment in which employed. (or employer)

9. BIRTHPLACE

(State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed Oct 4 19 32

Local Registrar

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Oregon State Board of Health

Certificate of Death

80809

1. PLACE OF DEATH State Registered No. _____
 County ~~Butter~~ *Owyhee* State ~~Oregon~~ *Idaho* Local Registered No. *33*
 Township _____ or Village ~~Jordan Valley~~ *Rockville* or
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street number)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 2. FULL NAME *Santiago Bilbao* *6 years*
 (a) Residence: No. _____ St. *Homedale Owyhee Co., Idaho*
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed or divorced (write the word) *Yes married*
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) _____
 7. AGE Years Months Days If less than 1 day, ___ hrs. or ___ min.
55 ✓
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sheep herder*
 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation ✓
 12. BIRTHPLACE (city or town) (State or country) *Bilbao Spain*
 13. NAME *Santiago Bilbao*
 14. BIRTHPLACE (city or town) (State or country) *Bilbao Spain*
 15. MAIDEN NAME _____
 16. BIRTHPLACE (city or town) (State or country) _____
 17. INFORMANT *W. J. Jones, M.D., Jordan Valley, Or.*
 (Address) *Domingo L. Thurri*
 18. BURIAL, CREMATION OR REMOVAL *Puried in*
 Place *Jordan Valley, Or.* Date _____, 19____
 19. UNDERTAKER *No one*
 (Address) _____
 20. Filed *Nov. 2, 1937* *H. K. Leonard*
 Registrar

CORONER'S CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *Jan 11, 1937*
 22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon
 (Inquest, Autopsy or Inquiry)
 and from the evidence obtained by said _____
 (Inquest, Autopsy or Inquiry)
 find that said deceased came to _____ death on the day stated above.
 The CAUSE OF DEATH* was as follows:

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and state)
 Specify whether injury occurred in industry, in home, or in public place.
Found dead on range, Rockville Idaho
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) *W. J. Jones* M. D.
 (Address) *Jordan Valley, Oregon*
 (Coroner)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 26 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **80905**

PLACE OF DEATH

County of **Boise**

City of **Idaho City**

Registration District No. **12**

Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Henry Lund**

(a) Residence. No. **Boise** St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

71

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Prospector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant

(Address)

15.

File

1932

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Dec

3

19**31**

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19_____, to _____, 19_____

that I last saw him alive on _____, 19_____

and that death occurred, on the date stated above, at _____m.

The CAUSE OF DEATH* was as follows:

Probably Heart trouble

_____(duration) _____yrs. _____mos. _____ds.

CONTRIBUTORY

(Secondary)

_____(duration) _____yrs. _____mos. _____ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) **E. E. Shaubham & Co.** M. D.
April 29, 1931 (Address) **Idaho City**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Deer Park

April 29 1932

20. Undertaker

Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bear Lake</u>		CERTIFICATE OF DEATH		State File No. <u>81201</u>	
City of <u>Fish Haven</u>		Registration District No. <u>55</u>		Local Registrar's No. _____	
		Primary Registration District No. _____			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Lamar Christiansen Smith</u>					
(a) Residence. No. _____				St. _____	
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>July 13, 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
		<u>1</u>	<u>29</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
FATHER					
13. NAME <u>Ernest Smith</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
MOTHER					
15. MAIDEN NAME <u>Myrtle Christiansen</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT <u>X Ernest K. Smith</u> (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 193 _____					
19. UNDERTAKER (Address) _____					
20. FILED <u>11-10</u> , 193 <u>1</u> <u>Hannah Johnson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) _____ 193 _____					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 9</u> , 193 <u>1</u> , to <u>Sept 11</u> , 193 <u>1</u> .					
I last saw him alive on <u>Sept 11</u> , 193 <u>1</u> ; death is said to have occurred on the date stated above, at <u>2:15 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Whooping Cough</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 _____					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>C. O. Moore</u> , M. D.					
(Address) <u>Paris, Idaho</u>					

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **82196**

PLACE OF DEATH

County of Idaho
City of CottwoodRegistration District No. 105Primary Registration District No. 2183Local Registrar's No. 8(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Eason Neil Simbeck(a) Residence. No. Our Lady of Consolation Hosp.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>2 married</u>
--------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Alon Simbeck
(or) WIFE of6. DATE OF BIRTH (month, day and year) 1876 Feb 29

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>55</u>	<u>8</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Essex Co. Oregon
(State or country)10. NAME OF FATHER William Hardisty11. BIRTHPLACE OF FATHER (city or town) ✓
(State or Country)12. MAIDEN NAME OF MOTHER Eliza Lincoln13. BIRTHPLACE OF MOTHER (city or town) ✓
(State or Country)14. Informant Mrs Nora E Chamberlin
(Address) Riggins Idaho15. Filed Jan 31, 1933 H. F. Orr
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 17, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1931, to Nov. 17, 1931, that I last saw her alive on Nov. 17, 1931, and that death occurred, on the date stated above, at 1:15 A. m.The CAUSE OF DEATH* was as follows:
Intestinal Obstruction(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted Ida Anguille
if not at place of death?Did an operation precede death? Yes, Date of Nov. 15-32Was there an autopsy? NoWhat test confirmed diagnosis? Operation(Signed) Herley F. Orr, M. D.
Nov. 18, 1932 (Address) Cottwood

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Ida Anguille
Date of Burial 11/21/193120. Undertaker Hunerek Mfg Co.
Address Ida Anguille

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH
in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 25-1-1919

RECEIVED FEB 13 1933 CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Idaho

Registration District No. 105

City of Cottonwood

Primary Registration District No. 2183

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 82203

Registered No. 7

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Lady of Consolation Hosp.
Rufus Halbrook

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

Single
(Write the word.)

6. DATE OF BIRTH

March 8 1868
(Month) (Day) (Year)

7. AGE

63 Yrs. 8 Mos. 3 ds.

IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer)

Miner

9. BIRTHPLACE

(State or Country) Oregon

10. NAME OF FATHER

Mortau Halbrook

11. BIRTHPLACE OF FATHER

(State or Country) Iowa

12. MAIDEN NAME OF MOTHER

Mary J. Tate

13. BIRTHPLACE OF MOTHER

(State or Country) Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lee Halbrook

(Address) Halden, Idaho

15.

Filed Jan 31 1933

H. F. Orr
313 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 11 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov. 11, 1931, to Nov. 11, 1931

that I last saw him alive on Nov. 11, 1931

and that death occurred on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

Perforated Duodenal Ulcer
Confirmed by autopsy

(Duration) Yrs. mos. 3 ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Herley F. Orr M. D.

Nov. 12, 1931 (Address) Cottonwood, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death? Halden, Idaho

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Prairie View (Hangerville) Nov. 12, 1931

20. UNDERTAKER

Ailor Hangerville, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 19 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of **FREMONT**

CERTIFICATE OF DEATH

State File No. **84226**

City of **ASHTON**

Registration District No. **102**

Primary Registration District No. **6**

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **CLANTON, C. MEACHAM**

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. **18** yrs. **7** mos. **9** ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **WHITE** 5. Single, Married, Widowed, or Divorced (write the word) **MARRIED**

5a. If married, widowed, or divorced, HUSBAND of **SARAH MEACHAM** (or) WIFE of

6. DATE OF BIRTH (month, day, and year) **3/ 9/1889**

7. AGE Years **42** Months **9** Days **10** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **PHYSICIAN**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **FULTON KY** (State or country)

13. NAME **WILLIAM MEACHAM** 14. BIRTHPLACE (city or town) **HOPKINSVILLE, KY.** (State or country) **CHRISTIAN KY**

15. MAIDEN NAME **ELANX JESIE CLANTON**

16. BIRTHPLACE (city or town) **FULTON KY** (State or country)

17. INFORMANT **SARAH MEACHAM FULTON KY** (Address)

18. BIRTHPLACE (city or town) **FULTON KY** (State or country) Date **DEC 21st 1931**

19. UNDERTAKER **LEWIS KISER ASHTON IDAHO** (Address)

20. FILED **12/2/31 1931 LEWIS KISER DEP.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **12/19/1931**

22. I HEREBY CERTIFY, That I attended deceased from, 193..., to, 193...

I last saw h..... alive on **AFTER DEATH**: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

**GUN SHOT WOUND IN HEAD
SELF INFLICTED**

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify

(Signed) **P. M. KELLY**, M. D.

(Address) **ST ANTHONY IDAHO**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

84248

State File No.

PLACE OF DEATH

County of IdahoCity of CamfieldRegistration District No. 103Primary Registration District No. 2181Local Registrar's No. 14

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harold Wesley Ryan(a) Residence. No. Camfield Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

infant5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

July 19 1931

7. AGE

Years

Months

Days

IF LESS than 1 day,

hrs. or

min.

10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Camfield

10. NAME OF FATHER

Clarence Ryan11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Mt AuburnIllinois

12. MAIDEN NAME OF MOTHER

Fleecie Shinn13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)ElmwoodNebraska

14. Informant

(Address)

Clarence Ryan
Camfield

15. Filed

4-101933B Chipman

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July281931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19. , to. , 19.

that I last saw h. alive on. , 19.

and that death occurred, on the date stated above, at. m.

The CAUSE OF DEATH* was as follows:

No attending Physician

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

B. Chipman

Registrar

, 19. (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Camfield Ida.6-291931

20. Undertaker

Address

none

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 31 1933 STATE OF IDAHO
PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE
County of Idaho BUREAU OF VITAL STATISTICS
City of Warren
CERTIFICATE OF DEATH

84381
DO NOT WRITE IN THIS SPACE

State File No.

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 24

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruben J. Lehman

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweden
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Wm. Newman
(Address) Warrens, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Warrens, Idaho Date 11-15, 1931

19. UNDERTAKER None.
(Address)

20. FILED 5-29, 1933 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-13 1931

22. I HEREBY CERTIFY, That I attended deceased from
....., 193..., to 193...

I last saw h..... alive on 193...; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Crushed between two logs.

Other contributory causes of importance:

Name of operation..... Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) all in also the following:
Accident, suicide, or homicide? Accidental Date of injury 11-13 1931

Where did injury occur? Warrens, Ida. Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Caught between logs

Nature of injury Body Crushed

24. Was disease or injury in any way related to occupation of deceased?

yes If so, specify Caught between logs

(Signed) B. Chipman M. D.

(Address) Warrens, Ida.

-RECEIVED MAY 31 1933

AFFIDAVIT

This is to certify that I, Wys Newman, was present and an eye witness to the accident which caused the death of Reuben Lehman, near South Fork of Salmon River on November 13th, 1931, and attended funeral of deceased at Warren, Idaho, on November 15th, 1931.

Signed Wys Newman

Subscribed and sworn to before me, a Notary Public, in and for the County of Idaho, State of Idaho, this 10th day of December, 1931.

Otto Morris
Notary Public.
Residing at Varen, Idaho

RECEIVED DEC 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87058

PLACE OF DEATH

County of

City of

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No.

St.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Yrs

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (c employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant

(Address)

15. Filed

12-1, 1933

Registrar

16. DATE OF DEATH

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 24, 1931, to Mar. 12, 1931

that I last saw him alive on Mar. 12, 1931

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood - X-ray

(Signed) Chas. B. Scott, M. D.

3-14, 1931 (Address) Twin Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		87641 DO NOT WRITE IN THIS SPACE State File No. 87641	
CERTIFICATE OF DEATH PLACE OF DEATH <u>near Juliaetta</u> County of <u>Blaine</u> City of <u>Juliaetta</u>		Registration District No. _____ Primary Registration District No. _____ Local Registrar's No. _____	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>William G. C. Zumhaff</u>			
(a) Residence. No. <u>Julietta, Idaho</u> St. _____			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>July 17, 1887</u>			
7. AGE Years <u>46</u>	Months <u>3</u>	Days <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) (State or country) <u>Thayer Nebraska</u>			
MOTHER FATHER			
13. NAME <u>Unknown</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>			
15. MAIDEN NAME <u>Unknown</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>			
17. INFORMANT (Address) _____			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Fix Ridge, Idaho</u> Date <u>Nov. 17, 1931</u>			
19. UNDERTAKER <u>Brower-Wann Co.</u> (Address) <u>Lewiston, Idaho</u>			
20. FILED _____, 1931 _____ Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Nov. 14, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931.			
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows:			
Strangulation - Suicide by hanging			
Other contributory causes of importance: _____			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____, 1931.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____			
If so, specify _____			
(Signed) <u>E. M. Brower</u> , M. D. (Address) <u>Lewiston, Idaho</u>			

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of.....

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 13Primary Registration District No. 21 V-0(No. L. D. V. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ada May Hastings(a) Residence. No. Tetonia, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred: yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) married

6a. If married, widowed, or divorced
HUSBAND of L. W. Hastings
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May 11, 1892

7. AGE Years 38 Months 11 Days 10 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Victor
(State or country) Teton Co. Ida.

13. NAME Berginam Jones

14. BIRTHPLACE (city or town) St. Louis
(State or country) Mo.

15. MAIDEN NAME Martha Louise Jones

16. BIRTHPLACE (city or town) Idaho Falls City
(State or country) Idaho

17. INFORMANT L. W. Hastings
(Address) Tetonia, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Victor, Ida. Date Apr. 25, 1931

19. UNDERTAKER Wm. Hansen
(Address) St. Anthony, Ida.

20. FILED Jan 30, 1932 Wm. Hansen
Registrar.

DO NOT WRITE IN THIS SPACE

91906

State File No.

Local Registrar's No. 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Idaho, 1931, to Apr. 21, 1931.

I last saw her alive on Apr. 21, 1931; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 1931.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. Hansen M. D.(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 17 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

94834

State File No.

County of BannockCity of PocatelloRegistration District No. 28Primary Registration District No. 2161Local Registrar's No. 448(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Aurice Carry Doty(a) Residence. No. 355 South Seventh Ave. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Horace W. Doty

6. DATE OF BIRTH (month, day, and year) April 2, 1866.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
65 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Miles D. Carry

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Miller

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT H. W. Doty (Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Ida. Date Sept. 17, 1935.

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED Sept. 16, 1935. J. D. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1931, to Sept 14, 1931.

I last saw him alive on Sept 14, 1931; death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance

were as follows:

Chronic myocarditis

Date of onset

?

Other contributory causes of importance:

Long continued infection of teeth. Arterial hypertensionName of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1931.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) A. M. Hunter, M.D.(Address) Pocatello, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham
City of Blackfoot

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 1007

DO NOT WRITE IN THIS SPACE

100728

State File No. _____

Local Registrar's No. 166

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ephraim Briggs

(a) Residence. No. 660 S. Third Street
(Usual place of abode)

St. Blackfoot Idaho
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Cauc 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mrs. Beren Briggs (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 15, 1873

7. AGE Years 60 Months 10 Days 18 If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) June 15, 1931 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Blackfoot Idaho (State or country)

13. NAME Ephraim Briggs

14. BIRTHPLACE (city or town) William (State or country)

15. MAIDEN NAME Mary Evans

16. BIRTHPLACE (city or town) Blackfoot Idaho (State or country)

17. INFORMANT Blackfoot Idaho (Address)

18. BURIAL, CREMATION OR REMOVAL Blackfoot Idaho Place Blackfoot Idaho Date Oct 31, 1936

19. UNDERTAKER John C. Sandberg (Address) Blackfoot Idaho

20. FILED Oct 31, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1936, to Death, 1936

I last saw him alive on 10-30, 1936; death is said

to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Cancer of liver
Date of onset May 15, 1931

Other contributory causes of importance:

Cardiac Decompensation 10-23-36

Name of operation None Date of _____

What test confirmed diagnosis None Was there an autopsy? x

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24. Was disease or injury in any way related to occupation of deceased? x If so, specify _____

(Signed) A. E. Miller M. D.
(Address) Blackfoot Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DELAYED CERTIFICATE FILED NOVEMBER 15, 1983 BIRTH NO.			Certificate of Death STATE OF IDAHO		State File No. 156497 Local Reg. No. Reg. Dist. No.	
1. PLACE OF DEATH a. COUNTY Bannock			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello		c. LENGTH OF STAY (In this place)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Unknown			d. STREET ADDRESS (If rural, give location) 935 West Fremont Street			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) LaFayette c. (Last) McGee			4. DATE OF DEATH (Month) (Day) (Year) January 16, 1931			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 11, 1869	9. AGE (In years last birthday) 61	IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Watchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Atlanta, Georgia		
12. CITIZEN OF WHAT COUNTRY? USA						
13. FATHER'S NAME Francis Marion McGee			BIRTHPLACE Georgia			
14. MOTHER'S MAIDEN NAME Louiza Ferguson			BIRTHPLACE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S OWN SIGNATURE James M. McGee		
				ADDRESS 935 West Fremont Street		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)						
MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Unknown						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.						
ANTECEDENT CAUSES Morbid conditions, if any, DUE TO (b) _____ giving rise to the above cause (a) stating the underlying cause last.						
DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE Dr. W. W. Brothers			23b. ADDRESS		23c. DATE SIGNED Jan. 17, 1931	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 18, 1931	24c. NAME OF CEMETERY OR CREMATORY Mountainview		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Nov. 15, 1983		REGISTRAR'S SIGNATURE James M. McGee		25. EMBALMER McHan Funeral Chapel		
LICENSE NO.						

If you can supply any of the blank information below, it will make a more complete record.

for the delayed certificate
that we will file

Certificate of Death

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

BIRTH NO. _____

1. PLACE OF DEATH

a. COUNTY

Bannock

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE

Idaho

b. COUNTY

Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pocatello

c. LENGTH OF
STAY (In this place)

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pocatello

d. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Unknown

d. STREET ADDRESS (If rural, give location)

935 West Fremont Street

3. NAME OF DECEASED

(Type or Print)

a. (First)

James

b. (Middle)

LaFayette

c. (Last)

McGee

4. DATE

(Month)

(Day)

(Year)

OF
DEATH

January 16, 1931

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 11, 1869

9. AGE (In years
last birthday)

61

IF UNDER 1 YR.

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Railroad Watchman

10b. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Atlanta, Georgia

12. CITIZEN OF WHAT
COUNTRY?

USA

13. FATHER'S NAME

BIRTHPLACE

Francis Marion McElroy Ga.

14. MOTHER'S MAIDEN NAME

BIRTHPLACE

Louisa Ferguson Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

Unknown

16. SOCIAL SECURITY NO.

(If yes, give war or dates of service)

Unknown

17. INFORMANT'S OWN SIGNATURE

ADDRESS

James M. McGee 935 West Fremont Street

March 11.

8.1869

Aug 29

1873

James Lafayette McFee
Elmina Bell Hall

Married Sept. 21 - 1869 near
Franklin, Ark. raised 2
children

Thomas Lee +

James Marion.

Elmina Bell - died

Family moved to Lodi, Calif
1901 moved to Colorado

James Lafayette died -

1931 - Potlatch, Idaho.

Jan. 16 -

Document found in family bible. Written
by my mother Katherine Westfall McFee.
Signed Betty McFee Knott

Henderson Funeral Home

431 NORTH FIFTEENTH AVENUE

P. O. BOX 4667

POCATELLO, IDAHO 83201

PHONE (208) 232-0542

Dear Mrs. Knotek:

The following is the information on our records regarding James LaFayette McGee:

Name: James LaFayette McGee

Residence: 935 West Fremont Street - Pocatello, Idaho

Place of Death: Pocatello, Idaho

Date of Death: January 16, 1931 3:30 P. M.

Place of Birth: Atlanta, Georgia

Date of Birth: March 11, 1869

Father's Name: Unknown

Mother's Name: Unknown

Occupation: Railroad Watchman

Attending Physician: Dr. W.W. Brothers

Cause of Death: Unknown

Widower

Informant: James M. McGee 935 West Fremont Street

Date of Burial: January 18, 1931

Place of Services: McHan Funeral Chapel

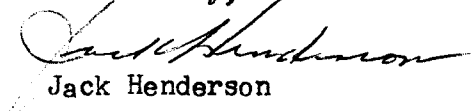
Officiating: Rev. Flenner

Cemetery: Mountainview Cemetery Grave # 7: Lot 763

This is the record on file from the books of the old McHan Undertaking Company.

I trust that it will be of some value to you. If there are further questions, let me know and I will try to find an answer for you.

Yours truly,


Jack Henderson

Recd. within 13, 1983

RLK

me
m.p.

State of ~~Idaho~~ Hawaii
County of ~~Bannock~~ Honolulu

TO WHOM IT MAY CONCERN:

I, Betty M^{rs} L. Knotik do hereby swear that
the following statements are true as to the death of _____

James Lafayette M^{rs} L. Knotik

1. Death Date January 16, 1931
2. Place of Death Pocatello, Idaho
3. Parent's Names Francis Marion M^{rs} L. Knotik
Louisa Ferguson
4. Reason of knowledge of this death Located
funeral home and burial plot

Signed Mrs. Betty L. Knotik

Subscribed and sworn to before me this 31st day of October
19 33.

Judy H. Cwary
Notary Public

My Notary Commission expires November 4 19 84

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

JUN 17 1937

STATE OF IDAHO

File No. 156498
Local Reg. No. 119
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH **Division of Vital Statistics**

a. COUNTY **Canyon**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Nampa**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Mercy Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission before)

a. STATE **Idaho** b. COUNTY **Canyon**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Nampa**

d. STREET ADDRESS (If rural, give location) **111 12th Ave. No.**

3. NAME OF DECEASED (Type or Print)

a. (First)

PEDRO

b. (Middle)

JOSE

c. (Last)

GABICA

4. DATE OF DEATH (Month) (Day) (Year)
May 2, 1931

5. SEX

male

6. COLOR OR RACE

Basque

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 28, 1866

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

66

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sheep Man

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Spain

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Pedro Gabica

BIRTHPLACE

Spain

14. MOTHER'S MAIDEN NAME

Marie Echanic

BIRTHPLACE

Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

(unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE

from family record

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Surgical shock

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Prolonged surgical shock**

DUE TO (c) **following subtotal resection of stomach**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

7 da.

19a. DATE OF OPERATION

Apr 27, 1931

19b. MAJOR FINDINGS OF OPERATION

Carcinoma of stomach involving pyloric half of stomach.

21a. ACCIDENT SUICIDE HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/20/1931**, to **5/2/1931**, that I last saw the deceased alive on **5/2/1931**, and that death occurred at **m.**, from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

5/5/31

24c. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24d. LOCATION (City, town, or county)

Nampa, Idaho

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION of VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 156499

Local Reg. No.

Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Caribou				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho b. COUNTY Caribou					
b. CITY (If outside corporate limits, write RURAL and give town) Soda Springs		c. LENGTH OF STAY (in this place) township		c. CITY (If outside corporate limits, write RURAL and give township) Chesterfield					
d. FULL NAME OF HOSPITAL OR INSTITUTION Caribou County Hospital				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) Nathalia		a. (First)		b. (Middle) Higginson		c. (Last) Bradbury			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 7, 1899			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Idaho		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Charles Albert Higginson				14. MOTHER'S MAIDEN NAME Charlotte Muir					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. U.S. Armed Forces					
17. INFORMANT'S OWN SIGNATURE Christian Call				ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Died on operating table ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) while undergoing goiter operation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 6-19-31		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Soda Springs Caribou Idaho		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Affidavits from Hospital and Church -				23b. ADDRESS Physician deceased		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery		24d. LOCATION (City, town, or county) (State) Chesterfield			
DATE REC'D BY LOCAL REG. Dec. 24, 1952		REGISTRAR'S SIGNATURE W. W. Benson		25. FUNERAL DIRECTOR		ADDRESS			

Nov. 19, 1952

Caribou County Hospital
Soda Springs, Idaho

Gentlemen:

We have checked our files and do not have the death certificate for Nathalia Higginson Bradburry.

In filing a delayed death certificate would it be possible for you to get the signature of the doctor and funeral director, after so long a time. If so, we will place the record on file. If this woman died in your hospital perhaps a statement from you would serve the purpose.

We will hold your request and fee until we hear from you further.

Yours very truly,

DEPARTMENT OF PUBLIC HEALTH

Mabel F. Elder, Deputy Registrar
Vital Statistics

COPY

Caribou County Hospital

SODA SPRINGS, IDAHO

RECEIVED
NOV 18 1952
DIVISION OF VITAL
STATISTICS

November 17, 1952

Department of Vital Statistics
Boise, Idaho

Dear Sirs:

We are in need of two copies of a death certificate of a lady who died in June of 1931.

Her name was Nathalia Higginson Bradburry or Bradbarry, wife of Theo Bradburry or Bradbarry of Chesterfield, Idaho.

If it would help you any further, Her mother's name was Charlotte Muir and her father's name was Charles Higginson. She was a patient of Dr. E. Kackley, and she died on the operating table, just before the operation was started.

If you do not have any record of this death, please let us know, and we will make up a delayed death certificate for you. If you do have the records, please get us the copies as soon as possible. The husband of this lady would like to remarry and is in need of the two copies.

Please find enclosed one dollar to pay for the copies. If there is any further charge, please let us know.

Yours truly,

CARIBOU COUNTY HOSPITAL

Encl: one

Chesterfield, Idaho
December 9, 1952

NATHALIA HIGGINSON BRADBURY

Born--September 7, 1899 at Chesterfield, Idaho
Married--December 24, 1919 to Charles T. Bradbury
of Chesterfield, Idaho.

Died--June 19, 1951--32 years of age--at Caribou
County Hospital, Soda Springs, Idaho of
a goiter operation--Dr. Ellis Kackley per-
formed the operation.

Funeral Services--held in the Chesterfield Ward
Chapel with Bishop Christian call con-
ducting.

Buried--Chesterfield Cemetery--Chesterfield, Idaho
under the direction of the Hatch Mortuary of
Provo, Utah--Anson Hatch, mortician.

Mother of Nathalia Higginson Bradbury was CHARLOTTE MUIR
HIGGINSON. She was born at Bountiful, Utah.

Father of Nathalia Higginson Bradbury was CHARLES ALBERT
HIGGINSON. He was born at Bountiful, Utah.

WITNESS

Christian call

WITNESS

A. M. Stevens

*Sworn to before me a Notary Public
that the above is a true statement*

Charles W. Shanklin

Notary Public

Bancroft Ide

Comm. Expires Dec 4th 1955

FEB 20 1953

Chesterfield, Idaho
December 9, 1952

Dear Sirs:

I am sending you a record of Nathalia Higginson Bradbury's death as recorded in the Chesterfield Ward records, Chesterfield, Idaho, as there seems to be no record of her death in Boise.

She died on the operating table during a goiter operation June 19, 1951 at Caribou County Hospital, Soda Springs, Idaho. Dr. Ellis Mackley performed the operation. Dr. Mackley is dead.

Her body was taken care of by the Hatch Mortuary of Provo, Utah. Anson Hatch was the mortician. Anson Hatch is dead, also.

The funeral services were held in the Chesterfield Ward Chapel with Bishop Christian call conducting. Interment was in the Chesterfield Cemetery.

Mr. Charles T. Bradbury needs two affidavits certifying her death. These are enclosed and have been signed by two witnesses.

Will you please sign the affidavits and send them to Mr. Bradbury by return mail?

Thanking you, I am

Respectively,

Christian call

P.S. If you have to have where she was married - It was in the Logan Temple Logan Utah.

Mr. Bradbury's address is -

Mr. C. T. Bradbury
240 N. 1st E.
Brigham City Ut.

LEN JORDAN, GOVERNOR
EX-OFFICIO COMMISSIONER

L. J. PETERSON, M.S.P.H.
ADMINISTRATIVE DIRECTOR

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

BOX 640 — PHONE 3800

BOISE, IDAHO

SECTIONS

LABORATORIES
VITAL STATISTICS
ACCOUNTS AND FINANCE
NURSING
PERSONNEL
HOSPITAL FACILITIES
HEALTH INFORMATION

Dec. 11, 1952

RECEIVED
DEC 20 1952
DIVISION OF VITAL
STATISTICS

C. T. Bradbury
240 N. 1st East
Brigham City, Utah

Dear Sir:

Find enclosed two affidavits we received from Christian Call regarding the death of Nathalia Higginson Bradbury. As we do not have this death certificate on file we cannot sign the enclosed affidavits. As this is the record of the church and sworn to by Mr. Call the affidavits will, no doubt, serve your purpose.

Yours very truly,

DEPARTMENT OF PUBLIC HEALTH

Mabel F. Elder

Mabel F. Elder, Deputy Registrar
Vital Statistics

e

Dec. 18, 1952
240 N. 1st E.
Brigham City, Utah

Dept. of Public Health
Boise, Idaho

Dear Sir,

The U.S. Dept. of Justice, Immigration & Naturalization Service states as follows. — Evidence of death of wife is not satisfactory. Official death certificate from the state of Idaho (one copy only) is required, so will you please have one made out and send to me as soon as possible and send me the bill of cost. ~~to have it made out & sent to me.~~
(over)

Chesterfield, Idaho
December 9, 1952

RECEIVED
DEC 10 1952
DIVISION OF VITAL
STATISTICS

NATHALIA HIGGINSON BRADBURY

Born--September 7, 1899 at Chesterfield, Idaho

Married--December 24, 1919 to Charles T. Bradbury
of Chesterfield, Idaho.

Died--June 19, 1931--32 years of age--at Caribou
County Hospital, Soda Springs, Idaho of
a goiter operation--Dr. Ellis Kackley per-
formed the operation.

Funeral Services--held in the Chesterfield Ward
Chapel with Bishop Christian Call con-
ducting.

Buried--Chesterfield Cemetery--Chesterfield, Idaho
under the direction of the Hatch Portuary
of Provo, Utah--Anson Hatch, Mortician.

Mother of Nathalia Higginson Bradbury was CHARLOTTE MUIR
HIGGINSON. She was born at Bountiful, Utah.

Father of Nathalia Higginson Bradbury was CHARLES ALBERT
HIGGINSON. He was born at Bountiful, Utah.

WITNESS--

Christian Call

WITNESS--

A. M. Stevens

*Sworn to before me a Notary Public
that the above is a true statement.*

Charles W. Shanklin
Notary Public

Bancroft Ida
Comm Expires Dec 4th 1955

Delayed Certificate

State of Idaho
CERTIFICATE OF DEATHState File No. 156500
Local Reg. No.
Reg. Dist. No.TYPE
OR PRINT
IN
PERMANENT
INK

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

IF DEATH WAS DUE
TO OTHER THAN
NATURAL CAUSES,
THE CORONER
MUST COMPLETE
AND SIGN THE
CERTIFICATECONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

DECEDENT - NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)
1. ALMEDA		ELIZABETH		MOORHOUSE		2. FEMALE	3. JULY 5, 1931
RACE - (White, Black, American Indian, Japanese, etc.)		AGE - Last Birthday (Yrs.)		DATE OF BIRTH (Mo., Day, Yr.)		COUNTY OF DEATH	
4. White		5a. 56		5b. 5c. 5d. 5e. Nov 27, 1874		7a. Ada	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)				IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify)	
7b. Boise		7c. Hospital				7d.	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
8. Iowa		9. USA		10. Married		11. Samuel Moorhouse	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				KIND OF BUSINESS OR INDUSTRY	
13. RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER	
15a. Idaho		15b. Canyon		15c. Nampa		15d. Rt #2	
FATHER - NAME		BIRTHPLACE		MOTHER - MAIDEN NAME		BIRTHPLACE	
16a. Thomas Wright		16b. Canada		17a. Ava Bigelow		17b. Iowa	
INFORMANT - NAME		MAILING ADDRESS		STREET OR R.F.D. NO.		CITY OR TOWN	
18a.		18b.		18c.		18d.	
BURIAL, CREMATION, REMOVAL (Specify)		DATE		CEMETERY OR CREMATORY - NAME		LOCATION	
19a. Burial		19b. 7-8-1931		19c. Kohlerlawn Cemetery		19d. Nampa, Idaho	
MORTICIAN (Signature)		LICENSE NO.		NAME OF FACILITY		ADDRESS OF FACILITY	
20a.		20b. Talley Funeral Home		20c. Nampa, Idaho		20d.	
21a. I hereby certify that I attended the deceased from _____ to _____; I last saw the deceased alive on _____. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) _____ DATE SIGNED (Mo., Day, Yr.) _____ HOUR OF DEATH _____ 21b. _____ 21c. 2:30 AM NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) _____				22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Coroner's Signature) _____ DATE SIGNED (Mo., Day, Yr.) _____ HOUR OF DEATH _____ 22b. _____ 22c. _____ 22d. ON _____ 22e. AT _____			
23. REGISTRAR				DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			
24a. (Signature) _____ Janet M. Wick				24b. APR 16 1981			
25. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c))				Interval between onset and death			
PART I (a) Injuries due to auto accident				Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Yes or No)			
26.				26.			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
27a. Accident		27b. July 4, 1931		27c. 9:30 P M		27d. Automobile was side-swiped by another auto	
INJURY AT WORK (Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO.	
27e. No		27f. Highway		27g. So. Fork Payette River near Banks, Idaho		27h.	

April 10, 1981
Boise, Idaho

State of Idaho
Bureau of Vital Statistics
450 W. State St.
Boise, Idaho

Gentlemen/Ladies:

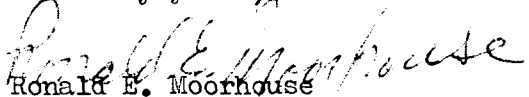
Enclosed herewith is a photostatic copy of a newspaper article, dated July 5, 1931, that appeared in the Idaho Daily Statesman, Boise, Idaho, reporting the death of Mrs. Almeda Moorhouse and a certification of facts relating to this copy.

Likewise, enclosed is a letter, authenticated by the Corporate seal, from Flahiff Funeral Chapel, listing the details relative to the death of Mrs. Almeda Moorhouse.

In lieu of the absence of a record, or death certificate, on file with the Bureau of Vital Statistics, relating to this death, I am requesting an issue of a delayed certificate, by providing the above data.

I hereby certify that this information was requested by myself, as a Grandson and obtained direct from the business firms involved.

Sincerely yours,


Ronald E. Moorhouse
1711 Canal St.
Boise, Idaho 83705

On this date, April 14, 1981,
Ronald E. Moorhouse appeared
and signed before me the above
document.


Notary Public

4-16-81 Mr. Ronald Moorhouse gave this additional information. Deceased was married Spouse Samuel Moorhouse. Occupation was Housewife and address was Rt #2, Nampa, Idaho.

Plans to Wed

ANGELES (AP) — Aimee McPherson Saturday issued a dispatch from Alva, saying her son Rolf would marry July 21 to Miss Lorna Alva. The evangelist would perform the ceremony. Miss Smith completed evangelistic training at the same time ago. McPherson's congratulations are almost all members of the "Pherson family," she is referring to the recent deaths of her daughter, Rolf, and her mother, Mrs. Kennedy.

WHEAT POLICY CLASH COMING

Republican Regulars Prepare Demand Grain be Taken Away From Market

WASHINGTON (AP) — The farm bill facing a clash with senate republican leaders from the wheat board over its policy on the disposal of last year's wheat surplus. Monday Vice President Curtis Watson of Indiana, the republican leader, and Senator Joseph P. Kamp of Kansas, all republican and administration, plan to go to the board to demand that it hold last year's surplus market entirely.

Sales Limited
They have indicated they will limit their plea to President Hoover if it fails to gain satisfaction from the board.

At the request of the President, and recently announced a policy on the 1929 wheat surplus—that policy is to sell no more than five million bushels a year of the old crop at domestic prices.

Comes From Fields
Curtis Watson wants all of the surplus he held off the market. The farmer is trying to sell the surplus. At least he wants to get it off the board so that it will not be sold at a loss.

President Curtis, coming to the farm from the harvest fields, says the board should not sell the surplus until the price is high for it.

NEGOTIATORS REACH BASIS FOR ACCORD

French and American Diplomats Near Agreement on Moratorium; Draft of Text To Be Sent to Washington

PARIS (AP) — French and American statesmen early Sunday morning reached the basis of a complete agreement for the application of the Hoover plan for economic relief to Germany.

After a series of negotiations which have been always liberal and sometimes delicate and even critical, the statesmen reached their accord after midnight.

The draft of the text, which was to be telegraphed to Washington immediately, is subject to the approval of President Hoover and his governmental colleagues.

To Be Initialed
If the President finds that it conforms to the principles of his plan, a final decision is expected on Monday and the agreement will be put into final form at another conference of the French and American statesmen which probably will also be held Monday.

It will then be initialed by the negotiators. The Havas News agency said that the Franco-American agreement fixed 12 years as the length of time to be allowed Germany for repayment of the delayed funds.

Briland Explains
It said the thorniest part of the disagreement was the French demand for the continuation by Germany of payments in kind, in which continuation the American government was fundamentally opposed. It added that the interview of Foreign Minister Aristide Briand on Saturday with Secretary Mellon and Ambassador Edge were on the subject of Germany's good faith.

Briand was said to have explained that France was willing to help Germany, but that she required assurance that the credits extended would not be used for armaments and that efforts at central European hegemony would not disturb confidence.

Parley Planned
The negotiators were said also to have deliberated how this might be put to Germany. It was learned that an important accompanying document

Holiday Wrecks Put Nine In Hospitals: Man Drowns at Banks

Liberty Bell Tolls Years

PHILADELPHIA (AP) — One hundred and fifty-five strokes, each representing a year of American independence, were tolled early Saturday on the bell in the belfry of Independence Hall.

A small group of men and women, some of whom have attended the ceremony many years, was in Independence Square at the time.

PAULINO WINS EASY DECISION

Grinning Basque Out-Roughs Max Baer in 20 Round Fight at Reno

RENO, Nev. (AP) — Grinning, self-confident Paulino, Izquierdo, from the Basque country of Spain, out-roughed Max Baer, heavy California, Saturday to win Referee Jack Dempsey's decision after six rounds of savage mugging that climaxed Reno's greatest Independence day celebration in 21 years.

Slugging, beating, mauling and wrestling mugged the little from opening going until Dempsey, in the double role of promoter referred to the fighters' arms in victory.

Cautions Faid
A couple of willows and a hardy have been more valiant than the two warriors who violated most of the rules of the ring etiquette in their fight. Each other in the first round of the fight, which was a hardy.

Grinning, self-confident Paulino, Izquierdo, from the Basque country of Spain, out-roughed Max Baer, heavy California, Saturday to win Referee Jack Dempsey's decision after six rounds of savage mugging that climaxed Reno's greatest Independence day celebration in 21 years.

Bull Does Fighting At Program in Utah

Four Members of Boise Family Injured; Payette Claims Victim; 5 Hurt Near Meridian

BULLETIN
Mrs. Alma Moorehouse, 56, mother of the driver of the car which went over the grade near Banks Saturday night, died at 2:30 Sunday morning.

Four members of a Boise family, one Boise girl and four Nampa youths, in hospitals Sunday morning, and a man drowned in the Payette river, were outstanding on the list of fourth of July casualties among holiday crowds of southwestern Idaho.

Mr. and Mrs. Elwin Moorehouse of North Eighteenth street, Boise, their 1-year-old daughter, Betty Louise, and Mrs. Alma Moorehouse, Nampa, the mother of Mr. Moorehouse, are all in a critical condition. They were at the mercy of a tumbling automobile at 10 o'clock Saturday night, when their machine, side-swiped by another car, went hurtling end over end down a 25-foot cliff along the Payette river four miles south of Banks. A protesting ledge of rock kept the car out of the swirling river, but did irreparable damage to the automobile and strewed the four occupants about, breaking bones and inflicting deep cuts.

Drowns in Payette
Leman Littlefield, a 40-year-old Salt Lake worker, caught in the treacherous waters of the Payette river at Banks, sank from sight before his companions could rescue him. Last morning morning his body had not been recovered.

Miss Flora Nelson, 16, Nampa, and Thomas Hensley, 19, Miss Barbara Hays, 14, Miss Lila Young, 12, and Miss Ruth Hays, all of Nampa, suffered injuries believed to be serious, but as yet undetermined when their automobile was pushed off the bank near a bridge. They were in the car a few minutes when the accident occurred. Hensley, Young, Hays and Nelson were taken to a hospital. Miss Nelson was brought to St. Luke's hospital.

One of the Mrs. Moorehouse's sons, who was in the car, was out of the car before the accident.

TOWN REPORT

CAUSES DISPUTE



Associated Press Photo

Wilcoxon, Goldie E. Small, Florence Alexander, Clarence Black, Aldred Black, Mr. and Mrs. Paul Jones and M. E. Doffing, Twin Falls; Mr. and Mrs. W. Rutherford, and Mrs. A. H. Haword, Alice Lewis and F. Zimmerman, Ontario, Ore.; L. B. Hill, Melba; Mr. and Mrs. Coulter and W. L. Scholtz, Huntington, Ore.; C. F. Cox, Ontario, Ore.; A. C. Gallup, Placerette; Robert Nordyke, Jordan Valley, Ore.; E. H. Lumey, Murphy; Ernie E. Scholl, Council; Dr. Otto Balka, Kimberly; Mr. and Mrs. J. Davis, Emmett; Ruth Rock and Madys Hauntz, Weiser; Mrs. Pulaski, Nampa.

BOISE — Arthur Domscher, Burns, Ore.; Bonnie E. Moss and Mrs. L. Jones, Caldwell; A. J. Pierce, A. E. Zener, W. E. Hinson, other Myers and Harry J. Fox,ocatello; A. Christensen, Weiser, and Mrs. M. C. Rose, Parma; E. Gamage and J. Eaton, Emmett; Gladys Evans, Pocatello; Dr. and Mrs. Edmund Crowley, Idaho Falls; Charles Powers and W. R. Pearson, Council; Frank Wetzel, Twin Falls; R. G. Diamond, Caldwell; W. M. Clayson, Baker, Ore.; Mr. and Mrs. H. L. Snyder, Montour.

OWYHEE — G. W. Probst, Over, Mr. and Mrs. Joseph Simpson, Burns, Ore.; Mr. and Mrs. G. Copper, Idaho City; Rush White, Warrent; P. G. Anderson, Grande, Ore.; Mr. and Mrs. V. Sullivan, Prairie City, Ore.; and Mrs. Burns, Latigande, Ore.

BRAND — J. W. Kargas and William Kargas, Donnelly; A. W.

HOLIDAY WRECKS PUT 9 PERSONS INTO HOSPITALS

Four Members of Boise Family Injured, Two Critically; Man Drowned in Payette; Cars Crash Near Meridian

(Continued from Page One)

lied at first to be dead, was the most seriously injured. Her true condition cannot be ascertained until x-ray pictures are taken of her head Sunday. It was held possible that her injuries might prove fatal. Mr. Moorehouse was seriously cut and suffered from loss of blood, but was said to be the least injured in his party; Mrs. Elwin Moorehouse was suffering a crushed chest and a fractured right arm, and the baby was in a serious condition as a result of shock and head injuries.

En Route to Garden Valley

The four were en route to Garden Valley, 10 miles up the south fork of the Payette from Banks, when the crash occurred. Around a blind turn dashed another automobile, a light roadster, locked wheels with the Moorehouse car, sending it careening down the steep embankment. Mr. Moorehouse, driving on the inside track, was unable to change the forced direction of his machine, which pulled around toward the brink.

Down the car went at a sickening pace, rolling over end for end, smashing in the top and tumbling the four within as dice in a cup.

Passing Motorist Aids

A passing tourist, W. L. Boys, 1103 State street, returning from Lowman, stopped and brought Mrs. Elwin Moorehouse and the baby to a Boise hospital. An ambulance from here brought in the other two.

Boyd reported that the roadster, headed toward Boise, was not seriously damaged, and that its occupants, whose names could not be learned, stopped and gave aid to the Moorehouse party.

Climaxing his Fourth of July celebration with a plunge in the cold waters of Payette river at Banks, where he was employed on a road construction job, Littlefield drowned when he slipped into a deep hole.

Littlefield and several companions, all of them workmen on a highway construction crew, were camped at Banks, camp so situated on the river at 6 o'clock Saturday afternoon.

Hast River in Search

The Salt Lake man, according to witnesses, was sitting on a log in

THOUSANDS GATHER AT COEUR D'ALENE

COEUR D'ALENE (P)—Thirty-five thousand persons swarmed into this little lake city Saturday for the combination north Idaho sportsmen's show and Independence day celebration.

Boat races, water sports and a speech by W. Orr Chapman, Twin Falls, were high lights. Chapman, mentioned as a Democratic candidate for United States senator, offered remonetization of silver and reduction and equalization of taxes as a solution for depressions.

"The sooner we quit trying to kid ourselves by attempting to convince ourselves the depression is only psychological, quit trying to avoid it by burying our heads in the sands of unfounded optimism and really put our minds and our ingenuity to the discovery of a way out, the sooner the clouds of depression will be dispelled," he counseled.

MISS THURSBY, SINGER, DIES

Woman Loved by Musicians Of World Succumbs to Heart Disease

NEW YORK (P)—Emma Cecilia Thursby, who as a slender young girl sang in the Brooklyn church of Henry Ward Beecher and later before royal music lovers all over the world, is dead at her home in Gramercy Park. She was 57 years old.

Her death, announced Saturday by members of the family, occurred Wednesday as she was preparing to leave the city for her summer home at Staten Island. The night before she had stayed up to hear the radio debut of Geraldine Farrar, her protegee and former pupil. An attack of heart disease caused her death.

Counsel Sought

Emma Thursby won the acclaim of three generations of concert goers but never appeared in grand opera. Because of religious scruples she declined many offers of a stage career both in America and France.

Many noted singers of this and the last generation admired her art and sought her counsel in matters musical. Her salons in New York during her latter years were attended by such famous names as Mme. Adèle Patti and other equally well known ones of the operatic world.

Her husband, who was in the employ of the city of New York, died in 1904. She was then 47 years old and had been married 25 years.

Returns to America

When Miss Thursby was still a child she had been in the employ

SENATOR ASKS TAXPAYER A

Alben Barkley of Kentucky Suggests Moratorium To Help People

MADISONVILLE, Ky. (P)—A suggestion that the American taxpayer be given relief for a year longer was made here Saturday by United States Senator Alben Barkley of Kentucky in an address notifying Circuit Judge Ruby of his nomination as Democratic candidate for governor.

After denouncing President Hoover's administration for its policy during the economic depression and blaming conditions largely on the tariff and farm relief mode, Mr. Barkley reiterated his approval of Hoover's proposed pension for a year of inter-governmental debts.

Then, stating this would mean a loss of 250 billion dollars in year to the American treasury asked, "What will the President say with reference to a proposal to give the American taxpayer a year's suspension of their debts?"

He declared the United States government is even years ahead its schedule in paying off its war debts and continued, "Now we are to give Europe a year's suspension in paying its debts, not give the American taxpayer more relief by postponing for a year, or even longer, his payment on his own war debts?"

SEATTLE MAKES READ AS ELKS ARE ARRIV

SEATTLE (P)—Seattle was today becoming the capital of the world Saturday, as special trains began arriving with delegates from the east and middle west for the annual convention of the Elks which will open here Monday.

Lawrence H. Rupp, Allentown, Pa., grand exalted ruler of the organization, with other grand officers, arrived with delegates from Pennsylvania.

A message from Deer Lake, Mont., said the south's delegates would be here Sunday.

Approximately 15,000 visitors are expected in Seattle during the annual convention.

WOMAN'S BODY FOUND IN CHICAGO SEW

CHICAGO (Universal)—The body of a woman, wrapped in a blanket, was removed from a sewer in the city of Chicago.

The body was identified as that of Mrs. Emily J. Smith, 38, who had been missing since June 1. Her husband, also disappeared, was found at the city morgue.

A new search has been started for the body of the other woman.



P. O. Box 1009
NAMPA, IDAHO 83651

APRIL 8, 1981

MR. RONALD MOORHOUSE
1711 CANAL STREET
BOISE, IDAHO 83705

DEAR MR. MOORHOUSE:

FOLLOWING IS THE INFORMATION FROM THE FUNERAL RECORD ON
ALMEDA ELIZABETH MOORHOUSE.

FULL NAME: ALMEDA ELIZABETH MOORHOUSE
DATE OF DEATH: JULY 4, 1931 TIME OF DEATH: 9:30 P.M.
PLACE OF DEATH: BETWEEN BANKS AND GARDEN VALLEY OR AT BOISE
DATE OF BIRTH: NOVEMBER 27, 1874
PLACE OF BIRTH: IOWA
FATHER'S NAME: THOMAS WRIGHT,
HIS BIRTHPLACE: CANADA
MOTHER'S NAME: AVA BIGELOW
HER BIRTHPLACE: IOWA
DATE OF FUNERAL SERVICES: JULY 8, 1931
PLACE OF FUNERAL: TALLEY FUNERAL HOME, NAMPA, IDAHO
PLACE OF BURIAL: KOHLERLAWN CEMETERY, NAMPA, IDAHO

THERE IS A POSSIBILITY THAT SUMMERS FUNERAL HOME IN BOISE MADE THE INITIAL REMOVAL EITHER WITH THEIR AMBULANCE FROM THE SCENE OF THE ACCIDENT OR MAY HAVE REMOVED THE BODY FROM THE HOSPITAL FOLLOWING DEATH. THE RECORD INDICATES THAT THE BODY WAS RECEIVED BY TALLEY FUNERAL HOME, NAMPA, ON JULY 5, 1931. THERE IS A PLACE ON THE FUNERAL RECORD THAT SAYS, "ORDERED BY", THEN THE NAME "SUMMERS" IS WRITTEN. WHETHER THIS IS SUMMERS FUNERAL HOME OR A FAMILY MEMBER OR THE CORONER IS YET TO BE DETERMINED.

IN ANY EVENT, THE ABOVE IS THE EXACT INFORMATION SHOWN ON THE TALLEY FUNERAL HOME FUNERAL RECORDS FROM 1931. THIS FUNERAL HOME SUBSEQUENTLY HAS BEEN SOLD SEVERAL TIMES AND IS NOW THE FLAHIFF FUNERAL CHAPEL OF NAMPA.

IF WE CAN BE OF FURTHER ASSISTANCE ON THIS MATTER, FEEL FREE TO CONTACT OUR OFFICE.

SINCERELY,
FLAHIFF FUNERAL CHAPEL OF NAMPA, INC.


DAVID J. SALOVE
FUNERAL DIRECTOR

CORPORATE SEAL

Delayed Certificate
filed Aug 20, 1958

Certificate of Death

STATE OF IDAHO

State File No. 156501
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY

BONNER

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

EDGEWATER

c. LENGTH OF
STAY (in this place)

d. FULL NAME OF
HOSPITAL OR
INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

d. STREET
ADDRESS

(If rural, give location)

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

MARTIN

LASTCH

4. DATE (Month) (Day) (Year)

OF
DEATH

OCTOBER

21,

1931

5. SEX

FEMALE

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

OCTOBER 22, 1900

9. AGE (In years
last birthday)

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HRS.
Hours Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR IN-
DUSTRY

11. BIRTHPLACE (State or foreign country)

TROY, IDAHO

12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME

BIRTHPLACE

EDWARD EDWARDSON, Marquette Co., Mich.

14. MOTHER'S MAIDEN NAME

FLORA NELSON

BIRTHPLACE

S. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY
NO.

17. INFORMANT'S OWN SIGNATURE

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per
line for (a), (b), and (c)

*This does not mean
the mode of dying, such
as heart failure, asthenia,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.

I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

Pulmonary Tuberculosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased
alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

Dr. A. C. Spooner

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24b. DATE

Oct 23, 1931

24c. NAME OF CEMETERY OR CREMATORY

Senecaquooten

24d. LOCATION (City, town, or county)

(State)

Sawyer, Idaho

DATE REC'D BY LOCAL
REG.
Oct 22, 1931

REGISTRAR'S SIGNATURE

Dr. A. C. Spooner

25. FUNERAL DIRECTOR

Moore Funeral Home

ADDRESS

Sandpoint, Idaho

RECEIVED

AUG 20 1958

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

FILE

Bureau of Vital Statistics, State of Idaho } ss. **An Original Certificate of Birth or Death**

County of Fremont } ss. Certificate No. _____
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Death

for Marion Edwardson Lasich who died on Oct. 21, 1931
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Edgemere, Idaho are true and that, to the best of his knowledge, the
(Place of Event) (true or corrected)

true facts are shown by Funeral Home Record prepared on 10-22-31, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

~~FACTS TO BE CORRECTED~~
("Name," Birth Date," Cause of Death," Etc.)

~~XXXXXXXXXX~~
(As on Original)

~~XXXXXXXXXX~~
(The Correct Facts)

Subscribed and sworn to before me this 19 day of July, 1958.

Notary Public, residing at Boise, Idaho
My commission expires July 13, 1960
(Seal)

Signed George Lasich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Clinton Wago
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Teton

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of July, 1958.

Notary Public, residing at Boise, Idaho
My commission expires Feb 13, 1960
(Seal)

Signed Chateau Spont
(Signature of Any Credible Person)
(Street Address, City, State)

Moon Funeral Home

Sandpoint - Priest River

Mr. Davis;

You will note that our records, that a death certificate was filed and a burial permit #10 was issued for this burial.

Dr. A.C. Spooner is no longer an MD in Spirit Lake, Idaho and the registration districts have all been changed. The registrar for that area now is located in the Pan Handle Health Unit at Coeur d'Alene, Idaho

If the Bureau of Vital Statistics at Boise does not have the death certificate filed for Mrs. Lasich it is obvious that the certificate have been lost or misplaced by a registrar or the Health Department at Boise. The only other alternative that you might have would be for us to make an affidavit swearing to these facts.

I trust we have been of service to you and Mr. Lasich.

Sincerely,


L.G. Moon Jr.

Moon Funeral Home

Sandpoint - Priest River

June 27, 1958

Davis Funeral Home
Riverside, Wyoming

Dear Sir;

Enclosed is a copy of our case record stating the name, age and vital statistics of Marion Lasich.

Born: October 22, 1900

Birthplace: Troy, Idaho

Housewife. Husband: George Lasich Jr.

Father's name: Edward Edwardson-Birthplace: Marquette Co., Michigan

Mother's name: Flora Nelson-Birthplace: S. Dakota

Died: Edgemere, Idaho. October 21, 1931

Buried Senesquecoteen Cemetery- October 23, 1931-Sawyer, Idaho

Rev. Wolf. Edgemere Schoolhouse.

Certificate and Burial permit #10 Idaho District #45.

Issued Oct. 22, 1931 by Dr. A.C. Spooner, Spirit Lake, Idaho Registrar

Cause of Death: Pulmonary Tuberculosis

Taken from Case Record of Moon Funeral Home
6-57-58- by L.G. Moon

